EVALUATION OF UNICEF’S EARLY CHILDHOOD DEVELOPMENT PROGRAMME WITH FOCUS ON GOVERNMENT OF NETHERLANDS FUNDING (2008-2010)

GLOBAL SYNTHESIS REPORT
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GLOBAL SYNTHESIS REPORT
Evaluation of UNICEF’s Early Childhood Development Programme with Focus on
United Nations Children’s Fund
Three United Nations Plaza, New York, NY 10017, United States of America

July 2011

The independent evaluation was carried out by a team of consultants from Mathematica Policy
Research and included Kimberly Boller, Kathy Buek, Andrew Burwick, Minki Chatterji and Diane
Paulsell, with assistance from Samia Amin, Evan Borkum, Larissa Campuzano, Jessica
Jacobson and Samina Sattar. National consultants participating in the country case study visits
and reports included Sadananda Kadel, Sathya Pholy, Arcard Rutajwaha and Susan Sabaa.
Krishna Belbase in the Evaluation Office at UNICEF New York Headquarters managed the
evaluation with the support of Suzanne Lee and Chelsey Wickmark. The Evaluation Office also
involved UNICEF’s Cambodia, Ghana, Nepal and Tanzania Country Offices, as well as the
regional offices in the conduct of the evaluation. UNICEF’s ECD Unit team (Nurper Ulkuer,
Oliver Petrovic, Tanguy Armbruster Christopher Capobianco) provided valuable inputs
throughout the evaluation process.

The report seeks to facilitate the exchange of knowledge among UNICEF personnel and with its
partners. The content of this report does not necessarily reflect UNICEF’s official position,
policies or views.

The designations of this publication do not imply an opinion on the legal status of any country or
territory, or of its authorities or the delimitation of frontiers.

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New York, New York 10017, United States of America
Early childhood development (ECD) has been a central focus of UNICEF’s work for many decades. In the past, a number of evaluations have assessed programme performance at the country level and facilitated learning and experience sharing, but a global evaluation of the ECD programme has yet to occur. This evaluation to some extent bridges that gap.

The Government of Netherlands’ (GoN) funding support to UNICEF’s ECD programme provided the main impetus for the evaluation. The evaluation was comprised of in-depth case studies of ECD programmes in four countries (Nepal, Cambodia, Ghana and Tanzania), an extensive document review, and a desk analysis of data from ten countries which had received the GoN funding. It also provided an opportunity to examine global and regional level efforts in support of ECD programmes around the world. In addition to drawing useful conclusions and recommendations, the evaluation addresses challenges and opportunities in providing ECD services to less reached and disadvantaged populations.

To safeguard independence, the evaluation was conducted by a team of international consultants from Mathematica Policy Research and supported by national consultants in each of the four case study countries. UNICEF’s Evaluation Office collaborated closely with the ECD Unit in UNICEF’s Programme Division in the management of the evaluation, and was guided by an inter-divisional reference group that included representation from UNICEF regional offices.

UNICEF is grateful for the generous support received from the Government of Netherlands for ECD programmes and for the present evaluation. The Evaluation Office is thankful to all UNICEF regional and country office staff who dedicated their time to the evaluation, as well as to the institutions and individuals who invaluably participated.

It is our utmost expectation that the findings, conclusions and recommendations provided by the evaluation will further advance ECD programme coverage, quality and its impact on children and communities around the world, particularly in areas where they are needed most.

Colin Kirk, Director
Evaluation Office
ACKNOWLEDGMENTS

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The evaluation team would like to thank the following UNICEF country office staff in particular for their work planning and arranging for the country case study visit meetings and field observations: Natalia Mufel, Peter de Vries and Sophea Nhonh (Cambodia); Madeez Adamu-Issah, Hiroyuki Hattori and Agnes Arthur (Ghana); Myriam Blaser, Purushottam Acharya, Shiva Lal Bhusal and Lieke van de Viel (Nepal); and Elizabeth Macha, Audax Tibuhinda, Harriet Torlesse and Nikki Abrishamian (Tanzania). We also thank the country case study consultants who worked with us as part of the site visit teams: Sathya Pholy (Cambodia), Sadananda Kadel (Nepal), Arcard Rutajwaha (Tanzania) and Susan Sabaa (Ghana).

Above all, the team is grateful to all of the national and subnational government officials, community leaders, service providers, parents and children; UNICEF Headquarters, regional office and country office staff members; and national and global UNICEF partners for the time and effort they put into expressing their views and giving us the opportunity to learn about and observe their work and experiences.

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<td>Association for the Development of Education in Africa</td>
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<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<td>ARNEC</td>
<td>Asia-Pacific Regional Network for Early Childhood</td>
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<td>BFCl</td>
<td>Baby Friendly Community Initiative</td>
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<td>Community-Based Organization</td>
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<td>CEE/CIS</td>
<td>Central and Eastern Europe, Commonwealth of Independent States</td>
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<td>LEAP</td>
<td>Livelihood Empowerment Against Poverty</td>
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<td>Millennium Development Goals</td>
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<td>MENA</td>
<td>Middle East and Northern Africa</td>
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<td>Full Form</td>
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<td>Ministry of Education</td>
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<td>Medium-Term Strategic Plan</td>
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<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
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<td>Organisation for Economic Co-operation and Development-Development Assistance Committee</td>
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<td>OVC</td>
<td>Orphans and Vulnerable Children</td>
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<td>Parent Orientation</td>
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<td>Parent-Teacher Associations</td>
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<td>Results-Based Planning and Management</td>
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<td>South Asia Regional Office</td>
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<td>School Management Committee</td>
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<td>The Americas and Caribbean Regional Office</td>
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<td>Tanzania Early Childhood Development Network</td>
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<td>United Nations</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>United Nations Educational, Scientific and Cultural Organization</td>
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<td>United Nations Children’s Fund</td>
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<td>United Nations Children’s Fund-Government of the Netherlands</td>
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<td>US</td>
<td>United States of America</td>
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<td>VDC</td>
<td>Village Development Committee</td>
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<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
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<td>WCARO</td>
<td>West and Central Africa Regional Office</td>
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EXECUTIVE SUMMARY

Propelled by research evidence that investments in well-implemented early childhood development (ECD) interventions can improve children’s well-being, ECD has increasingly been highlighted as a key strategy in reducing poverty, health and education disparities. This report synthesizes the findings from an evaluation of the United Nations Children’s Fund’s (UNICEF) ECD strategies and activities with a focus on the UNICEF-Government of the Netherlands (GoN) Cooperation Programme on ECD. From 2008-2010, the programme provided a 13.5 million (US$) investment toward furthering ECD and advancing comprehensive services, with a focus on sustainable policy development and partnerships to scale up successful interventions. Under the programme, the GoN funded UNICEF headquarters (HQ) to work with its regional offices (ROs), 10 selected country offices (COs) and country partners in Africa and Asia in achieving three strategic objectives: (1) mainstreaming ECD policies into national plans, policies and services; (2) building the capacity of policymakers, service providers and parents to fulfill duties and claim rights related to ECD; and (3) generating and disseminating knowledge in support of ECD policies and services. In April 2010, UNICEF’s Evaluation Office contracted with Mathematica Policy Research to conduct the evaluation.

Evaluation Scope and Methods

The evaluation scope consisted of two related components: (1) four in-depth country case studies of UNICEF ECD strategies and (2) an assessment of UNICEF ECD strategies at the HQ, RO and CO levels, including cross-country comparisons among the 10 countries funded through the UNICEF-GoN Programme.

The evaluation assessed the status of ECD strategies and activities, and also the factors reported by informants that influenced processes and drove progress toward targeted outcomes. It was a retrospective, theory-based assessment of the processes and results of ECD strategies and activities, employing mixed methods (primarily qualitative but incorporating survey data as well). It drew on logical frameworks for ECD to establish a theoretical foundation for inquiry; processes and outcomes were assessed in reference to those specified in the frameworks. The evaluation relied on data from four sources: (1) a desk review of data and programme documents, (2) executive interviews with key informants, (3) four country case study site visits and (4) an internet-based survey of all UNICEF COs. The evaluation used three analysis methods to address the research questions: thematic framing, triangulation and indicator ratings.

Conclusions

The evaluation conclusions presented here are based on the findings detailed in the body of the report. Conclusions are presented about (1) the three strategic areas of mainstreaming, building capacity and generating and disseminating knowledge described above; (2) ECD service coverage, quality/efficiency and sustainability; (3) the cross-cutting issues of planning, management, coordination and partnerships, as well as equity and reaching the less reached and disadvantaged; (4) overall effectiveness and relevance/appropriateness and (5) contribution of the GoN investment. Additional conclusions, focused primarily on country-level findings, are included in the body and in the final chapter.
Mainstreaming ECD Policies into National Policies, Plans and Services

Clear communication about the benefits of ECD investments contributed to mainstreaming. Advocacy efforts at all levels that focused on communicating the unique and synergistic contributions of ECD to improving both short- and long-term outcomes for children, families and communities increased excitement and commitment to ECD mainstreaming among government leaders and decision makers.

Involvement of finance ministers in the ECD policy and planning process and costing studies are useful in shaping policy development, advocacy and budgeting for ECD. To engage finance ministers and partners in allocating funds that mainstream ECD into national policies and programmes, UNICEF and country counterparts need ECD-specific costing data and tools for conducting simulations of different funding strategies.

The findings are mixed about the relative benefits of sectoral versus intersectoral approaches to mainstreaming and universal versus more targeted policies. Findings from the four case studies highlight that sectoral and intersectoral approaches have demonstrated successes and challenges. Overall, evaluation respondents viewed intersectoral approaches as desirable for supporting integrated, holistic ECD. Universal scale-up of ECD interventions can produce rapid increases in coverage, but may be associated with compromised service quality and lack of equity in access to services. In countries with more targeted and slower phase-in, ECD service coverage tends to be lower.

Efforts to mainstream ECD messages into other types of interventions are progressing. UNICEF’s investment in ECD materials that can be added to programmes conducted as part of health and nutrition services provides a model for doing so in other areas, such as water, sanitation and hygiene (WASH); child protection and social protection.

At the UNICEF CO level, decisions about which section the staff member primarily responsible for ECD is assigned to and how the CO approaches coordination of intersectoral ECD activities influence the level of shared understanding, coordination and ability to support country partners in making progress toward mainstreaming. In several of the COs that received UNICEF-GoN funding, an intersectoral ECD committee meets regularly to assess needs and progress. This approach provides an important model for the kind of intersectoral ECD coordination that UNICEF advocates for with its country partners.

Building Capacity for ECD

UNICEF does not use a systematic approach to assessing ECD capacity gaps, implementing capacity-building activities, documenting participation at the individual level and using data to focus follow-up efforts. The need to coordinate and document systematically ECD gaps at all levels (national, subnational and local) is critical to optimizing the investments. Data systems are needed to track participation of ECD service providers and target resources to those who have not received basic training and required refreshers. Similar approaches are needed to target families or geographic areas.

Parent/caregiver exposure to ECD interventions/messages is uncertain because of minimal data, but most interventions are of too low an intensity to support lasting impacts on parent behavior. Research evidence increasingly demonstrates that brief interventions (for example, one-time workshops) are not sufficient to change adult behavior with
children (Winton 2008; Winton and McCollum 2008). The evaluation found little evidence that evidence-based adult learning approaches are being used as part of existing ECD capacity-building activities.

UNICEF COs reported that ECD capacity grew over the past four years, but current needs reflect challenges related to resource constraints (too few staff and too little ECD-specific expertise) and bringing additional ECD expertise to the organization. The relatively small number of staff working on ECD issues and limited resources inhibits progress toward targeted outcomes. COs are seeking ECD-specific capacity building and staff with expertise in ECD as well as in the areas of reaching the marginalized and disadvantaged, costing and supporting policy implementation at the national and subnational levels. In addition, the role of ROs and the adequacy of supports they provide to COs in addressing these and other needs are not meeting their potential.

Generating and Disseminating Knowledge for ECD

The efficiency of knowledge generation and dissemination at both the global and country levels is diminished by a lack of coordinated, systematic planning and rigorous evaluations. Insufficient coordination among HQ, ROs and COs in establishing research priorities and planning evaluations detracts from development of a focused research agenda in ECD and results in missed opportunities to leverage resources for more rigorous, longer-term country-specific and multi-country evaluations. Current processes at the country and global levels do not facilitate sequencing of evaluations into formative and summative stages.

UNICEF’s promotion and use of findings from the MICS4 ECD module data are expected to continue to produce substantial benefits to all levels of the organization and to country counterparts. In particular, the resulting summary ECD indicators will facilitate national monitoring and international comparisons of children’s progress in key developmental domains. Because the module does not include items on infants and toddlers, however, it does not cover the full conception-to-8 age span, which remains a gap.

Current knowledge management practices within UNICEF do not adequately allow public access to findings from previous and ongoing research and evaluation projects. CO, RO and HQ internet pages are challenging to navigate and do not provide a catalog of the studies UNICEF has commissioned or contributed to over time. There is no one-stop location that provides up-to-date information on research, monitoring and evaluation projects in formats designed to meet the needs of diverse audiences.

ECD Service Coverage, Quality/Efficiency and Sustainability

ECD service coverage of center-based pre-primary education has expanded, but coverage and quality are uneven. In all four case study countries, coverage varies across geographic areas and social groups, with children from urban areas and higher-income families typically having more access than children from rural areas and economically or socially disadvantaged groups. Quality of services is also uneven in terms of teacher training, facilities, materials and the number of children per classroom.

ECD service coverage designed for parents of children from birth to age 3 has been limited. Less progress has been made in increasing service coverage for parents of younger
children from birth to age 3. In most case study countries, attempts have been made to integrate ECD messages in existing community health services, with varying degrees of success.

**Systems are not yet in place to provide adequate training, monitoring and technical assistance necessary for improving quality of programming.** All case study countries reported providing some training to teachers and/or community health workers, but problems with training coverage were evident, especially regarding training for replacements and refresher training. None of the case study countries had established a system for assessing ECD quality, reporting and tracking results and using results to improve quality through training and technical assistance.

**Planning, Management, Coordination and Partnerships**

**Greater emphasis in developing and implementing cohesive and well-defined reporting requirements for ROs and COs would yield higher quality data to inform assessments of progress toward targeted ECD outcomes.** The reporting questions designed by HQ and advisors (including donor representatives) about the UNICEF-GoN funding and how it was used were not specific enough to ensure consistency in CO and RO reporting. Lack of detailed definitions of the data elements and training on appropriate data sources and collection methods, as well as provision of context for the information, resulted in inconsistent responses and unverifiable data. Evidence of the use of data to make midcourse corrections or share lessons across the ECD network was scant.

**Support for ECD from HQ and ROs and within COs is considered adequate but there is room for improvement in both UNICEF’s vertical alignment with COs’ needs and horizontal alignment within COs across office sections.** Findings from the CO survey identified needs and gaps that can improve alignment of HQ and RO strategies and activities and make them more useful to COs. At the CO level, horizontal alignment and coordination tend to be better in COs where ECD-related funding is more evenly spread across sections or where staff are assigned specifically to work on improving alignment and integration of ECD activities.

**By and large, partnership building for ECD has been successful.** An array of partner organizations collaborates with UNICEF on ECD programming at the country and regional levels. A continued focus on sectoral funding strategies may inhibit full participation in supporting holistic ECD among some development partners. There is a clear need for advocacy and support for donor groups interested in ECD and in developing relationships and shared understanding of the links among sectors in regard to achieving shared goals and outcomes for children and families.

**Equity and Reaching the Less Reached and Disadvantaged**

**Case study countries’ capacities to improve access for less reached and disadvantaged children were limited by lack of data and strategies for increasing access.** For most of the disadvantaged and marginalized groups, the available data are not adequate for careful monitoring of equity in access, although the available data indicate likely gaps in equity. For example, data are generally not available about enrollment of orphans, but site visits indicated possible inequities in access for this group. Evaluation respondents could not articulate specific strategies for reaching marginalized and disadvantaged children and families and enrolling them in ECD programmes.
Globally, UNICEF’s role in providing leadership in encouraging innovation in advocacy for reaching underserved populations is critical for making progress in this area. The ECD Unit’s advocacy and leadership keeps ECD staff at all levels and partners focused on developing the tools needed to assess progress, target services and support outcomes. Formal tools and training are needed at all levels.

Overall Effectiveness and Relevance/Appropriateness

Overall, evidence exists that UNICEF’s ECD strategies were effective in meeting targets related to outputs (such as number of parents trained), but evidence of effectiveness in improving intervention quality and outcomes for children and families is scant. Without a more systematic approach to assessing needs, quality of services delivered and outcomes, rigorous assessment of effectiveness is constrained.

Taken together, UNICEF’s ECD strategies and the UNICEF-GoN Programme funding were relevant and appropriate to making progress toward targeted outcomes. Generally, the strategies and activities were adequately aligned with stated goals and the logical frameworks developed for the evaluation. Systemic challenges related to the availability and use of data on national and subnational ECD needs impedes better alignment of UNICEF’s strategies with identified needs.

Contribution of the GoN Investment

GoN funding in the 10 countries increased awareness of and commitment to ECD among national and subnational leaders, catalyzing efforts aimed at increasing access and quality of services offered to families and children. Country-level investments in increasing the ECD capacity of service providers and parents and getting high-quality training and instructional materials into their hands enhanced progress toward improving children’s outcomes.

The GoN’s multiyear investment increased UNICEF’s influence, reach and credibility as a partner in ECD at the country, regional and global levels. The funding enabled UNICEF to have a greater role in engaging partners, influencing how funds were spent and leveraging investments.

Recommendations

Key recommendations based on the evaluation findings and conclusions are presented on (1) the three strategic areas; (2) ECD service coverage, quality/efficiency and sustainability; and (3) the cross-cutting issues of planning, management, coordination and partnerships, as well as equity and reaching the less reached and disadvantaged. The intended audience for each recommendation (UNICEF HQ, ROs or COs) is indicated in parentheses. Additional recommendations, focused primarily on country-level findings, are included in the body of the report and in the final chapter.

Mainstreaming ECD Policies into National Policies, Plans and Services

Seek stable, multiyear funding of policy mainstreaming strategies to catalyze the transition from ECD policy development and adoption to high-quality implementation (UNICEF HQ). Focus investments on countries that adopted ECD policies or mainstreamed
them within the past two years, specifically providing funds for those committed to trying leading approaches to building infrastructure to support policy implementation. Invest in development of mainstreaming models and test them in formative research.

**Identify a summary indicator or small set of indicators for ECD that could be tracked and reported at subnational, national, regional and global levels to focus advocacy and mainstreaming, build awareness and track progress toward critical outcomes (UNICEF HQ).** For example, develop summary measures of “on-track development” for ages 1, 3 and 5 that incorporate measures of cognitive, social-emotional and physical development.

**Provide training and technical assistance on costing ECD policies and strategies and identify promising practices for involving finance ministers in ECD planning and costing (UNICEF HQ and ROs).** Use lessons from recent costing efforts in developing guidance and streamlined costing tools for COs. Consider ways to consolidate costing across sectors to facilitate the costing of intersectoral efforts such as ECD.

**Evaluate sectoral versus intersectoral approaches to ECD policy and programme development, as well as universal versus targeted approaches to mainstreaming (UNICEF HQ and ROs).** Systematically track differences in approaches at the RO and HQ levels and develop models for testing these approaches against each other.

**Promote use of the ECD Resource Pack to inform country counterparts about the benefits of ECD investments and develop versions tailored for targeted stakeholder audiences (UNICEF HQ, ROs and COs).** For example, tailor the Resource Pack for use with top policymakers and ministry-level staff to differentiate the value of ECD investments from investments already being made, and do the same for stakeholders at subnational levels.

**Compile and disseminate promising practices for mainstreaming ECD messages into other types of interventions (UNICEF HQ).** Use findings from implementation research on Care for Child Development to create a how-to manual designed to help COs obtain buy-in for incorporating ECD into existing interventions. As needed, adapt the approach UNICEF HQ took to working with global partners on Care for Child Development to develop modules on ECD that can be added to WASH, child protection and social protection interventions.

**Advocate for a consistent CO organizational structure for the ECD focal point that includes a reporting relationship to the deputy representative and provides clarification on the focal point’s responsibilities (UNICEF HQ).** This reporting structure would underscore the broader responsibility of the ECD focal points beyond the section in which they are housed and provide accountability to keep cross-cutting efforts moving forward. Consider a similar structure for HQ since responsibilities of the ECD Unit extend beyond young child survival and development.

**Building Capacity for ECD**

**Develop and advocate for implementation of a systematic approach to capacity building that includes assessing needs, implementing evidence-based training, tracking completion of service provider training and parenting education and assessing and evaluating outcomes (UNICEF HQ).** Develop the capacity and infrastructure necessary to identify training needs and develop, implement and evaluate capacity-building approaches. Align ECD goals and investments with expected outcomes by targeting specific capacity-
building strategies to meet the needs of policymakers, government officials and planners, programme implementers and parents. Adapt the UNDAP capacity development approach to ECD and develop formal training modules designed to meet country and global needs. Evaluate changes in capacity-building infrastructure and outcomes.

**Continue to invest in existing resources for capacity building, such as the ECD Resource Pack and ECDVU, and develop new resources to address capacity gaps (UNICEF HQ and ROs).** For example, UNICEF COs expressed the need for additional training and guidance in the areas of equity and reaching the marginalized/disadvantaged, costing and finance, quality improvement and training of service providers. Increase the return on these investments by allocating funds to translate and adapt ECD capacity-building materials into more languages and for use by service providers, parents and children.

**Invest in developing models for parent/caregiver training based on research evidence about the dosage, content and training approaches that are likely to produce intended outcomes (UNICEF HQ).** To ensure that parents/caregivers become engaged, begin by planning interventions that take into account factors that increase and those that inhibit the consistency of participation. Consider including meaningful incentives designed to attract parents and caregivers to training events and activities. Incorporate adult learning principles into training designs to maximize the likelihood that training will produce positive and lasting changes in parent/caregiver behavior.

**Hire child development specialists to strengthen the role of the ECD Unit within UNICEF HQ and have dedicated ECD advisors in each RO (UNICEF HQ and ROs).** Increase the number of staff at UNICEF HQ with a specific background and focus in ECD who can help integrate ECD with other sectors and provide a greater presence in key planning and decision-making activities. Create or fill RO ECD advisor positions to improve relevance and efficiency in meeting CO ECD-specific needs. Clarify the role of the RO in providing ECD expertise to COs and the region. Provide more technical support to COs on ECD policy advocacy and costing efforts.

**Generating and Disseminating Knowledge for ECD**

**Develop a multiyear, integrated research and evaluation agenda, coordinated across organizational levels and regions, that includes a continuum of formative and summative evaluation to support programme improvement (UNICEF HQ).** Create an agenda that describes the state of children; documents the dosage, content and quality of interventions; and rigorously assesses impacts on children and families. Synchronize agendas across organizational levels and regions to address key knowledge gaps and facilitate pooling of resources for larger evaluations. Make findings and lessons learned readily accessible. Finally, develop a system for using research and evaluation findings to inform ECD policies and interventions.

**Invest in knowledge management systems that catalog past and current research and evaluation projects at all levels and make them available on public websites (UNICEF HQ).** Systematically distribute information about UNICEF-supported research activities and reports outside of the organization through dissemination channels with a broad policy and practice audience. This includes participation at conferences as well as maintaining comprehensive and up-to-date public websites with publications databases that cover previous and current research projects.
Continue to invest in the MICS4 ECD module and to advocate for its use by more countries (UNICEF HQ). Widespread use of the module will help to close the existing knowledge gap about children’s progress globally in key developmental domains. Consider expanding the module in the future to include items on infants and toddlers.

Work with COs and country partners to fully develop Early Learning and Development Standards (ELDS) for the conception-to-8 age span, use ELDS as the basis for developing training and monitoring systems and evaluate their effects on targeted outcomes (UNICEF HQ and ROs). For example, ELDS can serve as the basis for defining quality in ECD interventions and for developing monitoring processes and tools for assessing the degree of adherence to ELDS. Gaps identified through monitoring can inform ongoing training and technical assistance. Use ELDS to inform curricula and training materials for staff and community volunteers who deliver ECD services and programming. Evaluate ELDS efforts to identify successes and challenges. Develop guidance on how to maximize the contribution of ELDS to achieving improved service delivery systems and outcomes for children.

ECD Service Coverage, Quality/Efficiency and Sustainability

Advocate for increased funding levels and intersectoral donor groups to increase sustainability of ECD strategies and interventions (UNICEF HQ, ROs and COs). Involving finance ministers in ECD planning and informing finance and other ministry-level staff about the benefits of holistic ECD interventions contribute to sustainability of ECD interventions. To reduce turnover (an inefficiency related to training resources), governments may need to shift from unpaid or minimally paid community volunteers to more paid staff over time, requiring additional funding allocations to scale up and sustain service quality. UNICEF is in a strong position to advocate among donors about the need for a holistic, long-term approach to ECD interventions and engage intersectoral donor groups for ECD.

Advocate for investment by country partners in initiatives to improve the quality of center-based ECD interventions, especially in countries in which coverage has expanded rapidly (UNICEF HQ, ROs and COs). As noted above, rapid expansion of centers may result in less focus on quality. To ensure that new facilities are safe, healthy and equipped with appropriate materials, provide technical support for a parallel expansion of teacher training systems and monitoring and inspection systems. Use ELDS as a starting point for developing standardized monitoring tools and collecting consistent information about each center.

Advocate for increased access to holistic services that reach children ages 0 to 3 and their parents (UNICEF HQ, ROs and COs). Highlight the need to address gaps in services for the youngest children and encourage partners to expand services for parents of children under age 3. Evaluate and disseminate effective service models, including interventions in which parents and children participate together. Involve multiple sectors—including health, WASH, child protection and social protection—in promoting holistic ECD. Provide funding for effective interventions across the relevant sectors.

Planning, Management, Coordination and Partnerships

Prioritize development of results frameworks for holistic ECD (UNICEF HQ, ROs and COs). At all levels, specify and define measurable ECD outcomes. At the CO level, establish or refine logical frameworks for ECD that reflect activities across sectors. Measure progress toward the expected outcomes identified in these frameworks over time. Encourage UNICEF

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COs and country partners to use monitoring results to identify and plan for course corrections as needed in areas for which sufficient progress is not being made. Share well-specified results frameworks with all partners to guide activities and ensure that all are working on a common set of targeted outcomes.

**Take steps to improve the quality and efficiency of reporting on specific investments by donors (UNICEF HQ).** Work with donors to specify measurable expected outcomes and clarify reporting requirements at the start of each funding period. Provide consistent training on the measurement system and reporting expectations to funded ROs and COs that includes an overview of the measurement strategy, its purpose and goals and expected uses of the data; definitions of data elements; identification of appropriate data sources and measures; a system for reviewing data quality; and how to use the data for programme improvement.

**Encourage distribution of funding for ECD more evenly across sections in UNICEF COs (UNICEF HQ).** As an advocate for intersectoral approaches to ECD, COs serve as models for country-level intersectoral collaboration. Instead of concentrating ECD funding and interventions within a few CO sections/sectors, allocating funding for ECD more evenly may reinforce the importance of intersectoral coordination on ECD. Intersectoral committees of CO staff can be tasked with the responsibility of increasing coordination among sections on ECD policy and programming at the country level.

**Human rights-based approach and Reaching the Less Reached and Disadvantaged**

**Allocate substantial resources to improving access to ECD interventions for the less reached and disadvantaged (UNICEF HQ, ROs and COs).** Given that the majority of COs are not certain about funding for current and future ECD strategies and activities, initiatives focused on increasing access require reallocation of existing ECD funds or allocation of additional resources. Clear goals and indicators of progress, strong leadership and effective partnerships are needed to secure the resources required to address the need for reliable data to inform intervention targeting, development of strategies and approaches to increasing access and engagement and retention of children and families who are disadvantaged and may remain unreached by new strategies.

**Develop a set of strategies to increase access to ECD interventions for disadvantaged and marginalized populations (UNICEF HQ).** Identify and disseminate strategies to increase access, including a set of outreach approaches and incentive strategies. Identify successful models from other sectors to inform development of a set of evidence-based interventions for increasing access to ECD programming. Examples include the use of community volunteers to identify orphans at the village level and assist with their enrollment in ECD services. Develop and test creative incentive strategies. Consider strategies such as financial incentives for construction of ECD centers in areas with high concentrations of disadvantaged and marginalized populations, higher rates of compensation for ECD teachers to staff those centers and incentives targeted to parents to encourage enrollment.

**Develop tools and data sources for monitoring access to ECD services among disadvantaged groups (UNICEF HQ, ROs and COs).** Most case study countries did not monitor access to ECD for specific marginalized and disadvantaged groups. Provide technical support to country partners in establishing systems for collecting these data, such as levels of enrollment for orphans, very poor children and children from specific minority ethnic groups. Once data systems are in place, set targets to monitor progress.
RÉSUMÉ ANALYTIQUE

Le développement de la petite enfance (DPE) est de plus en plus considéré comme une stratégie essentielle de réduction de la pauvreté et des disparités en matière de santé et d’éducation car des études ont montré qu’investir dans la mise en œuvre adéquate d’interventions DPE peut améliorer le bien-être des enfants. Le présent rapport constitue une synthèse des conclusions d’une évaluation des stratégies et activités menées dans ce domaine par le Fonds des Nations Unies pour l’enfance (UNICEF), une importance particulière étant accordée au Programme de coopération pour le développement de la petite enfance de l’UNICEF et du Gouvernement néerlandais. De 2008 à 2010, ce programme a permis d’investir 13,5 millions de dollars des États-Unis en faveur du DPE et des services intégrés, l’accent étant mis sur l’élaboration de politiques et de partenariats durables visant à transposer à plus grande échelle des interventions ayant fait leurs preuves. Dans le cadre de ce programme, le Gouvernement néerlandais a fourni au siège de l’UNICEF les fonds nécessaires pour coopérer avec ses bureaux régionaux, 10 bureaux de pays sélectionnés et des pays africains et asiatiques partenaires, en vue de réaliser trois objectifs stratégiques : 1) intégrer les politiques de DPE dans les plans, politiques et services nationaux; 2) doter les décideurs, les prestataires de services et les parents des capacités nécessaires pour s’acquitter des obligations et revendiquer les droits relatifs au DPE; et 3) obtenir et diffuser les connaissances nécessaires aux politiques et services de DPE. En avril 2010, le Bureau de l’évaluation de l’UNICEF a fait appel à Mathematica Policy Research pour mener à bien l’évaluation.

Portée et méthodes de l’évaluation


Ont été évalués l’état d’avancement des stratégies et activités en matière de DPE, ainsi que les facteurs qui, d’après les informateurs, ont influencé les processus et facilité les progrès réalisés dans la perspective des objectifs fixés. Il s’agissait d’une évaluation rétrospective des processus et résultats et activités en matière de DPE, fondée sur des principes théoriques et faisant appel à des méthodes mixtes (principalement qualitatives mais comprenant également des données provenant d’enquêtes). On s’est inspiré de cadres logiques de DPE pour établir un fondement théorique d’investigation; les processus et résultats ont été évalués en fonction de ceux qui avaient été spécifiés dans les cadres retenus. L’évaluation s’est fondée sur des données provenant de quatre sources : 1) une analyse des données et documents relatifs aux programmes, 2) des entretiens avec des informateurs clés, 3) quatre visites de site effectuées dans le cadre des études de cas de pays et 4) une étude, s’appuyant sur des données provenant d’Internet, de tous les bureaux de pays de l’UNICEF. Trois méthodes d’analyse ont été employées pour répondre aux questions retenues : cadrage thématique, triangulation et évaluations d’indicateurs.
Conclusions

Les conclusions de l’évaluation ici présentées se fondent sur les résultats détaillés dans le corps du rapport. Des conclusions sont présentées sur : 1) les trois domaines stratégiques de l’intégration, du renforcement de capacités et de l’obtention et de la diffusion de connaissances précédemment décrits; 2) l’étendue, la qualité/l’efficacité et la viabilité des services de DPE; 3) les questions intersectorielles de planification, de gestion, de coordination et de partenariats, ainsi que d’équité et d’accès des populations moins desservies et défavorisées; 4) l’efficacité et la pertinence/l’adéquation générales et 5) la contribution des investissements du Gouvernement néerlandais. D’autres conclusions, portant principalement sur les résultats obtenus par pays, figurent dans le corps et le dernier chapitre du rapport.

Intégration des politiques de DPE dans les politiques, plans et services nationaux

**Communiquer clairement les avantages des investissements en faveur du DPE a contribué à l’intégration de ce dernier.** L’action de plaidoyer menée à tous les niveaux pour expliquer en quoi le DPE contribue de manière unique et synergique à améliorer à court et à long terme la situation des enfants, des familles et des communautés a suscité l’adhésion des dirigeants et des décideurs et a accru leur volonté d’intégration du DPE.

**La participation des ministres des finances aux processus d’élaboration de politiques et de planification du DPE et des études de coûts facilite l’élaboration de politiques, le plaidoyer et la budgétisation du DPE.** Pour inciter les ministres des finances et les partenaires à allouer des fonds qui permettent d’intégrer le DPE dans les politiques et programmes nationaux, l’UNICEF et ses homologues nationaux ont besoin de données portant sur les coûts et de moyens d’effectuer des simulations des différentes stratégies de financement.

**Les résultats sont mitigés quant aux bienfaits relatifs des approches sectorielles ou intersectorielles d’intégration et des politiques universelles ou ciblées.** Il ressort des quatre études de cas que les approches sectorielles aussi bien que les approches intersectorielles donnent lieu à la fois à des résultats positifs et des difficultés. Dans l’ensemble, les participants à l’évaluation ont jugé que les approches intersectorielles étaient souhaitables pour favoriser un DPE intégré et global. La mise en œuvre universelle à plus grande échelle des interventions de DPE peut conduire à une augmentation rapide de l’étendue des services mais s’accompagner d’une qualité insuffisante et d’un manque d’équité en matière d’accès. Dans les pays où l’introduction du DPE se fait de manière plus ciblée et progressive, l’étendue des services est généralement plus restreinte.

**Les efforts d’intégration des messages de DPE dans d’autres types d’intervention progressent.** L’investissement de l’UNICEF dans des supports d’information sur le DPE qui puissent être incorporés aux programmes menés dans le cadre des services de santé et nutrition constitue un modèle à suivre dans d’autres domaines, par exemple, dans le domaine de l’eau, de l’assainissement et de l’hygiène, de la protection de l’enfance et de la protection sociale.

**Au niveau de chaque bureau de pays de l’UNICEF, le choix de la section à laquelle est affecté le principal responsable du DPE et la façon dont le bureau de pays envisage la coordination des activités intersectorielles de DPE influent sur le degré de compréhension commune, de coordination et de capacité de soutien des partenaires nationaux aux fins de l’intégration.** Dans plusieurs des bureaux de pays ayant bénéficié de
financements de l'UNICEF et du Gouvernement néerlandais, un comité intersectoriel pour le DPE se réunit régulièrement pour évaluer les besoins et les progrès réalisés en la matière. Cette approche constitue un modèle de la coordination intersectorielle du DPE que l'UNICEF préconise auprès de ses pays partenaires.

Renforcer les capacités pour le DPE

L’UNICEF n’emploie pas d’approche systématique qui permettrait d’évaluer les insuffisances de capacités, de mettre en œuvre des activités de renforcement de capacités, de suivre la participation au niveau individuel et d'utiliser des données pour cibler les efforts de suivi. La nécessité de coordonner et de suivre systématiquement à tous les niveaux (national, infranational et local) les lacunes en matière de DPE est essentielle pour optimiser les investissements. Il faut disposer de systèmes de données qui permettent de suivre la participation des prestataires de services de DPE et de cibler les ressources sur ceux qui n’ont pas bénéficié d’une formation de base et ont besoin d’une mise à niveau. Des approches similaires sont nécessaires pour cibler certaines familles ou zones géographiques.

Parce que l’on dispose de peu de données, on ne sait pas dans quelle mesure les parents/donneurs de soins ont été exposés aux interventions/messages de DPE, mais la plupart des interventions sont trop superficielles pour avoir des effets durables sur le comportement des parents. Il ressort de plus en plus des études réalisées que les interventions brèves (par exemple, les ateliers d’une journée) ne suffisent pas à modifier le comportement des adultes à l’égard des enfants (Winton 2008; Winton et McCollum 2008). D’après l’évaluation, les approches de formation des adultes fondées sur des données probantes sont peu utilisées dans le cadre des activités de renforcement des capacités actuellement mises en œuvre en matière de DPE.

Les bureaux de pays de l’UNICEF ont indiqué que les capacités en matière de DPE avaient été renforcées au cours des quatre dernières années, mais les besoins actuels mettent en évidence des difficultés liées au manque de ressources (insuffisance de personnel et de compétences en matière de DPE) et la nécessité de renforcer les compétences en la matière dans l’organisation. Le nombre relativement restreint de personnel s’occupant de questions de DPE et le peu de ressources disponibles freinent les progrès. Les bureaux de pays cherchent à renforcer les capacités et à se doter de personnel disposant de compétences dans le domaine du DPE, ainsi qu’en ce qui concerne l’accès aux populations marginalisées et désavantagées, l’évaluation des coûts et l’appui à la mise en œuvre de politiques aux niveaux national et infranational. En outre, le rôle des bureaux régionaux et l’adéquation de l’appui que ceux-ci apportent aux bureaux de pays pour répondre, entre autres, à ces besoins ne sont pas aussi satisfaits que qu’ils pourraient l’être.

Obtenir et diffuser des connaissances sur le DPE

L’efficacité de l’obtention et de la diffusion de connaissances est atténuée, tant au niveau mondial qu’au niveau national, par un manque de planification concertée et systématique et d’évaluation rigoureuse. Le fait que le siège, les bureaux régionaux et les bureaux de pays ne coordonnent pas suffisamment les priorités de recherche et la planification des évaluations empêche d’élaborer un programme de recherches précis en matière de DPE et d’exploiter les ressources disponibles en vue d’effectuer des évaluations plus rigoureuses et à plus long terme, portant sur un seul ou plusieurs pays. Les procédures existant actuellement au
niveau des pays et au niveau mondial ne facilitent pas l’organisation des évaluations en différentes étapes formatives et sommatives.

La promotion et l’utilisation par l’UNICEF des résultats provenant des données du module de DPE MICS4 devraient continuer à avoir des effets bénéfiques importants à tous les niveaux de l’organisation, ainsi que pour les homologues nationaux. En particulier, les indicateurs récapitulatifs du DPE faciliteront le suivi national et les comparaisons internationales des progrès des enfants dans d’importants aspects de leur développement. Les nourrissons et jeunes enfants n’étant pas inclus, le module ne porte pas sur toute la période allant de la conception à l’âge de 8 ans, ce qui demeure une lacune.

Les pratiques de gestion des connaissances actuellement en usage à l’UNICEF ne permettent pas suffisamment au public d’accéder aux résultats des recherches et évaluations précédemment menées ou en cours de réalisation. Les pages Internet des bureaux de pays, des bureaux régionaux et du siège sont difficiles à naviguer et ne présentent aucun index des études que l’UNICEF a commandées ou auxquelles elle a contribué par le passé. Il n’existe aucune page qui regroupe des informations actualisées sur les projets de recherche, de suivi et d’évaluation, présentées de façon à répondre aux besoins de divers publics.

Couverture, qualité/efficacité et viabilité des services de DPE

La couverture des services d’éducation pré-primaires en centres s’est élargie mais la couverture et la qualité des services demeurent inégales. Dans les quatre pays étudiés, le taux de couverture varie entre zones géographiques et entre groupes sociaux, les enfants des zones urbaines et des familles à revenu plus élevé bénéficiant généralement d’un meilleur accès que les enfants des milieux ruraux et des groupes économiquement ou socialement défavorisés. La qualité des services est également inégale en ce qui concerne la formation des enseignants, les installations, le matériel et le nombre d’enfants par salle de classe.

La couverture des services de DPE destinés aux parents d’enfants âgés de moins de 3 ans est limitée. En ce qui concerne l’étendue des services destinés aux parents d’enfants âgés de moins de 3 ans, les progrès réalisés ont été moindres. Dans la plupart des pays étudiés, des efforts ont été faits afin d’intégrer les messages de DPE au sein des services de santé communautaire existants, avec plus ou moins de succès.

Les systèmes qui permettraient de fournir la formation, le suivi et l’assistance technique nécessaires pour améliorer la qualité des programmes n’ont pas encore été mis en place. Tous les pays étudiés ont indiqué dispenser une formation aux enseignants et/ou aux agents de santé communautaires mais le taux de couverture de la formation est manifestement problématique, notamment en ce qui concerne la formation de remplaçants et les cours de mise à niveau. Aucun de ces pays n’a mis en place de système qui permettrait d’évaluer la qualité du DPE, de suivre et de communiquer les résultats et de s’en servir pour améliorer la qualité grâce à la formation et à l’apport d’assistance technique.

Planification, gestion, coordination et partenariats

Accorder une plus grande importance à l’élaboration et à l’application de règles cohérentes et clairement définies régissant l’information émanant des bureaux régionaux
et bureaux de pays permettrait d’obtenir des données de meilleure qualité utiles à l’évaluation des progrès réalisés par rapport aux objectifs fixés en matière de DPE. Les questions visant à obtenir un feedback qui ont été formulées par le siège et les conseillers (y compris les représentants de donateurs) sur le financement accordé par l’UNICEF et le Gouvernement néerlandais et la façon dont il avait été utilisé n’étaient pas assez précises pour assurer la communication systématique d’informations de la part des bureaux de pays et bureaux régionaux. Faute de définitions détaillées des composantes de données à fournir et par manque de formation sur les sources et méthodes de collecte de données adéquates, ainsi que de contexte sur les informations, les réponses manquaient de cohérence et les données n’étaient pas vérifiables. Il est apparemment rarement arrivé que des données aient été utilisées pour effectuer des corrections en cours de programme ou pour partager des enseignements tirés de l’expérience dans l’ensemble du réseau pour le DPE.


La constitution de partenariats en faveur du DPE a dans l’ensemble été concluante. Un ensemble d’organisations partenaires collabore avec l’UNICEF en vue d’élaborer des programmes de DPE au niveau des pays et au niveau régional. Si l’on continue à mettre l’accent sur les stratégies sectorielles de financement, cela risque d’empêcher certains partenaires de développement d’appuyer pleinement une approche globale du DPE. Il est de toute évidence nécessaire de mener une action de plaidoyer et d’apporter un appui aux groupes de donateurs qui s’intéressent au DPE et souhaitent établir des relations et comprendre ensemble les liens entre secteurs en vue de parvenir à des objectifs et des résultats communs dans l’intérêt des enfants et des familles.

Équité et accès des populations moins desservies et défavorisées

Les capacités des pays étudiés à améliorer l’accès des enfants défavorisés les moins desservis ont été limitées, faute de données et de stratégies visant à accroître leur accès. Pour la plupart des groupes défavorisés et marginalisés, les données disponibles ne permettent pas d’évaluer véritablement le degré d’équité en matière d’accès, bien qu’elles fassent cependant apparaître des lacunes à cet égard. Par exemple, on ne dispose généralement pas de données sur le taux d’inscription des enfants orphelins, mais les visites effectuées sur le terrain laissent penser que ce groupe ne bénéficie pas d’un accès équitable aux services. Les participants à l’évaluation n’ont pas pu présenter de stratégies précises qui permettraient d’atteindre les enfants et familles marginalisés et défavorisés et de les inscrire à des programmes de DPE.

À l’échelle mondiale, le rôle directeur que l’UNICEF doit jouer en encourageant des moyens novateurs de plaider en faveur de l’accès des populations insuffisamment
desservies est essentiel pour progresser dans ce domaine. Grâce à l’action de plaidoyer et au rôle de direction de la Division du développement de la petite enfance, le personnel chargé du DPE à tous les niveaux et les partenaires se sont employés à mettre au point les outils nécessaires pour évaluer les progrès, cibler les services et favoriser l’obtention de résultats. Des outils et une formation structurés sont indispensables à tous les niveaux.

Efficacité et pertinence/adéquation générales

Dans l’ensemble, les faits indiquent que les stratégies de l’UNICEF en matière de DPE ont permis d’atteindre les objectifs quantitatifs (par exemple, nombre de parents formés) mais l’efficacité de ces stratégies quant à l’amélioration de la qualité des interventions et de la situation des enfants et des familles n’est pas prouvée. En l’absence d’une approche plus systématique de l’évaluation des besoins, de la qualité des services fournis et des résultats, il est difficile d’évaluer rigoureusement l’efficacité des stratégies.


L’impact des investissements du Gouvernement néerlandais

Le financement du Gouvernement néerlandais dans les 10 pays a permis de sensibiliser et de mobiliser davantage les dirigeants nationaux et infranationaux, ce qui a catalysé les efforts visant à accroître l’accès des familles et des enfants au DPE et la qualité des services offerts dans ce domaine. Les investissements réalisés à l’échelle des pays en vue d’augmenter les capacités des prestataires de services et des parents en matière de DPE et de leur fournir des supports de formation et d’information de qualité ont favorisé les progrès accomplis en faveur des enfants.


Recommandations

Les principales recommandations découlant des résultats et conclusions de l’évaluation portent sur : 1) les trois grands domaines stratégiques; 2) l’étendue, la qualité/l’efficacité et la viabilité des services de DPE; et 3) les questions intersectorielles de planification, de gestion, de coordination et de partenariats, ainsi que d’équité et d’accès des populations moins desservies et populations défavorisées. Il est indiqué entre parenthèses à qui s’adressent ces différentes recommandations (siège, bureaux régionaux ou bureaux de pays de l’UNICEF). D’autres recommandations, axées principalement sur les résultats obtenus au niveau des pays, figurent dans le corps du rapport et le dernier chapitre.
Intégrer les politiques de DPE dans les politiques, plans et services nationaux

**Chercher à obtenir un financement stable et pluriannuel des stratégies d'intégration des politiques afin de faciliter la transition de l’élaboration et de l’adoption de politiques de DPE à une mise en œuvre de qualité (siège de l’UNICEF).** Axaer les investissements sur des pays qui ont adopté des politiques de DPE ou les ont intégrées au cours des deux dernières années, en finançant spécifiquement ceux qui sont résolus à mettre à l’essai les grandes approches visant à bâtir une infrastructure favorisant la mise en œuvre des politiques adoptées. Investir dans l’élaboration de modèles d’intégration et les mettre à l’essai dans le cadre de recherches formatives.

*Identifi**er un indicateur récapitulatif ou un petit ensemble d'indicateurs de DPE dont l’évolution peut être suivie et communiquée aux niveaux infranational, national, régional et mondial, afin de cibler l’action de plaidoyer et l'intégration, de mener une action de sensibilisation et de suivre les progrès accomplis dans l’obtention de résultats essentiels (siège de l’UNICEF). Élaborer par exemple des indicateurs récapitulatifs des étapes de développement à 1, 3 et 5 ans qui incorporent des mesures du développement cognitif, socio-affectif et physique.

**Fournir une formation et une assistance technique pour l’évaluation des coûts des politiques et stratégies de DPE et recenser les pratiques qui semblent efficaces pour amener les ministres des finances à participer à la planification et à l’évaluation des coûts du DPE (siège et bureaux régionaux de l’UNICEF).** Mettre à profit les enseignements des évaluations de coûts récentes pour définir des principes directeurs et des outils d'évaluation rationalisés à l'intention des bureaux de pays. Envisager des moyens de regrouper les coûts entre secteurs afin de faciliter l'évaluation des coûts d’actions intersectorielles telles que le DPE.

**Évaluer l’efficacité respective des approches sectorielles et intersectorielles de l’élaboration de politiques et programmes de DPE, ainsi que des approches universelles et ciblées de l’intégration (siège et bureaux régionaux de l’UNICEF).** Suivre systématiquement les différences d’approches aux niveaux des bureaux régionaux et du siège et élaborer des modèles permettant de comparer ces approches.


**Réunir et diffuser les pratiques qui semblent efficaces pour intégrer les messages de DPE dans d’autres types d’intervention (siège de l’UNICEF).** Utiliser les résultats des recherches sur la mise en œuvre du programme de développement des enfants (Care for Child Development) pour créer un manuel pratique visant à aider les bureaux de pays à obtenir l’adhésion nécessaire pour incorporer le DPE dans les interventions existantes. Adapter si besoin est l’approche que le siège de l’UNICEF a suivie pour coopérer avec des partenaires internationaux dans le cadre du programme Care for Child Development, de façon à élaborer des modules sur le DPE qui puissent être ajoutés aux interventions menées dans les domaines de l’eau et de l’assainissement, de la protection de l’enfance et de la protection sociale.
Plaider pour que la coordination du DPE au sein des bureaux de pays soit structurée de la même façon sur le plan organisationnel et soit assortie de l’obligation de rendre compte au représentant adjoint et que les responsabilités du coordonnateur soient clarifiées (siège de l’UNICEF). Cette structure hiérarchique indiquerait clairement que les responsabilités des coordonnateurs du DPE ne se limitent pas à la section dont ils font partie et amènerait à rendre compte des progrès des efforts intersectoriels. Envisager une structure similaire au siège car les responsabilités de l’unité du DPE ne se limitent pas à la survie et au développement de la petite enfance.

Renforcer les capacités en matière de DPE


Continuer à investir dans les ressources existantes destinées au renforcement de capacités, telles que l’Ensemble de ressources pour le DPE et l’ECDVU et mettre au point de nouvelles ressources qui visent à remédier aux capacités insuffisantes (siège et bureaux régionaux de l’UNICEF). Les bureaux de pays ont par exemple indiqué avoir besoin de formation et de principes directeurs supplémentaires pour les questions d’équité et d’accès des populations marginalisées/désavantagées, d’amélioration de la qualité et de formation des prestataires de services. Accroître le retour sur ces investissements en allouant des fonds afin que les supports de renforcement de capacités de DPE soient traduits et adaptés en un plus grand nombre de langues et utilisés par les prestataires de services, les parents et les enfants.

Investir dans l’élaboration de modèles de formation des parents/donneurs de soins fondés sur les résultats de recherches portant sur le dosage, la teneur et les approches de formation susceptibles de donner les résultats escomptés (siège de l’UNICEF). Pour faire en sorte que les parents/donneurs de soins soient mobilisés, commencer par planifier des interventions tenant compte des facteurs qui augmentent la participation et des facteurs qui nuisent à sa régularité. Envisager d’inclure des mesures d’incitation effectives conçues pour amener les parents et donneurs de soins à participer à la formation et les activités. Incorporer les principes relatifs à l’apprentissage des adultes dans la formation afin que celle-ci ait le plus de chances possibles de modifier de façon positive et durable le comportement des parents/donneurs de soins.

Engager des experts du développement de l’enfant pour renforcer le rôle de l’unité de DPE au siège de l’UNICEF et disposer de conseillers chargés spécifiquement du DPE dans chaque bureau régional (siège et bureaux régionaux de l’UNICEF). Augmenter le nombre de membres du personnel du siège ayant une expérience du DPE et s’occupant de ce
domaine qui sont en mesure de contribuer à l’intégration du DPE avec d’autres secteurs et assurer une plus grande présence dans les activités de planification et les décisions essentielles. Créer ou pourvoir des postes de conseillers en DPE dans les bureaux régionaux afin de répondre mieux et de façon plus pertinente aux besoins en DPE. Clarifier le rôle du bureau régional qui consiste à fournir des compétences en DPE aux bureaux de pays et à la région. Apporter davantage de soutien technique aux bureaux de pays en matière de promotion des politiques de DPE et d’évaluation des coûts.

**Obtenir et diffuser des connaissances sur le DPE**

**Élaborer un programme pluriannuel intégré de recherche et d’évaluation, coordonné au niveau organisationnel et entre régions, qui comprenne un ensemble d’évaluations formatives et sommatives favorisant l’amélioration des programmes (siège de l’UNICEF).** Créer un programme qui décrive la situation des enfants; rende compte du dosage, de la teneur et de la qualité des interventions et en évalue rigoureusement les effets sur les enfants et les familles. Synchroniser les programmes au niveau organisationnel et entre régions pour remédier aux principales lacunes en matière de connaissances et faciliter la mise en commun de ressources aux fins d’évaluations à grande échelle. Faire en sorte que les résultats et les leçons tirés de l’expérience soient facilement accessibles. Enfin, élaborer un système qui permette de mettre à profit les résultats des recherches et des évaluations dans le cadre des politiques et interventions de DPE.

**Investir dans des systèmes de gestion des connaissances qui permettent d’indexer les projets de recherche et d’évaluation actuels et passés à tous les niveaux et les diffuser sur des sites Web accessibles au public (siège de l’UNICEF).** Distribuer systématiquement à l’extérieur de l’organisation des informations sur les activités de recherche et rapports bénéficiant du soutien de l’UNICEF par des méthodes de diffusion qui s’adressent à un large public s’occupant de politiques et de pratiques. Cela passe par la participation à des conférences ainsi que le maintien de sites Web publics complets et actualisés comprenant des bases de données de publications sur les projets de recherche passés et en cours.

**Continuer à investir dans le module de DPE MICS4 et à prôner son utilisation par un plus grand nombre de pays (siège de l’UNICEF).** L’utilisation généralisée de ce module contribuera à remédier au manque de connaissances actuelles sur les progrès réalisés dans le monde en ce qui concerne différents aspects essentiels du développement de l’enfant. Envisager de développer le module à l’avenir de façon à inclure des dimensions concernant les nourrissons et les jeunes enfants.

**Collaborer avec les bureaux de pays et les pays partenaires pour mettre au point des normes d’apprentissage et de développement de la petite enfance portant sur la période allant de la naissance à l’âge de 8 ans, se servir de ces normes pour élaborer des systèmes de formation et de suivi et évaluer leurs effets sur des résultats ciblés (siège et bureaux régionaux de l’UNICEF).** Ces normes peuvent par exemple servir de base à la définition de la qualité des interventions de DPE et à l’élaboration de procédures et d’outils de suivi permettant d’évaluer le degré d’adhérence aux normes. La formation et l’assistance technique peuvent ensuite tenir compte des lacunes ainsi identifiées. Utiliser ces normes dans les programmes et supports de formation destinés au personnel et aux bénévoles locaux qui fournissent des services et élaborent des programmes de DPE. Évaluer les efforts déployés dans le cadre de ces normes pour identifier les succès obtenus et les difficultés rencontrées.
Formuler des conseils visant à maximiser la contribution de ces normes à l’amélioration des systèmes de prestation de services et de la situation des enfants.

Étendue, qualité/efficacité et viabilité des services de DPE

Plaider en faveur de financements plus importants et demander aux groupes de donateurs intersectoriels de pérenniser les stratégies et interventions de DPE (siège, bureaux régionaux et bureaux de pays de l’UNICEF). Faire participer les ministres des finances à la planification du DPE et informer le personnel des ministères des finances et autres ministères des bienfaits d’interventions globales de DPE contribuent à la viabilité de ces interventions. Pour réduire les rotations de personnel (un manque d’efficacité lié aux moyens de formation), il pourrait être nécessaire que les gouvernements remplacent à terme les bénévoles locaux non rémunérés ou très peu rémunérés par un personnel mieux payé, ce qui nécessite des fonds supplémentaires pour assurer à plus grande échelle et de façon durable la qualité des services. L’UNICEF est particulièrement bien placé pour expliquer aux donateurs la nécessité d’adopter une approche globale à long terme des interventions de DPE et mobiliser les groupes de donateurs intersectoriels en faveur du DPE.

Plaider pour que les pays partenaires investissent dans des initiatives visant à améliorer la qualité des interventions de DPE menées dans des centres, notamment dans les pays où la couverture a augmenté rapidement (siège, bureaux régionaux et bureaux de pays de l’UNICEF). Comme cela a été précédemment noté, l’expansion rapide des centres peut s’accompagner d’une diminution de l’attention accordée à la qualité. Pour veiller à ce que les nouvelles installations offrent des conditions de sécurité adéquates, soient salubres et dotées de matériel approprié, fournir un appui technique pour développer en parallèle les systèmes de formation des enseignants et les systèmes de suivi et d’inspection. Se servir des normes d’apprentissage et de développement de la petite enfance pour élaborer des outils de suivi standardisés et effectuer une collecte d’information systématique dans chaque centre.


Planification, gestion, coordination et partenariats

Accorder la priorité à l’élaboration de cadres de résultats pour un DPE intégré (siège de l’UNICEF, bureaux régionaux et bureaux de pays). Définir à tous les niveaux des résultats quantifiables en matière de DPE. Au niveau des bureaux de pays, établir ou préciser des cadres logiques de DPE qui correspondent aux activités menées dans l’ensemble des secteurs. Mesurer les progrès accomplis dans la réalisation des résultats identifiés dans ces cadres. Encourager les bureaux de pays et pays partenaires de l’UNICEF à se servir des enseignements provenant des activités du suivi pour identifier et planifier les corrections à apporter en cours de programme dans les domaines où les progrès réalisés ne sont pas suffisants. Mettre en commun avec tous les partenaires des cadres de résultats clairement
définis afin d’orienter les activités menées et de veiller à ce que tous s’emploient à parvenir à un ensemble commun de résultats.

**Prendre des mesures pour améliorer la qualité et l’efficacité de la remontée d’information sur les investissements réalisés par les donateurs (siège de l’UNICEF).** Coopérer avec les donateurs pour préciser les résultats quantifiables escomptés et clarifier les informations à fournir au début de chaque période de financement. Dispenser aux bureaux régionaux et bureaux de pays bénéficiant de financements une formation systématique sur le système d’évaluation et les informations à fournir, qui présente une vue d’ensemble de la stratégie d’évaluation, de son but et ses objectifs et des utilisations prévues des données; des définitions des composantes des données; l’identification des sources de données et mesures adéquates; un système d’évaluation de la qualité des données; et la façon d’utiliser les données pour améliorer les programmes.

**Encourager une répartition plus égale du financement du DPE entre les différentes sections des bureaux de pays de l’UNICEF (siège de l’UNICEF).** Parce qu’ils prônent des approches intersectorielles du DPE, les bureaux de pays constituent un modèle en matière de collaboration intersectorielle à l’échelle nationale. Répartir plus également les fonds destinés au DPE, au lieu de les concentrer, ainsi que les interventions, dans quelques sections/secteurs des bureaux de pays, peut renforcer l’importance de la coordination intersectorielle en faveur du DPE. Les comités intersectoriels du personnel des bureaux de pays peuvent être chargés d’accroître la coordination entre sections en ce qui concerne les politiques et l’élaboration de programmes de DPE à l’échelle des pays.

**Approche fondée sur les droits de l’homme et accès des populations peu desservies et défavorisées**

**Allouer des fonds importants à l’amélioration de l’accès des populations peu desservies et défavorisées aux interventions de DPE (siège, bureaux régionaux et bureaux de pays de l’UNICEF).** La majorité des bureaux de pays n’étant pas assurés du financement des stratégies et activités futures de DPE, les initiatives axées sur l’accroissement de l’accès nécessitent une réallocation des fonds actuellement consacrés au DPE ou l’allocation de ressources supplémentaires. Il faut disposer d’objectifs et d’indicateurs de progrès clairement définis, d’une forte capacité de direction et de partenariats efficaces pour obtenir les ressources nécessaires à l’obtention de données fiables permettant d’orienter le ciblage d’interventions, l’élaboration de stratégies et d’approches visant à améliorer l’accès, la participation et la rétention des enfants et familles défavorisées risquant de ne pas bénéficier des nouvelles stratégies.

**Élaborer un ensemble de stratégies visant à accroître l’accès des populations défavorisées et marginalisées aux interventions de DPE (siège de l’UNICEF).** Identifier et diffuser des stratégies visant à accroître l’accès, y compris un ensemble d’approches de communication et de stratégies d’incitation. Identifier les modèles ayant fait leurs preuves dans d’autres secteurs et s’en servir pour élaborer un ensemble d’interventions fondées sur des données probantes et visant à accroître l’accès aux programmes de DPE. Une possibilité consiste par exemple à recourir à des bénévoles locaux pour identifier les orphelins à l’échelle des villages et faciliter leur inscription pour qu’ils bénéficient des services de DPE. Élaborer et mettre à l’essai des stratégies d’incitation novatrices. Envisager diverses stratégies, par exemple des incitations financières pour construire des centres de DPE dans les zones ayant une forte concentration de populations défavorisées et marginalisées, l’augmentation de la
rémunération des enseignants de DPE de ces centres et des mesures d’incitation en direction des parents, visant à favoriser l’inscription de leurs enfants.

**Mettre au point des outils et sources de données permettant de surveiller l’accès des groupes défavorisés aux services de DPE (siège, bureaux régionaux et bureaux de pays de l’UNICEF).** La plupart des pays étudiés n’ont pas évalué l’accès au DPE des groupes marginalisés et défavorisés. Fournir un appui technique aux pays partenaires aux fins de la mise en place de collectes de données, relatives par exemple aux taux d’inscription des orphelins, des enfants très pauvres et des enfants appartenant à des groupes ethniques minoritaires. Une fois ces systèmes de données mis en place, fixer des cibles en vue de suivre les progrès accomplis.
RESUMEN EJECUTIVO

Como consecuencia del impulso de los resultados de las investigaciones que indicaron que las inversiones en las intervenciones referidas al Desarrollo de la Primera Infancia (DPI) que se ejecutan de manera adecuada pueden tener efectos positivos para el bienestar de los niños y niñas, se ha comenzado a poner cada vez más de relieve que las labores relacionadas con el DPI constituyen una estrategia fundamental para reducir la pobreza y las disparidades en materia de salud y educación. El siguiente informe sintetiza los resultados de una evaluación de las estrategias y actividades referidas al DPI del Fondo para la Infancia de las Naciones Unidas, y en especial del Programa conjunto de cooperación sobre el DPI del Gobierno de los Países Bajos y UNICEF. Entre 2008 y 2010, ese programa realizó inversiones por valor de 13,5 millones de dólares que se destinaron a mejorar el DPI y los servicios integrales pertinentes, haciendo hincapié en el desarrollo de políticas sostenibles y en las alianzas, con el propósito de ampliar y profundizar las intervenciones exitosas. En el marco de ese programa, el Gobierno de los Países Bajos suministró a la Sede de UNICEF fondos para que trabajara con sus oficinas regionales, con 10 oficinas de países específicas y con diversos aliados a nivel nacional en África y Asia con miras al logro de tres objetivos estratégicos: (1) la integración de las políticas de DPI en los planes, políticas y servicios nacionales; (2) la capacitación de los dirigentes políticos, los prestadores de servicios y los padres y madres, a fin de que pudieran cumplir con sus obligaciones y exigir la vigencia de los derechos relacionados con el DPI; y (3) generar y difundir conocimientos que promoveran y apoyan las políticas y servicios relacionados con el DPI. En abril de 2010, la Oficina de Evaluación de UNICEF contrató los servicios de Mathematica Policy Research para la realización de la evaluación.

Alcance y metodología de la evaluación

La evaluación se llevó a cabo empleando dos componentes vinculados entre sí: (1) cuatro estudios de casos exhaustivos sobre las estrategias de DPI empleadas por UNICEF en diversos países y (2) una evaluación de las estrategias en materia de DPI aplicadas por UNICEF en su Sede, sus oficinas regionales y sus oficinas de países. En la evaluación se compararon las estrategias empleadas en 10 países que fueron financiadas por el Programa conjunto de UNICEF y el Gobierno de los Países Bajos.

Mediante la evaluación se estimó la situación de las estrategias y actividades de DPI, así como los factores que, según los informantes, influyeron en los procesos y contribuyeron a que se avanzara hacia los resultados deseados. Se trató de una evaluación retrospectiva y basada en los aspectos teóricos de los procesos y resultados de las estrategias y actividades relacionadas con el DPI, y en la misma se emplearon métodos combinados (fundamentalmente cualitativos, aunque también se hayan incorporado datos derivados de las investigaciones). Para establecer las bases teóricas de la investigación se apeló a los marcos lógicos del DPI, y los procesos y resultados se evaluaron tomando esos marcos como referencia. La evaluación se nutrió de datos provenientes de cuatro fuentes: (1) un examen preliminar de los datos y los documentos de los programas, (2) varias entrevistas ejecutivas con informantes clave, (3) cuatro inspecciones en el terreno que se llevaron a cabo como parte de los estudios de casos por país, y (4) una encuesta por medio de Internet en la que participaron todas las oficinas de países de UNICEF. En la evaluación se emplearon tres métodos de análisis —el encuadre temático, la triangulación y la clasificación de indicadores— para abordar las cuestiones de investigación.
Conclusiones

Las conclusiones de la evaluación que se ofrecen a continuación se basan en los resultados que se detallan en la parte principal del informe. Las conclusiones que se presentan se refieren a (1) las tres esferas estratégicas de la integración de las políticas sobre el DPI en las políticas, los planes y los servicios de los países, la generación de capacidad y la difusión de los conocimientos que se describieron anteriormente; (2) la cobertura de servicio, la calidad/eficacia y la sostenibilidad de las actividades relacionadas con el DPI; (3) las cuestiones intersectoriales de planificación, gestión, coordinación y alianzas, así como la equidad y la prestación de servicios a los sectores de la población subatendidos o en situación de desventaja; (4) la eficacia y pertinencia/procedencia generales, y (5) la contribución de la inversión realizada por el Gobierno de los Países Bajos. El texto principal y el capítulo final contienen conclusiones adicionales que se refieren principalmente a los resultados a nivel de país.

**La integración de las políticas de DPI en los planes, políticas y servicios nacionales**

*Esa integración se vio favorecida por la comunicación clara acerca de los beneficios de las inversiones en el DPI.* Las labores de promoción en todos los niveles, que se concentraron en comunicar las originales aportaciones sinérgicas de las actividades de DPI al mejoramiento de los resultados en pro de los niños, niñas, familias y comunidades a corto y largo plazo, lograron generar más entusiasmo y fomentar un mayor compromiso entre los funcionarios de gobierno y los dirigentes con capacidad de decisión con respecto a la integración del DPI en los planes, políticas y servicios nacionales.

*La participación de los ministros de finanzas en las políticas y los procesos de planificación de las actividades de DPI, así como los estudios de costo, resultan útiles para establecer las pautas del desarrollo de las políticas, las labores de promoción y la elaboración de presupuestos en la esfera del DPI.* A fin de involucrar a los ministros de finanzas y otros aliados en la asignación de fondos que hagan posible la integración del DPI en las políticas y programas nacionales, UNICEF y sus contrapartes a nivel de país deberían contar con datos sobre los costos específicos de las labores de DPI, así como las herramientas necesarias para realizar simulacros de diversas estrategias de financiación.

*Los estudios arrojaron resultados contradictorios con respecto a los beneficios relativos de la aplicación de enfoques sectoriales o intersectoriales en materia de integración, así como sobre la aplicación de políticas universales u orientadas a objetivos específicos.* Los resultados de los cuatro estudios de casos pusieron de relieve que tanto los enfoques sectoriales como los intersectoriales han logrado éxitos y han hecho frente a desafíos. En general, las personas que manifestaron sus opiniones en la evaluación señalaron que los enfoques intersectoriales son preferibles cuando se trata de brindar apoyo al desarrollo integrado y holístico del niño en la primera infancia. La ampliación universal de las intervenciones de DPI pueden dar como resultado rápidos aumentos de la cobertura, pero también pueden relacionarse con una merma en la calidad de los servicios y un menor grado de equidad en materia de acceso a los mismos. La cobertura de servicios de DPI tiende a ser menor en los países donde éstos se aplican de manera más lenta y gradual y se orientan a sectores más específicos de la población.

*Los esfuerzos por integrar los mensajes sobre el DPI en otros tipos de intervenciones van logrando avances.* La inversión de UNICEF en materiales sobre el DPI que pueden integrarse en diversos programas que se ejecutan en el marco de los servicios de salud y
nutrición constituyen un modelo a seguir con respecto a la integración de esos mensajes en otras esferas, como las labores relacionadas con el agua, el saneamiento y la higiene; la protección de la infancia; o la protección social.

**En el ámbito de las oficinas de países de UNICEF, la decisión sobre la sección a la que se debe asignar al integrante del personal principalmente responsable de las labores de DPI, así como la manera en que cada oficina de país aborda la coordinación de las actividades relacionadas con el DPI, influye en el nivel de comprensión compartida, coordinación y capacidad de prestar apoyo a los aliados del país a fin de lograr avances hacia la integración.** En varias oficinas de países que recibieron fondos del Programa conjunto de UNICEF y el Gobierno de los Países Bajos se llevan a cabo reuniones periódicas de los comités intersectoriales sobre el desarrollo de los niños en la primera infancia para evaluar las necesidades y los avances logrados. Ese enfoque constituye un importante ejemplo del tipo de coordinación intersectorial de las labores referidas al DPI por el que UNICEF aboga ante sus aliados nacionales.

**La creación de capacidad en materia de DPI**

**UNICEF no emplea un enfoque sistemático cuando se trata de evaluar las lagunas de capacidad en materia de DPI, poner en práctica actividades de creación de capacidad, documentar la participación en el plano individual o emplear los datos para darles más precisión a las actividades complementarias.** Para mejorar al máximo el rendimiento de las inversiones resulta fundamental coordinar y documentar de manera sistemática las carencias que existen en materia de DPI en todos los niveles (nacional, subnacional y local). Es necesario contar con sistemas de gestión de datos que posibiliten el mantenimiento de un registro de la participación de los prestadores de servicios relacionados con el DPI y orientar los recursos a quienes no hayan recibido capacitación básica o no hayan participado en los cursos de actualización requeridos. También es necesario aplicar enfoques similares dirigidos a familias o zonas geográficas específicas.

**Pese a que debido a la escasez de datos se ignora a ciencia cierta la medida en que las intervenciones o los mensajes sobre el DPI afectan a los padres y otras personas que cuidan niños, en la mayoría de los casos las intervenciones son de una intensidad demasiado baja para lograr efectos duraderos en los comportamientos de los padres y madres.** Las pruebas obtenidas por las investigaciones demuestran de manera cada vez más concluyente que las intervenciones breves (como los cursillos prácticos únicos) no son suficientes para modificar los comportamientos de los adultos con respecto a los niños (Winton 2008; Winton y McCollum 2008). La evaluación arrojó muy pocas pruebas de que en las actuales actividades de creación de capacidad en materia de DPI se empleen enfoques de aprendizaje adulto basado en las pruebas.

**Las oficinas de países de UNICEF informaron que en los últimos cuatro años se produjo un aumento de la capacidad en materia de actividades relacionadas con el DPI, aunque las actuales necesidades son reflejo de los desafíos que presentan las limitaciones en materia de recursos (escasez de personal y de conocimientos y experiencia sobre las cuestiones específicas relacionadas con el DPI) y las dificultades de atraer a la organización personal con suficientes conocimientos y experiencia en materia del DPI.** El número relativamente pequeño de funcionarios que se dedican a las cuestiones del DPI, así como la escasez de recursos, son un obstáculo para la obtención de los resultados esperados. Las oficinas de países están tratando de obtener el personal experimentado y otros elementos
necesarios para la creación de capacidad en materia de DPI, así como de prestación de servicios a los sectores marginados y en situación de desventaja de la población, de determinación de los costos y de ejecución de políticas de apoyo a nivel nacional y subnacional. Además, las oficinas regionales no cumplen las funciones que les deberían corresponder ni prestan apoyo adecuado a las oficinas de países con respecto a la satisfacción de esas y otras necesidades.

La generación y difusión de conocimientos en materia de DPI

La ausencia de una planificación sistemática y coordinada y de evaluaciones rigurosas tiene como resultado una disminución de la eficacia de la generación y difusión de conocimientos tanto el ámbito mundial como a nivel de país. Las deficiencias con respecto a la coordinación entre la Sede, las oficinas regionales y las oficinas de países en lo que respecta al establecimiento de prioridades en materia de investigación y de evaluación de la planificación atenta contra el desarrollo de un plan de investigación sobre el DPI y constituye una oportunidad desperdiciada de aprovechar los recursos disponibles para realizar evaluaciones nacionales e internacionales más rigurosas y a más largo plazo. Los procesos que se desarrollan actualmente en el ámbito mundial y en los países no alientan ni facilitan la realización de las evaluaciones en un orden secuencial de etapas formativas y sumarias.

Se estima que las labores de promoción de UNICEF, así como el empleo de los resultados de los datos del módulo de DPI de la cuarta encuesta de indicadores múltiples continuarán rendiendo beneficios sustanciales a todos los niveles de la organización y a las contrapartes en los países. En particular, se espera que los resultantes indicadores sumarios sobre el DPI faciliten las labores de vigilancia en el plano nacional y las comparaciones internacionales sobre los avances logrados en favor de los niños en las principales esferas del desarrollo. Debido a que el módulo no contiene componentes referidos a los lactantes ni los niños muy pequeños, no abarca completamente el periodo comprendido entre la concepción y los ocho años de edad, lo que sigue constituyendo una limitación.

Las prácticas de gestión de la información que se emplean actualmente en UNICEF no posibilitan el acceso público adecuado a los resultados de los proyectos de investigación y evaluación previos y en desarrollo. Las páginas Web de las oficinas de países, las oficinas regionales y la Sede son difíciles de navegar y no ofrecen catálogos de los estudios encargados o realizados por UNICEF en el pasado. Tampoco contienen fuentes únicas de búsqueda de información actualizada sobre los proyectos de investigación, vigilancia y evaluación presentados en formatos que satisfagan las necesidades diversas de distintos sectores del público.

La cobertura de servicio, la calidad y la eficacia y la sostenibilidad de las actividades relacionadas con el DPI

Pese a que se ha ampliado la cobertura de servicio de las actividades relacionadas con el DPI en el marco de la educación preescolar basada en los centros, la cobertura y la calidad del servicio aún tienen carácter irregular. En los cuatro países sobre los que se realizaron estudios de casos se registraron variaciones en la cobertura en las diversas zonas geográficas y los distintos grupos sociales. Los niños y niñas de las zonas urbanas y los pertenecientes a las familias de mayores recursos, por ejemplo, por lo general tienen un mayor grado de acceso a esos servicios que los niños y niñas de las zonas rurales y de los grupos sociales en situación de desventaja. La calidad de los servicios también es desigual en lo que
respecta a la capacitación de los docentes, las instalaciones, los materiales y el número de alumnos por clase.

**La cobertura de servicios relacionados con el DPI orientados a padres y madres de niños de hasta tres años de edad ha tenido carácter limitado.** Se han registrado pocos avances en materia de aumento de la cobertura de servicios dirigidos a los padres de niños y niñas de menos de tres años. En la mayoría de los países contemplados en los estudios de casos se llevaron a cabo, con resultados diversos, intentos por integrar los mensajes sobre el DPI en los servicios comunitarios de atención de la salud.

**Aún no se cuenta con sistemas que brinden la capacitación adecuada, y la vigilancia y la ayuda técnica que se necesitan para mejorar la calidad de la programación.** Todos los estudios de casos de los países indicaron que en los mismos se brindaba algún tipo de capacitación a los docentes o a los agentes de salud comunitarios. Sin embargo, fue evidente que existían problemas con respecto a la cobertura de la capacitación, especialmente con respecto a la preparación de personal de reemplazo y a los cursos de actualización de conocimientos. Ninguno de los países contemplados en los estudios de casos había establecido un sistema de evaluación de la calidad de las actividades relacionadas con el DPI, de los métodos de presentación de informes o de control de los resultados ni del empleo de esos resultados para mejorar la calidad por medio de la capacitación y la asistencia técnica.

**Planificación, gestión, coordinación y alianzas**

**Si se hiciera más hincapié en el desarrollo y la implementación de requisitos más coherentes y mejor definidos en materia de presentación de informes por parte de las oficinas regionales y las oficinas de países sería posible obtener datos más precisos y abundantes que mejorarían la calidad de las evaluaciones sobre los avances hacia los resultados deseados en materia del DPI.** Las preguntas que elaboró el personal de la Sede y diversos asesores (entre ellos representantes de los donantes) acerca del suministro de fondos por parte de UNICEF y el Gobierno de los Países Bajos, así como sobre la manera en que se emplearon, no fueron lo suficientemente específicas para garantizar que los informes presentados por las oficinas de países y las oficinas regionales guardaran consistencia. La ausencia de definiciones pormenorizadas de los elementos de los datos y de capacitación acerca de las fuentes adecuadas de datos y de los métodos de obtención de los mismos, así como de los contextos de la información lograda, se reflejó en la falta de coherencia de las respuestas y en la imposibilidad de verificar ciertos datos. Tampoco se obtuvieron suficientes pruebas sobre el aprovechamiento de esos datos para la realización de correcciones sobre la marcha o para la difusión de las lecciones obtenidas en el marco de la red de actividades relacionadas con el DPI.

**Pese a que se considera que el apoyo a las actividades relacionadas con el DPI que se presta desde la Sede y las oficinas regionales, así como en las oficinas de países es adecuado, no hay lugar para el mejoramiento de la coordinación vertical de UNICEF con las necesidades de las oficinas de países ni de la coordinación horizontal entre las diversas secciones de las propias oficinas de países.** Los resultados de la encuesta en las oficinas de países indicaron que existen necesidades y carencias que es necesario satisfacer mediante el mejoramiento de la coordinación de las estrategias y actividades de la Sede y de las oficinas regionales, y por medio de su mejor adecuación a las necesidades de las oficinas de países. En el plano de las oficinas de países, la coordinación horizontal y la coordinación en general tienden a ser mejores cuando los fondos destinados al DPI se distribuyen de manera
más uniforme entre las secciones o en aquellas oficinas que cuentan con personal específicamente asignado a las labores de mejoramiento de la coordinación e integración de las actividades referidas al DPI.

**En términos generales, el establecimiento de alianzas en pro del DPI ha sido un proceso exitoso.** UNICEF cuenta con la colaboración de una amplia gama de organizaciones aliadas en materia de programación sobre el DPI tanto a nivel de países como en el ámbito regional. La insistencia constante en las estrategias sectoriales de suministro de fondos puede inhibir la prestación plena de apoyo al enfoque holístico del DPI por parte de algunos aliados. Es evidente la necesidad de llevar a cabo actividades de promoción y de prestar apoyo a los grupos de donantes preocupados por las cuestiones del DPI, así como de entablar relaciones y lograr una comprensión común de los vínculos existentes en los diversos sectores con respecto al logro de objetivos compartidos y a la obtención de resultados en pro de los niños, niñas y familias.

La equidad y la prestación de servicios a los sectores de la población subatendidos o en situación de desventaja

**La capacidad de los países sobre los que se realizaron estudios de casos de aumentar el nivel de acceso de los niños y niñas más subatendidos o en situación de desventaja se vio limitada por la carencia de datos y la ausencia de estrategias adecuadas para mejorar ese acceso.** Los datos disponibles sobre la mayoría de los sectores subatendidos o marginados de la población no son suficientes para llevar a cabo una vigilancia minuciosa de los niveles de acceso, a pesar de que los datos disponibles indiquen la posibilidad de que existan situaciones de inequidad. Por ejemplo, no existen en general datos sobre la participación de los huérfanos, aunque las inspecciones en el terreno hayan indicado que los integrantes de ese sector probablemente sufren instancias de inequidad. Los participantes en la evaluación no lograron articular estrategias específicas para la prestación de servicios a los niños, niñas y familias marginados y en situación de desventaja ni para lograr su participación en los programas de DPI.

**A nivel mundial, las funciones de liderazgo que cumple UNICEF con respecto al aliento de maneras innovadoras de promoción orientadas a mejorar la prestación de servicios a los sectores subatendidos de la población tienen una importancia fundamental para el logro de avances en esa esfera.** Las actividades de promoción de la Unidad de DPI, así como su capacidad de liderazgo, hacen posible que el personal de la organización y de los organismos y organizaciones aliadas se concentre en elaborar las herramientas necesarias para evaluar los avances, orientar la prestación de servicios y respaldar los resultados. En todos los niveles de las actividades relacionadas con el DPI hay necesidad de contar con más capacitación y herramientas estructurales.

La eficacia y pertinencia/procedencia generales

En general, está comprobado que las estrategias sobre el DPI de UNICEF fueron eficaces con respecto al logro de las metas relacionadas con los resultados (como el número de padres y madres que recibieron capacitación), aunque no abunden las pruebas de su eficacia con respecto al mejoramiento de la calidad de las intervenciones y de los resultados en favor de los niños, niñas y familias. Debido a la ausencia de un enfoque más sistemático de evaluación de las necesidades, la calidad de los servicios prestados y los
resultados, las posibilidades de llevar a cabo una evaluación más rigurosa de la eficacia son limitadas.

En conjunto, las estrategias sobre el DPI de UNICEF y la asignación de fondos por parte del Programa conjunto de UNICEF y el Gobierno de los Países Bajos resultaron adecuadas y pertinentes con respecto al avance hacia los logros de los resultados deseados. En general, las estrategias y actividades estuvieron adecuadamente coordinadas con los objetivos establecidos y los marcos lógicos que se elaboraron para la evaluación. Pero los retos sistemáticos con respecto a la disponibilidad y el empleo de datos sobre las necesidades en materia de DPI en el ámbito nacional y subnacional impiden una mejor coordinación de las estrategias de UNICEF con las necesidades identificadas.

La aportación de las inversiones del Gobierno de los Países Bajos

*El suministro de fondos por parte del Gobierno de los Países Bajos en 10 países aumentó el grado de conciencia y el compromiso con el DPI de los dirigentes nacionales y subnacionales y catalizó los esfuerzos orientados a aumentar el nivel de acceso y la calidad de los servicios ofrecidos a los niños, niñas y familias.* Las inversiones realizadas a nivel nacional para aumentar la capacidad de los padres y los prestadores de servicios relacionados con el DPI, así como para poner en sus manos materiales de instrucción y brindarles capacitación de alto nivel, tuvieron gran importancia con respecto al mejoramiento de los resultados en pro de la niñez.

*Las inversiones multianuales del Gobierno de los Países Bajos sirvieron para aumentar la influencia, el alcance y la credibilidad de UNICEF en su carácter de aliado en las actividades relacionadas con el DPI en el plano nacional, regional y mundial.* Esos fondos hicieron posible que UNICEF desempeñara un papel más importante cuando se trató de lograr la participación de los aliados, de influir en la decisión sobre el uso que se daría a los fondos y de aprovechar las inversiones para obtener diversos beneficios.

Recomendaciones

Sobre la base de los resultados y las conclusiones de la evaluación se ofrecen importantes recomendaciones en materia de (1) las tres esferas estratégicas; (2) la cobertura, la calidad/eficacia y sostenibilidad de los servicios relacionados con el DPI; y (3) las cuestiones intersectoriales de la planificación, la gestión, la coordinación y las alianzas, así como la equidad y la prestación de servicios a los sectores más subatendidos y en situación de desventaja. Entre paréntesis se indican a quiénes está dirigida cada una de las recomendaciones (la Sede, las oficinas regionales y las oficinas de países de UNICEF). En el texto principal y el capítulo final del informe se ofrecen recomendaciones adicionales que se concentran principalmente en los resultados obtenidos a nivel nacional.

La integración de las políticas de DPI en los planes, políticas y servicios nacionales

*Tratar de lograr la financiación multianual estable de las estrategias de integración de las políticas para catalizar la transición del desarrollo y la adopción de políticas sobre el DPI hacia formas de implementación de alta calidad (Sede del UNICEF).* Concentrar las inversiones en los países que hayan adoptado políticas de DPI y que las hayan integrado en los últimos dos años, asignando fondos específicamente a quienes estén comprometidos con los enfoques de construcción de infraestructuras que respalden la ejecución de esas políticas.
Invertir en la elaboración de modelos de integración que se deben poner a prueba mediante la investigación formativa.

**Establecer un indicador sumario o un pequeño conjunto de indicadores sobre el DPI que puedan ser vigilados y difundidos en el plano subnacional, nacional, regional y mundial, a fin de darles dirección más clara a las labores de promoción e integración, crear conciencia y mantener un registro de los avances logrados con respecto a los resultados más importantes (Sede de UNICEF).** Por ejemplo, elaborar medidas sumarias de vigilancia del desarrollo a tiempo de los niños de 1,3 y 5 años de edad que comprenda la medición de su desarrollo cognoscitivo, socioemocional y físico.

**Prestar ayuda técnica y brindar capacitación sobre la determinación de los costos de las políticas y estrategias sobre el DPI y establecer cuáles son las prácticas más prometedoras con respecto al logro de la participación de los ministros de finanzas en la planificación y determinación de los costos de las actividades referidas al DPI (Sede y oficinas regionales de UNICEF).** Aprovechar las lecciones obtenidas de recientes experiencias en materia de determinación de costos para desarrollar directrices y elaborar herramientas simplificadas destinadas a las oficinas de países. Estudiar la posibilidad de llevar a cabo una consolidación intersectorial de la determinación de los costos con el objeto de facilitar la evaluación del costo de las actividades intersectoriales, como las referidas al DPI.

**Realizar una evaluación comparativa de los beneficios relativos de los enfoques sectoriales e intersectoriales del desarrollo de políticas y programas referidos al DPI, así como de las respectivas ventajas y desventajas tanto de los enfoques universales en materia de integración como de los orientados a fines específicos (Sede y oficinas regionales de UNICEF).** Mantener un registro sistemático de los diferentes enfoques en el ámbito de la Sede y de las oficinas regionales y elaborar modelos que hagan posible la comparación práctica de esos enfoques.

**Fomentar el uso del Conjunto de recursos para el DPI para informar a las contrapartes en los países sobre los beneficios de las inversiones en las actividades referidas al DPI y preparar versiones que se adecuen a las diversas partes interesadas con las que se colabora (Sede y oficinas regionales y de países de UNICEF).** Por ejemplo, adaptar el Conjunto de recursos para su uso con los dirigentes políticos y el personal ministerial con el objeto de establecer las diferencias entre la importancia de las inversiones en el DPI y las que ya se realizan en otras esferas, y realizar adaptaciones similares con respecto a las partes interesadas en los niveles subnacionales.

**Recopilar y difundir las prácticas más prometedoras con respecto a la integración de los mensajes sobre el DPI en las intervenciones de otra índole (Sede de UNICEF).** Emplear los resultados de la investigación sobre la ejecución del conjunto de medidas sobre la Atención para el desarrollo del niño a fin de elaborar un manual práctico que ayude a las oficinas de países a obtener la participación de las partes interesadas para lograr la incorporación de las cuestiones relacionadas con el DPI en las intervenciones ya existentes. En la medida de lo necesario, adaptar el enfoque de colaboración con los aliados mundiales que emplea la Sede de UNICEF para preparar módulos sobre el DPI que puedan integrarse en las intervenciones de agua, saneamiento e higiene, protección de la infancia y protección social.

**Abogar por que las oficinas de países cuenten con estructuras organizativas consistentes para la coordinación de las actividades de DPI, que contemplan la presentación de informes al Representante Adjunto y dejen en claro cuáles son las
responsabilidades del coordinador o coordinadora correspondiente (Sede de UNICEF). Esa estructura de presentación de informes pondría de relieve las responsabilidades más amplias de las personas que coordinan las actividades relacionadas con el DPI, que se extienden más allá de la sección en las que desarrollan sus labores e imponen la responsabilidad de rendir cuentas a fin de hacer avanzar las labores intersectoriales. Se debe tener en cuenta la posibilidad de contar con una estructura similar en la Sede, ya que las responsabilidades de la Unidad de DPI no se limitan a la supervivencia y el desarrollo de los niños de corta edad.

La creación de capacidad en materia de DPI

Desarrollar y abogar por la implementación de un enfoque sistemático de la creación de capacidad que abarque la evaluación de las necesidades, la capacitación basada en las pruebas, la verificación de que los encargados de prestar servicios completen sus cursos de capacitación y la educación de los padres sobre la crianza de sus hijos, así como la evaluación de los resultados (Sede de UNICEF). Generar la capacidad y la infraestructura necesarias para establecer cuáles son las necesidades en materia de capacitación y elaborar, ejecutar y evaluar enfoques de creación de capacidad. Coordinar los objetivos y las inversiones en materia de DPI con los resultados esperados mediante la búsqueda de estrategias específicas de creación de capacidad que satisfagan las necesidades de los dirigentes políticos, los funcionarios de gobierno, los planificadores y los padres y madres, además de las personas encargadas de poner en práctica los programas. Adecuar el enfoque de desarrollo de capacidad del Plan de las Naciones Unidas de Asistencia para el Desarrollo y a las características del DPI y desarrollar módulos estructurados de capacitación que cumplan con las necesidades a nivel mundial y de los países. Evaluar los cambios que tengan lugar en la estructura y los resultados de la creación de capacidad.

Continuar invirtiendo en los recursos relacionados con la creación de capacidad existentes, como el Conjunto de recursos para el DPI y la Universidad Virtual de DPI y elaborar nuevos recursos para subsanar las carencias en materia de capacidad (Sede y oficinas regionales de UNICEF). Las oficinas de países de UNICEF manifestaron la necesidad de recibir capacitación y orientación adicional en materia de equidad y de atención de los sectores marginados y en situación de desventaja, de determinación de los costos y de financiación, de mejora de la calidad y de capacitación de los proveedores de servicios. Aumentar el rédito de esas inversiones mediante la asignación de fondos para la traducción y adaptación de los materiales sobre la creación de capacidad en materia de DPI a otros idiomas y para su uso por parte de los niños y niñas, padres y proveedores de servicios.

Invertir en el desarrollo de modelos de capacitación de los padres y otras personas a cargo de niños que se basen en las pruebas suministradas por las investigaciones acerca de la dosificación, el contenido y los enfoques de capacitación que ofrezcan más posibilidades de obtener los resultados previstos (Sede de UNICEF). A fin de garantizar la participación de los padres, madres y otras personas a cargo de los niños se debe comenzar planificando intervenciones que tengan en consideración los factores que aumentan y los que inhiben la consistencia de la participación. Tener en cuenta la posibilidad de incluir en esas iniciativas incentivos significativos que sirvan para alentar a los padres y otras personas encargadas de los niños a participar en diversas actividades de capacitación. Incorporar los principios del aprendizaje de los adultos en los modelos de capacitación a fin de aumentar al máximo las probabilidades de que esa capacitación tenga como resultado modificaciones
positivas y permanentes de los comportamientos de los padres, madres y otras personas a cargo de los niños y niñas.

**Contratar especialistas en desarrollo infantil para fortalecer las funciones de la Unidad de DPI en las actividades de la Sede de UNICEF y contar con asesores sobre el DPI en todas las oficinas regionales (Sede y oficinas regionales de UNICEF).** Incrementar el personal de la Sede de UNICEF que cuente con antecedentes y experiencia específica en materia de DPI y que pueda ayudar a integrar los aspectos de esa especialidad en los demás sectores, además de influir para que ese tema sea tenido en cuenta en las principales actividades de planificación y toma de decisiones. Crear nuevos puestos de asesores sobre el DPI en las oficinas regionales, o contratar personal para los puestos vacantes, a fin de lograr que esas dependencias tengan un mejor desempeño en lo que concierne a la satisfacción de las necesidades de las oficinas de países en materia de DPI. Aclarar cuáles son las funciones que deben cumplir las oficinas regionales con respecto a la aportación de conocimientos y experiencia sobre el DPI a sus respectivas oficinas de países y a la región. Prestar más apoyo técnico a las oficinas de países con respecto a las labores de promoción de políticas y determinación de los costos de las actividades de DPI.

**Generar y difundir conocimientos en pro del DPI**

**Elaborar un plan multianual integrado de investigación y evaluación que se aplique de manera coordinada en diversos niveles y regiones de la organización y que contenga un mecanismo constante de evaluación formativa y sumaria que dé apoyo al mejoramiento de los programas (Sede de UNICEF).** Crear un programa de actividades que describa la situación de los niños, documente la dosificación, el contenido y la calidad de las intervenciones y evalúe rigurosamente las consecuencias en los niños, niñas y familias. Sincronizar los programas de actividades en los diversos niveles organizativos y regiones a fin de subsanar las carencias y facilitar el aprovechamiento conjunto de los recursos para realizar evaluaciones de mayor envergadura. Otorgar amplia difusión a los resultados y lecciones obtenidas. Finalmente, elaborar un sistema que posibilite el aprovechamiento de los resultados de las investigaciones y evaluaciones en beneficio de las políticas e intervenciones relacionadas con el DPI.

**Invertir en sistemas de gestión de los conocimientos que cataloguen los proyectos pasados y presentes de investigación y evaluación en todos los niveles y que los difundan en sitios Web de acceso público (Sede de UNICEF).** Distribuir de manera sistemática fuera del ámbito de UNICEF información acerca de las actividades que reciben respaldo del organismo internacional, así como los correspondientes informes, mediante canales de difusión que lleguen a una amplia gama de personas involucradas en las políticas y prácticas pertinentes. Entre las maneras de difundir esa información no sólo figura la participación en conferencias sino el mantenimiento de sitios Web públicos con información completa y actualizada que cuenten con bases de datos sobre publicaciones referidas a proyectos de investigación actuales y anteriores.

**Continuar invirtiendo en el módulo de DPI de la cuarta encuesta de indicadores múltiples y abogando por que se le emplee en un número mayor de países (Sede de UNICEF).** El uso generalizado del módulo ayudará a subsanar la actual escasez de conocimientos sobre los avances mundiales en pro del infancia en los principales aspectos del desarrollo. Considerar la posibilidad de ampliar el módulo en el futuro a fin de que abarque cuestiones relacionadas con los lactantes y los niños y niñas muy pequeños.
Colaborar con las oficinas de países y los aliados nacionales para desarrollar completamente normas relativas al aprendizaje y el desarrollo orientadas a niños y niñas desde la concepción hasta los ocho años de edad, y para alentar el empleo de esas como base para la creación de sistemas de capacitación y vigilancia y para evaluar los efectos que tengan con respecto a los resultados previstos (Sede y oficinas regionales de UNICEF). Las normas relativas al aprendizaje y el desarrollo pueden servir, por ejemplo, de base para definir la calidad en las intervenciones relacionadas con el DPI y para desarrollar procesos de vigilancia y herramientas para evaluar el grado de cumplimiento con las normas relativas al aprendizaje y el desarrollo. Las carencias que se descubran mediante la vigilancia pueden servir para realizar los ajustes correspondientes a las labores de capacitación y ayuda técnica. También se deben emplear las normas relativas al aprendizaje y el desarrollo para enriquecer los programas de estudios y los materiales de capacitación dirigidos al personal y a los voluntarios comunitarios que prestan servicios e implementan programas relacionados con el DPI. Es importante evaluar las actividades relacionadas con las normas relativas al aprendizaje y el desarrollo a fin de establecer cuáles son los éxitos logrados y los desafíos pendientes. Elaborar herramientas y materiales de orientación sobre cómo aprovechar al máximo las aportaciones de las normas relativas al aprendizaje y el desarrollo para mejorar los sistemas de prestación de servicios a los niños, así como sus resultados.

La cobertura de servicio, la calidad y la efficacia y la sostenibilidad de las actividades relacionadas con el DPI

Abogar por la asignación de más fondos y por una mayor ayuda de los grupos intersectoriales de donantes a fin de aumentar el grado de sostenibilidad de las estrategias e intervenciones relacionadas con el DPI (Sede, oficinas regionales y oficinas de países de UNICEF). Logrando una mayor participación de los ministerios de finanzas en las labores de planificación de las cuestiones relacionadas con el DPI e informando al personal de ese y otros ministerios acerca de los beneficios de las intervenciones holísticas referidas al DPI se puede garantizar que esas intervenciones tengan carácter más sostenible. A fin de reducir la tasa de rotación del personal (una forma de ineficacia relacionada con los recursos en materia de capacitación), es posible que los gobiernos deban reemplazar a los voluntarios de la comunidad que no reciben paga o que reciben muy baja remuneración por personal remunerado, lo que exigirá mayores asignaciones de fondos para la ampliación de las actividades y el mantenimiento de la calidad del servicio. UNICEF cuenta con notables posibilidades de realizar gestiones ante los donantes acerca de la necesidad de un enfoque holístico y a largo plazo de las intervenciones relacionadas con el DPI y de lograr la participación de grupos donantes intersectoriales en las mismas.

Abogar por que los aliados en los países realicen inversiones en iniciativas orientadas a mejorar la calidad de las intervenciones referidas al DPI basadas en los centros, especialmente los países donde su cobertura se ha ampliado rápidamente. (Sede, oficinas regionales y oficinas de países de UNICEF). Como se señaló anteriormente, la ampliación rápida de los centros pueden determinar que se preste menos atención a la calidad. Para garantizar que las nuevas instalaciones sean seguras y saludables, y que estén equipadas con los materiales adecuados, se debe suministrar apoyo técnico para que se amplíen simultáneamente los sistemas de capacitación docente y de vigilancia e inspección. Se deben emplear las normas relativas al aprendizaje y el desarrollo como punto de partida para la elaboración de herramientas normalizadas de vigilancia y para la obtención de información consistente sobre cada centro.
Abogar por el aumento del grado de acceso a los servicios holísticos dirigidos a los niños de hasta tres años de edad y a sus padres y madres (Sede, oficinas regionales y oficinas de países de UNICEF). Hacer hincapié en la necesidad de subsanar las carencias de servicios para los niños y niñas de más corta edad y alentar a los aliados a ampliar los servicios dirigidos a los padres de niños menores de tres años. Evaluar y difundir modelos eficaces de prestación de servicios, como las intervenciones que contemplan la participación conjunta de los niños y sus familias. Involucrar a diversos sectores, como los de la salud; el agua, saneamiento e higiene; la protección de la infancia; y la protección social, en la promoción del desarrollo holístico del niño en la primera infancia. Suministrar fondos a las intervenciones intersectoriales eficaces.

Planificación, gestión, coordinación y alianzas

Dar prioridad a la elaboración de marcos de referencia de los resultados en materia de desarrollo holístico del niño en la primera infancia (Sede, oficinas regionales y oficinas de países de UNICEF). Especificar y definir en todos los niveles los resultados mensurables sobre el DPI. En el ámbito de las oficinas de países, establecer o mejorar los marcos lógicos del DPI a fin de que reflejen las actividades en los diversos sectores pertinentes. Medir los avances logrados a lo largo del tiempo con respecto al logro de los resultados previstos que contengan esos marcos de referencia. Alentar a las oficinas de países y a los aliados nacionales de UNICEF a que empleen los resultados de las labores de vigilancia para establecer qué correcciones se deben realizar, así como para planificar su ejecución, en las esferas donde no se hayan obtenido suficientes avances. Compartir con todos los aliados los marcos de referencia de los resultados específicos para orientar las actividades y garantizar que todas las partes interesadas colaboren para lograr los mismos resultados.

Tomar medidas para mejorar la calidad y el grado de eficacia de la presentación de informes sobre las inversiones específicas de los donantes (Sede de UNICEF). Colaborar con los donantes para establecer de manera específica los resultados previstos mensurables y fijar los requisitos en materia de presentación de informes al inicio de cada período de financiación. Prestar capacitación coherente sobre el sistema de medición y acerca de las expectativas en materia de presentación de informes a las oficinas regionales y de países que reciban los fondos. La capacitación debe abarcar una sinopsis de la estrategia de mediciones, el propósito y los objetivos de los datos, así como la individualización de las medidas y fuentes de datos adecuadas, un mecanismo de verificación de la calidad de los datos, y cómo emplear los datos para mejorar los programas.

Alentar la distribución de los fondos para las actividades de DPI de manera más equilibrada en las diversas secciones de las oficinas de países de UNICEF (Sede de UNICEF). Debido a que promocionan los enfoques intersectoriales del DPI, las oficinas de países sirven de ejemplo de la colaboración intersectorial en el plano nacional. Si en lugar de concentrarse en las intervenciones relacionadas con el DPI y con el suministro de los fondos correspondientes a algunos de los sectores y las secciones de unas pocas oficinas de países se suministraran fondos para el DPI de manera más equilibrada se podría reforzar la coordinación intersectorial en esa esfera. Se puede asignar a comités intersectoriales del personal de las oficinas de países la responsabilidad de aumentar el grado de coordinación entre las secciones con respecto a las políticas y los programas de DPI a nivel de países.
Un enfoque basado en los derechos humanos y la prestación de servicios a los más subatendidos y en situación de desventaja

Asignar recursos sustanciales al aumento del nivel de acceso de los sectores más subatendidos y en situación de desventaja a las intervenciones relacionadas con el DPI (Sede, oficinas regionales y oficinas de países de UNICEF). Teniendo en cuenta que en su mayoría las oficinas de países no tienen certeza acerca de la disponibilidad de fondos para las estrategias e intervenciones relacionadas con el DPI actuales y futuras, las iniciativas cuyo objetivo consiste en aumentar el grado de acceso requieren que se les asignen fondos adicionales o se que se reasignen los recursos ya existentes. Es necesario contar con objetivos e indicadores claros de los avances logrados, así como con una conducción firme y alianzas eficaces, para lograr los recursos requeridos para satisfacer las necesidades en materia de datos fidedignos que sirvan para precisar la dirección de la intervención y para desarrollar estrategias y enfoques que aumenten el grado de acceso, participación y retención de los niños, niñas y familias en situación de desventaja que corren peligro de no recibir apoyo de las nuevas estrategias.

Elaborar un conjunto de estrategias que permitan aumentar el nivel de acceso de los sectores más subatendidos y en situación de desventaja de la población a las intervenciones relacionadas con el DPI (Sede de UNICEF). Individualizar y difundir las estrategias más adecuadas para aumentar el grado de acceso, entre ellas un conjunto de enfoques de promoción y estrategias que ofrezcan incentivos. Individualizar modelos exitosos de otros sectores que faciliten el desarrollo de un conjunto de intervenciones basadas en las pruebas para aumentar el grado de acceso a los programas relacionados con el DPI. Por ejemplo, se pueden emplear voluntarios comunitarios para localizar niñas y niños huérfanos en las aldeas y prestarles ayuda para que reciban servicios en materia de DPI. Elaborar y poner a prueba estrategias creativas que ofrezcan incentivos. Considerar la posibilidad de emplear estrategias como el otorgamiento de incentivos financieros para la construcción de centros dedicados al desarrollo de el niño en la primera infancia en las zonas con altas concentraciones de pobladores marginados o en situación de desventaja, el aumento de la compensación monetaria de los maestros y maestras especializados en el DPI que trabajen en esos centros y de incentivos a los padres, a fin de alentarles a que matriculen a sus hijos.

Desarrollar herramientas y fuentes de datos para vigilar el acceso a los servicios relacionados con el DPI por parte de los sectores de la población en situación de desventaja (Sede, oficinas regionales y oficinas de países de UNICEF). En su mayoría, los países sobre los que se realizaron estudios de casos no vigilaron específicamente el grado de acceso de los sectores marginados o en situación de desventaja al DPI. Brindar apoyo técnico para que los aliados en los países establezcan sistemas de obtención de esos datos, como los niveles de participación de los huérfanos, niños y niñas muy pobres y pertenecientes a sectores minoritarios de la población. Una vez que esos sistemas estén en funcionamiento, establecer los objetivos para vigilar los avances que se logren.
I. INTRODUCTION

Advances in our understanding of brain development, findings from economic analyses of inputs to labor market productivity and evidence of the long-term success of some well-implemented early childhood development (ECD) policies and programmes all point to the importance of intervention early in life. Research establishing the plasticity of the brain and its ability to adapt to environmental stimuli (both positive and negative) and evidence for returns on human capital investments from longitudinal studies of early intervention programmes underscore the importance of investments in children.1

The Convention on the Rights of the Child (CRC) provides a global vision of basic human rights—in particular, the right to survival and development, as well as to education that develops children’s “personality, talents and mental and physical abilities to the fullest.” Based on regional- and country-level indicators on two proxy indicators of children’s health and well-being (stunting and poverty), estimates are that over 200 million children living in the developing world are not achieving their potential.2 In addition, disparities in cognitive development between children in lower- and higher-income environments can emerge as early as nine months of age. A wealth of research has shown that these disparities may persist throughout the lifecycle, continuing at age 2, in the preprimary years and into adulthood.3 Therefore, interventions in early childhood to reduce disparities and promote development are critical to helping all children fulfill their potential.

ECD has increasingly been incorporated into international agreements and agendas related to children’s rights. The CRC affirms children’s basic rights to survival and development of their full potential. The World Fit for Children agenda4 prioritizes ECD, asserting that nations must promote the “physical, psychological, spiritual, social, emotional, cognitive and cultural development of children,” and Education for All (EFA)5 commitments include expansion and improvement of early childhood care and education among goals to be met by 2015 (United Nations General Assembly 2002; United Nations Educational, Scientific and Cultural Organization [UNESCO] 2000). Moreover, ECD is closely related to achievement of the Millennium Development Goals (MDGs),6 particularly MDG1, Eradicate Extreme Poverty and Hunger; MDG2, Universal Primary Education; and MDG4, Reduction of Child Mortality. For most countries, a holistic approach to improving outcomes for young children requires that national ministries/ agencies and their subnational counterparts work across sectors to develop...

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4 This 2002 United Nations (UN) resolution reaffirmed commitments to child rights and identified a 10-year agenda that included 21 goals for children and four focus areas. The plan of action identified an agenda designed to meet targeted outcomes in the areas of providing children “the best possible start in life,” “access to a quality basic education,” and “ample opportunity…to develop…individual capacities.”
5 The 1990 World Conference on Education for All in Jomtien, Thailand, identified universal primary education and large reductions in illiteracy as goals for the coming decade. The 2000 World Education Forum in Dakar, Senegal, assessed progress and reaffirmed the goals, setting 2015 as the year for meeting them.
6 These are eight goals adopted by the UN, over 190 countries, and many international organizations focused on meeting a range of development needs by 2015 and establishing a global forum for addressing these needs.
policies and programmes that enhance child and parent health and psychosocial well-being and prepare children for success in school and life.

A. United Nations Children’s Fund (UNICEF) ECD Strategy

UNICEF’s long-term commitment to improving the lives of young children and working in multiple sectors positions it well for advancing holistic ECD in developing country contexts. Recent UNICEF strategic plans have addressed ECD to varying extents. UNICEF’s Medium-Term Strategic Plan (MTSP), covering the period 2002–2005, designated Integrated Early Childhood Development (IECD) as one of five organizational priorities and called for a comprehensive, holistic approach to addressing the needs of young children. The current MTSP, covering the period 2006–2013, aligns UNICEF strategies and programming more closely with the MDGs, as well as with goals expressed in the World Fit for Children and EFA agendas, and positions ECD as a cross-cutting strategy. Although all five Focus Areas (FAs) of the current MTSP include ECD in its areas of cooperation, organizational targets and areas of cooperation are more closely defined in FA1 (Young Child Survival and Development) and FA2 (Basic Education and Gender Equality).^7^ UNICEF New York Headquarters (HQ), regional offices (ROs) and country offices (COs) have employed a variety of strategies to achieve ECD-related targets established in the 2006–2013 MTSP and outcomes specified in programmes of cooperation with individual countries. The core of UNICEF’s work happens in host countries. Each host government enters into a programme of cooperation with UNICEF. The resulting five-year Country Programme Action Plan (CPAP), a broad contract between UNICEF and the host country, is developed in mutual agreement and signed by both parties. The CPAP defines the results to be achieved and basic strategies to be used and ECD is included to the degree it is mutually agreed upon. The resulting Country Programme Document (CPD), together with the United Nations Development Assistance Framework (UNDAF), are the main strategic documents that guide the programme of cooperation between UNICEF and host countries. Examples of a few ECD-related country level activities are advocacy for inclusion of ECD in national policies and plans and adding ECD components to existing interventions (UNICEF ECD Unit 2006). At the HQ and RO levels, ECD strategies have included, “leveraging global partnership” and “increasing the capacity of UNICEF staff and national partners in the area of ECD” (UNICEF ECD Unit 2010).

From 2008 to 2010, the UNICEF-Government of the Netherlands (UNICEF-GoN) Cooperation Programme on ECD provided US$13.5 million toward furthering UNICEF’s work in this area and advancing comprehensive approaches to ECD, with a focus on sustainable policy development and partnership to scale up successful interventions. Under this programme, GoN funded UNICEF HQ, ROs and 10 COs, and country partners in Africa and Asia to achieve three strategic objectives: (1) mainstreaming ECD policies into national plans, policies and services; (2) building the capacity of policymakers, service providers and parents to fulfill duties and claim rights related to ECD; and (3) generating and disseminating knowledge in support of ECD. Individual COs were selected to receive support through a process that prioritized countries identified as both “high risk” and “high opportunity” (UNICEF ECD Unit 2008). High-risk

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^7^ The document “ECD Framework in the 2006-2013 MTSP” (UNICEF ECD Unit 2011) provides a crosswalk between the MTSP FAs, the MTSP references to ECD, and key ECD interventions (Appendix I).
countries were defined based on indicators of children’s health, nutrition and education from national surveys and other sources. High-opportunity countries were identified based on government commitment to ECD, as evidenced by existing ECD-related policies, standards and programming. The country selection process also aimed to achieve representation across UNICEF regions. Table I.1 presents the ROs and COs receiving UNICEF-GoN funding.

Table I.1. UNICEF Regional and Country Offices Receiving UNICEF-GoN Cooperation Programme Funding

<table>
<thead>
<tr>
<th>Regional Offices</th>
<th>Country Offices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central and Eastern Europe, Commonwealth of Independent States Regional Office (CEE/CIS)</td>
<td>Tajikistan</td>
</tr>
<tr>
<td>East Asia and the Pacific Regional Office (EAPRO)</td>
<td>Cambodia</td>
</tr>
<tr>
<td>Mongolia</td>
<td></td>
</tr>
<tr>
<td>Eastern and Southern Africa Regional Office (ESARO)</td>
<td>Malawi</td>
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<tr>
<td>Swaziland</td>
<td></td>
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<tr>
<td>Tanzania</td>
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<tr>
<td>South Asia Regional Office (ROSA)</td>
<td>Nepal</td>
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<tr>
<td>Sri Lanka</td>
<td></td>
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<tr>
<td>West and Central Africa Regional Office (WCARO)</td>
<td>Democratic Republic of the Congo (DRC)</td>
</tr>
<tr>
<td>Ghana</td>
<td></td>
</tr>
</tbody>
</table>

Note: The Americas and Caribbean Regional Office (TACRO) and the Middle East and Northern Africa Regional Office (MENA) participated in the UNICEF-GoN Programme, but no COs in those regions received funds. The offices received funds for regional ECD programming and completed reports on their activities. TACRO participated in the global meetings hosted by HQ.

B. Evaluation Scope and Methodology

In April 2010, almost midway through the final year of the three-year GoN investment, UNICEF contracted with Mathematica Policy Research to conduct an evaluation of the UNICEF-GoN Cooperation Programme. In commissioning an evaluation of the UNICEF ECD strategies and the GoN Programme through the UNICEF Evaluation Office, UNICEF aimed to strengthen its ECD strategies by generating and disseminating information on performance and by identifying good practices. The specific objectives of the evaluation, as presented in the Terms of Reference (TOR; Appendix A), were to:

1. Provide an analytical review of the progress achieved in implementing ECD programming and identifying key successes, best practices and gaps and constraints that need to be addressed.


3. Examine cross-cutting issues, including use of a human-rights-based approach to programming, results-based planning and gender equality.

4. Generate evidence-based lessons and recommendations to strengthen ongoing efforts and new initiatives, including possible replication and scaling up.

The overall aim of the evaluation was to provide a multi-level analysis of UNICEF’s ECD strategies and activities using data collected in 2010 that focused on the UNICEF-GoN
Cooperation Programme. The evaluation was conducted in two phases: (1) an inception, or conceptualization, phase that culminated in an inception report (Burwick et al. 2010); and (2) a data collection, analysis and reporting phase that culminated in four case study reports (Buek et al. 2011; Burwick et al. 2011a; Burwick et al. 2011b; Chatterji et al. 2011) and this synthesis report. During the inception phase, April 15 through June 4, 2010, the evaluation team completed five main activities: (1) a detailed review of UNICEF documents and reports provided by HQ staff; (2) development of an evaluation plan; (3) development of draft data abstraction and case study data collection protocols; (4) a pilot case study site visit to Cambodia, including interviews with key informants, observations of ECD activities and focus groups with parents; and (5) interviews with HQ ECD staff members and one RO staff member. UNICEF also convened a reference group that consisted of representatives from UNICEF HQ, ROs, COs and the GoN to review the evaluation plans and products. The feedback of the reference group was provided to the evaluation directly and through the evaluation officer.

The evaluation scope and methodology for phase two was informed by the initial country case study visit to Cambodia (Burwick et al. 2011a), where the evaluation team and UNICEF’s evaluation officer learned that it was not feasible to evaluate the UNICEF-GoN Programme in isolation. Broadening of the evaluation focus was necessary for two reasons. First, although it focused on 10 specific countries, the programme operated more comprehensively by attempting to strengthen and mobilize all levels within UNICEF (HQ/RO/CO). Second, the GoN funding tended to be combined with other funding sources to support existing and ongoing ECD activities, which made it difficult to link any outcomes to GoN funding alone. Therefore, the evaluation team used data from multiple levels and sources and a variety of methodologies to analyze the overall positioning and functioning of ECD strategies and progress toward stated goals within UNICEF, while maintaining a central focus on the 10 countries and the ROs that received the UNICEF-GoN funding.

The evaluation scope consisted of two related components. The first was in-depth studies of UNICEF ECD strategies and activities in four countries receiving GoN funding (country case studies). The second was an assessment of UNICEF ECD strategies and activities at the HQ, RO and CO levels, including cross-country comparisons among the 10 countries funded through the UNICEF-GoN Programme (the synthesis presented in this report). This section provides an overview of the overall and case study evaluation questions, matrices that link the questions to indicators and the evaluation methods. It also summarizes the data collection and analytic approaches implemented across the four evaluation data sources (document review, country case study site visits, executive interviews and internet survey of UNICEF COs). (Appendix B provides additional details about the evaluation scope and methods, and Appendix C provides biographical information for the primary authors of this report. Appendixes F and G provide details about the case studies, including informants and documents reviewed.)

1. Evaluation Questions

Questions for the evaluation address three broad areas as well as the OECD-DAC evaluation criteria:

- **Effectiveness in the areas of mainstreaming; capacity building; knowledge generation; and country-level service coverage, quality, efficiency, sustainability and scale-up.** These questions focus on whether anticipated outputs and outcomes have been achieved.
Overall relevance and appropriateness of ECD strategies and activities at the global and country levels. These questions address whether ECD programming is aligned with needs, priorities and policies of beneficiaries, countries and UNICEF.

Cross-cutting issues of planning, implementation, coordination and ECD partnerships; and human-rights-based approaches and gender equity. Questions in this area address use of results-based planning and management, coordination within UNICEF, efficient use of resources and influences of partnerships. These questions focus on effectiveness in the application of a human-rights-based approach to programming and efforts to promote and monitor gender equity in programming.

Table I.2 presents the evaluation questions, organized by six topic areas: (1) mainstreaming; (2) capacity building; (3) knowledge generation, dissemination and management; (4) country-level service coverage and quality/efficiency; (5) cross-cutting issues related to ECD planning, implementation, coordination and partnerships; and to using and advocating for human-rights-based approaches and approaches to achieving gender equity; and (6) relevance and appropriateness of ECD programming. Except for questions in the fourth area, which focuses on country-level services, all of the evaluation questions apply to both country- and global-level analyses. In combination, they address each of the OECD-DAC evaluation criteria (relevance, effectiveness, efficiency, impact and sustainability). In this report, the criteria of relevance and appropriateness are addressed for each of the topic areas.
Table I.2. Evaluation Questions

<table>
<thead>
<tr>
<th>Mainstreaming</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What results have been achieved in mainstreaming ECD in national policies,</td>
</tr>
<tr>
<td>plans and programmes in the 10 countries that received UNICEF-GoN funding?</td>
</tr>
<tr>
<td>2. What gaps exist in mainstreaming of ECD, including national and subnational</td>
</tr>
<tr>
<td>engagement with and ownership of ECD?</td>
</tr>
<tr>
<td>3. Do UNICEF staff members have the skills they need to support mainstreaming</td>
</tr>
<tr>
<td>of ECD policies, plans and programming?</td>
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</table>

<table>
<thead>
<tr>
<th>Capacity Building</th>
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</thead>
<tbody>
<tr>
<td>1. What results have been achieved through programming to enhance ECD-related</td>
</tr>
<tr>
<td>capacity of institutions, decision makers, service providers and parents?</td>
</tr>
<tr>
<td>2. What gaps challenge ECD-related capacity building of institutions, decision</td>
</tr>
<tr>
<td>makers, service providers and parents?</td>
</tr>
<tr>
<td>3. Do UNICEF staff members have the knowledge and skills to meet current</td>
</tr>
<tr>
<td>internal and external ECD capacity-building needs and prepare to meet future</td>
</tr>
<tr>
<td>needs?</td>
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<table>
<thead>
<tr>
<th>Knowledge Generation, Dissemination and Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What results have been achieved through programming to promote knowledge</td>
</tr>
<tr>
<td>generation and dissemination in support of ECD?</td>
</tr>
<tr>
<td>2. What knowledge gaps exist that inhibit greater investment in ECD at the</td>
</tr>
<tr>
<td>country level?</td>
</tr>
<tr>
<td>3. Do UNICEF staff members have the skills they need to use data effectively</td>
</tr>
<tr>
<td>to support ECD policy and programme development?</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Country-Level Service Coverage and Quality/Efficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have strategies to increase service coverage contributed to changes in</td>
</tr>
<tr>
<td>service availability or participation rates?</td>
</tr>
<tr>
<td>2. What is the current quality of ECD service provided, and how has it been</td>
</tr>
<tr>
<td>enhanced through ECD programming?</td>
</tr>
<tr>
<td>3. What is known about the costs and efficiency of ECD services?</td>
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</table>

<table>
<thead>
<tr>
<th>Cross-Cutting Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning, Management, Coordination and Partnerships</td>
</tr>
<tr>
<td>1. To what extent has UNICEF applied key elements of results-based planning</td>
</tr>
<tr>
<td>and management at the global and country levels?</td>
</tr>
<tr>
<td>2. How successful has UNICEF’s support and coordination for ECD been among</td>
</tr>
<tr>
<td>UNICEF HQ, ROs and COs and within COs?</td>
</tr>
<tr>
<td>3. How have UNICEF’s ECD strategies and activities influenced partnerships</td>
</tr>
<tr>
<td>with development agencies, nongovernmental organizations (NGOs), civil</td>
</tr>
<tr>
<td>society organizations (CSOs) and others?</td>
</tr>
</tbody>
</table>

| Human-Rights-Based Approaches: Equity and Reaching the Less Reached and      |
| Disadvantaged                                                               |
| 4. How successfully have the key principles of a human-rights-based approach |
| been applied in planning and implementing ECD strategies and activities?     |
| 5. In what ways have ECD strategies and interventions responded to the rights |
| and needs of the less reached and disadvantaged families and children?       |
| 6. To what extent has gender equity existed in participation and decision     |
| making related to ECD?                                                      |

| Relevance and Appropriateness (Assessed for Each Strategic Area and         |
| Cross-Cutting Issue)                                                       |
| 1. How closely do UNICEF ECD strategies and activities relate to priorities  |
| and expected results expressed in strategic documents at the global and      |
| country levels?                                                             |
| 2. How appropriate are strategies for expanding holistic ECD in general and |
| in various country contexts?                                                |
Questions on effectiveness and progress toward achieving targeted outcomes and potential impacts are included under the three topic areas related to the ECD strategic objectives (mainstreaming; capacity building; and knowledge generation, dissemination and management), as well as country-level services. The criterion of efficiency is addressed through questions related to country-level service quality and UNICEF’s planning, implementation and coordination. Finally, sustainability is assessed in regard to the three main strategies and country-level services.

In addition to addressing the evaluation criteria, the research questions assess the strength of the relationships among inputs, outputs and outcomes depicted in the logical framework for ECD (presented in Chapter II). As input to the evaluation, the Mathematica team worked with UNICEF staff to develop one global and four case study country-specific logical frameworks (Appendix D). The team also developed an overarching evaluation matrix, as well as one tailored to each of the case study countries that reflected their level of ECD implementation and their primary strategies and activities (Appendix E). The matrixes specify the primary evaluation questions, outcomes and indicators that guided the evaluation methods, data collection approach and analysis.

2. Evaluation Methods

The evaluation was a retrospective, theory-based assessment of the processes and results of ECD strategies and activities, employing mixed methods (primarily qualitative but incorporating survey data as well). The evaluation relied on data from four sources: (1) a desk review of secondary data and programme documents; (2) executive interviews with key informants representing HQ, ROs and funders; (3) country case study site visits for in-depth analysis of ECD in four countries; and (4) an internet-based survey of UNICEF COs.

The evaluation used three analytic methods to address the research questions:

- **Thematic framing.** The evaluation team systematically reviewed and sorted data according to a framework informed by the programme logic and research questions. As issues, patterns and themes were identified during the review, the evaluation team expanded the framework to incorporate them. Interpretation of the data proceeded along with development of the thematic framework and included the identification of associations among, and explanations for, observed phenomena.  

- **Triangulation.** Triangulation involves testing for consistency in results or findings across multiple methods of inquiry and data sources. This process facilitates confirmation of patterns or findings and the identification of important discrepancies. The evaluation team triangulated at two levels: (1) among the evaluation’s four main

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8 The Mathematica team developed these logical frameworks based on review of the UNICEF-GoN proposal and HQ, RO and CO ECD and country planning documents, and on the case study visits. Each of the UNICEF CO teams reviewed their own country-specific framework and agreed it depicted the primary ECD activities and targeted outputs and outcomes. The overarching framework reflects the UNICEF HQ, RO and country-specific logic. It was included in the inception report and reviewed by the ECD Unit and the reference group for the evaluation (Burwick et al. 2010).

9 Ritchie and Spencer 2002.

10 Patton 2002.
data sources, and (2) among individual respondents participating in interviews and focus groups. For the four country case study reports, triangulation across data sources included not only sources of qualitative data but also quantitative data from secondary sources and reports on country-level education management information systems (EMIS) and national surveys. Triangulation focused on identifying similarities and differences in the patterns of findings across data sources.

- **Indicator ratings.** In a retrospective, largely qualitative evaluation, it is important to establish a means of gauging programme processes and outcomes consistently. The evaluation team developed indicators linked to key ECD outputs and outcomes to serve as a way to rate achievements and identify gaps across the 10 countries. Simple ratings of the extent to which each indicator was met provided a way to quantify the findings from the document review and the case studies across countries. (The indicators and rating process are described in more detail in Appendix B.) The report presents the findings from the indicator ratings in the context of other information gathered and analyzed for the evaluation.

These methods were applied to the four country case studies and to the analyses conducted for this synthesis report. In both components of the evaluation, these methods helped assess the status of ECD strategies and activities, as well as the factors informants reported that influenced processes and drove progress toward targeted outcomes. Thus, the evaluation examined the appropriateness and functioning of UNICEF’s ECD strategies and activities at the global, regional and country levels. To the extent possible and at all levels, the evaluation assessed achievements and gaps in making progress toward targeted outcomes. The analyses for this report were structured into five key categories (described in more detail in Appendix B): (1) cross-country analysis; (2) assessment of results at the HQ and RO levels; (3) presentation of survey findings; (4) identification of achievements and gaps in making progress toward targeted outcomes; and (5) presentation of conclusions, lessons learned, the way forward and recommendations.

### 3. Data Collection and Analytic Approaches

This section provides a brief overview of the data sources and the data collection and analytic approaches used for the evaluation. (Appendices B, F, G and H provide additional information about the data sources and data collection methods.)

**Document review and indicator ratings**

The Mathematica team conducted a desk review of all country and regional documents relevant to the 10 countries that received UNICEF-GoN Programme funding. UNICEF HQ staff provided these documents for the 10 countries, the regions and HQ. For the case study countries, the documents available to the evaluation team were augmented by those provided by UNICEF COs, government counterparts and partners. These documents included reports (for example, country annual reports, GoN donor reports and ECD regional progress reports), country presentations and country Demographic and Health Survey (DHS) and Multiple Indicator Cluster Survey (MICS) data where available. The review and analysis process was iterative: the themes and findings from the early steps in the data extraction process guided subsequent extraction and analysis activities. First, the team created a matrix of common elements to extract from these documents and developed clear definitions for each data element. The initial data
extraction focused on information in three key areas: (1) general contextual information, (2) ECD programming, and (3) ECD project activities. Next, the team identified the data elements most closely aligned with the evaluation indicators that could be used for the 10-country indicator ratings. Finally, after the team determined the indicators and rating level definitions for each indicator, a final review of the documents and extracts was conducted to rate the relevant indicators. The team’s indicator ratings validation assessment is described in Appendix B. Appendix I presents a masked version of the indicator rating table.\(^{11}\)

**Country case studies**

The case study countries were selected to represent multiple regions and exhibit diversity in context and ECD strategies and activities. UNICEF COs and partner availability to receive a visit during the study period were additional factors considered in the final selection of case study countries. The four countries selected were Cambodia (EAPRO), Ghana (WCARO), Nepal (ROSA) and Tanzania (ESARO). Initial site visit protocols (semi-structured discussion guides) and procedures were developed and tested during the inception phase pilot site visit to Cambodia. The protocols aimed to investigate the context, design, operations, outputs and progress toward outcomes of the UNICEF-GoN Programme. They were refined for subsequent site visits based on (1) the evaluation team’s experience in Cambodia and in order to better align them with a broadening of the initial evaluation approach beyond a narrow focus on the GoN investment, and (2) the final evaluation questions and indicators (Burwick et al. 2010).

As described in the four case study reports, the visits were conducted in the summer of 2010 and lasted five to nine days, during which data were collected from a range of stakeholders. Data collection primarily involved interviews with key UNICEF CO staff, national and local government representatives, NGO and community-based organization (CBO) partners and ECD service providers. Further data collection activities involved observations of ECD activities through field visits to ECD sites and focus group discussions conducted with parents of young children. In addition to these primary data collection activities, site visitors reviewed documents provided by UNICEF COs and HQ. Typically these included policies, strategic plans, reports, data from surveys and management information systems and the results of internal and external monitoring and evaluation activities. Thematic framing and triangulation were the primary analysis methods.

**Executive interviews with key informants**

To obtain the perspectives of key UNICEF HQ staff, RO ECD focal points and stakeholders regarding aspects of ECD and the UNICEF-GoN Programme, the Mathematica evaluation team leader conducted 24 formal executive interviews by telephone and 12 informal, in-person interviews. In July 2010, the HQ ECD Unit provided the full list of formal interviewees, and in

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\(^{11}\) The goal of the indicator rating analysis is to provide information at the aggregate level, rather than to compare countries in their achievements and gaps. In addition, the documents did not always provide definitive information about country progress, and the evaluation did not have the resources to verify the ratings with the UNICEF COs and their partners. Therefore, the findings are presented using letters to represent country names and allow the reader to have a sense of patterns. As described in Appendix B, the case study site visitors reviewed the ratings of the countries they visited and, overall, validated the document review ratings. The site visitors had additional information that changed a rating for less than 10 percent of the items.
August, the evaluation officer introduced the team leader to the interviewees by email and invited them to participate. The HQ staff included section chiefs, coordinators and specialists. The RO staff included the ECD focal points and, for some interviews, specialists or other staff members involved in ECD activities. The stakeholders included representatives of the GoN, NGO partners and private ECD consultants/specialists. From August through October 2010, 24 of the 27 formal interviews were completed (3 interviews could not be conducted because interviewees did not respond after multiple attempts to contact them). Each interview was approximately 45 to 60 minutes long. The set of interview questions was specific to each of the three types of interviewees (HQ staff, RO staff and key stakeholders). Appendix F includes the list of interviewees and their titles. Informal background interviews and discussions with HQ ECD Unit staff members and members of the evaluation reference group occurred from April through October 2010 and augmented the information gathered from the executive interviews and other data sources.

Global internet survey

The global internet survey of UNICEF COs had two main aims. The first was to provide a quantitative source of information that could be used to compare the 10 countries on indicators not available from the document review. The second was to provide a more global picture of the state of ECD, including possible identification of patterns by country characteristics (particularly, income and region). The survey was divided into five main sections, each addressing a different aspect of ECD and specific evaluation areas and indicators. These sections addressed ECD coordination, policy, capacity building, knowledge generation and management, as well as issues concerning reaching the disadvantaged and marginalized. Each section consisted of several questions in which respondents were required to select responses from a list, express the extent of their agreement or disagreement with certain statements or fill in their response to open-ended questions. The internet survey instrument is included in Appendix F. The survey instrument was developed by Mathematica in collaboration with the UNICEF Evaluation Office and ECD Unit. It was administered by UNICEF using the Zoomerang online survey tool.

After a pilot of the survey questions was conducted with a few COs, all UNICEF COs were sent an initial email on September 2, 2010, with a link to the online survey and a request for participation. During the survey period, they were also sent follow-up reminders. The survey ended on September 22, 2010. Of the 123 COs surveyed, 61 percent (75 countries) responded to the survey, and 8 of the 10 countries funded by the UNICEF-GoN Programme responded. Analyses included assessing the quality of the data and addressing issues of missing data, coding the open-ended responses and creating response categories, creating analysis variables (by combining response categories or questions as needed) and tabulating descriptive statistics (means, percentage and sample sizes) by country income levels and UNICEF region. Appendix B provides details on the response rates and data analysis. Appendix I provides the full set of results by country income and region. This report focuses on the overall responses and highlights income differences when they contribute to the discussion or demonstrate

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12 Country income categories were based on the World Bank’s classification (World Bank 2010), which uses 2008 per-capita Gross National Income (GNI): lower income <$975, lower-middle income $976–$3,855, and upper-middle income $3,866–$11,905.
variations of interest. Regional variation was not conclusive and did not contribute to the analysis, but tables by region are provided for the interested reader.

4. Evaluation Constraints

The evaluation aimed to address fully the evaluation questions and to produce the clearest and most accurate findings possible. However, several factors constrained the evaluation design options and the Mathematica team’s ability to ascertain the effects of ECD programming conclusively. These factors included (1) evaluation timing; (2) absence of a comparison group; (3) data quality, representativeness and consistency; and (4) programme stakeholders as primary data sources. (Appendix B describes these constraints in more detail.) These constraints and limitations notwithstanding, Mathematica addressed the evaluation questions and provides the most accurate findings and recommendations from them as possible.

C. Organization of the Report

The evaluation findings, conclusions and recommendations are presented in seven chapters. Chapter II describes UNICEF’s approach to ECD advocacy, policy and programme development, as well as its organization at the HQ, RO and CO levels, and provides an overview of the context for the GoN investment and how it fits into UNICEF’s broader ECD strategies and activities. Drawing on analyses based on all four of the evaluations’ data sources, Chapters III through V focus on the effectiveness and appropriateness of UNICEF’s strategies in the areas of mainstreaming ECD, building capacity for ECD and generating and disseminating knowledge for ECD. Based on findings from the cross-case study analysis, Chapter VI assesses country-level progress in ECD programme coverage, efficiency/quality, sustainability and scale-up. Chapter VII reports progress in two cross-cutting areas: (1) planning, management, coordination and partnership; and (2) using human-rights-based approaches and strategies to improve equity and to reach the less reached and marginalized. Each of the findings chapters includes an assessment of the role of the UNICEF-GoN funding in making progress toward targeted outcomes as well as a set of relevant conclusions and a summary of the way forward. Chapter VIII presents overarching conclusions, lessons learned and recommendations.
II. EVOLUTION OF ECD FOCUS IN UNICEF

UNICEF has been committed to identifying and supporting countries in using promising ECD programme strategies for more than 50 years. To provide the context for UNICEF’s current ECD work, this chapter presents a timeline and analysis of global and UNICEF-specific events that have influenced UNICEF’s organizational commitment and structure for ECD. The chapter includes a description of how the GoN funding builds on UNICEF’s historical commitment to ECD and how it fits overall into the global ECD landscape. Finally, the chapter presents an overall logical framework that makes explicit UNICEF’s ECD strategies/activities and expected outputs, outcomes and impacts.

A. Looking Back: The Global and UNICEF Context for ECD

The timeline of key global and UNICEF-specific events in the history of ECD’s global positioning over the past 50 years provides the context for UNICEF’s current approach and structure at all levels. In the 1960s, ECD advocacy and strategy efforts in a number of countries and regions focused on early education (primarily preschool) as a way to socialize children and prepare them for school. In the mid-1960s, there was a move toward providing parenting education, as well as the development of integrated, comprehensive interventions (for example, Head Start, launched in 1965 in the United States, that is often cited by UNICEF as a “grand programme” that influenced its ECD approach [UNICEF 2001]). Although UNICEF guidance in 1974 described the link between children’s psychosocial well-being and child survival, improvement of educational outcomes remained the primary goal of many ECD strategies promoted by UNICEF, such as community-based child care, supporting and educating caregivers and strengthening services for families and children. Links between children’s nutrition and cognitive development and the development of programmes that included both were informed by research in the 1970s. In the early and mid-1980s, the global focus on child survival and development led to a shift from these new integrated interventions to a more singular focus on decreasing infant mortality and morbidity. Throughout the 1980s, advocates and other stakeholders continued to argue that more attention and resources should be provided to holistic approaches.

1. Rights of the Whole Child

In 1989, efforts focused on meeting the needs of the “whole child” culminated in the ratification of the CRC, which laid out a clear vision of children’s rights to survival, development, participation and protection. The Jomtien EFA Declaration of 1990 clearly articulated the tenet that “learning begins at birth” (Table II.1 provides a summary of the timeline of key global events with implications for ECD). At that time, the need for a multi-sectoral approach to addressing children’s physical, cognitive, social and emotional development during the early years was widely acknowledged. By the time of the Dakar World Education Forum in 2000, UNICEF was playing a leadership role in global ECD strategy development. In 2001, UNICEF’s State of the World’s Children report focused on early childhood care.

13 The evaluation team adapted this section and Tables II.1 and II.2 from information included in the UNICEF proposal to the GoN (UNICEF ECD Unit 2008), and from information collected from the evaluation’s executive interviews and background publications by UNICEF and others (UNICEF 2001; Mendis et al. 2004).
Table II.1. Timeline of Key Global Activities with Implications for ECD (1981–2009)

<table>
<thead>
<tr>
<th>Year</th>
<th>Global Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1981</td>
<td>First UNICEF <em>State of the World’s Children</em> report published</td>
</tr>
<tr>
<td>1989</td>
<td>UN adopts <em>Convention on the Rights of the Child</em> (CRC)</td>
</tr>
</tbody>
</table>
| 1990 | World Summit for Children held at the UN (New York City, USA)—*Declaration on the Survival, Protection and Development of Children* adopted  
World Conference on Education (Jomtien, Thailand)—*World Declaration on Education for All* adopted  
Jung Chen Conference: ECD role in education highlighted |
| 1999 | World Education Forum (Dakar, Senegal)—*Dakar Framework for Action* adopted |
UN General Assembly endorses the *Millennium Development Goals* |
| 2001 | Committee to the Rights of the Child, *General Comment No. 7: Implementing Child Rights in Early Childhood* published |
| 2002 | Committee to the Rights of the Child, *General Comment No. 9: Best Interest of the Child in the Context of Children in Interstate或International Legal Proceedings* published  
UNICEF’s *State of the World’s Children: Early Childhood* report published |
| 2003 | UNICEF and partners sponsor publication of *Planning Policies for Early Childhood Development: Guidelines for Action*  
UNICEF EAPRO supports launch of ARNEC  
UNICEF HQ New York hosts the ECD Dutch-Funded Programme First Annual Progress and Review Seminar |
| 2004 | UNICEF EAPRO supports launch of ARNEC  
UNICEF HQ New York hosts the ECD Dutch-Funded Programme First Annual Progress and Review Seminar |
| 2005 | Multiple Cluster Indicator Survey, version 3, (MICS3) includes the first ECD module  
UNICEF and partners sponsor publication of *Planning Policies for Early Childhood Development: Guidelines for Action*  
UNICEF HQ New York hosts the Global Consultation on the ECD Research Agenda  
UNICEF HQ Brussels hosts the Global ECD Network Meeting (including the second Dutch-Funded Programme Review) |

Table II.2. Timeline of Recent UNICEF-Specific Activities and GoN Achievements with Implications for ECD (1981–2010)

<table>
<thead>
<tr>
<th>Year</th>
<th>UNICEF-Specific Activity/Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1981</td>
<td>First UNICEF <em>State of the World’s Children</em> report published</td>
</tr>
<tr>
<td>1996</td>
<td>UNICEF Mission Statement promotes ECD</td>
</tr>
<tr>
<td>1998</td>
<td>UNICEF adopts <em>Human Rights-based Approach to Programming</em></td>
</tr>
<tr>
<td>2002–2004</td>
<td>UNICEF receives funding from the GoN for ECD</td>
</tr>
<tr>
<td>2002–2005</td>
<td>First MTSP adopted by UNICEF prioritizes IECD</td>
</tr>
<tr>
<td>2003–2004</td>
<td>UNICEF develops the <em>UNICEF Early Childhood Resource Pack</em></td>
</tr>
<tr>
<td>2004</td>
<td><em>IECD Task Manager’s Thematic Report and Executive Director’s Annual Report to the Executive Board</em> summarize progress on five IECD targets</td>
</tr>
<tr>
<td>2005</td>
<td>UNICEF and partners sponsor publication of <em>Planning Policies for Early Childhood Development: Guidelines for Action</em></td>
</tr>
<tr>
<td>2005–2006</td>
<td>Multiple Cluster Indicator Survey, version 3, (MICS3) includes the first ECD module</td>
</tr>
</tbody>
</table>
| 2006 | Global Consultation on ECD drafts action plan for ECD in emergencies and in transition  
Global Conference on AIDS has strong ECD presence  
UNICEF’s ECD Unit publishes “Programming Experiences in Early Childhood Development” |
| 2006–2013 | Second MTSP adopted by UNICEF mentions ECD as part of key focus areas aligned with the MDGs |
| 2008 | UNICEF CEE/CIS RO publishes *Early Childhood Development in the CEE/CIS Region: Situation and Guidance* |
| 2008–2010 | UNICEF-GoN Cooperation Programme on ECD funded |
| 2009 | UNICEF EAPRO supports launch of ARNEC |
| 2009–2011 | MICS4 includes revised ECD module |
| 2009 | UNICEF HQ New York hosts the ECD Dutch-Funded Programme First Annual Progress and Review Seminar |
| 2010 | UNICEF HQ New York hosts the Global Consultation on the ECD Research Agenda |
| 2010 | UNICEF HQ Brussels hosts the Global ECD Network Meeting (including the second Dutch-Funded Programme Review) |

Sources for both tables: UNICEF ECD Unit 2006, 2008, 2009; cited reports; ECD Evaluation Executive Interviews.
2. ECD and UNICEF’s MTSP

When UNICEF identified IECD as a specific priority in the 2002–2005 MTSP, it was a milestone decision with implications for the positioning of ECD at all levels. (Mendis et al. 2004; Table II.2 provides an overview of recent UNICEF-specific activities and achievements with implications for ECD.) It required UNICEF to engage its host countries in discussions and processes that looked for ECD links and leverage points across all policy and programme sectors. Given the traditional focus on child health and survival, in many countries it was challenging for UNICEF, country counterparts, donors and partners to build shared ownership and buy-in for an integrated approach. However, after a review of the challenges reported by COs, together with other UNICEF priorities, the decision was made to align UNICEF programming more closely to the MDGs, remove IECD as a specific focus (Mendis et al. 2004) and instead position ECD as a cross-cutting strategy in the next MTSP.

As described in Chapter I, the 2006–2009 MTSP and its continuation through 2013 are divided into five FAs and outline strategies for meeting the MDGs. ECD is relevant to all of the FAs. FA1, Young Child Survival and Development, addresses the rights of young children to survival, growth and development. FA2, Basic Education and Gender Equality, aims to improve access to and quality of education, including early childhood care and education. ECD also is relevant to FA3, HIV/AIDS and Children (response to younger children affected and infected); and FA4, Child Protection from Violence, Exploitation and Abuse (supports for vulnerable families). FA5, Policy Advocacy and Partnerships for Children’s Rights, pertains to all of UNICEF’s activities and is the FA that addresses the need for research and analysis to inform policy and interventions, as well as attending to social protection and developing strategies to combat poverty. The ECD Unit’s (2011) crosswalk of specific references to ECD in the MTSP with the MTSP results areas and key ECD interventions demonstrates that ECD is a cross-cutting issue, relevant across FAs (Appendix I). In both the previous and the current MTSP, a central focus has been on gender equity and reaching the most marginalized and disadvantaged, and UNICEF’s ECD priorities and work plans reflect this.

Some evaluation respondents considered UNICEF’s removal of IECD as a priority area and the positioning of ECD as a cross-cutting strategy in the current MTSP to be setbacks or a diminution of ECD’s significance internally at UNICEF and in its work with host countries. Some respondents reported that, although a number of COs have continued in their advocacy for IECD because of country interest and commitment to it, uncertainty about ECD’s positioning within UNICEF remains a challenge at all levels. (Section B describes ECD’s position within UNICEF’s HQ, RO and CO structure.)

3. Promoting Holistic Strategies and Developmental Perspectives

UNICEF and its partners continue to advocate globally for holistic strategies and promote such policies and approaches to ECD across the conception to age 8 period. A variety of approaches have been tried, including parenting education, linking health and child development, home visiting and preschool education.

Since 2002, UNICEF has been helping countries develop their own standards for early learning: what children should know and be able to do when they enter school. UNICEF HQ has supported regions and countries in the development and validation of national Early Learning and Development Standards (ELDS) and development of a country-specific evidence base in ECD. Both HQ and the regions have produced materials and publications to help countries
develop, implement and evaluate holistic ECD policies and interventions. These include the ECD Resource Pack (UNICEF ECD Unit 2007); a report on ECD programming experiences (UNICEF ECD Unit 2006) that includes a definition of holistic ECD and the rationale for integrated and intersectoral approaches; CEE/CIS RO guidance on ECD (UNICEF CEE/CIS 2008);¹⁴ and the ECD Kit with materials, activities and strategies for implementing ECD in emergencies, such as how to engage children who have experienced traumatic events.

UNICEF defines the relevant age span for ECD as the period from conception to age 8 (UNICEF ECD Unit 2006). This definition has evolved and reflects a developmental perspective grounded in how best to meet the needs of young children and their families and provide continuity of services within and across sectors. The general trend within UNICEF reflects global trends that have broadened the focus beyond the preprimary years (ages 3 to 5 or 6 years). Although some COs have adopted a lifecycle approach that calls for tailoring activities to the specific needs of children by stage of development (for example, perinatal, infancy, toddlerhood, preprimary, primary and early adolescence), the two definitions share an emphasis on human development principles and approaches to early stimulation, care and education that are infused across all sectors and FAs. Not all countries define the relevant age range for ECD more narrowly, ending when children enter primary school. The evaluation found that UNICEF COs working in countries that define the ECD period more narrowly than conception to age 8 advocate for a broader definition.

4. Support for Networks and Relationships with Partners

As the findings in Chapters IV and VII outline, UNICEF has contributed to and benefitted from the development of global and regional ECD networks and partnerships. Relationships with international NGOs (INGOs) and donors at the global level have also leveraged resources and attracted investments in ECD, to the benefit of ECD efforts at the HQ, RO and CO levels. For example, the Consultative Group on Early Childhood Care and Development (CGECCD), a global consortium established in 1984 that focuses on strengthening regional ECD networks and generating and disseminating ECD knowledge, has received funding from UNICEF and serves as both a source of ECD expertise and a forum for sharing lessons from UNICEF’s work. With a history of support from UNICEF HQ and ROs, two regional networks serve as examples of how UNICEF has contributed to supporting ECD. The 1993–1994 establishment of a regional education network in Africa evolved into the current Association for the Development of Education in Africa (ADEA), an organization that has an active ECD working group focused on building capacity in the region. As described in Chapter IV, the UNICEF-GoN funding supported the launch of the Asia-Pacific Regional Network for Early Childhood (ARNEC), an organization focused on building capacity and developing and using knowledge to further ECD policy and practice in Asia. As described by evaluation respondents, these regional partnerships and the resources available from partners provide a range of positive contributions to UNICEF ROs and COs, from the publication of evidence-based recommendations for policy development, to development of resources focused on making the case for attention to service quality.

UNICEF has long-standing relationships around ECD policy, programming and research with organizations such as the Aga Khan Foundation, the Bernard van Leer Foundation, the Open Society Institute, and INGOs such as Save the Children. To meet its ECD goals, UNICEF has

¹⁴ According to evaluation respondents, this is the only ECD guidance published by a UNICEF RO or by HQ.
also worked closely with other UN agencies (UNESCO and the World Health Organization) and donor organizations such as the World Bank. These relationships and the joint work of UNICEF and its partners benefit UNICEF COs in particular by helping to increase investments in ongoing ECD activities at the country level, as well as serving as a means to launch and evaluate new initiatives.

5. The GoN’s Unique Contribution to UNICEF’s ECD Activities

Although a number of countries have supported ECD at the global, regional or country level, the GoN was unique in that it provided funding to UNICEF (from 2002–2004 and again from 2008–2010) designed to support simultaneous collaboration at all three levels. The approach was conceptualized as a way to coordinate and leverage the funding to propel ECD policy and programme development in selected countries. The first round of funding supported ECD strategies and activities conducted by HQ, the ROs and 21 countries. Three of these 21 countries were again targeted for support in the 2008–2010 programme, along with 7 other countries. Evaluation respondents reported that the GoN’s specific interest and funding of ECD in this way are unusual; over the past 10 years, the GoN has provided a substantial proportion of UNICEF’s ECD budget. In 2010, on average for the 10 countries, the UNICEF-GoN Programme funds represented approximately 25 percent of the total resources for ECD, ranging from 8 to 68 percent at the individual country level. The GoN Programme funds allocated to the ROs were the main source of ECD-targeted funds beyond the annual funds available. The GoN investment was the most significant source of funding allocated to UNICEF’s HQ ECD Unit.

B. ECD’s Current Position Within UNICEF

As UNICEF’s priorities and organizational approaches have changed, so has ECD’s relative influence. This pattern is helpful in understanding the achievements and gaps identified by the evaluation and serves as additional background for understanding the variation across the funded countries and regions. The current MTSP FAs provide an organizing structure for the UNICEF programme division. Within HQ, the ECD Unit is housed in the programme division and reports to the deputy director of the Young Child Survival and Development FA. During the evaluation period, the Unit included three professional staff positions and a consultant.

In keeping with its overall approach, UNICEF’s ROs and COs are self-organizing to best meet host country and regional goals within the general structures outlined by the MTSP and other UNICEF policy and procedural requirements. ROs and COs either have a dedicated staff position for ECD, or (if there is not a position), assign an appropriate person to be the ECD focal point. In all but one of the ROs, the regional education adviser or specialist serves as the ECD focal point. CEE/CIS is the only RO with a dedicated ECD regional adviser.

COs vary widely in ECD-related staffing: they may (1) have an international ECD programme specialist, (2) have a national ECD programme officer or specialist; or (3) assign one of the CO staff members to serve as the ECD focal point. COs also vary in how ECD staff are assigned: they report to a section head, programme/planning unit or deputy representative, depending on the CO structure, scope of the ECD strategies/activities and priority results agreed to be delivered. The ECD focal point and other ECD staff usually are members of the education section; however, in some COs, they are members of the health section. Many of the RO and CO ECD staff have experience working on ECD issues and in ECD programmes, but relatively few have advanced degrees in ECD. ROs and COs hire national or global ECD experts as
needed, and UNICEF staff often develop relationships with local university faculty who provide expertise as well. Chapters III and IV present findings and conclusions about the association between the structure of the ROs and COs, where the ECD focal point is located within that structure, the focal point’s education and background and perceived effectiveness of staff in those positions.

C. UNICEF’s Overarching Logical Framework for ECD

The logic of UNICEF’s approach to ECD emanates from the MTSP. The three strategic objectives of mainstreaming, capacity building and knowledge generation and dissemination are defining elements of UNICEF’s logical framework for ECD and thus for the UNICEF-GoN Cooperation Programme. As depicted in Appendix Figure D.1, inputs, activities, outputs and outcomes in each strategic area are expected to produce a medium-term impact of sustainable and effective ECD programmes delivered in sufficient amounts and at high quality to all disadvantaged children, including in emergencies. The intended long-term impact of ECD interventions is that all children will enter school developmentally ready and on time, stay in school and learn.

Although school preparation and success are depicted as the ultimate impact of ECD investments, UNICEF’s commitment is to a broad view of children’s competence and success in life. ECD focuses on providing every child with the best possible start in life and with an opportunity to survive and thrive. The healthy cognitive, social and emotional development of young children is viewed as critical to success later in life. UNICEF recognizes that children’s complete growth and development cannot be achieved through segmented approaches in which individual sectors and organizations focus on particular aspects of children’s well-being. Therefore, UNICEF promotes ECD as a cross-sectoral priority that should be pursued through integrated and holistic policy planning and implementation (UNICEF ECD Unit 2006). According to the UNICEF ECD Unit (2006):

The term “holistic approach to Early Child Development” refers to policies and programming that ensure that child rights to health, nutrition, cognitive and psychosocial development and protection are all met. All interventions should reach the same children, including the most marginalized. A number of studies suggest that there are additive and even synergistic effects among interventions that result in greater impacts on the child’s development.

The evaluation defined the three strategic areas based on their descriptions in the UNICEF proposal to the GoN and on the evaluation TOR and guiding documents provided by UNICEF (for example, HQ work plans; HQ, RO and CO progress reports to the GoN). In 2008, CEE/CIS RO published regional ECD guidance that also contributed to the evaluation’s definitions of the strategic activities (UNICEF Regional Office for Central and Eastern Europe and the Commonwealth of Independent States 2008). According to evaluation respondents, there is no official UNICEF ECD global guidance, strategy or glossary of terms that can be used to define these key strategies or serve as a framework for ECD programming, monitoring and evaluation activities.

The evaluation focused on answering the evaluation questions and assessing the logic of UNICEF’s ECD investments in each strategic area as well as cross-cutting issues. The evaluation assessed two types of strategies for mainstreaming ECD: (1) mainstreaming ECD
into policies and costing activities, and (2) mainstreaming ECD messages into strategies and interventions.

To assess capacity building, the evaluation focused on assessing UNICEF’s activities in relation to the five-step approach of the United Nations Development Assistance Plan (UNDAP 2008, 2009) to capacity development: (1) engage, (2) assess, (3) respond, (4) implement, and (5) evaluate. To assess knowledge generation and dissemination, the evaluation focused on what new information and evidence was produced and whether it helped inform programme improvement. Although not explicitly stated as a strategy, service coverage and quality were assessed based on country-level progress in providing ECD services and in making progress toward meeting quality standards (for example, appropriate group size, adequacy of facilities and materials). Also implicit in the logic model’s targeted outcomes is the cross-cutting issue of gender equality and reaching the most marginalized and disadvantaged. Because UNICEF’s goals are for all children, these need to focus on those least likely to have access to ECD interventions. Finally, UNICEF’s application of results-based planning and management of ECD strategies and resources is also a cross-cutting issue.
III. MAINSTREAMING ECD INTO NATIONAL POLICIES, PLANS AND SERVICES

This chapter presents findings from the evaluation’s analysis of UNICEF’s country-, regional- and global-level activities focused on mainstreaming ECD into national and subnational policies, plans and services. As previously noted, ECD mainstreaming activities are largely identified in the overarching logical framework for ECD (Chapter II) and in the four, country-specific logical frameworks from the case study countries (Appendix D). This chapter, however, focuses on three activities from the logical frameworks that were identified by the evaluation team as being the most closely aligned with the evaluation questions on mainstreaming, and are also priorities in key UNICEF ECD Unit and CO documents: 15

1. Developing policies and costing frameworks for ECD
2. Supporting sectoral and intersectoral coordination and collaboration on ECD policy development and implementation at the national and subnational levels
3. Strengthening UNICEF staff skills and abilities in providing technical expertise to countries in ECD policy development, mainstreaming and intersectoral collaboration

These inter-related activities and their targeted outputs are expected to result in country-level ECD policies, plans, coordinating structures and funding mechanisms that will support progress toward implementation of effective interventions that will improve medium- and long-term service delivery/quality and ultimately child outcomes.

In addition to mainstreaming activities designed, supported and implemented at the country level, supports for mainstreaming can also be provided at regional and global levels. Therefore, the findings about achievements and gaps in each area are presented at the country level first and then at the regional and global levels, as appropriate.

Findings with regards to access to ECD programmes can be found in Chapter VI. This chapter focuses on effectiveness, relevance/appropriateness and sustainability of policy development and advocacy for ECD overall, as well as mainstreaming ECD into services for families and children.

A. A Core Strategy for ECD: Mainstreaming at National Levels

Over the past 10 years and still today, UNICEF and many countries with which it has a programme of cooperation struggle with how best to mainstream ECD policies and programmes to address children’s psychosocial and cognitive needs in an integrated and holistic manner. 16 This includes how to (1) take advantage of existing structures and systems that deliver ECD or

15 The three main chapters on UNICEF strategies and activities (III, IV and V) and the cross-cutting chapter (VII) present findings about UNICEF staff skills and capacities. Chapter IV presents the capacity building findings in detail, whereas the other chapters highlight the findings relevant to the specific strategic activity addressed in the chapter.
16 The evaluation found that among the four case study countries, respondents were realistic about the pros and cons associated with their approach to mainstreaming. Generally they acknowledged that the approach taken was right for their country at the time but that given the cross-cutting nature of ECD, implementation challenges were ongoing.
related services, and (2) incorporate ECD strategies and messages into policy and services officially viewed as under separate sectors or ministries. A primary challenge to mainstreaming ECD is developing an infrastructure that supports ongoing collaboration, defines and coordinates goals and the strategies/activities designed to reach them, dedicates adequate resources for ECD and requires shared accountability. As described by UNICEF in its proposal to the GoN, mainstreaming ECD potentially means different things, depending on the level of ECD integration and collaboration both horizontally (at the national ministry level) and vertically (from the national to subnational and local levels). Mainstreaming is central to ensuring that ECD has (1) a voice and influences the broader policy and programme dialogue, and (2) the funding support and coordinating structures to efficiently and effectively meet children’s and family’s needs.

B. Effectiveness

Findings on the apparent effectiveness of mainstreaming ECD into national policy, plans and services are presented in this section, with country- and regional-/global-level achievements and gaps identified as well.

Given that ECD policies can be either sectoral or intersectoral, the evaluation team’s definition of having a mainstreamed ECD policy was broad. An ECD policy was considered to be mainstreamed if it (1) provided for delivering ECD services to children and families through sectorally funded and administered programmes (for example, authorizing and funding preprimary, classroom-based services delivered through the primary school system) or (2) allocated funds and administrative responsibilities across sectors/ministries for the primary purpose of providing ECD services (for example, authorizing the health and education ministries to jointly fund and administer comprehensive, community-based parent education programs).

Drawn from data collected from document review, country case studies, executive interviews and internet surveys to the COs, findings in the following sections focus on (1) whether an ECD policy and costing analysis existed or was developed between 2008 and October 2010; (2) the policy development and implementation process and the role UNICEF played in providing technical expertise; and (3) UNICEF’s support for collaboration and coordination in developing and implementing ECD policies and plans of action.

1. Developing ECD Policies and Costing Frameworks

The country-level findings focused on progress made in ECD mainstreaming and costing activities. Before 2008 and the start of the UNICEF-GoN funding, the 10 countries were at different stages of ECD policy development and implementation and different levels of sectoral and intersectoral coordination and collaboration. Because policy development, implementation and monitoring and evaluation of progress are iterative, the evaluation tracked the status of the 10 countries in developing ECD policies through September 2010 (three months before the end of the UNICEF-GoN programme and the end of the evaluation data collection period). Because the status of ECD costing activities was not consistently reported in countries’ annual reports on the UNICEF-GoN programme, the evaluation drew upon responses from the survey of UNICEF
COs as the information source on costing activities. Eight of the 10 countries which had received UNICEF-GoN funding completed the survey.\(^\text{17}\)

The global-/regional-level findings focused on UNICEF’s role in providing technical expertise and assistance to COs and country counterparts as they developed ECD policies and conducted costing activities.

**Country-level achievements and gaps**

**GoN country and case study findings**

GoN countries in the evaluation that did not have a draft ECD policy before 2008 demonstrated a strong, positive trend toward its development and implementation. Before 2008, 5 of the 10 countries had no draft ECD policy, and 5 either had an ECD policy or had mainstreamed ECD into national sector-specific policies (Table III.1).\(^\text{18}\)

| Table III.1. Stage of ECD Policy Framework Development and Implementation, 10-Country Status Prior to 2008 and in September 2010 (Number) |
|---------------------------------------------------------------|------------------|------------------|
| Prior to 2008 | September 2010 |
| No Draft | 5 | 1* |
| In Draft | 0 | 3 |
| Approved, Not Yet Implemented | 0 | 1 |
| Approved, Being Implemented or Mainstreamed | 5 | 5 |

Sample Size 10 10


*As of September 2010, the UNICEF CO staff member reporting that no draft policy framework was in place described an ongoing process and expected a draft policy by early 2011.

Four of the five countries with no draft policy in 2008 had a draft or had the policy approved, but had not yet implemented it as of September 2010. The fifth was still in the drafting stage after revisions in response to changing country circumstances and donor priorities. The same five countries with existing ECD policy or policies before the UNICEF-GoN funding began in 2008 still had them. The evaluation found that only six countries had completed costing their policies/services or were currently doing so. Of the eight COs that received UNICEF-GoN programme funds and completed the ECD internet survey, four (Ghana, Nepal, Malawi and Mongolia) reported that, as of September 2010, their national ECD plan of action, ECD strategies or proposed ECD services had been costed: Nepal reported that services for 4-year-olds were costed; the Ghana CO reported that some sectoral ECD services had been costed, but there is no overarching policy and no comprehensive analysis across sectors; Malawi reported that its costing was complete; and Mongolia reported that its costing was included in line ministry budgets. Although survey responses from the Cambodia and Tanzania COs reported that there was no costing information available, costing was underway in 2010. Country case study respondents identified three reasons why costing activities had not been conducted: (1) lack of expertise and funds to engage a consultant or outside expert to conduct

\(^{17}\) Information for the four case study countries augmented the survey information for those countries.

\(^{18}\) The five countries with policy frameworks in place or mainstreamed before 2008 and through September 2010 are Ghana, Nepal, Malawi, Mongolia and Sri Lanka.
the review, (2) belief that costing should wait until the policy was developed or approved, and (3) competing priorities.

Case study and executive interview respondents corroborated this finding of a mismatch between the stage of policy development and the status of costing exercises. Across data sources, the need emerged for increased capacity to (1) conduct costing activities, and (2) use costing data and simulations to engage finance ministries and advocate for ECD. Respondents highlighted UNICEF’s investments in costing efforts in a few countries and noted the importance of sharing what it had learned and supporting training and technical assistance for country counterparts and UNICEF staff members at all levels.

The case study countries provide a good range of experiences in policy development and costing activities, reflecting the pattern of change in policy development and implementation in the 10 countries. Two had no ECD policy before 2008 but had an approved or draft policy as of September 2010 (Cambodia and Tanzania, respectively). Neither had completed costing the proposed or existing policies and services, but both had costing activities underway. Prior to 2008, Ghana and Nepal had ECD policies, or ECD was mainstreamed and as of September 2010, those policies were still in place. As described above, evaluation respondents from Ghana and Nepal reported that some ECD costing activities were completed as of October 2010.

Findings on why and how the countries progressed in these areas were drawn from the case studies. The analysis revealed that Cambodia and Tanzania’s approaches to ECD service provision and policy development are different from those of Ghana and Nepal in several ways, particularly in the pace of policy development and the scale of implementation. Cambodia and Tanzania developed an intersectoral policy, with many ministries participating. Ghana and Nepal put some universal policies and services into place but primarily worked within sectors. These approaches have implications for sustainability, quality and scale up, as is discussed further in Chapter VI. The executive interviews also indicated that this distinction between a slower, intersectoral approach with a long period of scale-up and a faster, sectoral-focused approach has been observed in several low- and middle-resource countries.

Evaluation respondents in Cambodia and Tanzania identified key components of their success in developing an intersectoral ECD policy. These included (1) a long-term commitment to articulating shared goals of improving outcomes for children and families, (2) the ability to coordinate a large-scale collaboration across government ministries at the national and subnational levels, and (3) involvement of a wide range of stakeholders (both duty bearers and rights holders). In both countries, UNICEF staff brought stakeholders together and facilitated national and subnational coordination. Respondents also acknowledged the importance of building on existing policies as much as possible. Cambodia had policies and practices that included sectoral ECD policies and intervention approaches, but the intersectoral National Strategic Development Plan enacted from 2006 to 2010 served as the foundation for the development and approval of the National Policy on Early Childhood Care and Development (ECCD) (see Exhibit III.1 for a summary of Cambodia’s policy landscape and ECD policy development process). Tanzania’s process was based on a 1996 national policy that was the first to identify ECD as an intersectoral issue, and it addressed child rights, survival,

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19 This information was not available from evaluation data sources for the six countries that received GoN funding but were not visited (the documents reviewed and the internet survey did not provide in-depth information on these topics).
development and protection. That policy targeted children from birth to age 18 and called for establishment of preschools and day care centers, as well as parent education on the importance of preschool and stimulating environments for children. The four-year process of developing Tanzania’s Integrated Early Childhood Policy resulted in a wide-ranging draft policy that specifies operational guidelines and standards for ECD services.

One key finding is that, for Cambodia and Tanzania, the progress made since 2008 in policy development and implementation (as described in Chapter VI) was gradual and had a solid base of ongoing commitment from government, donors and civil society. The fact that both countries had a costing study under way in 2010 demonstrates a commitment to providing the information needed to facilitate policy implementation. Respondents in both countries identified the usefulness of costing information in decisions on, and planning for, enactment of an intersectoral, coordinated approach. Evaluation respondents cited the Nepal cost study as influential in helping them understand how important a cost analysis can be in advocating for allocations for ECD services.

Ghana and Nepal’s long-standing approaches to ECD policy development and service provision are different from those of Cambodia and Tanzania because they focus on making ECD preprimary services universal with rapid scale up. In both countries, government commitment to rapid, universal implementation of classroom-based preprimary services helped quickly implement the sectoral policy, resulting in relatively high rates of participation (service coverage and quality is discussed in Chapter VI). The case study reports document the benefits and drawbacks of this approach. Such challenges include (1) filling in service gaps to address the needs of children birth to age 3, (2) providing integrated services across sectors for parents and families, (3) building and maintaining a well-trained workforce, and (4) providing good-quality services at the intensity known to affect child outcomes. Evaluation respondents reported that Ghana and Nepal’s experiences exemplify what has been seen in other countries and in other policy areas when rapid scale-up is a priority. Executive interview respondents observed that, at times, governments are politically and financially in a position to implement a leading policy and service delivery approach. This is often led by a core group of committed decision makers and stakeholders, including one or more charismatic leaders who can obtain broad support for the policy and its implementation.
Exhibit III.1. Cambodia's ECD Policy Development Experience and Results

Policies and plans that address aspects of ECD in Cambodia have been established in the education, health and social protection sectors. In addition, the National Programme on Sub-National Democratic Development, which focuses on decentralization and deconcentration (D&D) of administrative functions, has important implications for oversight and delivery of social services to children and families.

The National Policy on ECCD, endorsed in February 2010, establishes a vision, goals and objectives with respect to care and development of young children. The policy stresses the provision of integrated, holistic ECD services for all children from conception to age 6. It designates the Ministry of Education, Youth and Sports as the coordinating agency for the policy and specifies roles and responsibilities for ECD across 11 ministries, parents and families, and development partners and civil society. Participants in the policy-creation process noted that its adoption was facilitated by clarification of each ministry’s role in ECCD and an emphasis on the idea that coordinating ministry’s function would not impinge on the responsibilities or purview of other ministries. The policy development process was participatory, which evaluation respondents noted as an important aspect of its success and the primary reason for broad commitment to its implementation.

As of September 2010, plans for developing the national plan of action for implementation of the policy were in process. Mechanisms for supporting coordination across ministries and sectors must still be created. Strategies for accomplishing goals related to ECCD, and, indeed, further specification of the goals themselves, are also needed.

Findings from the Cambodia case study highlight the features of a successful policy development effort and also identify the need for a long-term commitment to the process and diligence in ensuring the translation of a broad framework into coordinated national, subnational and local services for children and families.

In 2010, the Fast Track Initiative was funding a cost analysis of two of Cambodia’s primary service delivery approaches, community preschool and the home-based programme, but data were not available on costs for these and other services at the time of the country case study visit. Case study respondents agreed that the cost data were critical to informing Cambodia’s ECD policy implementation and that a more comprehensive costing effort that addressed all of the service approaches was needed.

Sources: UNICEF Cambodia, Cambodia country visit and document review (Burwick et al. 2011a).

ECD costing activities in Ghana and Nepal focused on their primary service delivery approaches. The UNICEF Nepal CO included part of the expense of hiring a consultant to cost ECD services in its UNICEF-GoN budget, the balance of which was paid for by the Nepal Department of Education. The report on this topic was published in 2009 (Ministry of Education (MOE)/UNICEF 2009; see Exhibit III.2).
Exhibit III.2. Nepal's Investment in ECD Costing Activities

UNICEF, in collaboration with the Nepal Department of Education, hired a consultant to review the status of Nepal’s ECD services in terms of progress in expanding services, inclusion of disadvantaged groups and quality of services provided. In addition, a cost study included collection of detailed information regarding the actual costs of providing ECD services—including parental education and center-based ECD. These costing activities go beyond the cost estimates included in Nepal’s School Sector Reform Plan, which account only for the amount contributed by the Ministry of Education, to include all expenditures from other ministries, NGOs and communities that contribute to the whole of ECD service provision in Nepal.

The resulting report provides calculations for the total budget required to implement ECD services over the long term and discusses means for reaching necessary funding levels (MOE/UNICEF 2009). Evaluation respondents identified this report as a good example of costing ECD services and how costing can serve as an advocacy tool.

Source: UNICEF Nepal, Nepal country visit and document review (Buek et al. 2011).

Internet survey findings

The 75 UNICEF COs that responded to the internet survey provided the following global results on the status of ECD policy development and implementation in 2010. Ninety-five percent of respondents reported that some ECD policies were in place or under way (Table III.2). Half of the COs reported that an ECD policy/strategy was approved, being implemented or mainstreamed into other policy areas. Low-income countries were less likely than lower- and upper-middle countries (36 percent versus 50 and 74 percent, respectively) to have an approved or mainstreamed policy. Consistent with the case study findings, COs reported on the survey that, if the country’s policy was mainstreamed, it was mostly likely to be mainstreamed in the education and health areas (74 and 58 percent) and less likely in the social welfare/development area (21 percent) (Table III.2). Globally, only 21 percent of the 75 COs surveyed that have a national policy or strategy reported that their ECD plans were costed, and 36 percent reported costing was in progress or partially completed (Table III.2). These findings are relatively consistent with the case study findings and corroborate the need for greater support to prepare draft policies for adoption and to increase the capacity and demand for ECD policy costing.
Table III.2. UNICEF Country Office-Reported Stage of ECD Policy Development and Implementation, by Country Income Category (Percentage Unless Otherwise Noted)

<table>
<thead>
<tr>
<th>Current Stage of Policy/Strategy&lt;sup&gt;b&lt;/sup&gt;:</th>
<th>Total</th>
<th>Low-Income&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Lower-Middle Income&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Upper-Middle Income&lt;sup&gt;a&lt;/sup&gt;</th>
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</thead>
<tbody>
<tr>
<td>No effort under way</td>
<td>4.7</td>
<td>4.0</td>
<td>5.0</td>
<td>5.3</td>
</tr>
<tr>
<td>In draft</td>
<td>39.1</td>
<td>52.0</td>
<td>40.0</td>
<td>21.1</td>
</tr>
<tr>
<td>Approved, not yet implemented</td>
<td>4.7</td>
<td>8.0</td>
<td>5.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Approved, being implemented or mainstreamed</td>
<td>51.6</td>
<td>36.0</td>
<td>50.0</td>
<td>73.7</td>
</tr>
</tbody>
</table>

Policy/Strategy Areas ECD Is Mainstreamed in<sup>c,d</sup>:

<table>
<thead>
<tr>
<th>Area</th>
<th>Total</th>
<th>Low-Income&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Lower-Middle Income&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Upper-Middle Income&lt;sup&gt;a&lt;/sup&gt;</th>
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<td>40.0</td>
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<td>40.0</td>
<td>22.2</td>
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<td>Other</td>
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<td>20.0</td>
<td>0.0</td>
<td>44.4</td>
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ECD Policy/Strategy Been Costed<sup>e</sup>:

<table>
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<th>Type</th>
<th>Total</th>
<th>Low-Income&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Lower-Middle Income&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Upper-Middle Income&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
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<tbody>
<tr>
<td>Yes</td>
<td>21.3</td>
<td>20.8</td>
<td>5.6</td>
<td>36.8</td>
</tr>
<tr>
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<td>42.6</td>
<td>37.5</td>
<td>66.7</td>
<td>26.3</td>
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<tr>
<td>Partially costed/under way</td>
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<td>41.7</td>
<td>27.8</td>
<td>36.8</td>
</tr>
</tbody>
</table>

Sample Size: 74 28 23 23

Source: ECD Country Office Internet Survey conducted in September 2010.
Note: Because of rounding, categories do not always sum to 100.
<sup>a</sup>Income categories are based on the World Bank’s classification (World Bank 2010), which uses 2008 per-capita GNI: lower income < $975, lower-middle income $976 - $3,855, upper-middle income $3,866 - $11,905. Oman was placed in the upper-middle category, although its income is higher than the cutoff.
<sup>b</sup>Eight countries gave multiple responses and were not included in this item.
<sup>c</sup>For countries that have mainstreamed ECD policy.
<sup>d</sup>Respondents could indicate more than one area.
<sup>e</sup>For countries that have a national ECD policy/strategy.

Comparisons across data sources

The case studies highlight the diversity in ECD policy and costing framework development and the potential challenges in generalizing from one country’s experience to that of others. No systematic evidence is available to assess whether the slower, more measured intersectoral policy development approach of Cambodia and Tanzania or the rapid sectoral scale-up approach of Ghana and Nepal is better for achieving targeted outcomes. Unfortunately, rigorous studies across countries of the impact of different approaches to policy development and implementation cannot be conducted easily. The findings from the case studies do provide some information about these four countries. As presented in Chapter VI, both approaches have advantages and disadvantages related to increasing access to high-quality ECD interventions that have demonstrated effects on improving child outcomes. For example, Cambodia and Tanzania have lower ECD service coverage rates than Ghana and Nepal. On the other hand, although all four countries face challenges related to basic service quality, respondents in Ghana and Nepal cited quality as a perceived cost of rapid scale-up. In all four countries, insufficient funding was cited as a root cause of these issues. Case study and executive interview respondents reported that, because policies are high-level guiding documents, processes and decisions made concerning developing national plans of action and corresponding budgets are critical to effectively translating ECD policies into high-quality integrated and holistic ECD interventions available to children and families.

Findings from the four country case studies, executive interviews and the internet survey revealed that country counterparts would benefit from more training and guidance in developing...
ECD policy and costing frameworks and in implementing existing policies. Consistent with the findings which identified a gap between countries that have a draft policy and those which have implemented or mainstreamed their policy, 59 percent of the COs identified training needs in developing national ECD policies and 57 percent in implementing existing ECD policies (Table III.3).

According to evaluation respondents, country-level policy framework development needs include a deeper understanding of the rationale and expected benefits of coherent ECD policies and holistic services, as well as knowledge about what makes an ECD intervention effective and how to develop the systems to implement and support such interventions. Eighty-five percent of COs responding to the internet survey reported that country counterparts would benefit from more training on ECD costing and finance. Evaluation respondents identified several capacity-building needs, including all levels of appreciation for cost studies, from understanding why they are useful to becoming discerning consumers of cost data and simulations. Although many respondents were pleased with the cost consultation expertise they obtained from experts based in other countries, they stressed the importance of developing in-country expertise and experience with leading cost and financing methods and analyses. In addition, some respondents noted that in the best scenario, a costing expert would also have expertise in early childhood policies and programmes.

**Table III.3. UNICEF Country Office-Reported Need for ECD Mainstreaming-Related Capacity Building (Percentage)**

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
</tr>
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<tr>
<td><strong>UNICEF Country Counterparts Would Benefit from Additional Training or Guidance in³:</strong></td>
<td></td>
</tr>
<tr>
<td>Costing and finance</td>
<td>85.3</td>
</tr>
<tr>
<td>Development of national ECD policies</td>
<td>58.7</td>
</tr>
<tr>
<td>Implementation of existing ECD policies</td>
<td>57.3</td>
</tr>
<tr>
<td><strong>UNICEF Country Office Staff Would Benefit from Additional Training or Guidance in³:</strong></td>
<td></td>
</tr>
<tr>
<td>Costing and financing</td>
<td>77.0</td>
</tr>
<tr>
<td>Policy analysis/advocacy</td>
<td>66.2</td>
</tr>
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</table>

**Sample Size** 74–75

Source: ECD Country Office Internet Survey conducted in September 2010.

Note: Because of rounding, categories do not always sum to 100.
³Respondents could indicate more than one area.

Global-/regional-level achievements and gaps UNICEF HQ and ROs have supported countries working with government counterparts and partners to establish and implement ECD policies and costing activities by (1) providing technical expertise and assistance, (2) convening countries to share experiences and learn from each other, and (3) encouraging mainstreaming and investments in ECD. Many of these strategies/activities can also be categorized as capacity-building or knowledge generation/dissemination activities and are described in more detail in the chapters on those topics. Based on information from the document review and evaluation respondents (primarily executive interview respondents), this section presents findings on global and regional efforts aimed to strengthen guidance and mainstreaming.

As documented in their annual UNICEF-GoN programme reports (on 2008 and 2009 activities) and expressed during the executive interviews, all ROs worked through the COs, individually and as groups, to provide technical expertise and assistance related to ECD policy development
and advocacy. The scale and level of these efforts varied within and across ROs, with some UNICEF-GoN funding used to conduct high-level conferences designed to bring experts together with government leaders and ECD partners to provide the rationale and support for policy development. (For example, with UNICEF-GoN programme funding, CEE/CIS convened the International Conference on Meeting Education for All and Millennium Development Goals through Strengthening Partnerships in Early Childhood Development, as well as a high-level roundtable on investing in ECD.) Other efforts focused on bringing small groups of countries together that faced similar ECD policy development and implementation challenges. All RO respondents reported trying to align their mainstreaming to best meet the needs of the group of countries overall, as well as to provide one-on-one technical assistance.

As described in Chapter IV, other RO policy development and advocacy efforts were designed to fill country- and regional-level capacity and knowledge gaps. For example, EAPRO’s investment in ARNEC supported a focus on policy development and implementation at the regional and country levels by publishing country-submitted articles on national policy and service delivery achievements in its newsletter. ROs also reported that they played a role in bringing attention to country- and regional-level ECD policy development and financing needs by cultivating relationships with other donors and making the case for ECD investment as a cross-cutting issue. Executive interview respondents highlighted the contribution of RO and HQ advocacy with multi-lateral donor organizations and support to COs to the success several countries had in obtaining substantial funding for ECD policy implementation through the World Bank’s Fast Track Initiative (FTI).

Because countries are at different stages of ECD policy development, mainstreaming and costing, ROs and HQ customize the support they provide to COs to meet shared and individual needs. ROs and HQ reported working to meet the needs of all COs, not only those in the early stages of ECD policy and cost framework development. RO staff members in the larger regions, in particular, reported that meeting the disparate needs of many countries can be a challenge. They group COs by needs and, as warranted, bring them together as a group with their country counterparts and other experts. Some ROs reported working closely with individual COs and, through them, with representatives of the countries’ governments. As one RO executive respondent indicated, “We are able to accompany the countries in the process of the development of their policy—a multi-sectoral policy.” As described in Chapter IV, ROs leveraged the funding from the UNICEF-GoN programme to make training and workshops (some of them on policy development and advocacy approaches) available to more than just the 10 funded countries, thereby extending the reach of the programme to other countries in the region.

During interviews, UNICEF staff from the four country case study COs reported that they took advantage of the RO and HQ investments in ECD policy advocacy and found them useful. However, some reported low levels of interaction with RO staff concerning ECD policy and costing framework development and uncertainty about how to access the resources available. In addition, executive interview respondents reported that most ROs have education focal points as the ECD focal point and that CO staff often require specialized policy and financing expertise to support countries working in these areas.

HQ has addressed these needs by making expert consultations possible through global and regional conferences and meetings. For example, the 2009 ECD Dutch-Funded Programme Annual Progress and Review Seminar and the 2010 ECD Global Network Meeting organized by the HQ ECD Unit included sessions conducted by experts on ECD financing, as well as opportunities for countries and regions to share their experiences and lessons learned about
policy framework development. As described above, costing and financing are still gaps, and respondents at all levels observed that additional supports from ROs and HQ would be useful. As one RO staff member suggested, “We should consolidate all of the costing aspects—it’s easy to do it within a sector, but across multiple sectors, that is a real challenge.”

2. **Supporting Sectoral and Intersectoral Coordination and Collaboration on ECD Policy Development and Implementation at the National and Subnational Levels**

UNICEF’s proposal to the GoN and subsequent annual reports distinguish between mainstreaming ECD policies into the broader policy context and mainstreaming ECD into programmes traditionally viewed as separate sectors. The evaluation assessed progress in both areas and analyzed mainstreaming and coordination at the subnational level.

**Country-level achievements and gaps**

Sectoral and intersectoral approaches to mainstreaming ECD policies were shown to support integrated ECD policy development and implementation. Given the cross-cutting nature of ECD, respondents viewed coordination across ministries as a high priority, whether ECD policies were primarily under the purview of one ministry or a group of ministries. Two key factors emerged as central to mainstreaming at the national level:

1. **Involvement of representatives from multiple ministries/sectors.** Based on the document review, case studies and internet survey responses, 9 of the 10 countries that received UNICEF-GoN funding reported that multiple government ministries were involved in ECD at the national level. The case studies show that Cambodia and Tanzania have involved all the relevant ministries in ECD policy and programme development. Results from the 75 countries responding to the internet survey reinforced findings from the case studies about the ministries that are key actors and partners in ECD. Ministries of education and health are by far the most likely to be involved in ECD policy and programming (Table III.4; 91 percent of COs reported education as one of the top three partners, and 77 percent reported health as one of the three). This varied by country income level, with far fewer COs in low-income countries than in lower- and upper-middle income countries reporting that the ministry of health was a key partner/actor in ECD (Table III.4). Lower-income COs reported more involvement in ECD by ministries specifically named as responsible for families, gender and children. It is not clear if this is because such ministries are more prevalent in lower-income countries than in other countries.

   In addition, COs identified important ministries, including ministries of finance, that were not involved in ECD. This is a critical gap, considering the need for national and UNICEF capacity building related to costing and financing ECD. Evaluation respondents reported that it is not possible to engage finance ministries when answers to questions about policy and intervention costs are not available. Similarly, survey responses showed that only 4 percent of COs overall and none of the COs in lower-middle countries involved ministries of planning in ECD, indicating that another key player in putting and keeping ECD policies on the national agenda and potentially bringing agencies together is not amongst the most engaged.

2. **Interagency ECD coordination networks.** The document review and case studies show that, as of Spring 2010, at least 6 of the 10 countries that received UNICEF-
GoN funding had a national interagency ECD coordination network. The case studies documented the central role these networks and task forces played in policy and programme development and implementation. Case study respondents reported that these interagency groups provided the structure for ongoing communication and collaboration that made it easier to develop and implement the ECD policy agenda.

No rigorous research evidence exists on whether a sectoral or intersectoral approach to ECD policy and service delivery is better in producing higher-quality programmes or better outcomes for children and families. However, case study respondents generally agreed that intersectoral ECD policymaking and service delivery systems were valuable, and they were committed to using an intersectoral approach in their work. Respondents at all levels (COs, national government and subnational government) reported that intersectoral work takes resources, persistence and close attention to relationships. The internet survey asked COs to rate the effectiveness of intersectoral collaboration within government. Nearly one-third of the 75 COs responding to the survey rated intersectoral ECD coordination within government as effective or highly effective. A similar proportion rated coordination as somewhat effective, and 31 percent rated it as ineffective (Table III.4). COs working in low-income countries were less likely than other COs to rate coordination as effective or highly effective.

Findings from the case studies, executive interviews and internet survey highlight the role of subnational- and local-level commitment in ECD policy development and implementation. Case study respondents reported that investments in creating ECD collaboration and governance structures at the subnational and local levels that mirror national structures supported ECD coordination and shared responsibility. As devolution of policy and programme control from national to the subnational and local levels proceeds in many countries, parallel ECD mainstreaming and coordinating structures must be established at the subnational and local levels. The case studies documented progress toward devolution of ECD policy oversight and service delivery plans and systems; over the past four years, three of the four case study countries increased allocations for ECD in their national and subnational budgets.

Case study respondents reported that investment in building and supporting subnational and local governance structures was critical to maintaining support for budget allocations, policy implementation and ECD service provision. Although these are also national issues, case study respondents noted that challenges to devolution and coordination at the subnational and local levels included (1) the changing political landscape and lack of continuity in leadership and staffing from one administration to another, (2) the economic crisis and competing budgetary needs, (3) lack of clarity about who is responsible for ensuring integrated ECD happens, and (4) resistance to changing the traditional approach (usually a sectoral one) to administering and delivering services for children and families.

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20 Given the small number of case study countries and the fact that Cambodia and Tanzania had not implemented their intersectoral, integrated policies, this evaluation does not draw conclusions about which approach leads to better outcomes. When MICS-4 data are available, UNICEF will be able to track outcomes and assess the relationship between different policy development and implementation approaches and targeted outcomes. Rigorous, longitudinal evaluations could also be designed to address these questions, both within and across countries.
<table>
<thead>
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<th>Government Ministry Partners⁵:</th>
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<th>Lower-Middle Income⁴</th>
<th>Upper-Middle Income⁴</th>
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<td>85.7</td>
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<td>21.4</td>
<td>34.8</td>
<td>12.5</td>
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Intersectoral Coordination Within the Government Is⁶:  
- Highly effective: 5.4%  
- Effective: 27.0%  
- Somewhat effective: 36.5%  
- Ineffective: 31.1%


Source: ECD CO Internet Survey (September 2010).
Note: Because of rounding, categories do not always sum to 100.

Income categories are based on the World Bank’s classification (World Bank 2010), which uses 2008 per-capita GNI: lower income <$975, lower-middle income $976–$3,855, upper-middle income $3,866–$11,905. Oman was placed in the upper-middle category, although its income is higher than the cutoff.

Respondents were meant to enter up to three answers, but some entered more than three.

One CO gave multiple responses and was not included in this table.

Evaluation respondents also identified mainstreaming achievements related to adding ECD content or approaches to other types of services or interventions. As described in the case study reports, the four countries reported progress in incorporating ECD messages into programmes that typically focused on just one area/sector, such as health or Water, Sanitation and Hygiene (WASH). For example, the Nepal CO has integrated messages about the importance of cognitive stimulation and play for young children into a micronutrient-powder-supplement programme carried out by community health volunteers (UNESCO 2008). The Cambodia CO produced new modules on psychosocial development for incorporation into existing health initiatives: the Community-Integrated Management of Childhood Illness (C-IMCI) initiative and the Baby Friendly Community Initiative (BFCI). During the UNICEF-GoN funding period, Ghana has focused on WASH, including providing access to drinking water and toilets for children attending public kindergartens. These examples demonstrate some progress on mainstreaming ECD into programmes. However, the case studies highlighted the need for increased attention and resources to develop and test integrated strategies for expectant mothers and children from birth to age 3, orphans and vulnerable children (OVCs) and children with disabilities.

Global-/regional-level achievements and gaps

As described in reference to policy development and costing, and in the chapter on capacity building (Chapter IV), ROs and HQ provided support for intersectoral coordination and mainstreaming ECD into other initiatives by providing training and access to experts, as well as by developing and disseminating materials countries could adapt and incorporate as needed. Achievements that RO executive interview and CO case study respondents reported included building on investments in working with leaders in the health sector to make the case for ECD
and create opportunities for cooperation. CEE/CIS contributed to this by commissioning papers on health and ECD, collaborating with colleagues from the emergency readiness sector to apply for and obtain funding for development of a disaster risk reduction strategy and materials for use in preschool settings.

At both the global and regional levels, UNICEF is a role model for intersectoral cooperation and coordination. HQ and many regions provide good examples, although evaluation respondents also emphasized the need for ECD to continue to work with the education sector as well as to reach out and identify creative, synergistic projects that would bring multiple sectors together to address the country needs. Executive interview respondents observed that, although there are fewer barriers between sectors than previously existed, ROs and HQ staff must focus on existing initiatives and coordination. However, section heads and other leaders within UNICEF reported that although they intend to create opportunities for collaboration across sectors, other priorities often get in the way.

3. Strengthening UNICEF Staff Skills to Support Countries in ECD Policy Development, Mainstreaming and Intersectoral Collaboration

Evaluation respondents reported that UNICEF staff at all levels bring a range of general and ECD-specific skills to their policy development, advocacy and mainstreaming work. At the CO level, decisions about how the CO approaches coordination for ECD and where the lead staff members responsible for ECD are located (which section they are assigned to) within the office influence the level of shared understanding, coordination and ability to support country counterparts and partners in making progress toward reaching ECD mainstreaming goals. Another influence is the amount of ECD-specific expertise and experience in the CO.

Respondents reported that a primary achievement in some offices over the past four years is the development of a CO ECD committee or task force that includes representatives from each section or a few lead sections that meet regularly to assess needs and progress in advocacy for ECD policy and programme mainstreaming and coordination. These types of committees allow staff to pool their collective ECD expertise and experience. One of the four case study countries, Tanzania, has an intersectoral ECD team, including representation from all five of its programming components. The other three case study COs do not have an intersectoral team within the CO. However, Cambodia staff reported that they are considering how to best integrate ECD and build on existing expertise, collaboration and joint planning and strategies across the education, child survival and child rights sections.

There is no rigorous evidence about which CO organizing approach is more effective for achieving targeted outcomes, although the Tanzania CO structure is aligned with its reported goals and targeted outcomes. Case study respondents emphasized that UNICEF COs have potential as a strong model of intersectoral collaboration for country counterparts. At the country level, ECD coordination across CO sections and clarity about how responsibility is shared and how joint projects are conducted can coherently convey the benefits (and potentially the challenges) associated with intersectoral approaches to policy development and service delivery systems.

The evaluation identified three significant gaps at the UNICEF CO level that impede ECD policy development and implementation of services for children and families. First, there is a need to further define what is and is not part of ECD. Some CO staff members recommended that the CO clarify responsibilities within the CO and regularly assess the level of coordination and communication. Second, executive interview respondents and CO staff observed that
identification of an ECD indicator or set of indicators would help support advocacy and mainstreaming as a way to build awareness and track progress toward outcomes. The Cambodia office had planned to use UNICEF-GoN funding to hire a consultant to develop an ECD conceptual framework for the CO that would help to focus mainstreaming and collaboration activities. Third, some executive interview respondents reported that lack of UNICEF staff capacity for ECD (too little specific ECD expertise and too few staff at all levels) and placement of ECD in the education section in COs seem to impede intersectoral collaboration and lead to an overemphasis on the early education and school readiness aspects of ECD, rather than other aspects, such as social development.21

In fact, most CO survey responses indicated that UNICEF staff need more training or guidance in costing and financing and in policy analysis/advocacy. Of the 75 COs which responded, 77 percent identified costing and financing as a need, and 66 percent identified policy analysis/advocacy (Table III.3). This is consistent with the needs identified for country counterparts and with reports from evaluation respondents from UNICEF at all levels and from global partners. The evaluation also identified a need for additional UNICEF expertise in devolution and subnational ECD policy coordination and programme implementation. UNICEF CO staff in field offices reported that being near local councils and committees charged with implementing ECD services allowed them to develop professional relationships with district and community leaders. These relationships increased trust and encouraged sharing of successes and challenges in translating policy goals and regulations into services for children and families. There was little evidence, however, that COs had access to materials and guidance on how to best support subnational ECD policy and financing.

Evaluation respondents identified similar issues at the RO and HQ levels related to the need for more investment in ECD content expertise, a deeper understanding of the support COs need for policy and costing framework development, and the need for guidance and tools to support moving policies to high-quality implementation. Although HQ and RO investments in policy advocacy tools and capacity-building materials (for example, the ECD Resource Pack and ECD in Emergencies materials described in more detail in Chapter IV), and modules that could be mainstreamed into other interventions (such as the Care for Child Development materials) were deemed helpful to COs and country counterparts and partners, more is needed. Furthermore, social protection (poverty reduction), WASH and, in some countries and regions, child protection were identified as areas with relatively lower levels of ECD mainstreaming. Some countries and regions, though, were experimenting in these areas and generating guidance and support materials to foster mainstreaming.

C. Relevance and Appropriateness

Overall, the mainstreaming strategies and activities UNICEF supported from 2008 through September 2010 were shown to be aligned with the targeted outputs and outcomes and were found to be appropriate, given the RO and CO policy and programme contexts. Areas not in the conceptualization of these goals included the need to develop shared definitions of important concepts that can be used globally to track progress. The evaluation identified two gaps that, if UNICEF worked toward filling, could support progress toward targeted ECD outcomes. First,

21 Chapter IV describes this finding in more detail.
guidance is lacking on what UNICEF defines as intersectoral versus sectoral policies and how to best advocate and support progress toward targeted outcomes within ECD systems that include both types. For example, a sectoral approach to delivering center-based preprimary services may be more efficient than an intersectoral approach, but in the absence of intersectoral collaboration, the services might be provided without considering children’s health needs. In this example, opportunities for integrating health-focused ECD messages might reduce their potential effectiveness. Second, there is little evidence that UNICEF is investing in how to systematically evaluate whether the substantial investment required to create and support intersectoral collaboration is an efficient approach and what this yields compared to more sectoral approaches. Because of lack of information on the best approach, research on this issue (both specifically about ECD or about other cross-cutting topics such as WASH), could potentially inform countries considering how to best use scarce resources. Such efforts would be appropriate given UNICEF’s mandate.

D. Sustainability

The overall progress the 10 countries made in developing draft ECD policies and mainstreaming ECD into services provided by other sectors signals potential for an increased country-level commitment to ECD and the expectation that investments will remain stable or grow, thereby increasing availability of ECD services for children and families. Regarding the organizational and administrative aspects of sustainability, respondents at all levels expected that UNICEF staff and partners would continue to dedicate staff time to these mainstreaming efforts and that UNICEF would continue to convene countries and provide technical assistance and materials. Evaluation respondents expected that by increasing technical skills related to costing and strategies designed to move from policy development to high-quality implementation, the prospects for sustainability would be enhanced.

Given the political climate and improving awareness of the importance of ECD among government leaders, some evaluation respondents (particularly country counterparts) were optimistic that the momentum and progress will continue (especially in the case study countries where new policies were approved or pending approval). However, many expressed concerns about uncertainty with regards to the fiscal situation because the allocated funding for moving from policies to quality implementation was insufficient to achieve targeted outcomes.

E. Role of the UNICEF-GoN Funding

Evaluation respondents uniformly reported that the UNICEF-GoN funding was a primary source of dedicated funds for ECD for most COs and nearly all ROs. Respondents observed that, without GoN funding and the opportunities it provided to support policy framework development and mainstreaming of ECD into policies and programmes, most efforts would not have happened or would have happened at a slower pace. The ROs reported that their efforts and abilities to obtain additional expertise to support countries in their policy development and implementation depended on having the extended support afforded from the GoN funding. The funds provided stability and enabled UNICEF to make longer-term investments in supporting coordinating committees and regional networks, providing ECD courses for policymakers on the benefits of ECD (described in more detail in Chapter IV), and hosting high-level ECD conferences and meetings on mainstreaming ECD into other programme areas.
F. Mainstreaming ECD: Conclusions, Lessons and the Way Forward

Over the past four years, countries have made substantial progress toward mainstreaming ECD into national policies, but gaps in policy adoption and implementation remain. This section provides conclusions, lessons and considerations for the way forward in mainstreaming ECD.

1. Conclusions

Advocacy with clear communication about the benefits of ECD investments contributed to mainstreaming. Advocacy efforts at all levels that focused on communicating the unique and synergistic contributions of ECD to improving both short- and long-term outcomes for children, families and communities increased excitement and commitment to ECD mainstreaming among government leaders and decision makers.

Involvement of finance ministers in the ECD policy and planning process and costing studies are useful in shaping policy development, advocacy and budgeting for ECD. To engage finance ministers and partners in allocating funds that mainstream ECD into national policies and programmes, UNICEF and country counterparts need ECD-specific costing data and tools for conducting simulations of different funding strategies.

In the absence of sufficient funding allocations to fully enact ECD policies and national action plans and ensure high-quality service delivery systems and interventions, implementation and sustainability are threatened. Simply having mainstreamed ECD policies and action plans did not ensure high-quality implementation. Without sufficient resources, national, subnational and local officials and community leaders could not offer and sustain ECD interventions at the quality and intensity needed to affect child and family outcomes.

The findings are mixed about the relative benefits of sectoral versus intersectoral approaches to mainstreaming and universal versus more targeted policies. Findings from the four case studies highlight that sectoral and intersectoral approaches have demonstrated successes and challenges. Overall, evaluation respondents viewed intersectoral approaches as desirable for supporting integrated, holistic ECD. Universal scale-up of ECD interventions can produce rapid increases in coverage but may be associated with compromised service quality and lack of equity in access to services. In countries with more targeted and slower phase in, ECD service coverage tends to be lower.

Efforts to mainstream ECD messages into other types of interventions are progressing. UNICEF’s investment in ECD materials that can be added to programmes conducted as part of health and nutrition services provides a model for doing so in other areas, such as water, sanitation and hygiene (WASH); child protection and social protection. Rigorous impact evaluations like the one in Pakistan, funded in part by UNICEF, add to the body of knowledge in this area and build the evidence base for mainstreaming ECD into other types of interventions.

Building and supporting subnational and local governance structures which are critical to maintaining support for ECD budget allocations, policy implementation and service provision have been challenging in some countries. Challenges have arisen due to: (1) the changing political landscape and lack of continuity in leadership and staffing from one administration to another, (2) the economic crisis and competing budgetary needs, (3) lack of clarity about who is responsible for ensuring integrated ECD happens, and (4) resistance to
changing the traditional approach (usually a sectoral one) to administering and delivering services for children and families.

**At the UNICEF CO level, staff lack clarity about what is and is not part of ECD.** In the case study countries, some CO staff members requested more clarity about which duties are the responsibility of particular sections versus intersectoral ECD activities, as well as processes for ECD coordination and communication.

**At the UNICEF CO level, the extent to which shared understanding, coordination and CO ability to support country partners in making progress toward mainstreaming were shown to be influenced by ECD staff personnel working in particular sections and how the CO approaches coordination of intersectoral ECD activities.** In several of the COs that received UNICEF-GoN funding, an intersectoral ECD committee meets regularly to assess needs and progress. This approach provides an important model for the kind of intersectoral ECD coordination that UNICEF advocates for with its country partners.

**The UNICEF-GoN investment provided stability for policy mainstreaming efforts that targeted specific countries developing ECD policies and global and regional networks focused on supporting policy development.** Without this investment, progress in these areas would have been slower or might not have occurred.

2. **Lessons**

Mainstreaming ECD into policies and services requires ongoing attention to data on progress and a commitment to overcoming implementation challenges at the country level. The large number of COs reporting that the education and health sectors are influential players in ECD is reflected in the achievements that country counterparts and UNICEF described related to developing holistic policies and interventions in those areas. To increase the participation of other sectors, country-specific logical frameworks for connecting strategies and identifying common outcomes are needed. National and subnational data on meaningful ECD indicators are necessary to focus commitment and chart progress across sectors.

Policy development is central to establishing structures for successful programme implementation of mainstreamed policies and intersectoral approaches. By setting up national and subnational committees and coordinating bodies as part of policy development, some of the case study countries progressed from collaborating on policy development to collaborating on the national plan of action and implementing services for children and families. Coordination requires persistence in working together to develop common goals, set up data systems and communications to monitor progress and achieve targeted outcomes.

3. **The Way Forward**

In the short term, national governments and UNICEF COs need technical assistance and training on ECD costing and the move from policy development and adoption to high-quality implementation. UNICEF and its partners can provide access to materials and experts to help in these areas. This is also an opportunity to assess the influence of these inputs on targeted outputs and outcomes, as well as on using different approaches. Evaluations of different approaches to ECD policy and programme development can help countries and their partners as they develop or refresh policies and intervention delivery approaches.
Countries working on developing and implementing ECD policies and programmes could also benefit from learning about the mainstreaming experiences of other countries. Lessons about the implications of using sectoral and intersectoral approaches, adopting universal programmes or strategies and developing intersectoral ECD coordinating bodies could be tracked systematically and models developed for testing. Across countries or even within a country, the most promising alternative approaches could be rigorously tested as part of demonstration and evaluation projects. For example, a country interested in using evidence to guide policy might test an intersectoral approach to ECD policy development and governance in a few provinces and a sectoral approach in others. The quality of the resulting strategies and interventions, as well as outcomes for children and families, would have to be assessed to determine which approach is most effective.
IV. BUILDING CAPACITY FOR ECD

This chapter assesses achievements related to ECD capacity-building activities against the stated goals of the UNICEF-GoN programme and additional priorities articulated in the MTSP and other guiding documents. The analytic frame for this chapter focuses on four capacity-building strategies and planned outcomes identified at the country and global/regional levels and included in the case study country and global logical frameworks (Appendix D). These four capacity-building strategies are:

- Adopting a systematic capacity-building approach
- Developing, revising and updating ECD training materials, curricula and resource kits
- National-, subnational- and local-level training includes training of national, subnational or local policymakers, programme operators and opinion leaders; training of ECD service providers and training or increasing awareness of parents
- Building ECD capacity within UNICEF, especially in the areas of evaluation and using data to inform programming and policy development

Analyses of progress toward outcomes for UNICEF staff are also included in this chapter. Regarding UNICEF staff, capacity-building targets of change, strategies, outputs and outcomes were not explicitly identified in UNICEF’s proposal to the GoN (UNICEF ECD Unit 2008), the country-level and global-level logical frameworks for this evaluation or in strategic documents and work plans developed from 2008 through 2010. Rather, UNICEF’s priorities are focused on meeting the vision set out in the MTSP and include a number of relevant strategies focused on UNICEF staff. The MTSP emphasizes capacity development in the areas of evaluation and using data to inform programming and policy development.

In this chapter, strategies that are multi-level and are relevant at the country, regional and global levels are presented first, followed by those that are more focused on country level issues. UNICEF staff-related topics are presented last.

A. A Core ECD Strategy: Capacity Building

Capacity building is at the core of behavior change and improvements in the experiences and well-being of families and children. Additionally, institutions, policymakers, service providers and caregivers of young children must have the knowledge, skills and abilities required to foster children’s holistic development. As such, capacity building is a central UNICEF strategy that figures prominently in the current MTSP and other guiding documents. The current MTSP highlights a range of national, regional, global and internal UNICEF capacity-building efforts focused on improving outcomes for children and families. UNICEF also promotes the five-step approach of UNDAP (2008; 2009) to capacity development: engage, assess, respond,

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22 This chapter presents the capacity building findings in detail whereas the other chapters highlight only the findings relevant to the specific chapter topic.
implement and evaluate. For the past few years, the ECD Unit has encouraged countries and regions to use the UNDAP approach to guide ECD capacity-building strategies.

Capacity-building efforts are targeted at both duty bearers and rights holders, including UNICEF’s own staff. Capacity building at the CO, RO and HQ levels is a primary method by which UNICEF promotes and supports the improvement in ECD policies and outcomes in the countries with which it has a programme of cooperation. The four case study country and global logical frameworks depict the expectation that improvements in ECD outcomes for children will be achieved through building the capacity of those directly and indirectly involved in developing ECD policies and coordinating structures, delivering ECD interventions and raising children.

As described in UNICEF’s proposal to the GoN (UNICEF ECD Unit 2008) and in strategic documents and work plans developed from 2008 through 2010 by the UNICEF HQ’s ECD Unit, UNICEF’s planned capacity-building strategies/activities target (1) increasing the utility of existing resources and approaches to building capacity; (2) developing new interventions and resources; and (3) promoting the five-step approach of UNDAP (2008; 2009) to capacity development. As noted above, strategies/activities were not articulated specifically in regard to UNICEF staff capacity building.

B. Effectiveness

This section presents effectiveness findings based on analyses of the status of country level, global/regional and UNICEF’s own ECD capacity-building efforts.\(^{23}\) Progress toward the outcomes described above and found in the country- and global logical frameworks is summarized and supported with examples from the primary data sources. Throughout, analyses of achievements and gaps and examples of how and why goals were or were not achieved highlight successes and areas that require more attention. Additional details about promising approaches are presented in exhibits within the section.

1. Adopting a Systematic Capacity-Building Approach

At the country, RO and HQ levels, systematic approaches to capacity building, such as the UNDAP five-step approach (engagement, assessment, response, implementation and evaluation) can guide activities that support progress toward targeted outcomes. This subsection reviews evidence from the evaluation of UNICEF’s progress toward developing and implementing these steps.

Country-level achievements and gaps

Countries that received funding from the UNICEF-GoN programme somewhat applied the UNDAP approach in the capacity development process to guide their ECD work. Most often, this consisted of some level of engagement and assessment, a response and implementation of a training event or development and dissemination of ECD materials. Within these steps, the evaluation team did not find evidence that data exist to determine the quality and depth of the assessments, the fit of the response to identified needs or the quality of implementation.

\(^{23}\) The evaluation assessed reported change over time in some areas where the baseline status was available.
Information about the progress toward outcomes associated with these activities comes from self-reported data or from anecdotes from the case studies, rather than formal evaluations of these investments. This reflects a gap in the approaches UNICEF, the 10 countries and partners use to deploy and assess the impact of these investments. The evaluation did not find evidence that UNICEF required ROs and COs which received GoN funding to provide data and documentation of the process used to deploy resources. This would have enabled assessment of the quality of these activities, behavior change and learning and their association with targeted outcomes to occur.

Although data on the outputs of UNICEF and country partner capacity-building efforts are available in some countries, data on outcomes associated with these activities or mediating factors affecting outcomes are scant. For example, during case study site visits, respondents identified preprimary teacher turnover as an overall contributing factor to low rates of completed training. However, existing information on rates of turnover were not readily available or were viewed as unreliable by country case study participants. This gap limits the ability of trainers and programme administrators to anticipate and respond to loss of staff over time, resulting in inefficiencies.

Regarding outcomes related to improvements in the quality of preprimary care children receive or home visits to parents, the case studies found that some countries are assessing quality using checklists or other tools, but there is little capacity to use these data to inform programme improvement. Similarly, outcomes for children and families are not systematically assessed and linked to data about specific intervention providers to determine associations between having providers with more training or education and greater well-being of children and families. It is true that resource constraints limit the priority set on gathering and using data, but the evaluation found that limited staff capacity in these areas also contributed to these gaps.

Vertical alignment of capacity-building efforts from the national to subnational and local levels can facilitate the development of a cadre of ECD trainers and mentors. With sufficient training on the content of a new policy or programme, these individuals can then train other service providers and thereby support the implementation and sustainability of high-quality ECD services. In Ghana, case study respondents reported that investments in building the capacity of subnational officials and coordinating bodies have led to increasing the commitment to ECD and are early steps in developing a system that includes paraprofessionals and professionals who can support a range of ECD policies and programmes as needed over time.

Overall in the case study countries, attention and capacity development resources are more targeted to and taken up by national duty bearers and local service providers (government officials and community representatives) than subnational duty bearers. Although the four country case study COs were shown to provide technical expertise and other support at the national and subnational levels, these efforts did not seem well-aligned and coordinated with investments by UNICEF and others at the local service delivery level. NGOs and CBOs often conducted local training for direct service providers, but in many cases there was 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.

Global/regional-level achievements and gaps

Consistent with findings at the country level, some evaluation informants expressed concerns at the regional and global levels about the lack of strong systems and infrastructure to identify
country and regional training needs, feed information about those needs back to ROs and HQ and develop, implement and evaluate appropriate capacity-building approaches. Overall, the evaluation data sources provide evidence that ROs and HQ used most of the UNDAP capacity development steps on at least one of their capacity-building activities. The least documented steps and evidence occur for engagement and evaluation. Engagement is an ongoing challenge at the HQ level because opportunities for interacting and surveying all of the countries with which UNICEF has a programme of cooperation are rare. In fact, executive interview respondents reported that the UNICEF-GoN programme provided an unusual opportunity for HQ to work closely with a small group of countries and the regions which allowed them to more fully assess how ROs and HQ can support country- and regional-level capacity building. Likewise, this evaluation, and its internet-based survey, provided another opportunity for HQ to learn about country-level needs and successes.

By design, ROs engage closely with countries in their regions and HQ engages closely with ROs to buttress their support to these countries. This engagement, as well as the personal relationships and communication among staff, facilitate the ROs abilities to document capacity building and other needs. ROs do this in a variety of ways, ranging from reviewing national data and visiting countries to learn about national and subnational needs, to asking COs to identify their needs and interests in capacity-building topics and activities RO staff have identified as potential needs.

Given the size of UNICEF’s investment in ECD policies, strategies and support for family and child services, there are few summative or formative evaluations on capacity building to guide RO and HQ planning and resource allocation. However, the April 2010 Global Consultation on Early Childhood Development: Research Agenda hosted by UNICEF HQ, is an example of the ECD Unit engaging global experts in developing a more systematic approach to capacity development (Ulkuer 2010). The agenda included presentations by evaluation teams from around the globe that were studying different approaches to ECD service provider and parenting capacity-building interventions. UNICEF-GoN funds were also used to support the participation of evaluators and researchers in the 2009 and 2010 global consultations on the GoN programme. UNICEF’s role in supporting evaluations designed to assess the effects of capacity-building efforts is usually part of joint efforts conducted with other funders. For example, UNICEF’s investment in a study to scale up ECD, conducted by the Wolfensohn Institute at Brookings, added countries that represent additional lower-incomes and are of particular interest to UNICEF. In addition to contributing to ECD capacity building of other organizations, participation in global consultations and in conducting evaluations also builds capacity within UNICEF.

2. Developing, Revising and Updating ECD Training Materials, Curricula and Resource Kits

As observed during the case study site visits and reported by evaluation respondents, UNICEF’s investments in a range of ECD materials and the ability to get them into the hands of service providers and parents is a leading accomplishment with the potential to influence targeted outcomes for children. At the country level, UNICEF staff, country counterparts and other partners work together to adapt existing materials to cultural and language needs and also develop new materials as needed. Often, support for these efforts came from ROs and HQ; ROs and HQ worked with COs to identify needs for new or updated materials and invested in developing and refreshing them, sometimes engaging leading experts as consultants to ensure the materials reflect existing evidence of what works in ECD.
Country-level achievements and gaps

Several of the 10 countries funded by the UNICEF-GoN programme reported success in the area of ECD training materials development. Case study respondents reported that UNICEF and partners’ work in providing materials that can be incorporated into existing strategies (such as into C-IMCI and emergency response) has promoted children’s psychosocial development and ECD integration. Regions and countries have incorporated Care for Child Development, a module on psychosocial and cognitive stimulation developed by UNICEF and WHO (WHO 2001), into the C-IMCI training materials for service providers and parents. UNICEF-GoN programme resources were used by several of the 10 evaluation countries to incorporate these messages into existing modules and develop new C-IMCI modules. For example, Cambodia’s activities included incorporation of ECD messages into other curriculum and informational materials through the development of modules on topics such as breastfeeding, complementary feeding and early stimulation (the first two apply to the Baby Friendly Community Initiative and the latter to C-IMCI). Ghana’s recent investments in a pilot program in two districts focused on enhancing the quality of kindergarten education. A primary strategy included the development of a number of materials and tools, including student assessment tools and a handbook for teachers linked to the kindergarten curriculum.

Analyses across data sources (including observations in ECD centers, health clinics and community meetings) indicate that in the four case study countries, UNICEF-provided materials are present and teachers and community health workers are using them with children and parents. Case study respondents reported that the materials were well-received overall and were, for the most part, getting into the hands of those who needed them. For example, in Cambodia, parents from the case study focus groups appreciated that their children had materials to write with and books to learn from and read. Some respondents noted the ongoing need for funds to translate and adapt ECD materials into one or more languages for use by service providers, parents and children.

Although respondents generally reported that the materials developed by UNICEF and its partners are useful, rigorous evidence in support of materials changing behavior and evidence in support of quality training is scant. Rigorous experimental impact evaluations that assess whether the materials changed behavior and improved the quality of training for service providers and parents and ultimately improved outcomes for children are scant. Different types and configurations of use of materials have not been evaluated. UNICEF staff and other evaluation respondents highlighted Care for Child Development as an exception given the pilot and ongoing research focused on understanding its implementation and impacts (Chopra and Lucas 2001; Engle 2010; Ertem et al. 2006; Yousafzai 2010). Chapter V provides additional information about UNICEF’s ongoing investment in disseminating and studying Care for Child Development.

Global/regional-level achievements and gaps

Regional ECD focal points, CO staff, government officials and UNICEF’s global partners cited UNICEF’s work developing and disseminating the ECD Resource Pack ([http://www.unicef.org/earlychildhood/index_42890.html] accessed December 13, 2010), the Care for Child Development module, the ELDS training and resource materials and the ECD in Emergencies materials as advances in global-, regional- and country-level capacity development. UNICEF and its partners used the ECD Resource Pack in creative ways that contributed to capacity enhancement at the regional, national and subnational levels. Its five modules contain in-depth background documents, slides to use when training others and a facilitator’s guide on each of
the 56 different topical sessions that can be used to raise awareness or provide extensive training, depending on the targeted audience’s needs. With funds from the UNICEF-GoN programme, substantial progress was made in adapting, translating and using the ECD Resource Pack to train a wide range of duty bearers and rights holders. In particular, two regional offices, WCARO and TACRO, reported investing in adapting and translating it to meet regional needs.

UNICEF ROs and COs reported using the ECD Resource Pack in different ways, from training country counterparts on modules relevant to the specific issues they are facing (for example, service quality), to putting on workshops for more than 140 ministry representatives, NGOs, ECD practitioners, university lecturers and UNICEF staff. The Resource Pack is available for free on UNICEF’s website, which increases the potential for others around the world to use it. However, the extent to which it is promoted broadly by UNICEF, the timing of updating its content, plans to make the translations publicly available and the impact on policies and services for families and children are unknown. Given the needs and gaps identified in Chapter III, there is a strong case for updating Module 5 (on ECD policy development, advocacy and costing approaches).

For example, Session 5.12, “Costs and Financing of Early Childhood Programmes” could be updated with the latest methods and examples of recent cost analyses and policy costing projects. A new session is warranted on how to move from policy development to the creation of a national plan of action in the achievement of high-quality services for children and families. Alternatively, existing material that is already included in other sessions could be repackaged to meet that need. Module 4 sessions on “Evaluation” and “Use of Data” could also be augmented to meet needs in these areas, as well as support a more systematic approach to evaluation planning and development of the ECD evidence base.

As described below in the training subsection, RO and HQ support for ELDS is another achievement that included development of materials and resources for countries to use. Evaluation respondents identified ELDS and the ECD in Emergencies materials as meeting country-level needs and filling gaps in existing resources.

3. National-, Subnational- and Local-Level Training

During the 2008-2010 UNICEF-GoN funding period, policymakers, programme operators and opinion leaders at all levels participated in training events, conferences and coursework focused on increasing their ECD capacity. In addition, COs invested a large proportion of their UNICEF-GoN funds in fully or partially supporting ECD training for service providers and parents. The extent of participation and types of strategies were found to be variable across the 10 countries.

Given that the service provider and parent training activities were conducted at the country level and few RO or HQ resources from the UNICEF-GoN funding were allocated to them, regional and global activities that supported country-level capacity building (for example, leveraging investments in meeting the needs of the 10 countries through regional trainings and support for regional and global ECD networks) are presented after the national-, subnational- and local-level findings.
Country-level achievements and gaps

Based on information from the document review and from the country case studies, only 4 of the COs that received UNICEF-GoN programme funds reported that a country ECD capacity development plan exists.

Training of national, subnational or local policymakers, programme operators and opinion leaders. Efforts highlighted by evaluation participants as important contributors to capacity development at the national level included support from UNICEF for (1) ECD focal persons and key leaders in national ministries (for example, from Tanzania and Malawi) to attend the ECD Virtual University (ECDVU) and professional conferences (Exhibit IV.1), and (2) ELDS training and national level conferences (findings of which are supported by data from the case studies, document review and executive interviews with UNICEF HQ and RO staff).

Exhibit IV.1. National-Level Capacity Building: Focus on Tanzania’s Positive ECDVU Experience

During the 2008-2010 funding period, UNICEF, in collaboration with the Government of Tanzania and other donors, supported the attendance of a group of 11 officials from Tanzania in ECDVU for one year. 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 as a field of policy and programming, models and strategies for ECD programme development, research and evaluation of ECD services, quality assurance and other topics. During site visit interviews in Tanzania, these individuals reported feeling much more confident and capable of leading ECD policy discussions, advocating for adoption of their integrated ECD approach and guiding programming decisions.

As one focus group participant said, “We are working as a team in this IECED policy development process. This is the outcome of capacity building we got from ECDVU” (Chatterji et al. 2011).

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 IECED policy (described in Chapter III). These national decision makers reported increased ability to implement and support ECD.

This is referred to as a cohort approach, where a group of individuals take a training or course together, support each other and provide opportunities for peer learning that may be sustained after the course is completed.

For capacity development at the national level that included support from UNICEF for ELDS training and national level conferences, interview respondents noted these efforts often featured a cohort approach where national leaders attended trainings or conferences together and the time and space were provided for relationship building, shared learning and joint planning. In addition, government counterparts and NGO partners acknowledged the sustained contributions of UNICEF’s ECD CO focal points and specialists to enhancing their capacity development. UNICEF’s capacity-building efforts focusing on national stakeholders seemed to have a positive impact on ECD buy-in, collaboration and intersectoral policy development.

Decentralization of government administration in some countries requires that UNICEF continue to combine national ECD capacity-building efforts with subnational capacity building. At the local level, this requires more attention to integration of ECD into existing and new training and
service delivery approaches. UNICEF’s approach of working in selected provinces/districts in some countries allows UNICEF staff to identify subnational capacity-building needs and advocate for them on the national level. Six of the 10 countries that received funding from the UNICEF-GoN programme used the funds to conduct train-the-trainer events which included subnational and local policymakers, programme operators and community leaders. Most countries also conducted training events for parents. According to CO reports on use of the UNICEF-GoN programme funds, more than 45,000 people (a mix of policymakers, programme operators, community leaders, service providers and parents/caregivers) participated in training events conducted by the 10 countries in 2008 and 2009 (figures were not yet available for 2010).

Country case study respondents in all four countries reported that capacity-building efforts led to improvement in the skills and confidence of subnational and local programme operators and community leaders around ECD programming. For example, in Ghana, members of the national ECCD coordinating committee noted that infrastructure and skills for implementing intersectoral policy has grown since the adoption of the National ECCD Policy in 2004.

One of the specific accomplishments highlighted in interviews and documents was an increase in the number of ECCD teams at the district level from 37 pilot teams to 130 (of a total of 138 districts). UNICEF Ghana used part of the GoN funding to support this increase in training of district ECCD teams. On the other hand, the Nepal case study team found that in the two districts visited as part of the case study, the officials they met had not received the expected ECD orientation training (noting that the officials were not new to their positions). Respondents cited inconsistency of implementation of the training as the primary reason for this gap. Orientations were organized locally according to the initiative and interest of individuals in the community and thus did not occur in all districts for all relevant stakeholders. The evaluation found that inconsistency of implementation and lack of a system for tracking participation in training events were gaps in all four countries.

The internet survey of UNICEF COs clearly identified capacity building as the primary strategy UNICEF uses to promote and deliver ECD. Ninety-five percent of COs reported that capacity development of duty bearers (for example, policymakers and service providers) was the main ECD strategy and 72 percent reported that capacity development of rights holders (for example, parents) was an important strategy. COs reported that country counterparts would benefit from training or guidance in ECD access and the HRBA areas of equity and reaching the marginalized/disadvantaged (93 percent), costing and finance (85 percent), improvements in quality (72 percent), training of service providers (57 percent) and development of materials (43 percent) (Table IV.1). This is consistent with the capacity-building and information needs identified from other evaluation data sources, including the case studies and executive interviews.

CO responses varied by country income category, with COs in low-income rather than lower-middle- and upper-middle-income countries citing the need for training in improvement in ECD quality, implementation of existing policies, training of service providers and development of ECD materials. As compared with the two other country groupings, fewer COs in low-income countries reported the need for additional training in the areas of improvement in access, costing and financing, and development of national ECD policies. This is likely to reflect differences in the stage of programme development and implementation, with lower-income countries focused more on service delivery and materials.
Table IV.1. UNICEF Country Office-Reported Country Counterpart Capacity-Building Needs, by Country Income Category

<table>
<thead>
<tr>
<th>UNICEF Country Counterparts Would Benefit from Additional Training or Guidance inb:</th>
<th>Total</th>
<th>Low-Incomea</th>
<th>Lower-Middle Incomea</th>
<th>Upper-Middle Incomea</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvement of ECD access/gender equity/reaching marginalized and disadvantaged children</td>
<td>93.3</td>
<td>89.3</td>
<td>95.7</td>
<td>95.8</td>
</tr>
<tr>
<td>Costing and finance</td>
<td>85.3</td>
<td>78.6</td>
<td>87.0</td>
<td>91.7</td>
</tr>
<tr>
<td>Improvement of ECD quality</td>
<td>72.0</td>
<td>78.6</td>
<td>73.9</td>
<td>62.5</td>
</tr>
<tr>
<td>Development of national ECD policies</td>
<td>58.7</td>
<td>50.0</td>
<td>69.6</td>
<td>58.3</td>
</tr>
<tr>
<td>Implementation of existing ECD policies</td>
<td>57.3</td>
<td>71.4</td>
<td>56.5</td>
<td>41.7</td>
</tr>
<tr>
<td>Training of ECD service providers</td>
<td>57.3</td>
<td>64.3</td>
<td>56.5</td>
<td>50.0</td>
</tr>
<tr>
<td>Development of ECD materials</td>
<td>42.7</td>
<td>60.7</td>
<td>30.4</td>
<td>33.3</td>
</tr>
<tr>
<td>Other</td>
<td>4.0</td>
<td>3.6</td>
<td>8.7</td>
<td>0.0</td>
</tr>
</tbody>
</table>

Sample Size 75 28 23 24

Source: ECD Country Office Internet Survey conducted in September 2010.

Note: Because of rounding, categories do not always sum to 100.
a Income categories are based on the classifications of the World Bank (2010), which uses 2008 per capita Gross National Income: low-income <$975; lower-middle income $976-$3,855; upper-middle income $3,866-$11,905; Oman was placed in the upper-middle category though its income is higher than the cutoff.
b Respondents could indicate more than one area.

**Training of service providers and parents.** The 10 countries in the evaluation dedicated a substantial proportion of their UNICEF-GoN funding to increasing the capacity of the key adults in young children’s lives, including service providers and parents, and these activities addressed many topics relevant to improving children’s health and well-being and increasing awareness of ECD issues. Capacity-building training topics for service providers covered a range of areas: from training on the benefits of ECD in the DRC, reaching 5,60024 community members responsible for conducting parent education; to training on planning and delivering ECD services in Mongolia, reaching 1,500 teachers. Table IV.2 presents examples of the topics of service provider and training of trainers events which countries reported in their annual UNICEF-GoN reports (information from the four country case studies is also included). Service provider training could be categorized into a few topic areas ranging from general overviews of ECD issues to specific training on a curriculum or integration of ECD initiatives into health or other sector activities. For parents, many countries reported using parenting education interventions (home- or community-based programmes), integration of ECD messages into health interventions (like C-IMCI) and ECD awareness campaigns to reach expectant parents and parents of infants and toddlers in particular. Other countries (for example, Nepal and Mongolia) used radio and other media campaigns to raise parent awareness of preprimary services.

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24 It is important to note that for the countries that did not receive site visits, the evaluation team does not have data to provide a broader context for the information provided in country documents. For example, HQ’s reporting requirements on use of the GoN funding did not include the denominator or coverage of the training. The information is provided here to provide some data on capacity building outputs.
### Table IV.2. Examples of Service Provider and Parent Training and Education Topics

<table>
<thead>
<tr>
<th>Country</th>
<th>Topic (participants)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service Providers</strong></td>
<td></td>
</tr>
<tr>
<td>Cambodia</td>
<td>Baby Friendly Hospital Initiative, Baby Friendly Community Initiative, C-IMCI (training of trainers)</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Benefits of ECD (community members responsible for educating parents)</td>
</tr>
<tr>
<td>Ghana</td>
<td>Implementing in-service training for preschool teachers and attendants (district teacher support team members)</td>
</tr>
<tr>
<td></td>
<td>Support for preschool teachers and attendants (circuit supervisors, head teachers)</td>
</tr>
<tr>
<td></td>
<td>Using the revised KG curriculum and developing learning materials (teachers and attendants)</td>
</tr>
<tr>
<td></td>
<td>Using Universal Reading Technique kits and charts (officers, teachers, attendants)</td>
</tr>
<tr>
<td>Malawi</td>
<td>Basic ECD and management of centers (volunteer center caregivers)</td>
</tr>
<tr>
<td>Mongolia</td>
<td>Planning and delivering ECD services (teachers)</td>
</tr>
<tr>
<td>Nepal</td>
<td>Policy, strategy, child-centered pedagogy, confidence building and alternative learning (facilitators of government-run centers)</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>ECD orientation (estate managers, health workers, district-level trainers)</td>
</tr>
<tr>
<td>Swaziland</td>
<td>ECD practices and services (ECD practitioners)</td>
</tr>
<tr>
<td>Tajikistan</td>
<td>Integration of Care for Child Development into IMCI health initiatives (professors and tutors)</td>
</tr>
<tr>
<td>Tanzania</td>
<td>ECD needs (district trainers, ward trainers, community-owned resource persons)</td>
</tr>
<tr>
<td><strong>Parents/Caregivers and Community Members</strong></td>
<td></td>
</tr>
<tr>
<td>Cambodia</td>
<td>C-IMCI includes prenatal/antenatal care, breastfeeding and complementary feeding, micronutrients, immunization, hygiene and sanitation, home care for the sick child (parents)</td>
</tr>
<tr>
<td></td>
<td>Parenting Support Initiative includes growth and care for children from the prenatal period to age 3 and the importance of early childhood education (parents)</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Benefits of ECD (caregivers)</td>
</tr>
<tr>
<td></td>
<td>Developing benchmarks and indicators for ECD outcomes (community members)</td>
</tr>
<tr>
<td></td>
<td>Parental education and ECD issues (caregivers and community members)</td>
</tr>
<tr>
<td>Ghana</td>
<td>Strengthening Parent-Teacher Associations (parents)</td>
</tr>
<tr>
<td>Malawi</td>
<td>Basic ECD and management of centers (parent committees)</td>
</tr>
<tr>
<td>Mongolia</td>
<td>Communication within the family (caregivers)</td>
</tr>
<tr>
<td></td>
<td>Family-based ECD kits (families)</td>
</tr>
<tr>
<td>Nepal</td>
<td>Parenting education—child development, child rights, birth registration, immunization and malnutrition (caregivers)</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>NA</td>
</tr>
<tr>
<td>Swaziland</td>
<td>ECD practices and services (caregivers)</td>
</tr>
<tr>
<td>Tajikistan</td>
<td>NA</td>
</tr>
<tr>
<td>Tanzania</td>
<td>C-IMCI included prenatal and postnatal care, young child feeding and nutrition, preventive care, home treatment for child illness and referrals</td>
</tr>
<tr>
<td></td>
<td>Sensitization and advocacy on child health and development issues (community)</td>
</tr>
</tbody>
</table>


C-IMCI = Community-Integrated Management of Childhood Illnesses; IMCI = Integrated Management of Childhood Illnesses; KG = kindergarten; NA = not available (details not included in annual reports).
Based on the four country case studies, the evaluation team found that service providers and parents demonstrated skills and knowledge that support children’s development in some areas but not in others. Overall, the observed interactions and the reported approaches to working with children and families were mixed, with some quite positive (for example, teachers or community volunteers that actively engaged children and demonstrated a good understanding of developmental issues) and others less positive (for example, environments that were not conducive to learning and use of techniques that were harsh or not age-appropriate).

Similarly, there was some unevenness in service provider and parent reports about their own skills and knowledge, with some reporting that they had improved over the past four years and others reporting they had not. These issues seemed to be related to how memorable the experience was for them. For example, some of the parents could not describe specifically what they had learned, and some of the health workers recalled that they had been trained but did not recall what the training was about or when it occurred.

Other case study informants confirmed service providers’ and parents’ perceptions that some progress has been made. This was particularly shown to be the case in the areas of awareness of the need for children to attend primary school and of parental understanding of the importance of preprimary experiences. However, there is still room for improvement. For example, parents participating in focus groups in Cambodia reported that they learned about the importance of hygiene, encouraging their children to learn and the importance of sending children to school in group meetings. As described below, the intensity and quality of the services offered, as well as what was taken up by parents are all factors that influence whether adult behavior change will occur with children.

The capacity-building activities which countries have implemented seem to be reasonable given their stated goals and could potentially meet the needs of the targeted participants. However, data available to the evaluation team from the 10-country document review focused on outputs—the number trained (rather than proportions of targeted groups reached by training, for example). This is a gap that reflects challenges at the national-, subnational- and local-levels in the ability to track the appropriateness and potential impact of these activities on targeted outcomes for families and children. As described below, gaps in the information that countries provided to UNICEF as part of annual UNICEF-GoN reporting about their activities and the processes used to assess needs also compromise the evaluation’s ability to assess whether UNDAP’s five-stage capacity development process is used to guide these investments.

Across the four case study countries, little is tracked concerning the need for and coverage of the training events focused on direct service providers and parents, particularly for services that are not delivered in a preprimary classroom or group care setting. Data for all primary service delivery systems were not available on the proportion of the targeted population that received training, or the proportion of those who were eligible and should have received training. In addition, data systems are lacking that would allow countries to link investments in training to changes in quality of the home environment or quality of services provided to children (for example, preschool or community-based child care). For example, in the four case study countries, data systems do not exist to track parent/caregiver participation in interventions designed to build their capacity, or if they do exist, participants are not tracked over time to

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25 Data sources included focus group discussions with both service providers and parents, interviews with government and UNICEF staff, as well observations of interventions in the field.
document how many training modules a parent was exposed to or the number of home visits or community meetings attended. For example, in Cambodia, coverage data related to C-IMCI modules track the number of villages in which a module was delivered, rather than the number or identity of parents who have attended the presentation of a given module. Evaluation respondents also had concerns about the quality of the existing attendance data.

Nepal’s tracking of enrollment data for its parent orientation services provides one example of service coverage for parent training. By the end of 2010, Nepal aimed to provide parenting orientation sessions (a series of 45 two-hour sessions) to 80 percent of parents of young children in the most marginalized communities in 15 districts (out of 75 total). By the end of 2009, 49 percent of parents in the most disadvantaged communities had received parenting orientation, compared with 39 percent in the previous year. Evaluation respondents reported that the availability of parenting orientation classes in the 15 districts was not sufficient to reach 80 percent of parents. In addition, community outreach efforts were not intensive enough to attract parents.

Based on the country case studies, the intensity of the training and other types of interventions focused on changing adult behavior with children (both service providers and parents) seem to be relatively low and these interventions are not taken up at the rate expected by intervention designers and implementers. There is evidence from the research literature that lower intensity interventions tend to have less of an effect on the ultimate outcome targeted by these adult-focused interventions—children’s psychosocial and cognitive outcomes (Engle et al. 2007). The case studies identified issues of intensity both in regard to how the service provider training and parenting-focused interventions are designed and how they are actually offered to and taken up by target audiences. For example, facilitators working in Nepal’s ECD centers are expected to receive a 16-day basic training as well as regular refresher training. The evaluation team found that although Nepal has accomplished one of its primary goals, district-level training, not all facilitators are receiving the required initial and refresher trainings. Some of the ECD center staff reported receiving only 8 or 12 days of basic training, and most had not received any refresher training. Case study respondents confirmed that this is not unusual and that consistent mechanisms for monitoring whether facilitators have completed the full 16 days of basic training or the refresher training are not in place. Data on attendance and completion of the course were not available. Ghana faces similar challenges: one-third of teachers (31 percent) in public kindergartens nationwide has received any type of formal training in education, according to 2008-2009 EMIS data.

In addition, the case study team did not identify clear evidence of improvements in parents’ caregiving practices, particularly those related to psychosocial development. In Ghana, focus group parents of children in kindergarten reported that they had infrequent individual interaction with teachers; therefore, opportunities for addressing parenting practices were rare. In addition, parents did not report specific changes in caregiving practices that may have resulted from exposure to other services for families with young children. Some information on child development has been delivered to parents through radio and public information campaigns, according to key informants, but the effects of these campaigns have not been measured.

Overall, case study respondents reported that the intensity of psychosocial and cognitive interventions/messages targeted to parents which are embedded in other interventions is relatively low. It is also not clear how many parents received these or responded to them. Furthermore, it was noted that UNICEF’s investments in these types of activities are part of the larger training and intervention landscape where many INGOs and NGOs are also working. This
poses additional challenges to documenting needs, uptake and potential impacts of UNICEF’s offering and may also lead to duplication of efforts.

Global/regional-level achievements and gaps

As in all strategic and cross-cutting areas, global/regional-level activities were designed to help COs and host countries meet their capacity development goals. The document review and executive interviews highlighted UNICEF’s ability to leverage UNICEF-GoN funding to build capacity in countries beyond the 10 by (1) inviting other countries to participate in regional training events and (2) by supporting regional and global networks.

During the first two years of the UNICEF-GoN funding period, each of the ROs used some of their resources to conduct between 2 and 13 workshops and training events for one or more of the UNICEF-GoN funded countries in their region (most conducted 5 or 6 events). In addition, other countries in the region with similar needs were often invited to participate, thus potentially broadening the benefit of the investment.26 RO respondents pointed to this flexibility in the funding approach as a particular benefit, because they could use the funds to meet regional-level needs (not only the needs of the countries funded), taking advantage of the economies of scale afforded by the UNICEF-GoN funds. One example of this type of leveraging is a June 2009 four-day workshop in Thailand on ECD and emergencies hosted by EAPRO and attended by 50 members of government, local NGOs and UNICEF and Save the Children staff. Three of the 10 UNICEF-GoN—funded countries participated (Cambodia, Nepal and Sri Lanka) along with 10 other countries. HQ, and the ECD Unit in particular, leveraged its investments in regional training on topics such as how to use the MICS3 data and the fielding of the MICS4 to the benefit of many countries beyond those funded through the UNICEF-GoN programme.

As described in more detail in Chapter V, over the last 10 years UNICEF has supported a global ELDS movement focused on identifying country-specific early learning standards, developing measures of the standards, validating the standards and the measures and assessing progress toward meeting the standards over time. Over the past three years, UNICEF continued its support for regional and country investments in ELDS by conducting regional workshops and conferences for countries new to developing ELDS and to countries working on validating their existing ELDS.

At least four of the six regions organized or supported countries in attending ELDS workshops or conferences. For example, in 2008 EAPRO hosted a global workshop on ELDS with participation of representatives from 11 countries working on ELDS and 5 countries new to ELDS. Goals of the workshop were to explore effective ELDS application, provide guidance to country teams in the process of moving from validation to implementation of ELDS (strengthening policy, improving curriculum development and teacher training, informing the design of early childhood and parenting programmes and serving as a foundation for programme evaluations) and support national advocacy efforts. Other regions that leveraged this opportunity included ESARO, which supported the attendance of four countries at the ELDS

26 Some might argue that this could dilute the intensity of the training experience for the countries participating because more countries participating might mean less attention is focused on the countries that are the primary targets. Executive interviews and case study respondents did not raise this as an issue, rather most viewed inclusion of other countries as a benefit. This question could be empirically tested to determine which approach most efficiently leads to targeted outcomes.
workshop. Respondents viewed these investments as significant accomplishments in developing frameworks countries can use to link policies to practice and a way to reduce the need for consultants from outside the regions/countries.

Another promising model designed to build local capacity for ELDS was ROSA’s approach: training an interdisciplinary and cross-institution group from a number of countries on ELDS. This included university-based leaders who were interested in conducting ELDS training and support in the region. This aimed to train local leaders to work with countries in developing ELDS, rather than bring expertise into ROSA from outside the region.

Executive interview respondents reported that UNICEF’s investments in global and regional ECD networks 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 (the CG), the Association for the Development of Education in Africa (ADEA) and the Asia-Pacific Regional Network for Early Childhood (ARNEC), UNICEF builds capacity while tapping existing capacity and expertise. Evaluation respondents often highlighted ARNEC as a good example of how UNICEF can work with partners to build capacity across a region and within individual countries at the same time. The strategies EAPRO used included supporting the network’s startup and helping transition control and ownership to its member nations and constituents (Exhibit IV.2). As of fall 2010, evaluation was the only component of a systematic approach to capacity building that UNICEF had not conducted related to 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. ARNEC’s roots go back to ideas developed in 2006 and propelled forward during a 2007 meeting of representatives from nine countries (China, Indonesia, Lao People’s Democratic Republic, Nepal, Malaysia, Mongolia, Pakistan, Philippines and Singapore) and supported by three original donors (UNICEF’s EAPRO, Plan International’s Regional Office for Asia and UNESCO’s Asia Pacific Regional Bureau for Education).

The guiding vision for the network is 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 EAPRO worked with interested countries and donors to engage others in the network, assess the needs of the region and the network, as well as develop the response. UNICEF played a key role in ARNEC’s development and implementation and the network was housed at the EAPRO until February 2010, when the Secretariat then moved to the SEED Institute in Singapore. 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.

ARNEC’s achievements include (1) a website that holds a repository of information about each country as well as regional activities; (2) an annual publication: ARNEC Connections: Working Together for Early Childhood; (3) coordination of three member task forces (research, policy and advocacy, and communication); and (4) a number of resources for members such as a monthly e-news flash highlighting member achievements. As of fall 2010, ARNEC had sufficient funds from other resources and no longer required RO funds from the UNICEF-GoN programme for sustainability.

Based on executive interview respondent reports, the creation of ARNEC and its available products and resources are a model for other ROs and groups of countries interested in building capacity within the region and globally. In addition, the regional network is an example of an initiative that has completed all of the UNDAP steps except one, an evaluation. Executive interview respondents reported an increased sense of investment and ownership among network members as capacity increased within and across countries. In addition, the quality of available information and peer sharing were also identified as strengthening capacity at all levels (local to national, and regional and global).

### 4. Building ECD Capacity Within UNICEF

At all three levels (CO, RO and HQ), internal and external evaluation respondents identified ECD awareness-raising, increasing the number of staff focused on ECD and improvements in specific technical areas as priority activities in fulfilling UNICEF’s roles in cooperation with collaborating countries and in achieving MTSP priorities. UNICEF’s internal use of the UNDAP processes were found to be similar to its external use—missing or partially completed steps tended to be in the area of engagement, assessment and evaluation. For most activities, these steps were not explicitly stated in documents describing the activities.
Country-level achievements and gaps

Overall, UNICEF CO staff reported that capacity for ECD policy development and provision of ECD expertise has increased, and staff is working with country-level counterparts in achieving many of their capacity-building objectives. All 8 of the 10 UNICEF-GoN–funded countries that responded to the survey and 81 percent of the 75 countries that responded to the survey reported that over the past four years UNICEF CO staff improved in their ability to communicate what ECD is and what needs to be done to meet country policy and programme goals (Table IV.3). Most COs indicated success in ensuring that trainings for a wide range of stakeholders were held, even though they had less success in instituting capacity development plans, which were an explicit goal of the UNICEF-GoN investment. Case study respondents posited that overall, CO ECD capacity is adequate and ECD focal points and specialists are knowledgeable about ECD policies and interventions and generally able to access or contract for additional expertise as needed.

Table IV.3. UNICEF Country Office-Reported ECD Capacity-Building Needs, by Country Income Category

<table>
<thead>
<tr>
<th>Needs</th>
<th>Total</th>
<th>Low-Income(^a)</th>
<th>Lower-Middle Income(^a)</th>
<th>Upper-Middle Income(^a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Ability of UNICEF CO Staff to Articulate What ECD Is and What Needs to Be Done to Meet Country Policy and Programme Goals Has Increased Over the Last Four Years:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly agree</td>
<td>30.7</td>
<td>21.4</td>
<td>43.5</td>
<td>29.2</td>
</tr>
<tr>
<td>Agree</td>
<td>50.7</td>
<td>57.1</td>
<td>43.5</td>
<td>50.0</td>
</tr>
<tr>
<td>Disagree</td>
<td>17.3</td>
<td>17.9</td>
<td>13.0</td>
<td>20.8</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>1.3</td>
<td>3.6</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>UNICEF Country Office Staff Would Benefit from Additional Training or Guidance in(^b):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Costing and financing</td>
<td>77.0</td>
<td>75.0</td>
<td>86.4</td>
<td>70.8</td>
</tr>
<tr>
<td>Targeting</td>
<td>67.6</td>
<td>67.9</td>
<td>77.3</td>
<td>58.3</td>
</tr>
<tr>
<td>Policy analysis/advocacy</td>
<td>66.2</td>
<td>57.1</td>
<td>68.2</td>
<td>75.0</td>
</tr>
<tr>
<td>Planning, evaluation and monitoring</td>
<td>58.1</td>
<td>57.1</td>
<td>59.1</td>
<td>58.3</td>
</tr>
<tr>
<td>Technical knowledge on ECD programming</td>
<td>21.6</td>
<td>14.3</td>
<td>27.3</td>
<td>25.0</td>
</tr>
<tr>
<td>Technical Support from the Regional Office Is:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate</td>
<td>53.3</td>
<td>46.4</td>
<td>56.5</td>
<td>58.3</td>
</tr>
<tr>
<td>Somewhat adequate</td>
<td>32.0</td>
<td>35.7</td>
<td>26.1</td>
<td>33.3</td>
</tr>
<tr>
<td>Not adequate</td>
<td>14.7</td>
<td>17.9</td>
<td>17.4</td>
<td>8.3</td>
</tr>
</tbody>
</table>

Source: ECD Country Office Internet Survey conducted in September 2010.
Note: Because of rounding, categories do not always sum to 100.
\(^a\) Income categories are based on the classifications of the World Bank (2010), which uses 2008 per capita Gross National Income: low-income <$975; lower-middle income $976-$3,855; upper-middle income $3,866-$11,905; Oman was placed in the upper-middle category though its income is higher than the cutoff.
\(^b\) Respondents could indicate more than one area.

As described in Chapter III, the majority of the 75 UNICEF COs that had been surveyed identified ECD costing and financing as the area where most assistance was required (77 percent). Those findings are presented here in the context of the other common areas identified as needs for assistance in capacity building. These included targeting of marginalized groups (68 percent), policy analysis/advocacy (66 percent) and planning, evaluation and monitoring (58 percent). In contrast to the perception of those outside UNICEF and some HQ staff members,
only 22 percent of CO survey respondents endorsed ECD technical knowledge as an area of need for assistance, with some noting the need for more UNICEF staff capacity around specific modes of ECD intervention (for example, community interventions and health and nutrition interventions) and broader areas, such as implementation of standards and cross-sector communication.

**Global/regional-level achievements and gaps**

The HQ ECD Unit both initiates and seizes opportunities to provide technical expertise on ECD to HQ staff, which improves the visibility and positioning of ECD within UNICEF. Most of the HQ leaders who were interviewed reported that ECD Unit staff members are proactive in building technical capacity for ECD-related activities, and are accessible and responsive to requests for ECD-related information and support. Throughout UNICEF, the ECD Unit provides messages about the importance of taking a holistic view of children’s development and conveys the relevance of psychosocial development. For example, the multiyear effort to develop the ECD module for the MICS, conduct a pilot-test, launch and support the module’s use in the MICS3 and improve upon the module for MICS4 increased the capacity of those working on it (both those in the ECD Unit and those working in other sections and units). These MICS experiences built UNICEF’s capacity and understanding about what the key ECD constructs are as well as how to collect reliable data on complex psychosocial indicators.

UNICEF staff and partners identified ongoing capacity needs at all levels, particularly the regional level. Despite the progress described above, a number of evaluation informants emphasized the need for specialized ECD knowledge within UNICEF beyond what can be obtained from short-term consultations. One global level partner’s observation reflects this need: “We still don’t have enough people with capacity. There are very few people with ECD background. We need people who think about families and communities and understand what child development is.”

At the HQ level, the small size of the ECD Unit was noted as a barrier to participating in planning and discussions that would both further the integration of ECD into the work of other sections and potentially establish it as a more influential partner. Some evaluation informants noted that the small size and commensurately low capacity of the ECD Unit is an indication of the lack of institutional support for ECD within UNICEF. Similarly, the fact that only one region has a dedicated ECD regional adviser as the ECD focal point was seen as a capacity issue reflecting low priority for ECD and limiting what can be accomplished. Two regions attributed their success in meeting the objectives of the UNICEF-GoN programme to the ability to improve human resource capacity by funding an ECD expert to work in the RO. Respondents observed that ROs staffed with both ECD expertise and experience developed and disseminated more and higher quality resources than other ROs.

Although CO staff viewed ROs as providing important resources and being available to answer technical questions, expectations about the types of capacity building ROs should be providing to COs were not always clear to respondents at the CO level. Some CO staff members described their interactions with the RO and the ECD focal point as minimal, with many of the interactions being brief and usually by email. Outside of the regional trainings provided to some countries, evaluation respondents reported that the RO ECD focal point’s role was not well defined and varied widely across regions in the quality and usefulness of interactions between the ROs and COs. In line with this, 47 percent of the 75 internet survey CO respondents rated the technical support provided by the RO as less than adequate (Table IV.3).
C. Relevance and Appropriateness

From 2008 through September 2010, UNICEF’s capacity-building strategies and activities were relevant and appropriately aligned with broadly defined targeted outputs and outcomes, however, the evaluation found that the outputs and outcomes were underspecified and poorly measured. UNICEF’s focus on increasing the capacity of policymakers, programme operators, service providers, parents and UNICEF staff members is relevant and appropriate given UNICEF’s mission and desired outcomes. The same is true for UNICEF’s investment in developing training materials and resource kits. However, these efforts are not appropriate in the absence of a systematic approach to assessing capacity needs, adopting or adapting evidence-based strategies and curricula and evaluating effectiveness.

There was little evidence about whether the country, regional or global capacity-building responses were aligned with rigorously assessed needs or built on existing assets, or whether implementation was carried out as planned. There was also little evidence of global and regional efforts focused on assessing gaps and strengths in planning and implementing interventions, and little on whether the efforts that were made translated into concrete technical assistance to COs and country counterparts in developing a systematic approach to capacity development at the country level.

Systems are needed for documenting needs, developing resources and training and evaluating the outcomes of those activities on service quality and on outcomes for service providers, children and families. Reports from evaluation participants (case study and executive interview respondents) indicated that global and regional investments in capacity building did support progress toward targeted ECD outputs, but because of lack of data, findings related to assessing targeted outcomes on quality of services and child and family outcomes are inconclusive. Country-level logical frameworks and activities focused on responding to perceived needs and implementation, specifically, on the actual development of materials and provision of training to targeted audiences. At the CO level, there was also little evidence that a systematic ECD capacity development approach was in place.

D. Sustainability

In addition to the fiscal constraints facing all strategic priority areas, there are three main threats to the sustainability of capacity-building activities the UNICEF-GoN programme has funded over the past three years: (1) lack of evidence of effectiveness, (2) turnover of officials and staff in government and service delivery organizations, and (3) eventual obsolescence of existing resources and materials.

As national governments, donors and other funding organizations rely more on evidence to guide decisions about what to invest in, the lack of data about the impacts of capacity-building efforts on targeted outcomes could decrease capacity-building investments overall. However, it is unlikely that investments in improving the capacity of adults who care for young children will decrease. To improve psychosocial and cognitive outcomes for children, the capacity of adults must improve such that they provide safer, healthier and more stimulating and secure environments and interactions at home and in the community. These changes will not happen unless the important adults in children’s lives receive training or support to increase their capacity. This is the main reason capacity building will continue to be the primary ECD service delivery and quality assurance approach. If the global trend toward evidence-based policy and
programme decisions continue, funding should be diverted away from unproven capacity-building approaches and toward feasible, effective and relevant evidence-based approaches. The evaluation found some evidence that capacity-building efforts which focused on national and subnational leaders were associated with increased confidence and commitments to ECD. However, reliable data did not exist to assess the effectiveness of efforts focused on service providers and parents. Evaluation respondents expected these types of investments would continue but acknowledged that, in the absence of better data, sustainability would be an ongoing issue.

Evaluation respondents reported high levels of turnover of leaders and staff in government, programme administration and service delivery and in UNICEF COs. High turnover reduces sustainability of investments in technical expertise/capacities and introduces inefficiencies. When turnover occurred, new leaders and/or staff members had to be trained, and progress at the organizational and administrative levels was often slowed considerably or stopped until individuals are oriented and trained. The evaluation found fiscal and systemic reasons for some of the observed turnover, including a reliance on volunteers to serve as preschool teachers. The constant need to conduct training for new service delivery staff diverted resources that could be used to conduct refresher training for existing staff and further build ECD capacity. With service delivery staff turnover rates that were estimated to be 40 percent per year and higher in some countries, it is unlikely that capacity-building investments will be sustained until turnover is substantially decreased.

Effective ECD capacity-building approaches incorporate learning resources and materials that are up-to-date and are informed by quality evidence. Such investments are not inherently sustainable because the information and materials require updating, optimally every 3 to 5 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.

Generally, UNICEF staff members and country counterparts were not optimistic about whether current capacity-building efforts, particularly those focused on services that were not part of preprimary, classroom-based interventions, had sufficient financing to be sustained at current levels or scaled up as planned. Case study respondents cited a range of factors that affected the ability to build and maintain the service delivery infrastructure that efficiently provided training and technical assistance at all levels. These included instability of the world economy and pressure on national budgets, political instability, changing donor interests and commitments and the costs of ensuring quality.

E. Role of the UNICEF-GoN Funding

The majority of the 10 UNICEF COs in the evaluation invested in most heavily in the capacity-building approach. At the country level, the UNICEF-GoN programme funds contributed to progress toward targeted outcomes. Notable progress was made in the development, translation and dissemination of ECD training and resource materials. At all levels, UNICEF’s decision to invest heavily in capacity building over the past three years and to use the GoN funds for ECD supported the reported progress toward targeted capacity outcomes for national and subnational leaders, as well as for service provider and parent learning about ECD. The case study reports provide many examples of how these capacity-building investments increased country commitment to ECD (for example in Tanzania and Ghana), skills of service
providers and availability of materials for training parents on stimulation of children’s
development.

Executive interview respondents at the global and regional levels identified the UNICEF-GoN
programme funding as a critical component of their capacity-building efforts. ROs, in particular,
cited that the funds were central to innovation and engagement of countries in implementing
needed training in ECD policy and programming. For example, the GoN funds enabled UNICEF
staff to hire consultants to lead regional capacity-building events. Without such funding, RO
focus points reported that they would not have been able to plan and conduct these types of
activities. Investments in global and regional ECD networks were also central to the capacity
building approach and were funded, in part, by the UNICEF-GoN programme; these
investments were viewed as enhancing the capacity of ECD global-, regional- and country-level
policy and programme development leaders.

F. Building Capacity for ECD: Conclusions, Lessons and the Way Forward

UNICEF’s global and regional efforts leveraged capacity building at all levels, but gaps remain
related to the assessment of needs and the ability to link investments in this area to outcomes.
This section provides conclusions, lessons and considerations for the way forward in building
capacity for ECD.

1. Conclusions

UNICEF does not use a systematic approach to assessing ECD capacity gaps,
implementing capacity-building activities, documenting participation at the individual
level and using data to focus follow-up efforts. The need to coordinate and document
systematically ECD gaps at all levels (national, subnational and local) is critical to optimizing its
investments. Data systems are needed to track participation of ECD service providers and
target resources to those who have not received basic training and required refreshers. Similar
approaches are needed to target families or geographic areas.

UNICEF and country partners’ advocacy for and investments in building capacity among
national and subnational leaders contribute to policy and programme development.
Participation in ECDVU and ECD conferences are ways to provide policy and programme
leaders with needed information about ECD issues. These experiences seemed to deepen
leaders’ commitments in making a case to invest in ECD. National, subnational and local
coordination of capacity-building efforts is needed. Additional training and guidance are key
areas, particularly with regards to increasing access and ensuring that high-quality services are
available for all families and children, especially the marginalized and disadvantaged.

UNICEF investments in preparing and disseminating high-quality resource materials
enhance the ECD capacity of both rights holders and duty bearers. Respondents reported
that these materials support policy development, advocacy and programme implementation.
The adaptation and translation of ECD materials leverages their utility and tailors them to
country needs and contexts.

Frequent turnover of staff and community volunteers providing ECD services creates
challenges for capacity building. For example, substantial resources have been invested in
training IMCI community volunteers to integrate ECD messages into their work with parents. However, frequent turnover of volunteers means that consistent ECD messaging will not occur unless regular training is offered to new volunteers.

**Parent/caregiver exposure to ECD interventions/messages is indeterminable because of minimal data, but most interventions are of too low an intensity to support lasting changes in parent behavior.** Research evidence increasingly demonstrates that brief interventions (for example, one-time workshops) are not sufficient to change adult behavior with children (Winton 2008; Winton and McCollum 2008). The evaluation found little evidence that evidence-based adult learning approaches are being used as part of existing ECD capacity-building activities.

**UNICEF COs reported that ECD capacity grew over the past four years, but current needs reflect challenges related to resource constraints (too few staff and too little ECD-specific expertise) and bringing additional ECD expertise to the organization.** The relatively small number of staff working on ECD issues and limited resources inhibits progress toward targeted outcomes. COs are seeking staff with expertise in ECD and in reaching the marginalized and disadvantaged, costing and supporting policy implementation at the national and subnational levels for ECD-specific capacity building. In addition, the role of ROs and the adequacy of support provided by ROs to COs in addressing these and other needs, are not meeting their potential.

### 2. Lesson Learned

**Coordinated ECD capacity-building efforts targeted to national and subnational leaders are feasible and can potentially be a path to growth in appreciation for and commitment to ECD policy and programme development.** Given the importance of committed, knowledgeable leaders, these efforts have the potential to be catalytic within countries at all levels.

### 3. The Way Forward

The gap between how capacity-building efforts are conducted on the ground and the steps outlined in the UNDAP capacity development approach persists despite a long-standing recognition with UNICEF that the gap exists. To get beyond general agreement with the principles of systematic assessment of needs, development of an appropriate response, implementation and evaluation of the targeted outcomes, and a move to real systems change requires a more structured effort and coordinated commitment to evidence-based decision making and resource allocation. By applying and customizing the UNDAP capacity development approach to ECD and developing guidance for its use, UNICEF HQ could provide tools for ROs and COs that help formulate, implement and assess their capacity-building investments. However, simply making such a resource available (perhaps as part of the ECD Resource Pack) and providing guidance is unlikely to be sufficient. Formal training and technical assistance on ECD-specific examples and tools for conducting regional, national, subnational and community needs assessments, formulating a response and evaluation are needed. Developing and using approaches that are more systematic, evidence-based and that feed data back into the process have the potential for improving the cost effectiveness and outcomes of capacity-building investments.
By translating existing materials, such as the ECD Resource Pack, or adapting them to be culturally appropriate and relevant in different regions and countries, UNICEF extends the influence of these capacity development resources. As demonstrated by the evaluation, this is a clear priority in some regions and countries. By continuing to make relatively small investments in updating, adapting and translating these resources, the ECD Unit and HQ can ensure that ECD capacity-building activities at all levels are informed by evidence and are accessible to all potential audiences.
V. GENERATING AND DISSEMINATING KNOWLEDGE FOR ECD

This chapter presents findings on knowledge generation and dissemination in support of ECD at the country and global levels. As summarized in the logical framework for ECD (Appendix D) described in Chapter II and according to UNICEF ECD Unit and CO documents: key knowledge generation and dissemination activities encompass the following:

- Developing, testing and using indicators related to child development and family care through household surveys and other methods;
- Creating and applying ELDS;
- Gathering evidence on ECD interventions through evaluations and developing and using methods for assessing their costs; and
- Strengthening ECD knowledge generation, use and dissemination within UNICEF, including how to use data for policy and programme development.27

These activities and their associated outputs are expected to result in improvements in: monitoring child development, family care practices and intervention results and costs, as well as generally increasing availability and understanding of knowledge on ECD to support policymaking and planning.

The chapter begins by describing knowledge generation and dissemination as a strategy with identified interventions for advancing ECD in the achievement of MTSP priorities. The next section presents an assessment of the effectiveness of achieving expected knowledge generation and dissemination outcomes at the country and global/regional levels. The following sections summarize findings regarding the appropriateness and relevance of UNICEF’s activities with respect to goals established for ECD and the MTSP and the sustainability of the strategies. Next, the contribution of UNICEF-GoN funding to achieving knowledge generation and dissemination goals is assessed. The final section summarizes conclusions and lessons regarding knowledge generation for ECD and discusses the way forward in this area, particularly opportunities for strengthening UNICEF’s efforts.

A. A Core Strategy for ECD: Generating and Disseminating Knowledge

UNICEF’s knowledge generation and dissemination activities have emphasized enhancing partner countries’ abilities to monitor child development and family care and to inform decisions on ECD investments and policies. The MTSP establishes organizational targets related to knowledge generation and dissemination, particularly under FA5: Policy Advocacy and Partnerships for Children’s Rights. ECD-related knowledge development is specifically cited in targets related to development and implementation of national standards to monitor school readiness in ECD programmes. More generally, the MTSP calls for support for the collection

27 The three main chapters on UNICEF strategies and activities (III, IV and V) and the cross-cutting chapter (VII) present findings about UNICEF staff skills and capacities. Chapter IV presents the capacity building findings in detail whereas the other chapters highlight the findings relevant to the specific strategic activity addressed in the chapter.
and disaggregation of data related to the situation of women and children and for conducting, with partners, research and analysis on the consequences of policies that affect women and children. The recently developed matrix of MTSP results areas and ECD interventions (UNICEF ECD Unit 2011, Appendix I) addresses many key knowledge generation and dissemination strategies and interventions that UNICEF has been using and plans to continue to focus on in the future. These include using data and evaluation findings to inform approaches to promoting children’s holistic development, well-being, home and policy environment. UNICEF-identified interventions in the matrix include: monitoring coverage of ECD services, especially for the marginalized and disadvantaged; supporting the ECD module in the MICS and other surveys; contributing to the evidence base; providing evidence, research and analysis at the national and global levels; analyzing risks and impacts of changing family and global contexts on children; and advocating for promotion and monitoring of children’s rights and changes in ECD investments (UNICEF ECD Unit 2011).

B. Effectiveness

This section presents findings regarding the effectiveness of ECD knowledge generation and dissemination activities in producing expected outputs and contributing to expected outcomes. The section addresses each of the core activities noted above, examining country- and global/regional-level achievements and gaps in these areas. Each subsection addresses the topics of knowledge generation and knowledge use and dissemination as appropriate.

1. Developing, Testing and Using Indicators Related to Child Development and Family Care

Indicators related to ECD are essential to informing stakeholders regarding the status of young children and families, developing appropriate ECD policies and interventions and tracking progress toward goals. The implementation of ECD indicators by in-country stakeholders is also vital to raising visibility for ECD issues among country partners and within UNICEF.

Country-level achievements and gaps

Knowledge generation. Overall, evaluation respondents reported that the availability and quality of country-level ECD knowledge (in the form of indicators and findings from research and evaluation projects) has improved in recent years in the 10 countries funded by the GoN. Despite reports of progress and important achievements with long-reaching potential for improving the situation, there remains a large gap, specifically in the identification and use of a key common ECD child outcome indicator and in the availability of high-quality data, research and evaluations of ECD policies and interventions. Although there is evidence that ECD indicators are available in 6 countries receiving the UNICEF-GoN programme funding, only 4 COs reported that stakeholders have defined and agreed upon a core set of indicators.28 The evaluation found that baseline information on key child/family ECD indicators is available for two of the countries funded under the GoN programme.

28 This is based on the internet survey completed by 8 of the 10 COs.
Issues around defining and agreeing on indicators are relevant; for the last 20 years, the ECD community has had to rely on proxy measures, such as stunting, or traditional health measures as key indicators (Grantham-McGregor et al. 2007). The case study site visits revealed that uncertainty remains among some country counterparts and UNICEF CO staff members about unique ECD outcomes and thus, what the appropriate indicators are to measure them. Indicators that are more widely available capture outputs, such as gross enrollment and net enrollment rates (NER and GER) in preprimary services, or the proportion of children in primary school that received ECD services. Data on access to and uptake of other services and service quality are scant. Service quality data appear to be collected on ad hoc bases as part of local monitoring efforts in some countries, but these data are not collected and analyzed consistently on the national or regional level.

Increasingly, countries are adding ECD-related data to their national household surveys. Six of the 10 countries receiving UNICEF-GoN funding plan to conduct the MICS4, including the ECD module (described in more detail in the global/regional-level achievements and gaps section), and will therefore have a national baseline for future evaluations to track progress toward ECD-related goals.29 The other four countries use the DHS but, as of September 2010, for various reasons (for example, cost and continuity of data sources) were not planning to add or replace it with the MICS4.

Findings from the four case studies indicate that two countries, Nepal and Ghana, have agreed upon indicators, and some information on children’s development is collected or plans exist to collect it. The cost and quality of data collection and management is a concern in both countries (as described below). For example, in Ghana, EMIS is the primary source of characteristics and data on preprimary service use (KG). Some progress toward data collection on developmental indicators has been accomplished through the creation of an ELDS aligned curriculum and student assessment tools for use in KG classrooms; these tools might be employed in gathering data on children’s developmental progress. However, resources for training all teachers in use of the assessment tools and planning and conducting systematic data collection were not available as of September 2010. Nepal’s focus remains on mapping its ECD centers (a project proposed as part of the UNICEF-GoN programme that was completed in a small number of districts but stalled because of logistical and technical issues that were not resolved as of September 2010), piloting its ELDS and the baseline data that effort will yield. Cambodia’s ELDS activities are expected to result in a set of indicators that can be tracked at all levels.

The global findings on definition of core indicators are similar to those from the 10 countries. Among the 75 COs responding to the internet survey, one-third (32 percent) reported that core indicators had been defined and agreed upon in their countries (Table V.1). Of these, the top indicators identified by the COs included enrollment or number of facilities serving children (58 percent), child health indicators (33 percent) and child mortality (29 percent). These are consistent with the analysis of the data from the 10 evaluation countries as well. Agreement across data sources is high and reflects the absence of indicators to measure psychosocial and cognitive development. Also missing are measures of service quality, types of service providers (for example, whether they are village volunteers or trained teachers) and other indicators, such as fiscal allocations to ECD services.

29 Four of those six countries also conduct the DHS.
Table V.1. UNICEF Country Office-Reported Countries with Core ECD Indicators Defined

<table>
<thead>
<tr>
<th>Core ECD Indicators Are Defined and Agreed Upon for Use by Key Stakeholders:</th>
<th>Percentage</th>
<th>Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>25</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Core Indicators Included in National Data System Are*:</th>
<th>Percentage</th>
<th>Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment/number of facilities</td>
<td>58.3</td>
<td></td>
</tr>
<tr>
<td>Child health indicators (e.g., stunting)</td>
<td>33.3</td>
<td></td>
</tr>
<tr>
<td>Child mortality</td>
<td>29.2</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>16.7</td>
<td></td>
</tr>
</tbody>
</table>

Source: ECD Country Office Internet Survey conducted in September 2010.
Note: Categories do not always add up to 100 because of rounding.
*aFor respondents who have defined and agreed upon core indicators.

**Knowledge use and dissemination.** As described above, the primary challenge with existing data is that they are seldom disaggregated sufficiently to facilitate use in policy development and planning, especially in regards to marginalized and disadvantaged populations. One area of success is related to disaggregation by gender, which was standard practice in all of the countries funded by the UNICEF-GoN programme. It is important to note that progress in disaggregation of data by gender may be driven by the fact that there are global goals related to equity and reductions in disparities between boys and girls. The inability to disaggregate national or regional data is related to a number of factors, including the challenges associated with survey or data system design, data collection and quality. The primary challenges faced by the four case study countries included obtaining sufficient representation of minority and at-risk samples in national surveys to support subgroup analyses and including marginalized and disadvantaged populations (for example, being able to include groups that are highly mobile and live in regions that are not easily accessible). In a number of countries, independent assessments of data availability and quality indicated problems that compromise the use of data for a range of purposes including basic statistics on enrollment in ECD services (Buek et al. 2011; Burwick et al. 2011a).

These gaps affect knowledge use in many of the countries partnering with UNICEF. While ECD data are commonly disaggregated by gender—over 72 percent of the CO survey respondents reported that such data are available—separation of data by wealth or other factors which indicate a level of disadvantage is rare (Table V.2). Just over a quarter of survey respondents (27 percent) reported that ECD data are disaggregated by wealth or income, and less than one in ten (9 percent) reported that available data can be refined by such demographic characteristics as ethnicity. This limited ability to examine data by subgroups handicaps programming for ECD and targeting of services. It is difficult under these circumstances, for example, to identify segments of the child population that have the least access to ECD services or to monitor progress toward ECD goals among specific groups.
Table V.2. UNICEF Country Office-Reported Disaggregation of Available ECD Data

<table>
<thead>
<tr>
<th>Available Data on ECD Indicators Disaggregated by a,b:</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>72.0</td>
</tr>
<tr>
<td>Wealth/income</td>
<td>26.7</td>
</tr>
<tr>
<td>Geography</td>
<td>16.0</td>
</tr>
<tr>
<td>Age</td>
<td>8.0</td>
</tr>
<tr>
<td>Health status</td>
<td>5.3</td>
</tr>
<tr>
<td>Other demographic characteristics (e.g., ethnicity)</td>
<td>9.3</td>
</tr>
<tr>
<td>Other/Not specified</td>
<td>5.3</td>
</tr>
</tbody>
</table>

Sample Size 75

Source: ECD Country Office Internet Survey conducted in September 2010.

Note: Categories do not always add up to 100 because of rounding.

a Respondents could indicate more than one option.

b Some respondents reported “not disaggregated” and others left the question blank. Therefore, the percentage for which data is not disaggregated is unclear. Percentage reporting each type of disaggregation is relative to the full sample.

As described, all of the countries funded by the UNICEF-GoN programme use existing national indicator data to advocate for ECD policies and investments in interventions for children and families. In most countries this information is based on enrollment in ECD services and proxies for ECD outcomes, such as stunting or other health indicators. Although several of the 10 countries have defined core ECD indicators, important gaps remain in the use of these data to guide ECD policies, systems and services. Of the four case study countries, Ghana has made the most progress in establishing systems for gathering national and local data on pre-primary education and using the information for planning. Since the late 1980s, Ghana’s Ministry of Education has collected EMIS data, providing longitudinal information on enrollment at all levels of the basic education system, including KG. Also, the range of data collected currently includes such areas as: teachers formally trained, presence of drinking water and toilets in schools, pupil-teacher ratios and availability of textbooks and classroom furniture. Plans exist to enhance data collected on KGs to reflect additional areas of interest, such as the type of play equipment available and whether teachers have received training in early education. The current data guides efforts related to targeting services and improving quality by reducing pupil-teacher ratios. The plans above for kindergarten assessments of child outcomes will add to existing data systems if funds are made available to train teachers to conduct the assessments and they are used to guide service delivery and improvement efforts.

Ghana also provides an example of limitations regarding lack of data disaggregation. Current EMIS data provide limited information regarding KG enrollment among disadvantaged groups, such as OVC. Case study respondents highlighted the regular dissemination of the existing data on preprimary enrollment and other indicators as part of national, subnational and local advocacy efforts. They anticipate that additional data on psychosocial and cognitive indicators will be more powerful and provide additional momentum to policy and intervention development and implementation efforts.

Findings from the internet survey and the executive interviews corroborate the 10 country case study results. The majority of countries responding to the internet survey (78 percent) reported

30 The countries that reported having defined core ECD indicators include Ghana, Nepal, Malawi, Mongolia, and Sri Lanka.
that existing data are not sufficient for planning and monitoring ECD progress. Executive interview respondents observed that data and evidence are needed to support policy advocacy and without strong, unique indicators, ECD is at a disadvantage in comparison to other areas that have fewer measurement challenges. A number of evaluation respondents observed that the development and use of ECD indicators at all levels are needed. Although some countries have made progress during the UNICEF-GoN funding period in developing child outcome indicators aligned with their ELDS, more is needed to ensure those systems are sufficiently funded and that the data feed back into ECD quality improvement efforts.

Global/regional-level achievements and gaps

Knowledge generation. At the global level, one focus of recent knowledge generation efforts related to developing indicators has been the development and testing of an ECD module for inclusion in the MICS. UNICEF staff at all levels and partners view the ECD module as a major advancement that will provide insight on the developmental progress of young children in many countries. The MICS has always included important data on topics relevant to ECD, including vaccinations, weight for age, breastfeeding, complementary feeding and enrollment in an early childhood education programme. Because of the widespread use of the MICS (over 200 surveys in 100 countries since 1995), it is an efficient tool for collecting data related to ECD.

Executive interview respondents reported that the idea of an ECD module in the MICS was a topic of discussion within UNICEF as early as 2004. As a result of collaboration among the UNICEF MICS team, the ECD Unit and expert consultants the module was piloted in the MICS3 and revised for the MICS4. The module includes 17 questions, including the 10-item ECD Index, which is intended to present the percentage of children ages 36 to 59 months who are on track in at least three out of four developmental domains: literacy and numeracy, physical development, socio-emotional development and learning development. The majority of the more than 40 countries planning to conduct the MICS4 (from 2009 to 2011) will incorporate the ECD module. Executive interview respondents highlighted the persistence of the ECD Unit in pursuing and supporting implementation of the ECD module. ECD Unit staff attended regional trainings on the MICS3 and MICS4 to support countries as they planned for data collection. As discussed above, 6 of the 10 countries receiving UNICEF-GoN funding plan to conduct the MICS4, including the ECD module.

Knowledge use and dissemination. The evaluation’s analysis of UNICEF’s leadership of the MICS ECD module development effort provides findings in the overlapping areas of knowledge management, use and dissemination. UNICEF’s ECD Unit has already used its staff to support the management and use of the MICS3 indicators of young child survival, health and development (including the pilot ECD module). An initial analysis was undertaken when 28 countries had completed the MICS3, and a second has been conducted with data from 40 countries. The ECD Unit is currently conducting analyses focused on home environments, feeding, discipline and support for learning. The development of summary indicators and the linking of those data to other existing MICS and related country, regional and global data provides a strong support for data management and access for UNICEF staff and other users. The research team presented preliminary findings at the ECD Global Network meeting in October 2010. These and other analyses of the MICS3 data conducted by ECD Unit staff and

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31 A focus on infants and toddler development has been discussed but is not currently included.
consultants have informed UNICEF’s organizational planning and priorities. With the rollout of
the MICS4 ECD module, the need for technical assistance in analyzing data at the country and
regional levels and using it for policy and programme development is high. To address this
need, UNICEF has contracted to provide guidance on the analysis and application of results
from the new ECD module. Executive interview respondents also indicated that findings about
the robustness of the ECD module items and scales will inform any needed modifications to
them for future survey rounds. An important next step will be to document and share lessons
regarding collection and analysis of MICS3 and MICS4 ECD data to a wider audience. In
particular, there is a need for country-specific reports and advocacy tools to inform policymakers
and help address existing gaps in country-level ECD indicators.

2. Creating and Implementing ELDS

ELDS, (described in Chapter III) which specify the skills and competencies children are
expected to achieve at certain ages, play an important role in helping policymakers, service
providers and caregivers understand child development and take steps to promote it. The
standards can serve as a basis for developing curricula for early education initiatives, for
monitoring the quality and outcomes of ECD services and for assessing children’s progress over
time. They can also be a platform for advocacy to implement or scale up ECD interventions.

In this section, the ELDS development, validation and implementation process is analyzed
related to knowledge use and dissemination. In the same way that an evaluation or monitoring
strategy generates knowledge that can then be used to inform service delivery and
programmatic decisions, the ELDS process has had a similar effect and, essentially, these
activities are a special type of knowledge generation, use and dissemination activity. The
findings focus on ELDS as a knowledge use and dissemination strategy but it is important to
note that there has not been a recent, formal evaluation of how the ELDS movement has
affected country policies, quality of services, alignment of efforts and effects on child and family
outcomes. This is an important gap that limits the ability the draw conclusions about the
effectiveness of these efforts.

Country-level achievements and gaps

Knowledge use and dissemination. Based on the document review and case studies, the
evaluation found evidence that 8 of the 10 countries receiving UNICEF-GoN funding have
drafted or finalized ELDS in recent years. Education ministries in Ghana and Cambodia have
applied standards in development or revision of preschool curricula and assessment tools.
ELDS were also finalized in Malawi, validated in Tajikistan and drafted in Sri Lanka, according
to reports from these countries. In the case study countries of Ghana, Nepal and Cambodia,
UNICEF support is reported to have been an important factor in the development or application
of ELDS. As described above, development of ELDS and the selection of child assessment
tools aligned with them are an important step in developing national indicators.

Gaps related to ELDS at the country level include the absence of standards in some countries
and the need for standards for the youngest children in others. Tanzania, for instance, has yet
to develop early learning standards, which could help in monitoring progress of children enrolled
in various ECD services—home visits, day care centers and preprimary schools. Based on
experiences in the case study countries, standards for 4- or 5-year-olds are likely to be
developed prior to those for children under 4.
Global/regional-level achievements and gaps

Knowledge use and dissemination. Global-level investments have supported development of ELDS by monitoring countries’ progress and providing resources for technical assistance. The ECD Unit and Education section’s 2008-2009 work plan specified a key result of increasing the number of countries that have adopted ELDS to 20, creating a clear target for work in this area. By 2008, about 40 countries had begun the process of developing ELDS with UNICEF support (Miyahara and Meyers 2008) and as of 2011, approximately the same number were in place or in various stages of development. UNICEF HQ has supported technical assistance on developing ELDS primarily through the “Going Global with Early Learning and Development Standards” initiative conducted in partnership with Yale University and Columbia University (Britto and Kagan 2010; Kagan and Britto 2005).

ROs have also facilitated development of standards. For instance, ESARO provided support for a regional workshop on ELDS involving 15 countries. In general, global/regional investments in ELDS produced expected results by enlarging the group of countries that is developing or has adopted ELDS; as noted above, this group includes most of the countries receiving UNICEF-GoN funding.

3. Evaluating ECD Interventions and Calculating Their Costs

Evaluations of ECD interventions are necessary to determine whether they produce anticipated results for children and families, to identify promising models and to pinpoint ways that services can be improved. Research on costs and financing for ECD offers essential information for funding ECD services and for decisions on whether and how interventions can be scaled up and sustained.

Country-level achievements and gaps

Knowledge generation. The availability of UNICEF-GoN financing for ECD has enabled countries to complete a variety of studies related to ECD since 2008, according to CO progress reports. Prior to the UNICEF-GoN programme, few countries had conducted in-depth evaluations of ECD interventions or their costs. The initiative has allowed countries to support ongoing and new research and evaluation efforts and create useful knowledge bases about ECD programme and implementation experiences. Findings from the document review and case studies indicate that 3 of the 10 countries have conducted three or more evaluations or studies of ECD interventions. For instance, in Tanzania, research was conducted to document integration of ECD into C-IMCI at the district level and to provide lessons for use when expanding the intervention to other districts. Qualitative studies assessing community-based child care centers were conducted in Malawi and Nepal. DRC, Nepal, Sri Lanka and Swaziland have undertaken inventories of ECD infrastructure.

However, evaluations conducted to date at the country level have not generated conclusive evidence regarding the effectiveness of ECD interventions supported by UNICEF and its partners. None of the countries receiving UNICEF-GoN funding have conducted experimental-design evaluations of ECD interventions. Opportunities for more rigorous research on

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32 Pia Rebello Britto, personal communication, May 10, 2011.
effectiveness exist, particularly in countries where access to ECD services is limited (and where a control group could be established through random assignment).

The evaluations conducted also do not sufficiently document the implementation and uptake of services at the family and child levels. Particularly notable evidence gaps exist at the country level on the effectiveness of parenting programmes in influencing family practices and child outcomes and on strategies for reaching and promoting ECD among the most disadvantaged children. A review of the research projects undertaken in the countries studied suggests that UNICEF COs and country partners have not prioritized evaluations intended to assess whether ECD interventions are accessed by and beneficial for children in groups identified as the most vulnerable. As noted in the case study reports, data gaps regarding service receipt at the child level impede understanding of children and families’ exposure to the different ECD-related service approaches countries are implementing. Only 2 of the 10 countries have completed evaluations of both parenting programmes and community-based ECD centers.

New knowledge has been generated regarding the costs and financing of ECD in the countries studied. A costing study of pre-primary education interventions has been completed in Nepal (MOE/UNICEF 2009), and one was underway in Cambodia during the evaluation period. Exhibit V.1 describes the topics addressed in the Nepal ECD costing study and its contributions to country and regional/global knowledge use (advocacy and planning) and dissemination. In Tanzania, UNICEF has supported an ECD cost and financing study that will provide information on fixed and recurrent costs for achieving increased coverage of home visiting services, community-based day care centers and pre-primary education for children. Although these studies appear to be valuable, a need for more information on costing and financing ECD services remains, according to responses to the CO survey.
Exhibit V.1. Nepal’s ECD Costing Study: Generating Knowledge and Designing Tools to Support Decision Making

UNICEF, in collaboration with the Nepal Department of Education (DOE), hired a consultant to review the status of Nepal’s ECD services in terms of progress in expanding services, inclusion of disadvantaged groups and quality of services provided. In addition, the study collected detailed information regarding the actual costs of providing ECD services—including parental education and center-based ECD.

This study goes beyond the cost estimates included in the School Sector Reform Plan (which account only for the amount contributed by the Ministry of Education [MOE]), to include all expenditures from other ministries, NGOs and communities that contribute to the whole of ECD service-provision in Nepal. The report provides a spreadsheet that can compute calculations for different budget scenarios associated with providing ECD services over the long term. The report also discusses means for reaching necessary funding levels (MOE/UNICEF 2009).

The report and the tools it provides serve as a simulation tool that policy makers, programme operators and advocates can use to estimate ECD costs. UNICEF-GoN evaluation respondents identified this study as exemplary, not only a contribution to meeting Nepal’s costing needs but to other countries and the field more broadly. The approach used for the study is being replicated in other countries and has increased expectations for continued progress in filling this crucial information and decision making gap (van Ravens 2010).

Knowledge use and dissemination. To be most useful, knowledge generation efforts have to not only be rigorous, but they have to answer questions that are central to delivery of high-quality ECD services, as well as to assessing the outcomes of those services. The lack of rigorous research at the country level impedes its use but in addition, little is known about the quality of the services that have been evaluated and whether requirements for staff training are met. Without understanding service receipt and barriers to delivering services at the quality and intensity expected, countries cannot make informed decisions about resource allocations or about which interventions might be implemented well enough to warrant an investment in rigorous evaluation. In Cambodia, UNICEF supported longitudinal studies of the outcomes of early childhood education interventions and the results of these studies have played a role in informing decisions about whether to expand the interventions. Exhibit V.2 provides more information about the studies in Cambodia and how their findings have been used. Stakeholders in three of the four case study countries reported using the results of specific research studies in decision making.

UNICEF CO dissemination efforts tend to focus on internal activities and sharing with relatively small groups of policy makers, programme operators and evaluators. Evaluation respondents observed that this is typical and that little is known about country research activities and reports outside of the organization or the consultants that complete them.

Research and evaluation reports published and/or partially funded by UNICEF COs are challenging to find using typical online search methods. CO internet pages do not have clearly marked locations for research reports, briefs or conference presentations. For example, the UNICEF Cambodia country website has a tab at the top of the page under “Media Centre” where publications are located and it has a tab at the bottom of the page titled “Resources” (UNICEF n.d.). The 2009 situation analysis of children and women that has informed development of the national ECCD policy can be found under the publications tab at both locations, but someone looking for research and evaluation findings may not intuitively find how
to access that report. In addition, key studies funded by UNICEF (Exhibit V.2) could not be found by searching by author names on the UNICEF Cambodia website. Similar experiences were found when searching other CO websites.

Exhibit V.2. Cambodia’s Preschool Outcome Study: Generating and Using Knowledge to Support Advocacy

The UNICEF Cambodia country programme has supported multiple studies related to outcomes for children who participate in early childhood education (ECE) programmes. Although due to its research design, this body of work does not provide conclusive evidence of the effects of preschool services, the findings generally reinforce the notion that community-based preschool models are beneficial to children.

A study of state preschools, community preschools and home-based programmes found that children who participated in any type of preschool had higher developmental functioning than those who did not (Rao and Pearson 2007). The study also found no differences in functioning between children attending community preschools or home-based programmes; children attending state preschools scored significantly higher than the other two groups of children, however. These findings suggest that in Cambodia, enrolling children into either community preschool or home-based programmes may increase the likelihood of favorable outcomes, but preschools with highly trained teachers may be even more advantageous.

Results from a subsequent longitudinal study of the same sample of children indicated that children who participated in pre-primary education services were more likely to enter primary school at the right age than those who did not (Miyahara 2007).

UNICEF staff and government counterparts reported that these studies have provided useful information on the outcomes associated with preschool attendance and receipt of home-based services. Decision makers have used the study findings to identify gaps in capacity, and advocates have used it to support requests for additional investment in these types of ECD programming.

Regardless of any UNICEF publication restrictions, there are ways to provide information to those interested in research findings that do not require posting on the official website or searching through the modules of the ECD Resource Pack (described in Chapter IV). For example, COs could maintain a running topical bibliography or database that could be searched for full citations of reports, briefs and public presentations. Without this basic information, those interested in UNICEF’s work, particularly those outside of the organization, are severely limited in their ability to learn from and build on the investments that have been made. Evaluation respondents described the UNICEF intranet - the internal, web-based knowledge management system - as useful, but noted that because of its size, it was challenging to navigate.

In addition, UNICEF’s knowledge generation investments are not maximized because research and evaluation project datasets are not routinely made available as part of restricted or public use files for conducting secondary analyses. For most of the ECD studies funded by COs, the datasets are relatively small and would thus require restricted access to protect confidentiality. Again, even knowing which studies exist, who the authors are and a full citation would facilitate obtaining access to such datasets, even if they are not made available through the UNICEF website. There is no existing UNICEF dissemination strategy that would alert a potential user to the fact that a dataset of interest existed and what the procedures are for requesting access. Overall, UNICEF is at the vanguard in making data available through its large-scale efforts, including the MICS and DevInfo (a software package with the MDGs at its core that can be used to analyze a range of data), but there is a gap in communicating about smaller scale research
and evaluation efforts (both quantitative and qualitative) and creating dissemination strategies that make datasets easily available to those who might use them to ask different research questions or replicate reported findings.

In the past few years, UNICEF HQ has organized sessions at public and professional meetings that highlight CO and HQ research efforts. For example, CO ECD staff or consultants presented CO- and HQ-funded research at the 2010 Head Start Research Conference and the 2011 Society for Research in Child Development meetings. These activities extend the reach of the organization and highlight UNICEF’s contributions to the field of ECD research.

**Global/regional-level achievements and gaps**

**Knowledge generation.** Global and regional programming have supported several studies and one evaluation related to ECD since UNICEF-GoN funding became available. Executive interview respondents reported that some of the ROs have generated more products than others, with CEE/CIS and EAPRO identified as examples of supporting studies and research syntheses to help guide ECD activities in the region. Recent RO-sponsored studies have addressed topics including the integration of early childhood development into immunization campaigns in Central Asia (supported by CEE/CIS), the results of an ECD training initiative in Botswana (supported by ESARO) and others. HQ and ROs have collaboratively funded a number of cost and financing studies. The HQ ECD Unit has contributed funding to a rigorous evaluation of the effects of the Care for Child Development package, as implemented in Pakistan (see Exhibit V.3), although the results of this evaluation have not yet been widely disseminated (Yousafzai 2010). In addition, a review of studies of parenting programmes was planned to support the development of technical guidance on the delivery of these programmes, according to ECD Unit documents.
UNICEF, in collaboration with other funders, is sponsoring one of the most rigorous experimental evaluations of variations on a specific approach to providing services for infants and toddlers. The PEDS trial is a randomized controlled trial designed to assess the impacts of the Care for Child Development module (WHO 2001) and a nutrition enhancement delivered by Lady Health Workers (LHW) in Pakistan on a range of child development and growth outcomes.

The intervention is delivered over the first two years of the child’s life and includes home visits and group meetings facilitated by the LHWs. Twenty LHWs in each of four groups were randomly assigned to either provide (1) health and nutrition supports to parents and children as usual, (2) LHW support plus a nutrition enhancement that included multiple micronutrient sachets (Sprinkles) for children 6 to 24 months and nutrition counseling for mothers, (3) LHW support plus the UNICEF/WHO Care for Child Development module, and (4) LHW support plus Care for Child Development and the nutrition enhancement.

Each of the 4 groups includes more than 350 mother-child dyads to ensure sufficient statistical significance over the course of the longitudinal evaluation. In addition to the impact evaluation, there is also an implementation study that assesses the training and support provided to LHWs as well as the quality of services provided to mothers and children.

Early findings reveal that the programme has been implemented as planned with LHWs receiving the expected training and support and delivering services at close to the expected dosage. Early impact findings demonstrate that the ECD enhancements (either with or without the nutrition enhancement) have a significant, positive impact on a range of outcomes, including height for age (a measure of stunting), parenting and the quality of the home environment.

Source: Yousafzai 2010.

UNICEF HQ and ROs have a history of funding a variety of ECD research that generally has not produced evidence of the effectiveness of specific interventions. The PEDS trial and a few other ongoing and new studies are exceptions which signal a growing trend toward sponsoring rigorous research that assesses ECD intervention outcomes. Case study and executive interview respondents identified a number of reasons for this gap in the rigor of knowledge generation activities, including an emphasis on studies of strategies rather than interventions; the relatively short time horizon for evaluation planning and execution; concerns about the cost of large-scale research and evaluation efforts; limited coordination around research agendas at the CO, RO and HQ levels; and limited capacity within UNICEF in the areas of ECD evaluation design and oversight.

As is the case at the country level, experimental-design studies on ECD initiatives appear to be rarely supported at the global and regional levels, based on information in RO and HQ reports. Currently supported research provides useful information on the status of children and programme implementation experiences, but, as is the case at the country level, does not reveal clear evidence regarding the effectiveness of interventions. Monitoring and evaluation planning cycles tend to focus on the near term, which make it difficult to achieve a deliberate medium- to long-term commitment to formative and summative evaluations or to longitudinal studies.

Little is presently known about promising approaches to scaling up ECD (see Chapter VI for further discussion of this issue), but a new study supported by UNICEF will break some ground.
in this area. In 2010, UNICEF partnered with the Wolfensohn Center for Development at the Brookings Institution to support the Center’s study of scaling up ECD. The resulting country case studies will document how countries expanded quality ECD services. This investment will fill an existing gap and provide lessons and possibly models for scale up that can be tested in the future.

**Knowledge use and dissemination.** As described in the previous section on CO knowledge use and dissemination, ROs and HQ face similar issues in regard to making data and research reports readily available to interested audiences, both internally and externally. For example, most of the RO internet pages include reports that have been published in the last few years; access to earlier reports is limited.

HQ ECD Unit and RO staff members are active in using ECD knowledge to globally advance policy and intervention development. Findings from a range of studies conducted around the globe are cited as the rationale for ECD investments and holistic approaches to interventions. Executive interview respondents highlighted achievements in the area of HQ and RO staff interest and availability for taking opportunities to promote UNICEF’s experiences using data and research as an advocacy tool. HQ and ROs also provide COs and country counterparts with support related to working with the media to showcase ECD findings from a range of data sources and reports. Recent activities such as presentations at professional and practitioner-oriented conferences, book chapters on findings from the MICS and other studies and articles published in professional and scholarly journals were viewed by evaluation respondents as improvements in extending the reach of UNICEF’s research efforts. These activities require investments of UNICEF staff time or consultant hours which, as described in Chapter IV, is a challenge given the small number of staff with ECD expertise and limited funds allocated to dissemination.

4. **Strengthening ECD Knowledge Generation, Use and Dissemination Within UNICEF**

Understanding of ECD among UNICEF staff and the ability to generate, use and apply this knowledge create a foundation for successful ECD programming. It is important not only to strengthen expertise among staff whose work centers on early childhood, but also to disseminate knowledge widely so that staff across sectors can understand their role in supporting ECD. Although findings about staff capacities were presented in Chapter IV, this section highlights those areas relevant to knowledge generation, use and dissemination. Because CO, RO and HQ achievements and gaps are closely intertwined in these areas, they are presented together below.

**Knowledge generation, use and dissemination.** Analyses across data sources indicate that ECD 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. All but one of the COs that received UNICEF-GoN programme funding agreed or strongly agreed that CO capacity to use data has increased significantly over the past four years. In addition, interviews with UNICEF staff during case study visits suggest that at least some staff members had achieved a high level of knowledge of ECD issues and familiarity with key strategies and challenges in ECD programming. Country counterparts reported in many instances that UNICEF was a leader on ECD issues and that they appreciated staff expertise in this area.
It was not evident in the four COs visited, however, that familiarity with ECD issues was spread widely among UNICEF staff; more often, staff members appeared to rely on the expertise of the ECD focal point. The CO leaders and staff tended to be more knowledgeable about ECD-related indicators and statistics that are visible to the public and can be used to further advocacy efforts. Most of the education sector staff focused more on the programming and operational aspects of ECD, particularly preprimary, classroom-based interventions. The ECD focal point is relied upon as a central information resource on all things ECD-related.

As described above, the ability to identify the need for knowledge and how to fill that need is critical at all levels within UNICEF. Staff was found to regularly use data and findings from research to advocate for ECD. As reported by evaluation respondents, there is a gap in the area of knowledge generation related to technical skills and staff resources. Globally, four out of five CO respondents agreed or strongly agreed that CO capacity to use data has increased significantly over the past four years (Appendix Table I.5). Despite this reported improvement, UNICEF staff often lack the skills required to ensure that monitoring, evaluation and other research activities meet the highest standards and are appropriately designed to address key research questions. Given that 72 percent of COs responding to the internet survey identified strengthening the evidence/research base as a primary strategy to promote ECD (Appendix Table I.2), and 58 percent identified planning, evaluation and monitoring as areas staff would benefit from additional training about, these skills are central to the role staff expect to play (Table IV.3).

Interviews with global and regional stakeholders suggest that ECD knowledge is not disseminated widely enough within UNICEF COs and across COs, ROs and HQ. As described in Chapter IV, 47 percent of COs reported that technical support from the RO was somewhat or not adequate. The type of technical support that was identified to be needed was knowledge sharing, policy design and evaluation (Appendix Table I.4). A number of UNICEF executive interview respondents expressed the need for more information about what works in ECD. They noted that the 2007 Lancet article on ECD programme impacts was helpful, but more is needed about the evidence for both policy and programme level initiatives. A more methodical approach may be needed for communicating the findings of ECD-related studies within the organization and for conveying the benefits of and strategies for integrating ECD into interventions across sectors. Although ARNEC, the Consultative Group on Early Childhood Care and Education and other global ECD stakeholders (including the authors of the 2007 Lancet articles on ECD and effective interventions) provide some information about previous studies and publications on their websites, there is no public clearinghouse for ECD knowledge that UNICEF staff can use to track and update information about the status of research and its findings. Online, resources that provide information or a registry of studies and findings from systematic reviews of the evidence are lacking (Boller 2009).

C. Relevance and Appropriateness

In general, approaches and activities to promote knowledge generation appear well aligned with expected outcomes in the areas of development of monitoring indicators at the global level and creation of ELDS at the country level. In these areas, activities at the country and global levels have produced outputs that are likely to improve monitoring of child development and family practices at the national and international level. With respect to goals specified in the MTSP, ECD activities focused on ELDS are highly relevant to development and implementation of national standards for school readiness. The activities also appear to have strengthened networks that will support continued expansion of the knowledge base on ECD.
The appropriateness of current investments are less evident in the areas of evaluating ECD interventions and strengthening ECD knowledge within UNICEF. Activities in these areas have been limited or do not appear to have been conceived to produce expected outcomes. For example, although a variety of ECD-related research has been undertaken in countries that received UNICEF-GoN funding, very little has focused on assessing the effects of ECD interventions, and the research has not employed experimental methods that would produce rigorous evidence about impacts. Similarly, few efforts have been made to document topics that would be most useful to intervention developers and service delivery administrators and staff such as service quality and patterns of ECD service availability and uptake at the family and child levels. In addition, impacts of ELDS at the service delivery, family and child levels and the efficiency of the processes put in place to develop, validate and assess them are unknown.

D. Sustainability

The knowledge generation, use and dissemination activities conducted as part of the UNICEF-GoN programme rely on commitments from country counterparts and UNICEF, particularly with regards to staff time, investments in knowledge sharing and capacity building, conducted informally and formally; and engagement of expert consultant and research teams. Unlike some aspects of capacity building and mainstreaming, knowledge generation and management requires ongoing support and attention to guide country and UNICEF investments in ECD.

The evaluation did not find evidence that the current needs in this area can be addressed without continued investment from the existing funders, including national governments, UNICEF, donors and foundations. However, 10 percent of COs reported on the internet survey that that there is a current funding gap in the area of monitoring, evaluation and research (Appendix Table I.3). This may reflect the relative priority of this area given other types of gaps.

E. Role of the UNICEF-GoN Funding

UNICEF-GoN funding facilitated a range of knowledge generation and dissemination activities at the country, regional and global levels. At the country level, funds have been applied to such activities as ELDS development, ECD mapping, costing analyses and other studies. At the global level, UNICEF-GoN funds have provided substantial support for work on ECD indicators by HQ and the development and dissemination of research reports and briefs by ROs. Evidence from the case studies and the document review reveals that COs typically allocated smaller amounts of UNICEF-GoN funding to knowledge generation than to activities related to other strategic objectives. Generally, COs allocated the smallest amount of UNICEF-GoN programme resources to this strategy. For example, the four case study countries allocated from 5 to 17 percent of their 2009/2010 budgets to the knowledge generation and dissemination strategy.

ROs, however, tended to allocate a larger proportion of their total budget, but there was a wide range across regions. For example, in 2009 EAPRO’s expenditures in this area were 1 percent of the total budget and WCARO’s were 51 percent. This pattern may reflect generally lower costs for activities supporting knowledge generation compared to those supporting capacity building or mainstreaming, but it also suggests that knowledge generation—and evidence building regarding ECD interventions in particular—was not prioritized.
Overall, respondents reported that the investment was critical to making progress in support of costing studies, as well as for studies that evaluate the impacts of ECD services on child and family outcomes.
F. Knowledge for ECD: Conclusions, Lessons and the Way Forward

This section provides conclusions, lessons and considerations for the way forward in generating and disseminating knowledge for ECD.

1. Conclusions

The efficiency of knowledge generation, use and dissemination at both the global and country levels is diminished by a lack of coordinated, systematic planning and rigorous evaluations. Insufficient coordination among COs, ROs and HQ in establishing research priorities and planning evaluations detracts from development of a focused research agenda in ECD, and results in missed opportunities to leverage resources for more rigorous, longer-term country-specific and multi-country evaluations. Current processes at the country and global levels do not facilitate sequencing of evaluations into formative and summative stages.

UNICEF’s promotion and use of findings from the MICS4 ECD module data are expected to continue to produce substantial benefits to all levels of the organization and to country counterparts. In particular, the resulting summary ECD indicators will facilitate national monitoring and international comparisons of children’s progress in key developmental domains. Because the module does not include items on infants and toddlers, however, it does not cover the full conception-to-8 age span, which remains a gap.

Countries receiving UNICEF-GoN funding have made progress toward establishing and applying ELDS. ELDS have been drafted or finalized in the majority of the 10 countries studied. These standards have the potential to be a vital tool for assessing children’s developmental progress, for defining and monitoring quality of ECD services and for improving curricula and training materials used in ECD services, and several countries have used the standards for these purposes. Countries have prioritized completion of ELDS for children ages 4-5 over those for younger children. While the prioritization of preschool children is understandable as an initial step, countries would benefit from standards for children 0 to 3 in order to underscore the need for interventions that promote holistic ECD from birth.

Current knowledge management practices within UNICEF do not adequately allow public access to findings from previous and ongoing research and evaluation projects. CO, RO and HQ internet pages are challenging to navigate and do not provide a catalog of the studies UNICEF has commissioned or contributed to over time. There is no one-stop location that provides up-to-date information on research, monitoring and evaluation projects in formats designed to meet the needs of diverse audiences.

2. Lessons

Lessons emerging about ECD knowledge generation include the following:

A focus on the development and implementation of core indicators for ECD and ELDS addresses needs for monitoring tools and benchmarks at the country level and has a variety of positive results. Activities focused on the identification and use of indicators and standards fills a substantial gap related to measures of ECD. Indicators developed at the global level are likely to help focus increasing attention on ECD among policymakers and aid in the tracking of progress over time. ELDS created at the country level can also establish a basis for
assessing children’s developmental progress, as well as a platform for curricula, service standards and monitoring tools.

**A diffuse research agenda limits efforts to build an evidence base for the effectiveness of ECD interventions.** Monitoring and evaluation frameworks for ECD do not appear to be well aligned across CO, RO and HQ levels. It does not appear that there is consistent communication regarding key knowledge gaps related to ECD or efforts to coordinate research projects across organizational levels or countries. This lack of coordination limits opportunities to engage in the planning needed to identify promising ECD interventions and conduct rigorous evaluations of their effectiveness over time, in various contexts and with various target populations. It also reduces the potential for consolidating resources across organizational levels to support such studies. As a result, evidence regarding the impact of specific ECD interventions in countries partnering with UNICEF remains limited.

### 3. The Way Forward

UNICEF and partner countries’ strategies for ECD knowledge generation, use and dissemination have yet to meet needs for: (1) data to fully 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.

A focus on developing sources of disaggregated indicator data could enhance access to data necessary for planning, as could future analyses of MICS4 data, which might focus on such issues as developmental progress among the most disadvantaged. In addition, support could be provided to enhance data collection and monitoring systems managed by national ministries, such as EMIS, to increase the availability of data that can be analyzed by such factors as disadvantage or vulnerability.

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. Such evaluations could identify intervention features or strategies that are likely to be successfully replicated in various country contexts.

Creation of an international ECD research and evaluation clearinghouse or registry could fill the gap in knowledge use and dissemination and allow real-time access to findings from previous and current projects.

Finally, increased synchronization of knowledge generation and knowledge use and dissemination activities across UNICEF’s country and global levels is necessary, so that research supported at each level relates to a common agenda and resources can be pooled as needed. Such cross-level planning might also facilitate the active dissemination of research findings within UNICEF and outside the organization to a range of policy and research audiences.
VI. ECD SERVICE COVERAGE, QUALITY/EFFICIENCY, SUSTAINABILITY AND SCALE-UP

As described in Chapter I, UNICEF aims to support the development of ECD policies and services that are holistic and attend to children’s unique developmental needs from conception through age 8 (UNICEF ECD Unit 2006). Holistic approaches require that countries develop and implement strategies and 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, education and other needs. This chapter focuses on ECD service implementation in the four case study countries—including the level of service coverage achieved and the quality and efficiency of services. Take together, the in-depth case study site visits, document review and CO responses to the internet survey yielded rich information on the development of ECD strategies and progress towards country-specific targets about the four case study countries that is not available for the other six countries in the UNICEF-GoN initiative.

The chapter begins by providing an overview of ECD services in the case study countries. The chapter then presents an assessment of achievement and gaps across the four case study countries for the two dimensions of ECD service implementation—coverage, and quality and efficiency. The chapter also examines the appropriateness and relevance of strategies and activities with respect to goals established for ECD, the efforts made towards sustainability and scale-up of ECD services and the contribution of UNICEF-GoN funding toward achieving service implementation goals. The final section summarizes conclusions and lessons about service implementation and discusses the way forward in this area, particularly opportunities for strengthening services.

A. Critical Dimensions of ECD Services

The ECD services evaluated for this study include a range of activities that vary across the four case study countries (Cambodia, Ghana, Nepal and Tanzania), and are listed along with their outcomes and indicators in Appendix Table I.16. At the time of the site visits, all four of the countries had planned and were implementing a range of ECD services for young children and their parents. The evaluation assessed ECD-related strategies and activities in the MTSP, such as young child survival and development and basic education and life skills.

While all four countries have developed strategies to support children’s development needs across a wide age span—most often birth to age 5 or 6—they have focused most heavily thus far on children from 3 to 5. All four countries have developed a pre-primary education component and sought to integrate it into the national public education system. Approaches to developing these services include establishing pre-primary classrooms attached to existing primary schools, such as in Ghana and Nepal, as well as community-based preschools or day care centers, for example, in Cambodia.

Three of the four countries—Cambodia, Nepal and Tanzania—have developed strategies for delivering ECD services to younger children (ages birth to 3) and their parents by integrating ECD messages into community health services delivered by volunteer community health workers, often during home visits. For example, in Tanzania volunteer health workers who provide C-IMCI services in UNICEF-supported districts receive an additional five days of training on psychosocial development and cognitive stimulation. Ghana provides a range of health and
nutrition services for infants and young children, including school WASH programmes that include kindergarten classrooms.

Two countries, Cambodia and Nepal, provide group parenting education sessions at the village level in UNICEF-supported districts. These sessions are typically run by community volunteer workers and cover a range of topics that include stages of development, cognitive stimulation and activities to do with children, nutrition and advice on health and safety issues. In addition to parenting orientation classes, Nepal also launched awareness-raising campaigns, such as a radio programme, to raise parents’ awareness about ECD issues. Social protection is a central strategy addressed by two countries, Ghana and Nepal, through promotion of birth registration.

**B. Effectiveness of Efforts to Promote Service Coverage and Quality/Efficiency**

This section presents findings about the effectiveness of strategies to increase ECD service coverage and improve the quality and efficiency of services in the four case study countries.

**1. Service Coverage: Achievements and Gaps**

Improving service coverage by increasing access to and participation in ECD services was a significant focus of all four countries, especially in the area of center-based pre-primary services, such as community and state preschools, day care centers and kindergarten classrooms. In most countries, service coverage goals were national in scope. Tanzania, which had not yet approved its draft ECD policy at the end of the case study period, was focused primarily on increasing services in a limited number of UNICEF-supported districts, but anticipated developing plans for expanding service coverage after the draft ECD policy was finalized and approved.

All four countries increased service coverage during the period of UNICEF-GoN funding (Table VI.1). One country—Ghana—exceeded its enrollment goal for public kindergarten. The other countries made progress, but fell short of enrollment targets set for the end of 2010. For example, net enrollment in preprimary education in Cambodia increased five percentage points from 2006–2007 to 2009–2010. Although the rate increased to 20 percent of 3- to 5-year-olds enrolled, the target was 30 percent. Nepal’s experience with rapid increase in coverage reflects an increased investment in center-based pre-primary care (Exhibit VI.1).
Exhibit VI.1. Nepal’s Investment in ECD Centers Substantially Increased Coverage for Pre-Primary Children over the Past Five Years

In Nepal, the primary modality for provision of ECD services is center-based care and instruction for 3- and 4-year-old children (children begin the first grade at age 5). School-based centers are situated in or near a primary school. Community-based centers are often based near a public school but may also be stand-alone facilities in communities that do not have a primary school.

Access to center-based ECD services has increased substantially in Nepal in the past few years, from 5,023 centers in 2004 to 29,089 in 2009 (MOE/DOE 2006; 2009). In 2006, only 18 percent of children entering grade 1 had any experience with ECD; this figure increased to 50 percent in 2010.

MOE data indicate substantial increases in the ECD GER between 2006 and 2010 in most geographic regions of Nepal, with the exception of the Kathmandu Valley, where relatively wealthier urban families have for decades had access to ECD through public and private schools (Table VI.1).

As discussed further in Chapter VII, gains in service coverage were not equitably distributed across regions and social groups. For example, in Ghana, kindergarten service coverage was lower in rural areas and in Greater Accra. In Nepal, children from urban areas and wealthier families had more access to ECD centers than children from rural areas, poor families and marginalized and disadvantaged groups.

2. Quality and Efficiency of Services: Achievements and Gaps

Although the four case study countries placed a strong emphasis on increasing service coverage, less emphasis was placed on improving the quality and efficiency of those services. Achievements in this area include the development of operational guidelines and minimum standards for ECD services (for example, in Tanzania). These standards and guidelines can serve as tools for monitoring ECD programmes and improving the quality of services, and are exemplified in Table VI.1.
Table VI.1. Achievements and Gaps In Service Coverage, by Case Study Country

<table>
<thead>
<tr>
<th>Country</th>
<th>Achievements</th>
<th>Gaps</th>
</tr>
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<tbody>
<tr>
<td>Cambodia</td>
<td>Net enrollment rates for pre-primary education among children ages 3 to 5 have risen five percentage points between 2006-2007 and 2009-2010. In 2009-2010, enrollment of 3- to 5-year-olds was 20 percent nationwide; enrollment of 5-year-olds was 38 percent. In six UNICEF-supported provinces, coverage for the C-IMCI module on breastfeeding and complementary feeding is 57 percent in health centers and 53 percent of villages as of 2010. The module on sick children has reached 28 percent of health centers and 26 percent of villages. Community-based rehabilitation for children with disabilities has begun.</td>
<td>Net enrollment rates in 2009-2010 fell short of 2010 targets: Only 20 percent of children ages 3 to 5 (rather than 30 percent) and only 38 percent children age 5 (rather than 50 percent). Government officials reported that coverage of community-based rehabilitation is very limited; data on service coverage were not available.</td>
</tr>
<tr>
<td>Ghana</td>
<td>Kindergarten enrollment has risen substantially to 97 percent (GER) in 2009-2010, surpassing Ghana’s goal of 70 percent (GER) enrollment by 2010. Data for 2008-2009 indicate that approximately 88 percent of primary schools have kindergartens attached, surpassing Ghana’s goal of 70 percent by 2010. WASH efforts in schools continued over the evaluation period. In 9 of Ghana’s 10 regions, most kindergartens have access to drinking water.</td>
<td>Kindergarten service coverage is lower in some parts of the country, in Greater Accra and particularly in rural and remote areas in which children travel longer distances to attend school. At least half of kindergartens have access to toilets in only 5 of Ghana’s 10 districts.</td>
</tr>
<tr>
<td>Nepal</td>
<td>The number of ECD centers has expanded from 5,023 in 2004 to 29,089 in 2009. In 2010, 50 percent of children entering grade 1 had at least some ECD experience. At the end of 2009, ECD centers were established in 63 percent of wards and in most disadvantaged VDCs in UNICEF-supported districts, and 49 percent of parents in the most disadvantaged communities had received orientation.</td>
<td>Children in urban areas and from wealthier families have more access to ECD centers than children from rural areas, poor families and marginalized and disadvantaged groups. Service coverage fell short of targets for 2010.</td>
</tr>
<tr>
<td>Tanzania</td>
<td>Availability of ECD services—including state and community preschools and parent training—in seven UNICEF-supported districts has expanded. (District-level data on service coverage was not available in September 2010.)</td>
<td>NER in pre-primary schools increased from 24.6 in 2004 to 38.2 in 2008, but declined to 24.4 in 2009. Concrete plans for expanding service coverage outside of UNICEF-supported districts—such as timeframes, funding structures and staff training plans—have not yet been developed.</td>
</tr>
</tbody>
</table>

Source: ECD Country Case Study Reports.

*As of September 2010, coverage for these modules was tracked at the village and health clinic level, not at the level of participants or families that attended or received the modules/intervention.

C-IMCI = Community-Integrated Management of Childhood Illnesses; ECD = early childhood development; GER = gross enrollment NER = net enrollment rate; VDCs = village development committees.

Several gaps in the quality and efficiency of services exist. In three of four countries, the quality of services, facilities and materials observed in preprimary classrooms during the country visits and as reported by case study respondents, were uneven. Across classrooms with similar amounts of developmentally-appropriate materials, the organization of those materials or their
application in child-centered activities can vary considerably from center to center within the same country and may depend heavily on the knowledge of the facilitators present. More training or guidance across the board for facilitators, or the provision of templates for activities to all facilitators could increase consistency in quality of services.

As described in Chapter III, two of the countries, Nepal and Ghana provide examples of the commonly observed tradeoff between rapid ECD scale-up and programme quality (Britto et al. 2011; Evans 1996), where rapid expansion is associated with compromised quality or a decrease in the rate of programme improvement as services are taken to scale. In Ghana, for example, some kindergarten classrooms observed were overcrowded and had poor infrastructure and an insufficient number of teachers with ECD training. The UNICEF CO staff and government officials in Ghana reported that the case study observations were fairly representative of the quality of services in the country given that parents often send children to the classes who are over and under the target age for these services (Burwick et al. 2011b; Hattori 2010).

A lack of quality standards, monitoring procedures and tools, and procedures for reporting and using monitoring information for programme improvement also limited most countries’ capacity to improve quality. While local stakeholders monitored ECD services in the case study countries, monitoring was not based on the use of standard tools and procedures. Monitoring activities were not systematically aligned with ELDS developed by Cambodia, Ghana and Nepal. Moreover, systems did not exist for reporting findings to higher level officials or using monitoring results to identify needs or allocate resources to improve quality in locations where results indicated the greatest need. This results in the duplication of monitoring efforts and inefficient use of resources.

Across the four countries, little information was available about the efficiency of ECD services in terms of their costs and benefits. None of the case study countries have conducted the rigorous evaluations necessary to assess the impact of ECD services. Also, limited information is available about the cost of ECD services to aid in country-level planning, and only one study to estimate the actual cost of all key ECD services has been completed (see Chapter V) on Nepal’s case study. However, the difference between pre-primary GER and NER in some countries, particularly kindergartens in Ghana, indicates significant inefficiencies as resources are being diverted to large numbers of children outside the target group. Another potential inefficiency is high turnover of teachers and volunteer health workers reported during some country visits.

C. Sustainability and Scale-Up of Services

This section describes the factors that affect the sustainability of ECD services as well as progress and challenges in efforts to increase their scale.

Sustainability

Most of the ECD services in the four countries are at an early stage of development and, thus, sustainability is not likely to be a primary focus. Passage of ECD policies in the case study countries is a relatively recent development, and most ECD services have been implemented within the past three to five years (as discussed in Chapter III). Not all services are fully developed and service coverage has not yet reached national targets. In Tanzania, the ECD policy had not yet been finalized and services were implemented only in a limited group of
UNICEF-supported districts. Nevertheless, some early observations about the potential for sustainability can be made.

Approaches that appear to increase the potential for sustainability are those that increase a sense of local ownership of and responsibility for ECD services, as well as a demand for these services among parents and other community members. For example, UNICEF Cambodia CO staff and government officials reported that decentralization of responsibility for ECD services has increased a sense of ownership and commitment to ECD at provincial and local levels. In Ghana, case study informants reported that organizations such as parent-teacher associations (PTAs) and school management committees engage parents and communities in supporting schools and other ECD interventions. This provides opportunities to build and sustain community support.

At the same time, several factors in the case study countries may threaten sustainability. In all four countries, case study informants reported that funding at national levels is insufficient to support planned programming. They also reported that sustainability is at risk if outside donors or local communities that fund ECD services shift their priorities and thus allocation of resources elsewhere. As described in Chapter III, the lack of costing and financing frameworks for ECD affects policy-level discussions of both sustainability and scale-up. Of the four case study countries, Nepal has made the most progress in conducting a costing study and working to apply that information to policy development and planning to sustain and scale up ECD interventions. In addition, if funding is insufficient to provide quality services and children do not make adequate progress, local support from parents and community members may decline.

Similarly, only 21 percent of CO respondents to the internet survey said that their ECD policy or strategy had been costed (of those where an ECD policy exists; see Table VI.2). In addition, only 17 percent felt that current levels of investment were adequate for sustainability of existing ECD services. Areas mentioned most often to have funding gaps include infrastructure and staffing.

Some case study respondents observed that turnover among teachers and volunteer health workers who receive minimal compensation for the ECD work they do is also a threat to sustainability. Unless ongoing training is available for replacements, it will be difficult to ensure that ECD messages are consistently delivered and service quality remains at acceptable levels. Also, in the context of decentralized governance, weak local governance structures in some areas may hamper development of quality services and strong oversight and monitoring systems.

**Scale-up of services**

As noted earlier in the chapter, most of the case study countries are heavily focused on scaling up center-based pre-primary education services, and all have made gains in service coverage. These scale-up efforts have been aided by national policy reforms, national budget allocations and to some extent involvement of NGO/CBO partners to help implement services and generate demand and support for them among parents and communities. For example, education policy reforms in Ghana expanded the free and compulsory education system to include two years of kindergarten and eliminated fees. The policies were apparently facilitated by a conducive policy environment created by the recent adoption of a national ECD policy in Ghana and international attention on access to education, as well as decentralization of reform implementation to the district level. In addition, the lessons learned from smaller-scale implementation of services in UNICEF-supported districts have the potential to aid later scale-up.
Several factors may impede scale-up in the case study countries. As noted above, decentralization of responsibility for ECD services means that scale-up depends on the capacity of local-level administrators to start up and manage programming. Without sufficient capacity-building support, country case study respondents reported that officials in some local areas may not be prepared to assume this responsibility effectively (as described in Chapter IV). Overall in the case study countries, a limited policy focus on children birth to age 3 relative to preschool age children has resulted in little focus on development and scale-up of services for this population.

A majority of respondents to the internet survey did not feel that future investments would be sufficient for their planned scaling up of ECD services (see Table VI.2). As in funding for sustainability, respondents felt that the gaps in infrastructure and staffing would impede expansion of ECD services as hoped for in their countries.
Table VI.2. UNICEF Country Office-Reported ECD Sustainability and Scalability

<table>
<thead>
<tr>
<th>ECD Policy/Strategy Been Costed&lt;sup&gt;a&lt;/sup&gt;:</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>21.3</td>
</tr>
<tr>
<td>No</td>
<td>42.6</td>
</tr>
<tr>
<td>Partially costed/underway</td>
<td>36.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Levels of Investment Adequate for Sustaining ECD Infrastructure:</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>16.9</td>
</tr>
<tr>
<td>No</td>
<td>83.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Areas Where There Are Current Funding Gaps&lt;sup&gt;b&lt;/sup&gt;:</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infrastructure/physical resources</td>
<td>23.9</td>
</tr>
<tr>
<td>Staff (number and training)</td>
<td>23.9</td>
</tr>
<tr>
<td>Nutrition and health</td>
<td>16.9</td>
</tr>
<tr>
<td>Reaching underserved/disadvantaged groups</td>
<td>15.5</td>
</tr>
<tr>
<td>Support/training for parents</td>
<td>14.1</td>
</tr>
<tr>
<td>Capacity and development</td>
<td>14.1</td>
</tr>
<tr>
<td>Community centers and services</td>
<td>9.9</td>
</tr>
<tr>
<td>Monitoring, evaluation and research</td>
<td>8.5</td>
</tr>
<tr>
<td>Other</td>
<td>39.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Projected Levels of Investment from All Sources Are Adequate for Expansion of ECD Services as Planned&lt;sup&gt;c&lt;/sup&gt;:</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>1.4</td>
</tr>
<tr>
<td>Agree</td>
<td>16.2</td>
</tr>
<tr>
<td>Disagree</td>
<td>51.4</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>17.6</td>
</tr>
<tr>
<td>No expansion is planned</td>
<td>13.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Areas Where There Are Future Funding Gaps&lt;sup&gt;d&lt;/sup&gt;:</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infrastructure/physical resources</td>
<td>20.3</td>
</tr>
<tr>
<td>Staff (number and training)</td>
<td>20.3</td>
</tr>
<tr>
<td>Reaching underserved/disadvantaged groups</td>
<td>10.8</td>
</tr>
<tr>
<td>Support/training for parents</td>
<td>9.5</td>
</tr>
<tr>
<td>Capacity and development</td>
<td>8.1</td>
</tr>
<tr>
<td>Monitoring, evaluation and research</td>
<td>8.1</td>
</tr>
<tr>
<td>Nutrition and health</td>
<td>2.7</td>
</tr>
<tr>
<td>Community centers and services</td>
<td>1.4</td>
</tr>
<tr>
<td>Other</td>
<td>27.0</td>
</tr>
</tbody>
</table>

| Sample Size | 75 |

Source: ECD Country Office Internet Survey conducted in September 2010.
Note: Categories do not always add up to 100 because of rounding.
<sup>a</sup>For countries who have a national ECD policy/strategy.
<sup>b</sup>Respondents could indicate more than one area.
<sup>c</sup>One country gave multiple responses and was not included in this part of the table.

D. Relevance and Appropriateness

Strategies to promote service coverage and scale-up are well aligned with expected outcomes in this area, especially for children ages 3 to 6 and for center-based preschool services. Activities in this area have produced substantial gains in service coverage in all four countries. Moreover, the initial focus on older preschoolers and center-based services has been a relatively efficient approach to making rapid gains in coverage, as community centers can be developed at a relatively low cost and preschool classrooms added to existing primary schools.
The strategies implemented in the case study countries to expand service coverage for families with young children ages birth to 3 are relevant and appropriate as initial steps to assess feasibility of implementation on a small scale, but they may not be appropriate for broader scale-up and for reaching the marginalized and disadvantaged. Strategies to expand service coverage for younger children and their families have been largely limited to UNICEF-supported districts and rely heavily on the use of volunteer health workers to integrate ECD and early stimulation messages into ongoing health interventions. For broader scale-up, these interventions must be expanded in other districts and possibly implemented by a paid workforce to minimize turnover of health workers who have been trained in ECD.

The strategies implemented in the case study countries are less appropriate for improving the quality and efficiency of services and supporting sustainability. In the context of rapid expansion, less attention has been paid to the quality of services and to developing the monitoring and training systems needed to assess and improve service quality. Monitoring activities in the case study countries are not based on standard procedures and tools, and systems are not in place to report on results or to target technical assistance where it is needed. Also, while teacher and volunteer health worker training is occurring, the volume of training available is not sufficient to train replacements when teachers and volunteers leave or to provide required follow-up training in some countries. Overall, a focus on identifying the causes of turnover and developing approaches to reducing turnover might be a worthwhile and appropriate investment in improving quality, efficiency, scale up and sustainability.

Approaches to funding some ECD services are also less appropriate for promoting sustainability. Insufficient funding from national budgets requires that some services—such as community ECD centers, home visits and parenting orientation—rely on community contributions of funds and labor. In other cases, underfunding may lead to overcrowding or poor quality services which may undercut public support and demand for ECD. As reported by country case study respondents, this programming could be at risk if local priorities shift away from ECD. Moreover, use of volunteers or teachers whose salaries are based solely on parent contributions may threaten sustainability due to turnover among these workers.

E. Role of the UNICEF-GoN Funding

UNICEF-GoN funding facilitated a range of activities that supported implementation of ECD services in the case study countries, as well as jump-started previously planned activities that had not yet been implemented. Funding from the UNICEF-GoN initiative was strategically used for capacity-building and mainstreaming efforts. These efforts increased the coverage of ECD programming by making ECD messages available to more parents and communities. In Cambodia and Tanzania, the funds were used to train the volunteer health workers who deliver C-IMCI services to integrate early stimulation and other ECD messages into the information they provide to parents of young children during home visits. In Nepal, UNICEF-GoN funding supported similar training for volunteer health workers to integrate messages about the importance of cognitive stimulation and play for young children into a micronutrient powder supplementation programme. Training was also provided to community volunteers who provide parenting orientation classes.

Funds were also used for capacity-building activities aimed at strengthening the quality of services provided through center-based pre-primary education. In Ghana, Nepal and Tanzania, UNICEF-GoN funds supported training for teachers on ECD curricula, as well as training for head teachers and local and district administrators to strengthen their capacity to oversee and
monitor ECD services and to manage ECD centers. In Nepal, funds were also used to provide some direct support for ECD centers.

The ways in which UNICEF-GoN funds were used were appropriate to the stated mission of the initiative and align with the strategic goals of the funding with regards to ECD services— to enhance capacity to deliver services and mainstream ECD policy into broader service delivery. The UNICEF-GoN funding supported both an increase in the availability of center-based services and parent training on ECD.

F. ECD Service Coverage, Quality and Scale-Up: Conclusions, Lessons and the Way Forward

This section presents summary conclusions and lessons and suggestions for the way forward that are drawn from the cross-case study analysis, desk review, interviews and other data sources.

1. Conclusions

Service coverage

_ECD service coverage of center-based pre-primary education has expanded, but coverage and quality are uneven._ In all four case study countries, coverage varies across geographic areas and social groups, with children from urban areas and higher-income families typically having more access than children from rural areas and economically or socially disadvantaged groups. Quality of services is also uneven in terms of teacher training, facilities, materials and the number of children per classroom.

_ECD service coverage designed for parents of children from birth to age 3 has been limited._ Less progress has been made in increasing service coverage for parents of younger children from birth to age 3. In most case study countries, attempts have been made to integrate ECD messages in existing community health services, with varying degrees of success.

Quality and efficiency of services

_Systems are not yet in place to provide adequate training, monitoring and technical assistance necessary for improving quality of programming._ All case study countries reported providing some training to teachers and/or community health workers, but problems with training coverage were evident, especially regarding training for replacements and refresher training. None of the case study countries had established a system for assessing ECD quality, reporting and tracking results and using results to improve quality through training and technical assistance.

_Minimal information is available to assess the efficiency of ECD services._ The rigorous evaluations of ECD interventions needed to assess the impact of ECD have not been conducted in the case study countries. Moreover, information about the cost of ECD services was also limited.
Sustainability and scale-up

In some countries, decentralization and local structures that involve parents and community members in support of ECD services aid sustainability, but more capacity building at local levels is needed. Local responsibility for start-up and oversight of ECD services increased ownership of and support for these services at the local level. Moreover, parent and school support groups have provided opportunities for parents to take more ownership and be engaged with ECD centers. However, decentralization can also limit scale-up and threaten sustainability if local officials do not receive the training needed to start up and oversee all aspects of service delivery. Capacity-building activities have occurred in UNICEF-support districts but need to be scaled up more broadly to achieve scale-up goals and sustain programming over time.

Funding at the national level is insufficient to offer sustainable levels of quality. Although governments in the case study countries have made strides in adopting policies that support ECD and dedicating an increasing level of resources to ECD programming, funding at national levels is not yet adequate to offer sustainable levels of quality programming. In some cases, teachers must be supported locally by parents and those delivering ECD services are volunteers. To prevent turnover and thus inefficiency in training, governments may need to shift to more paid staff over time.

2. Lessons

The lessons from the case study countries regarding increasing service capacity, quality and efficiency and sustainability and scale-up are interrelated and include the following:

Mainstreaming ECD programming within a single sector may facilitate rapid scale-up but may not lead to holistic services across the conception-to-8 age span. Clear systems and resource allocation plans can be established in a single sector for increasing coverage of specific programming. For example, center-based pre-primary education was scaled up across the country in both Nepal and Ghana by introducing it into the existing primary education system. This could also occur in the health sector by scaling up ECD services with community programmes operating within health systems. Experiences in the case study countries, however, indicate that working primarily through a single sector will not yield holistic services or services that span the target age range of conception to age 8.

Rapid scale-up can lead to insufficient focus on quality and equity. Scaling up ECD services is a complex endeavor that requires engagement at national, regional and local levels. In addition to developing resource allocation plans, establishing facilities, hiring and training staff and recruiting and enrolling children and parents, systems must be developed to promote quality services and equitable access to them. Steps required to create these systems—such as 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 and targeting training and other resources to those areas—take time to develop and implement. Rapid scale-up of services 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. All of the case study countries aim to provide equitable access to ECD services for disadvantaged and vulnerable children. Moreover, many of these children have benefitted from increased
availability of preprimary education and other ECD services. Nevertheless, limited data available indicate that access among the most vulnerable children—those who live in rural areas, are poor and are members of disadvantaged social groups—is lower than for their less disadvantaged peers (Chapter VII discusses these issues in more detail). Efforts to identify these children and develop strategies to target them for enrollment may be necessary to achieve desired levels of equity in access.

3. The Way Forward

The four case study countries have all made substantial progress in increasing service coverage and access to pre-primary education. Moving forward, countries need to broaden their focus on increasing coverage of holistic services that reach younger children and their parents, developing strategies for improving the quality of services and increasing equity in access to services. Services for children ages birth to 3 and their parents might include two-generation interventions, in which parents and children participate together, and that offer parenting education, promote holistic development and ensure that parents are connected to the supportive services they may need. Multiple sectors, such as health, sanitation and hygiene and social protection, should contribute to developing these services to ensure a holistic approach. Lessons learned about integrating ECD messages into existing services in UNICEF-support districts and training community health workers to do so should also be used to expand these services.

To improve quality of existing ECD interventions, governments might consider reducing the pace of scale-up to devote additional resources to quality improvement. All countries could benefit from the development of standard monitoring tools and reporting formats that are linked to quality standards, as well as systems for reporting out monitoring findings and using them to target resources for quality improvement. Reducing turnover among ECD teachers, facilitators and community health workers can also improve quality by helping to ensure that these staff members receive the required amount of training, and provide time for them to gain experience and benefit from feedback based on monitoring. Strategies for reducing turnover include increasing salaries or stipends for volunteers, providing financial incentives for staying in the job for specific amounts of time and providing additional training opportunities as incentives.

To improve equitable access to services as scale-up proceeds, countries should develop and test specific strategies to target disadvantaged groups. For example, resources for scale-up could be targeted to rural and remote areas and to communities with 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.
VII. CROSS-CUTTING ISSUES

In addition to addressing the effectiveness of ECD strategies and activities in achieving key strategic objectives, the evaluation explored two broad cross-cutting issues relevant to the implementation and results of UNICEF’s ECD investments: (1) processes for planning, management, coordination and developing partnerships; and (2) human-rights-based approaches and equity, including reaching the less reached and marginalized. The content of each of these issue areas and related evaluation questions are presented below.

Planning, management, coordination and partnerships. The evaluation of planning, management and coordination focused on the application of results-based planning and management (RBPM) techniques and coordination for ECD programming within UNICEF. Regarding planning, RBPM refers to the process used to ensure that UNICEF’s work with governments produces interventions that are both necessary and sufficient to effect targeted results and achieve outcomes. On the management side, RBMP refers to the process used to ensure that the necessary human and financial resources remain in place to enact the agreed upon plans and that any changes that may affect targeted results undergo a formal review. RBPM elements of key interest for the evaluation included the creation of a results framework and the use of monitoring and evaluation data by UNICEF and country partners to assess whether ECD outcomes are being achieved and to inform programme adjustments.

UNICEF’s ECD activities are conducted in partnership with a range of organizations and entities. The evaluation explored the types of partners with which UNICEF collaborates and the characteristics of these partnerships.

Human-rights-based approach: equity and reaching the less reached and disadvantaged. When assessing the use of the human-rights-based approach, the evaluation team focused on such elements as identification of the human rights claims of rights-holders and the obligations of duty-bearers, empowerment of stakeholders through participation in programme planning and implementation and the consideration of national and local context in programme planning. Two topics related to equity were assessed: (1) fulfilling the rights and meeting the needs of the less reached and disadvantaged; and (2) gender equity, specifically gender differentials in service receipt and the presence of women in planning and policymaking positions in partner country governments.

This chapter presents findings related to each cross-cutting issue and highlights both achievements and gaps in these areas. The findings are followed by an assessment of the influence of UNICEF-GoN funding in these areas, lessons learned and conclusions. Finally, a way forward in these areas is discussed.
A. Planning, Management, Coordination and Partnerships

1. Use of Results-Based Planning and Management

Findings from the 10 countries and 4 case studies indicate that despite UNICEF CO reports of improvements in the past 4 years in the use of data to guide ECD activities, UNICEF's application of RBPM to ECD is limited at the country level. Some outcomes related to ECD are specified in CPAPs in case study countries. However, results frameworks for ECD programming which would outline expected child-level outcomes and necessary behavioral- and operational-level changes—had not been elaborated in any of the four countries at the time of the case study visits. Nor had logical frameworks for ECD programming been produced. (The Mathematica team collaborated with CO staff in the case study countries to develop logical frameworks to guide the evaluation, but these did not exist previously.)

UNICEF COs and partner governments conduct some monitoring of progress toward outcomes defined in Country Programme Action Plans (CPAP). In three of the case study countries, for instance, nationwide rates of enrollment in preschool or other early childhood education interventions are tracked. Barriers to more comprehensive monitoring to inform programme planning appear to exist, however, including the absence of measurable targets for ECD activities and a lack of data on programme implementation and child outcomes. In Ghana, for example, goals have been established for the percentage of kindergartens that meet national standards, but national standards have not been clearly defined, and processes for assessing schools or children have not been implemented. The absence of measures for capacity building or clearly defined ECD indicators also inhibits efforts to use data for planning and management in all the case study countries. These findings are consistent with those from the internet survey. As presented in Chapter V, 58 percent of COs reported that UNICEF staff would benefit from additional training and support in the area of planning, evaluation and monitoring.

At the global level, a logical framework for ECD strategies was developed for the UNICEF-GoN investment, but similar to findings at the country level, the endeavor faced challenges related to tracking adherence to the framework and progress toward outcomes. The HQ proposal for GoN funding articulated a logical framework for ECD programming (as discussed in Chapter I and depicted in Appendix Figure D.1), however, there was not a requirement that COs and ROs provide individual logical frameworks that included specific, measurable, achievable, realistic and time-bound (SMART) goals, outputs and outcomes. Given that an evaluation was planned, a more rigorous set of RBPM activities at the start of the funding period would have set a firmer foundation for the evaluation, which was constrained by lack of reliable baseline data and clear targets specific to each CO, to each RO and for the ECD Unit.

As designed by the ECD Unit in collaboration with the reference group (which included GoN representatives), CO and RO progress in completing planned activities and their related outputs was gathered through CO and RO responses to "specific monitoring questions" designed for donor reporting, reviews of CO and RO annual reports and information sharing during annual meetings. However, these approaches did not provide sufficient information to rigorously assess

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33 As described in Chapter V, 7 of the 8 COs funded by the UNICEF-GoN programme reported on the internet survey that staff capacity for using data had been made and globally 80 percent of COs reported such progress (Appendix Table I.5).
progress toward strategic objectives or inform decisions about whether any adjustments to
global or regional efforts were required. For instance, the specific monitoring questions
requested of the 10 countries receiving GoN funding relied on self-reported and vaguely defined
outputs, such as the estimated number of individuals who have knowledge related to ECD. COs
and ROs did not have clear definitions or training on how to answer these questions in a way
that would produce data that would be comparable across countries and regions. This
evaluation found and HQ respondents confirmed that the data provided did not yield information
that was useful for rigorously assessing whether the objectives were being met or for
determining whether priorities and resources needed to be adjusted to increase the likelihood
that targeted outcomes were achieved. In addition, beyond the annual meetings, opportunities
for shared learning across the COs and ROs were not optimized. Respondents viewed the lack
of planning for and facilitation of ongoing, substantive communication and sharing of lessons
and unintended consequences as a gap in how the effort was managed that decreased the
potential impact of the investment.

2. Support and Coordination for ECD Within UNICEF

Findings on coordination for ECD programming within COs were mixed. All but one of the COs
that received UNICEF-GoN Programme funding reported on the survey that ECD coordination
within the CO is effective, and none rated coordination as highly effective (Appendix Table I.2).
Cambodia and Tanzania are examples of successful coordination within COs. In Cambodia,
collaborative planning on community health interventions related to ECD occurs among several
sections, including Child Survival, Education and Community Action for Child Rights. GoN funds
were distributed across multiple sections in the Cambodia CO to facilitate this type of
coordination. Similarly, in Tanzania an intersectoral ECD team works on ECD issues at
UNICEF, with primary involvement of two sections: (1) Young Child Survival and Development
and (2) Basic Education and Life Skills.

On the other hand, coordination across sections does not occur consistently in other case study
countries. In Nepal, for example, nearly all of UNICEF’s activities related to ECD fall under the
Education section. In only a few instances—such as the inclusion of ECD messages in
micronutrient supplementation interventions—has ECD been integrated into the work of other
sections. In general, a programming emphasis on ECD interventions of a particular type or in a
particular sector—for example, preschool education—may contribute to the perception that
extensive coordination across sections is not necessary. Case study respondents reported that
full coordination is also inhibited by sectoral approaches to service provision within partner
governments.

Notably, the COs that received the UNICEF-GoN Programme funding were more likely to rate
within- office coordination as effective than were the full group of 75 COs that responded to the
survey. Globally, 60 percent of COs rated coordination as effective and 4 percent rated it as
highly effective (Appendix Table I. 2). The ratings varied by the income level of the country, with
fewer COs in low-income countries rating coordination as effective and more rating it as
somewhat effective than COs in lower-middle and upper-middle income countries. This pattern
of findings from the 75 countries responding to the survey may be useful for future targeting of
technical assistance and RO-CO alignment efforts.

One rationale for apportioning GoN funding across HQ, ROs and multiple COs was to create a
network of support for ECD strategies and activities among these entities. The majority of the 10
COs reported being satisfied with the assistance they received, but executive interview
respondents from some of the ROs indicated that HQ coordination and knowledge sharing within and across the three levels could have been stronger. Support occurred in a variety of ways, including annual meetings of staff working on ECD at the CO, RO and HQ levels; ongoing communication among COs, ROs and HQ; formal annual reporting requirements and telephone follow-up between the funded COs, ROs and HQ that contributed to UNICEF’s report to the GoN; and RO and HQ provision of technical support to COs. CO staff noted in interviews that opportunities for interaction with staff from other COs and ROs were helpful, particularly for identifying common challenges in ECD programming and possible strategies to address them.

Some of the executive interview respondents felt that the potential impact of the annual meetings of the UNICEF-GoN funded COs and ROs were not optimized, because there was not sufficient advance preparation (for example, sharing of progress updates from the COs and ROs in advance rather than having each present at the meeting) or follow-up (for example, identification and conduct of joint projects around compiling and disseminating implementation lessons). Overall, evaluation respondents at the CO and RO levels reported that the ECD Unit’s coordination was adequate but could have been improved with more communication, identification of concrete goals and products the group could achieve together and more direction about how to meet the GoN’s need for information while simultaneously using staff time and resources to further global-, regional- and country-level goals.

HQ staff reported that the UNICEF-GoN Programme was beneficial because it developed deeper and longer-term relationships and coordination with CO and RO staff than had previously occurred with COs and ROs. Such relationships were found to result in enhanced capacity within the ECD Unit as well as enabling its ability to identify shared and unique country and regional needs. Some of the RO respondents would have liked there to be more coordination requested by HQ between COs and ROs. For example, by requiring that the CO reports be reviewed by ROs and potentially combined with them. One CO and one RO were not able to participate as fully as planned in the UNICEF-GoN Programme because of staffing and coordination issues that were out of the ECD Unit’s control.

The quality and relevance of the ECD technical assistance COs receive from ROs may not be meeting CO needs. Only three of the eight countries that received UNICEF-GoN Programme funds and responded to the internet survey reported that the support they received from their RO was adequate (the other five rated the support as somewhat adequate or not adequate). Globally, 47 percent of the COs rated technical support from ROs as less than adequate. COs responding to the survey highlighted multiple topic areas (such as ECD financing, service targeting and policy analysis) in which staff could benefit from additional training or technical assistance (Chapter IV presents more information related to these capacity-building gaps). Although this varied by country, case study respondents reported that RO contact tends usually to be minimal, mostly by electronic communication and focused on obtaining answers to specific questions about ECD interventions or issues, rather contributing to addressing broader systemic or high priority issues that require ongoing attention.

3. Partnerships

The cross-cutting nature of ECD policies and interventions 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 UNICEF’s mission, the goals specified and agreed upon with host countries in each CPAP and the goals UNICEF shares with a range of partners. As with the other cross-cutting issues in this chapter, partnerships within UNICEF have an entire set of
organizational requirements and guidelines that inform how staff work with partners. This section focuses on the unique aspects of partnerships for achieving ECD goals, in particular the analysis of partner roles, UNICEF’s positioning among its partners and the breadth of partnerships for ECD.

In addition to UNICEF’s interagency coordination described in Chapter III, UNICEF COs and ROs have partnered with a variety of nongovernmental agencies and donor organizations to support development of ECD policies and service delivery strategies. Evaluation respondents observed that because ECD is cross-cutting, these partnerships are critical to ensuring that efforts are coordinated and are not duplicative. UNICEF’s investments in these partnerships at all levels, both in the time staff put into creating and maintaining them and in resources allocated toward logistical and capacity-building supports, were viewed by executive interview respondents as central to the progress COs made in the targeted strategic areas during the UNICEF-GoN Programme funding period. While UNICEF is perceived as a leader in advocating for ECD policies and supporting ECD capacity development in partner countries, many other organizations play key roles in encouraging policy development and public investment, piloting service models and supporting service expansion.

In all four of the case study countries, partnerships with local NGOs are prominent as a way to ensure that UNICEF’s activities are relevant and appropriate for meeting community needs. For example, in Tanzania, a key partner in ECD policy dialogue has been the Tanzania Early Childhood Development Network (TECDEN), a national network of NGOs with a total of 14 regional chapters. (Exhibit VII.1 highlights Tanzania’s partnerships in creating the draft IECD policy). UNICEF staff in the case study countries cited their work at the subnational and local levels with local NGOs and CSOs as a key mechanism for supporting decentralization efforts and learning about community and family ECD service needs. The internet survey corroborates this finding, with nearly half of COs responding that their main partners include local NGOs and CSOs (Figure VII.1 and Appendix Table I.2).

Various donor organizations are also partners in ECD strategies and activities. Many have a longstanding commitment and history working in a country on ECD issues and others are new to ECD. Case study respondents reported that funding for ECD policy advocacy and services comes from bilateral development organizations representing a wide range of national governments; the United Nations agencies, the World Bank, as well as private philanthropies. Donor and country interests and circumstances drive decisions about whether funds will be used for ECD. For example, ECD in Cambodia received a substantial boost when the World Bank’s Fast Track Initiative (FTI) funding was allocated to scaling up of a community-based preschool education model.

CO and RO evaluation respondents reported unevenness across countries in donor interest overall and in ECD. For example, countries in the CEE/CIS region face challenges attracting donor interest because they are not viewed as facing the most dire circumstances and in many countries regardless of region, ECD is not necessarily a donor priority. Data from the case studies suggest that an impediment to partnerships with donors in some countries may be sectoral funding strategies among donor organizations. For instance, in Tanzania, it is difficult to engage donor groups, each of which focuses on a specific sector, in funding intersectoral ECD programming. There is no single lead ministry to connect with a particular donor group and advocate for ECD funding.
Exhibit VII.1. Tanzania’s Partnerships for ECD: A Broad-Based Approach to Coordination of Policy Development and Services

The development of Tanzania’s draft IECD Policy has been a collaborative and inclusive process that included many partners (Chatterji et al. 2011). The effort was led by a steering committee that included representatives from five ministries, the Tanzanian Commission for AIDS, UNICEF, the World Bank, the WHO and NGOs and was created to strengthen interagency collaboration for development of the IECD Policy.

A technical committee was also established to contribute to the technical aspects of the IECD Policy development process. The technical committee is composed of ministry representatives, other development partners and the Tanzania Early Childhood Development Network (TECDEN). Created in 2000, TECDEN is a national network of NGOs with a total of 14 regional chapters in 14 regions of mainland Tanzania and Zanzibar. From its inception, TECDEN has been heavily involved in dialogue on ECD policy development.

As a CSO representative, TECDEN takes part in government processes related to the development of the IECD Policy and other ECD initiatives. Over the past six years, the government has made involving CSOs a priority because they are the key actors on the ground who can inform the government planning processes.

In addition to country partners participating in the policy development process, many other partners focus on service delivery systems and reaching children and families with holistic ECD services. The Bernard van Leer Foundation supports a number of organizations working with and for children in different regions of mainland Tanzania. Starting in 2000, the Bernard van Leer Foundation supported CSOs and other organizations to provide holistic ECD services and build and sustain the ECD service delivery infrastructure.

Other partners working in the area of ECD include Plan International, Oxfam, World Vision, Save the Children, the Aga Khan Foundation, Kiwakuki, Tanzania Home Economic Association and the Folk Development Committee. Development Partner Groups (DPGs) also exist for Tanzania and are organized by sector: health, nutrition, water, education and gender but do not currently focus on ECD. This is because the DPGs generally pool their money into a single fund for general government budget support. The government allocates these resources based on its priorities.

Case study respondents identified UNICEF’s contributions to supporting these partnerships as central to the progress made in the past four years on the IECD policy process and the increase in intersectoral coordination.
The internet survey findings support the case study results about which donors are key partners in ECD. About one-third of the 75 COs surveyed reported that bilateral development organizations are partners in ECD programming in their countries, and about one-fifth indicated that the World Bank is a key partner (Figure VII.2 and Appendix Table I.2). Private foundations and corporate donors are active in the ECD field in 11 percent of countries responding to the survey, and various other national and local donors contribute to ECD in 23 percent of countries. Generally, case study and executive interview respondents reported that UNICEF has engaged the key players in ECD at the country, regional and global levels.

**Figure VII.1. UNICEF Country Office-Reported NGO/CSO Partners in ECD**

Percentage of Countries Where Organization is a Main Partner/Actor in ECD

Source: ECD Country Office Internet Survey (September 2010).
Note: Respondents could specify up to three partner organizations.
Sample Size: 75 out of 123 eligible countries.
CSO = community service organization; ECD = early childhood development; NGO = non-governmental organization.

**Figure VII.2. UNICEF Country Office-Reported Development Organization/Donor Partners in ECD**

Percentage of Countries Where Organization is a Main Partner/Actor in ECD

Source: ECD Country Office Internet Survey (September 2010).
Note: Respondents could specify up to three partner organizations.
Sample Size: 75 out of 123 eligible countries.
CSO = community service organization; ECD = early childhood development; NGO = non-governmental organization.
As described in Chapter V, at both the country and global/regional levels partnerships for ECD knowledge generation and dissemination appear to have been particularly fruitful. At the country level, COs have partnered with universities and research organizations to address knowledge gaps. For instance, UNICEF Nepal has worked with an education research center within Tribhuvan University to conduct baseline studies of parental knowledge, attitudes and behaviors related to ECD. ROs have supported and collaborated with regional networks of ECD researchers and professionals to expand the knowledge base on regional ECD interventions and disseminate information on effective practices.

Some global-level partnerships have not reached their full potential. Similar to reports from the ROs described above, executive interview respondents (invited advisors to the ECD Unit on the UNICEF-GoN Programme as well as longstanding partners) expressed some disappointment in how the UNICEF-GoN partnership and the resulting ECD Network were administered, with a number of respondents expressing the need for more connection among the group and more advance and follow-up work conducted before the global meetings in 2009 and 2010. In some cases, global partners in particular lacked clarity about their role vis-à-vis the GoN investment and participation in the ECD Network and would have appreciated more information on the programme and the evaluation and clear expectations of how they could help UNICEF and use the programme as a way to further their collaboration with UNICEF and with other partners.

Taken together, UNICEF’s partnerships are strong but there is room for improvement in how staff work with partners to support engagement at all levels and promote ongoing collaboration and coordination. Evaluation respondents engaged as partners in the UNICEF-GoN Programme identified a few gaps in how HQ managed the partnerships and global exchange of experiences and lessons, but overall appreciated the ECD Unit’s role in facilitating the group and appreciated being included. As described by a country-level representative of a large NGO, partnering with UNICEF is critical because it has the greatest access to country officials and leaders who can make a difference in ECD policy and services for children and families.

B. Human-Rights-Based Approaches and Equity

1. Human-Rights-Based Approaches in ECD

HRBAs require that all “programmes of development assistance, policies and technical assistance further the realization of human rights as laid down in the Universal Declaration of Human Rights (UNICEF 2004) and in full accord with the provisions of the CRC. HRBAs require equality and equity across gender, religion, race, ethnicity and other characteristics. Given the level of specificity and information required to assess whether HRBAs are used (UNICEF 2004), the evaluation’s analysis focused primarily on the case study countries, drawing on data from all of the relevant sources.

Analysis in this section for the 10 countries is constrained by lack of consistency across CO and RO reports about the UNICEF-GoN-funded activities and policy documents provided by UNICEF and included in the document review. Most of the GoN progress reports and other sources provided and available on public websites did not explicitly address these areas (particularly using human-rights-based approaches), thus the findings are primarily based on the case studies. The internet survey did include questions about human-rights-based approaches but did not gather information about issues and strategies used to reach the marginalized and disadvantaged. The evaluation team analyzed the available data and the flow of the presentation reflects these constraints.
Overall, the evaluation found that HRBAs have been applied successfully in ECD programming in the case study countries with regard to CO (1) involvement of both rights holders and duty-bearers in programme design and implementation and (2) ensuring that national and local contexts were taken into account in programme planning, design and implementation. For instance, in Tanzania, the national ECD policy development process included frequent consultations and information gathering from local stakeholders, district-level intersectoral ECD committees bring local stakeholders together to oversee ECD programming and parents and community members are involved in school committees for the pre-primary schools and day care centers. Another example is UNICEF Cambodia’s focus on promoting decentralization in the administration and oversight of social services, including pre-primary education. This strategy promotes the capacity of duty-bearers at all levels to meets needs in their communities.

UNICEF’s ECD strategies and activities have also generally been successful in ensuring that national and local contexts are taken into account, but gaps remain. As described in Chapter V, ROs have also responded to country needs for broader access to ECD materials by translating them into languages other than English. UNICEF-GoN funding was used to translate the ECD Resource Pack and other useful publications into French and Spanish. This meets the needs for some countries but others would benefit from having these resources available in more languages.

Sensitivity to the need for culturally relevant and sensitive approaches to service delivery is another dimension of using HRBAs. Based on what the evaluation team observed during the site visits, service delivery strategies were developed with respect for the rights and needs of family and community contexts related to religious beliefs, cultural norms and values. For example, Cambodia’s home-based early childhood education programme represents a culturally sensitive approach that respects preferences for small-group interactions and engages parents in a participatory learning process. Similarly, programming approaches that employ village volunteers, such as C-IMCI, increase the likelihood that local contexts are taken into account in service provision.

2. Response to the Rights and Needs of the Less Reached and Disadvantaged

ECD policymakers and programme planners in countries receiving GoN funding supported the imperative of addressing the rights and needs of less reached and disadvantaged families and children, yet challenges in achieving access to services among these groups remain. This section presents findings based on analyses of (1) whether countries included meeting the needs of the less reached and disadvantaged in ECD and related policies and guiding documents, (2) disparities in ECD service coverage for these groups, and (3) ongoing and innovative strategies COs and country counterparts used during the UNICEF-GoN funding period to close the gap in identification and participation of those least likely to access the services they need.

Evidence of inclusion in policies, guiding documents and strategies. Based on the document review, at least eight of the countries that received GoN funding identified serving disadvantaged and marginalized groups as a priority in ECD-related policies or programming documents. For example, national ECD policies in Cambodia, Ghana and Tanzania all include language underscoring the importance of providing care and development services to children who are poor, disadvantaged and vulnerable. Similarly, Nepal’s School Sector Reform Programme emphasizes expanding access to ECD centers in disadvantaged areas.
GoN funded country respondents observed that little progress has been made in the 10 countries in developing policies and evidence-based services for addressing the needs of another disadvantaged group, children with disabilities. Despite policy statements being included in relevant policies, the case studies identified gaps in crucial areas such as setting targets for serving children and families in these groups, data and analysis to track participation and progress and implementation of appropriate, intensive and evidence-based outreach and service delivery strategies. Policy and implementation experiences vary but Nepal and Ghana provide good examples of both the achievements countries made, as well as highlight the ongoing challenges and gaps. Nepal’s national policies and plans consistently emphasize the importance of increasing access to disadvantaged groups and reducing disparities in outcomes. A poverty mapping exercise has supported targeting of ECD services to communities with the highest poverty levels. The evaluation team found little evidence of specific strategies for establishing or expanding services to meet the needs of these children and families, who are considered poor as well as members of social or ethnic minorities.

The gap between ECD policies, plans and implementation focused on the less reached and disadvantaged was a pattern observed across the case study countries. For example, Ghana’s policies and strategies include conditional transfers targeted to the poorest families as incentives for parents to send their children to kindergarten. In Ghana, data on the uptake, fidelity to the conditional transfer model (in both the monitoring of student participation and family receipt of the incentive) and whether the intervention is reaching the poorest families is not consistently tracked and reported (Chapters III and V present findings on how data issues limit strategy implementation and management). Case study respondents also reported that inclusion of the less reached and disadvantaged populations have not been a priority in the rapid expansion of the national kindergarten programme.

Taken together, the case studies demonstrate that strides made in the past four years in advocacy for inclusion of the most disadvantaged in national policies have not been mirrored by improvements implementation of those policies and plans. Basic systems and infrastructure (including reliable data systems and disaggregated demographic data by key subgroups) are not in place to guide policy implementation, including targeting of services to ensure that children and families facing the highest levels of disadvantage receive the opportunity to overcome these barriers.

COs reported on the internet survey that they used a range of approaches to target disadvantaged and marginalized populations for ECD outreach and services. However, no one approach was used by more than 30 percent of the 75 COs, reflecting the lack of consensus among evaluation respondents about what the most promising and effective strategies are for achieving goals in this area (Table VII.I). Developing new models and targeting resources were the approaches reported most frequently by COs (30 percent). Others included using community-based centers and additional data collection and research to target the less reached and disadvantaged, but these were endorsed by fewer than 20 percent of the COs. These findings are consistent with reports by executive interview and case study respondents about the need for creative targeting and outreach approaches. Overall, the approaches COs reported using are aligned with meeting goals in this area, however, information about which approaches are more effective is scant. Case study respondents identified raising parent awareness/education about ECD and educating communities about outreach strategies as approaches that were promising. Case study respondents also described efforts to establish service delivery locations in rural or highly inaccessible areas.
### Table VII.1. UNICEF County Office-Reported Approaches and Challenges to Reaching the Less Reached and Disadvantaged, by Country Income Category

<table>
<thead>
<tr>
<th>Approaches to Targeting Disadvantaged and Marginalized Groups:</th>
<th>Total</th>
<th>Low-Income&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Lower-Middle Income&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Upper-Middle Income&lt;sup&gt;b&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing new models and training</td>
<td>29.7</td>
<td>22.2</td>
<td>34.8</td>
<td>33.3</td>
</tr>
<tr>
<td>Target resources</td>
<td>29.7</td>
<td>22.2</td>
<td>39.1</td>
<td>29.2</td>
</tr>
<tr>
<td>Use community-based centers</td>
<td>18.9</td>
<td>18.5</td>
<td>30.4</td>
<td>8.3</td>
</tr>
<tr>
<td>Data collection/research</td>
<td>16.2</td>
<td>18.5</td>
<td>8.7</td>
<td>20.8</td>
</tr>
<tr>
<td>Parental education</td>
<td>14.9</td>
<td>11.1</td>
<td>17.4</td>
<td>16.7</td>
</tr>
<tr>
<td>Advocacy</td>
<td>12.2</td>
<td>14.8</td>
<td>4.3</td>
<td>16.7</td>
</tr>
<tr>
<td>Include in mainstream ECD programmes</td>
<td>6.8</td>
<td>11.1</td>
<td>0.0</td>
<td>8.3</td>
</tr>
<tr>
<td><strong>Main Challenges in Expanding Services to Disadvantaged/Marginalized Groups:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of funding</td>
<td>62.7</td>
<td>67.9</td>
<td>52.2</td>
<td>66.7</td>
</tr>
<tr>
<td>Lack of coordination</td>
<td>45.3</td>
<td>53.6</td>
<td>34.8</td>
<td>45.8</td>
</tr>
<tr>
<td>Lack of capacity/training</td>
<td>44.0</td>
<td>39.3</td>
<td>56.5</td>
<td>37.5</td>
</tr>
<tr>
<td>Lack of access and awareness</td>
<td>33.3</td>
<td>21.4</td>
<td>43.5</td>
<td>37.5</td>
</tr>
<tr>
<td>Lack of data</td>
<td>18.7</td>
<td>14.3</td>
<td>17.4</td>
<td>25.0</td>
</tr>
<tr>
<td>No policy in place</td>
<td>17.3</td>
<td>21.4</td>
<td>21.7</td>
<td>8.3</td>
</tr>
<tr>
<td>Not viewed as a priority</td>
<td>17.3</td>
<td>10.7</td>
<td>21.7</td>
<td>20.8</td>
</tr>
<tr>
<td><strong>Areas in Which a Significant Contribution Can Be Made to Extending Services to Disadvantaged and Marginalized Children and Families:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improved targeting of existing resources</td>
<td>50.7</td>
<td>57.1</td>
<td>43.5</td>
<td>45.8</td>
</tr>
<tr>
<td>Improved capacity/training</td>
<td>49.3</td>
<td>57.1</td>
<td>43.5</td>
<td>45.8</td>
</tr>
<tr>
<td>Improved advocacy</td>
<td>46.7</td>
<td>42.9</td>
<td>43.5</td>
<td>54.2</td>
</tr>
<tr>
<td>Clarification of policy/strategy</td>
<td>40.0</td>
<td>46.4</td>
<td>39.1</td>
<td>33.3</td>
</tr>
<tr>
<td>Improved data</td>
<td>34.7</td>
<td>25.0</td>
<td>30.4</td>
<td>50.0</td>
</tr>
<tr>
<td>Increased funding</td>
<td>29.3</td>
<td>35.7</td>
<td>26.1</td>
<td>25.0</td>
</tr>
<tr>
<td>Improved coordination</td>
<td>26.7</td>
<td>39.3</td>
<td>13.0</td>
<td>25.0</td>
</tr>
</tbody>
</table>

**Sample Size**

| Sample Size | 74-75 | 27-28 | 23 | 24 |

Source: ECD Country Office Internet Survey conducted in September 2010.

<sup>a</sup>Income categories are based on the World Bank’s classification (World Bank 2010), which uses 2008 per-capita GNI: lower income <$975, lower-middle income $976-$3,855, upper-middle income $3,866-$11,905. Oman was placed in the upper-middle category, although its income is higher than the cutoff.

<sup>b</sup>Respondents could indicate more than one response.

ECD=Early Child Development, GNI=Gross National Income.
Disparities in service coverage. Available data indicate that disparities continue to exist for key subgroups (UNICEF 2010). For instance, DHS data for Nepal and Ghana highlight disparities by wealth category, with children from families in the wealthiest quintile much more likely to attend pre-primary education than those from families in the poorest quintile. A lack of disaggregated data makes it difficult in all four of case study countries to assess at all whether other types of disadvantaged groups—such as children from particular ethnic backgrounds or with disabilities—are being reached with ECD services. Information gathered during country visits suggests that barriers to access among marginalized groups have often gone unaddressed. For instance, little evidence was found in Cambodia or Tanzania of targeted outreach efforts intended to increase participation among children with disabilities.

Other barriers include the distance between where disadvantaged families live and where services are located, parents’ uncertainty about the benefits of early care and stimulation, the short length of services provided given that parents have to work and children’s inability to pay attention in a group setting because they are hungry and a snack is not provided. Parents and service providers in Cambodia observed that often the poorest families cannot bring their children to the community preschool because it only operates for two hours and parents must leave early and be gone all day with their children to travel to work in the fields. In some countries services may be billed as “free” to community members but because stipends for volunteer teachers are very low, parents may be expected to give the teacher a small monetary or other gift (for example, rice). Case study respondents reported that this also a barrier because the poorest families cannot afford these gifts. Case study countries used GoN funding for outreach to parents through radio announcements and broadcasts about the benefits of participating in ECD services.

On the supply side, countries face challenges in identifying and training service delivery staff and developing and maintaining the workforce with the skills and interest in working with the most disadvantaged. For example, recruiting and retaining ECD center facilitators in Nepal’s mountainous, sparsely populated regions where poverty rates are high is a challenge. As described in Chapter VI, coverage is highest in urban areas, which reflects a combination of the demand and supply side pressures.

Challenges and strategies for closing the gap. Key informants cited several factors that increase the challenge of fulfilling the rights of the most disadvantaged. Over three-fifths of survey respondents (63 percent) reported that insufficient funding inhibits expansion of services to marginalized groups (Table VII.1). Lack of coordination and insufficient capacity/training were the other top challenges reported on the survey (45 and 44 percent of COs, respectively). Other challenges included lack of data, lack of awareness and absence of a specific policy focused on the less reached and marginalized. Lack of trained staff or appropriate facilities can be a barrier to serving children from disadvantaged groups, particularly those with disabilities. Another factor is prioritization of scale-up of services over targeted outreach to marginalized groups. In addition, achieving equity may be difficult in the absence of clearly articulated strategies for reaching out to marginalized groups on issues related to ECD. While national policies and plans on ECD may reference disadvantaged groups, they appear to rarely delineate concrete steps for expanding access.

COs provided ideas for areas where significant contributions could be made to meeting goals related to reaching the less reached and marginalized. They endorsed approaches such improving (1) targeting of existing resources, (2) coordination, (3) capacity/training and (4) advocacy. In addition, they called for clarifying policies related to reaching these populations. Data, funding and coordination were other areas COs viewed as having potential for increasing
participation of children and families who are challenging to identify and serve. The case studies and executive interviews corroborate the survey findings.

Globally, UNICEF HQ continues to play a prominent role in providing leadership in encouraging innovation in advocacy for reaching underserved populations, using data to inform new outreach and service approaches, and allocating funding for these efforts. A recent UNICEF report on secondary data analyses and simulations of child survival outcomes found that providing evidence-based interventions to the most marginalized and disadvantaged is a cost-effective way to make substantial progress toward reaching the MDGs (UNICEF 2010). These methods and use of cost simulations based on marginal bottleneck budgeting models in the area of child survival have potential for use in ECD. Over the past two years, changes in leadership at UNICEF and a renewed focus on reaching the least reached have provided increased urgency and attention to these efforts at all levels. Findings from the case studies indicate that although some progress has been made during the UNICEF-GoN funding period, substantial attention to these issues and investments in meeting the needs of disadvantaged and marginalized families and children is a gap at all levels.

3. Gender Equality in Participation and Decision Making Related to ECD

Substantial progress has been made toward attaining gender equality among participants in ECD interventions in case study countries. In assessing gender equality in preprimary education, the evaluation team focused on enrollment by gender since data disaggregated by gender were available for these services in all four case study countries. (The extent of any gender gap in participation in ECD services other than pre-primary education is unknown.) In Cambodia and Nepal, the gender gap in enrollment was no more than 3 percentage points, according to the most recent data available at the time of the country visit, while in Ghana and Tanzania, nearly complete gender equality had been achieved, with an enrollment gap between girls and boys of less than 1 percentage point. Subnational data on boys’ and girls’ enrollment in pre-primary education were not available in all case study countries, and it is possible that gender gaps differed across regions or between rural and urban areas. In one country where regional enrollment data were available (Ghana), however, girls represented between 49 and 51 percent of students enrolled in pre-primary education in all regions. Among the factors that may facilitate gender equality in pre-primary education are (1) very young children’s limited ability to help with farm or household tasks (which lowers the opportunity cost of sending girls to an early childhood education programme); and (2) the attractiveness of services, which are sometimes free, that can both promote children’s development and lessen parents’ child care responsibilities (UNESCO 2007).

Quantitative data on gender in ECD policymaking positions in countries receiving GoN funding do not appear to be available; however, observations during case study country visits suggest that women are well represented in such positions in at least two of the countries, Ghana and Tanzania. In Ghana, women occupy several key positions at the national level related to implementation of the national ECCD policy, planning and curriculum development for pre-primary education and education policy. Similarly, in Tanzania, women hold leadership roles related to ECD, possibly as a result of the country’s Women and Gender Development Policy (adopted in 2000), which has the overall objective of promoting gender equity and equal participation of men and women in economic, cultural and political affairs.
C. Relevance and Appropriateness

This section reviews the relevance and appropriateness of ECD strategies for advancing effective planning, management, coordination and partnerships and promoting HRBAs and equity. Each issue is addressed separately below.

**Planning, management, coordination and partnerships.** Approaches to planning for ECD programming at the global and country levels do not appear to be appropriate for supporting the consistent and comprehensive application of RBPM. A logical framework for programming has been developed at the global level, and some expected outcomes have been defined in individual countries. However, comprehensive frameworks for programming are lacking at the country level, and monitoring of strategy implementation and outcomes is inconsistent.

Approaches to coordinating ECD programming within UNICEF vary in appropriateness among COs. Some COs in case study countries were found to have taken deliberate steps toward joint planning and increased coordination for ECD among programme sections, while in other COs ECD remained segregated to one or two programme sections.

ECD programming approaches have been relevant and appropriate for building partnerships with a variety of organizations. Efforts to develop collaborations with national NGOs/CSOs and with researchers and professional networks appear to have been particularly constructive.

**Human-rights-based approaches: equity and reaching the less reached and disadvantaged.** Strategies implemented by COs in case study countries appear to be relevant and appropriate for promoting human-rights-based approaches to programming in ECD, including gender equality. In particular, attention has been given to pathways for participation of rights holders in programme planning and implementation. ECD programming at the CO level has not focused to an appropriate extent, however, on identifying and implementing strategies to achieve equity in access to ECD services among marginalized groups.

D. Role of the UNICEF-GoN Funding

UNICEF-GoN funding has supported coordination for ECD within COs in two case study countries, participatory approaches to programming and the enhancement of partnerships for ECD. In Cambodia and Tanzania, UNICEF-GoN funds have been apportioned across multiple programme sections, promoting coordination and shared ECD objectives. The funds have also supported specific activities to enhance participation of rights holders in ECD programming, such as capacity building for PTAs in Ghana and commune councils in Cambodia. The GoN funds facilitated coordination and communication across COs and ROs and provided a unique opportunity for ongoing and substantive interactions with the HQ ECD Unit that staff have used to inform their work with other COs and with partners. The UNICEF-GoN funding stream has been less influential with respect to planning processes. It does not appear that receipt of the funding affected the way that COs in case study countries developed objectives for ECD programming or monitored progress toward those objectives. Rather, the funding was directed toward existing programming objectives and monitoring and management processes already in place were used.

In the area of meeting the needs of the marginalized and disadvantaged, the contributions of the UNICEF-GoN funding are less clear. CO staff and country counterparts often could not articulate exactly what staff and country counterparts were doing to advocate for increased
attention to these issues. As described above, this may be because little was actually happening to move from policies to actually developing, implementing and testing promising strategies designed to increase access and improve outreach and participation. The GoN funding did contribute to UNICEF’s strategies and activities in these areas at the HQ and RO levels. HQ and RO investments supported progress in a number of areas, including (1) analyses and presentations of MICS data to demonstrate continuing disparities and target funding and (2) ECD costing and financing studies that included a focus on marginalized and disadvantaged children.

E. Human-Rights-Based Approaches and Equity: Conclusions, Lessons and the Way Forward

1. Conclusions

Planning, Management, Coordination and Partnerships

Some elements of RBPM have been applied to ECD programming at the global level, but use of RBPM techniques at the country level is limited. Although UNICEF COs and country partners conduct some monitoring to assess progress toward programme goals, barriers to effective monitoring are common, including the absence of programming frameworks, lack of measurable targets for ECD activities and consistently applied monitoring tools and insufficient data on implementation and outcomes.

Greater emphasis in developing and implementing cohesive and well-defined reporting requirements for ROs and COs would yield higher quality data to inform assessments of progress toward targeted ECD outcomes. The reporting questions designed by HQ and advisors (including donor representatives) about the UNICEF-GoN funding and how it was used were not specific enough to ensure consistency in CO and RO reporting. Lack of detailed definitions of the data elements and training on appropriate data sources and collection methods, as well as provision of context for the information, resulted in inconsistent responses and unverifiable data. Evidence of the use of data to make midcourse corrections or share lessons across the ECD network was scant.

Support for ECD from HQ and ROs and within COs is considered adequate but there is room for improvement in both UNICEF’s vertical alignment with COs’ needs and horizontal alignment within COs across office sections. Findings from the CO survey identified needs and gaps that can improve alignment of HQ and RO strategies and activities and make them more useful to COs. At the CO level, horizontal alignment and coordination tend to be better in COs where ECD-related funding is more evenly spread across sections or where staff are assigned specifically to work on improving alignment and integration of ECD activities.

ECD programming in the case study countries is highly participatory and encourages involvement of both rights-holders and duty-bearers. Participation in ECD policy development and service implementation in case study countries is facilitated through such mechanisms as Decentralized Action for Children and Women (DACAW) districts in Nepal and commune councils in Cambodia. These mechanisms create a structure for grassroots involvement and aid in the application of human-rights-based approaches.
By and large, partnership building for ECD has been successful. An array of partner organizations collaborates with UNICEF on ECD programming at the country and regional levels. A continued focus on sectoral funding strategies may inhibit full participation in supporting holistic ECD among some development partners. There is a clear need for advocacy and support for donor groups interested in ECD and in developing relationships and shared understanding of the links among sectors in regard to achieving shared goals and outcomes for children and families.

Equity and Reaching the LessReached and Disadvantaged

Progress toward gender equality in access to classroom-based interventions is good in case study countries. UNICEF and its partners monitor gender in programming closely, and girls and boys participate in roughly equal proportions in pre-primary education interventions in case study countries.

Case study countries' capacities to improve access for less reached and disadvantaged children were limited by lack of data and strategies for increasing access. For most of the disadvantaged and marginalized groups, the available data are not adequate for careful monitoring of equity in access, although the available data indicate likely gaps in equity. For example, data are generally not available about enrollment of orphans, but site visits indicated possible inequities in access for this group. Evaluation respondents could not articulate specific strategies for reaching marginalized and disadvantaged children and families and enrolling them in ECD programmes.

Globally, UNICEF’s role in providing leadership in encouraging innovation in advocacy for reaching underserved populations is critical for making progress in this area. The ECD Unit’s advocacy and leadership keeps ECD staff at all levels and partners focused on developing the tools needed to assess progress, target services and support outcomes. Formal tools and training are needed at all levels.

2. Lessons Learned

Implementing RBPM for ECD programming requires adjustments to current planning and monitoring processes. At the CO level, existing programme planning processes for ECD do not appear to include such steps as development of a logical framework for programming. In addition, planners must focus on establishing measureable outcomes linked to logical frameworks and reliable processes for monitoring progress toward expected results. Measurement systems and programme-quality indicators should be designed to support programme planning and management.

Partnerships for ECD can support progress toward policy development and programme implementation goals. Key informants in case study countries frequently highlighted UNICEF’s ability to bring organizations together to collaborate on ECD policies, strategies and interventions. Bilateral partnerships provide the majority of funding for ECD, with national NGOs and CSOs, which are likely to be familiar with conditions in local areas, inform government planning processes and support efforts to enhance access to ECD services. Partnerships with development organizations may be important for advancing policy development and addressing goals related to scale-up.
UNICEF, national governments and donors are interested in reaching the disadvantaged and marginalized, but actionable strategies and services are lacking to move from written policies to engaging and serving these families and children. Despite mention of disadvantaged groups in national policies and plans in case study countries, evidence of systematic, concerted action to increase access among such marginalized groups as the disabled, ethnic minorities and the poorest is scarce. Shared commitment may fill these gaps.

3. The Way Forward

UNICEF and its partners have been successful in applying HRBAs to ECD programming, achieving gender equality in ECD services and cultivating partnerships for ECD. Greater effort is needed, however, to implement results-based planning and management for ECD and address the rights and needs of the most disadvantaged families and children, including orphans and vulnerable children.

To enhance planning, management and coordination for ECD, 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 level, 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. Frameworks should be complemented by the identification of measurable outcomes related to expected results, as well as ongoing monitoring of progress toward these outcomes. With frameworks and monitoring processes that are closely linked, planners will be able to continually refine strategies and resource allocations in response to achievements and gaps in programming.

Concerted effort is also needed to ensure that ECD policies, outreach and service delivery strategies target the most disadvantaged and marginalized. UNICEF and its partners might promote equity by identifying and disseminating promising strategies to extend the reach of ECD services and by providing incentives for service delivery agencies to focus on the most vulnerable groups. The returns to ECD programme investments that address the needs of the most disadvantaged should be assessed findings share with national and subnational leaders. Finally, steps necessary to achieve equity should be included in plans of action for implementing national ECD policies.
This chapter presents summary conclusions and lessons based on the evaluation findings. It offers recommendations to UNICEF COs, ROs and HQ for enhancing ECD programming and addressing existing gaps. The recommendations are organized around the four strategic areas: (1) mainstreaming; (2) capacity building; (3) knowledge generation and dissemination; (4) service coverage, quality and sustainability; and the cross-cutting issues: (5) planning, management, coordination and partnerships; and (6) equity and reaching the less reached and disadvantaged. Within an area, the more general conclusions are presented first. Although this evaluation identified challenges that are unique to the UNICEF-GoN programme and UNICEF’s overall ECD approach, many of the conclusions, lessons and recommendations complement previous UNICEF reviews and evaluations (for example, the UNICEF Organizational Review [Giving Works 2007]) and with ECD evaluations and research (for example, van Ravens 2010).

A. Conclusions

Mainstreaming ECD Policies into National Policies, Plans and Services

Clear communication about the benefits of ECD investments contributed to mainstreaming. Advocacy efforts at all levels that focused on communicating the unique and synergistic contributions of ECD to improving both short- and long-term outcomes for children, families and communities increased excitement and commitment to ECD mainstreaming among government leaders and decision makers.

Involvement of finance ministers in the ECD policy and planning process and costing studies are useful in shaping policy development, advocacy and budgeting for ECD. To engage finance ministers and partners in allocating funds that mainstream ECD into national policies and programmes, UNICEF and country counterparts need ECD-specific costing data and tools for conducting simulations of different funding strategies.

The findings are mixed about the relative benefits of sectoral versus intersectoral approaches to mainstreaming and universal versus more targeted policies. Findings from the four case studies highlight that sectoral and intersectoral approaches have demonstrated successes and challenges. Overall, evaluation respondents viewed intersectoral approaches as desirable for supporting integrated, holistic ECD. Universal scale-up of ECD interventions can produce rapid increases in coverage but may be associated with compromised service quality and lack of equity in access to services. In countries with more targeted and slower phase in, ECD service coverage tends to be lower.

Efforts to mainstream ECD messages into other types of interventions are progressing. UNICEF’S investment in ECD materials that can be added to programmes conducted as part of health and nutrition services provides a model for doing so in other areas, such as water, sanitation and hygiene (WASH); child protection and social protection. Rigorous impact evaluations, like the one in Pakistan funded in part by UNICEF add to the body of knowledge in this area and build the evidence base for mainstreaming ECD into other types of interventions.

At the UNICEF CO level, staff lack clarity about what is and is not part of ECD. In the case study countries, some CO staff members requested more clarity about which duties are the responsibility of particular sections versus intersectoral ECD activities, as well as processes for ECD coordination and communication.
At the UNICEF CO level, decisions about which section the staff member primarily responsible for ECD is assigned to and how the CO approaches coordination of intersectoral ECD activities influence the level of shared understanding, coordination and ability to support country partners in making progress toward mainstreaming. In several of the COs that received UNICEF-GoN funding, an intersectoral ECD committee meets regularly to assess needs and progress. This approach provides an important model for the kind of intersectoral ECD coordination that UNICEF advocates for with its country partners.

The UNICEF-GoN investment provided stability for policy mainstreaming efforts that targeted specific countries developing ECD policies and global and regional networks focusing on supporting policy development. Without this investment, progress in these areas would have been slower or might not have occurred.

Building Capacity for ECD

UNICEF’s advocacy for investment in building capacity among national leaders and investments in high-quality resource materials enhances the ECD capacity of both rights holders and duty bearers. Participation in ECDVU and ECD conferences are ways to provide policy and programme leaders the information they want and need about ECD issues. These experiences deepened leaders’ commitment to making the case for investing in ECD. Respondents reported that capacity-building materials informed and enhanced policy development, advocacy and programme implementation.

UNICEF does not use a systematic approach to assessing ECD capacity gaps, implementing capacity-building activities, documenting participation at the individual level and using data to focus follow-up efforts. The need to coordinate and document systematically ECD gaps at all levels (national, subnational and local) is critical to optimizing the investments. Data systems are needed to track participation of ECD service providers and target resources to those who have not received basic training and required refreshers. Similar approaches are needed to target families or geographic areas.

Parent/caregiver exposure to ECD interventions/messages is uncertain because of minimal data, but most interventions are of too low an intensity to support lasting impacts on parent behavior. Research evidence increasingly demonstrates that brief interventions (for example, one-time workshops) are not sufficient to change adult behavior with children (Winton 2008; Winton and McCollum 2008). The evaluation found little evidence that evidence-based adult learning approaches are being used as part of existing ECD capacity-building activities.

UNICEF COs reported that ECD capacity grew over the past four years, but current needs reflect challenges related to resource constraints (too few staff and too little ECD-specific expertise) and bringing additional ECD expertise to the organization. The relatively small number of staff working on ECD issues and limited resources inhibits progress toward targeted outcomes. COs are seeking ECD-specific capacity building and staff with expertise in ECD as well as in the areas of reaching the marginalized and disadvantaged, costing and supporting policy implementation at the national and subnational levels. In addition, the role of ROs and the adequacy of supports they provide to COs in addressing these and other needs are not meeting their potential.
Global and regional capacity-building efforts funded in part by the UNICEF-GoN programme leveraged capacity building at all levels. When sponsoring workshops or conferences designed to build the capacity of one or more of the 10 funded countries, ROs and HQ often invited other countries with similar issues to attend, leveraging those resources beyond the smaller group. Investments in global and regional ECD networks also contributed to capacity-building efforts by enlarging the pool of experts and advocates available to work with UNICEF in addressing country-level needs.

Generating and Disseminating Knowledge for ECD

The efficiency of knowledge generation and dissemination at both the global and country levels is diminished by a lack of coordinated, systematic planning and rigorous evaluations. Insufficient coordination among HQ, ROs and COs in establishing research priorities and planning evaluations detracts from development of a focused research agenda in ECD and results in missed opportunities to leverage resources for more rigorous, longer-term country-specific and multi-country evaluations. Current processes at the country and global levels do not facilitate sequencing of evaluations into formative and summative stages.

UNICEF’s promotion and use of findings from the MICS4 ECD module data are expected to continue to produce substantial benefits to all levels of the organization and to country counterparts. In particular, the resulting summary ECD indicators will facilitate national monitoring and international comparisons of children’s progress in key developmental domains. Because the module does not include items on infants and toddlers, however, it does not cover the full conception-to-8 age span, which remains a gap.

Current knowledge management practices within UNICEF do not adequately allow public access to findings from previous and ongoing research and evaluation projects. CO, RO and HQ internet pages are challenging to navigate and do not provide a catalog of the studies UNICEF has commissioned or contributed to over time. There is no one-stop location that provides up-to-date information on research, monitoring and evaluation projects in formats designed to meet the needs of diverse audiences.

ECD Service Coverage, Quality/Efficiency, Sustainability and Scale-Up

ECD service coverage of center-based pre-primary education has expanded, but coverage and quality are uneven. In all four case study countries, coverage varies across geographic areas and social groups, with children from urban areas and higher-income families typically having more access than children from rural areas and economically or socially disadvantaged groups. Quality of services is also uneven in terms of teacher training, facilities, materials and the number of children per classroom.

ECD service coverage designed for parents of children from birth to age 3 has been limited. Less progress has been made in increasing service coverage for parents of younger children from birth to age 3. In most case study countries, attempts have been made to integrate ECD messages in existing community health services, with varying degrees of success.

Systems are not yet in place to provide adequate training, monitoring and technical assistance necessary for improving quality of programming. All case study countries reported providing some training to teachers and/or community health workers, but problems with training coverage were evident, especially regarding training for replacements and refresher training. None of the case study countries had established a system for assessing
ECD quality, reporting and tracking results and using results to improve quality through training and technical assistance.

Planning, Management, Coordination and Partnerships

Greater emphasis in developing and implementing cohesive and well-defined reporting requirements for ROs and COs would yield higher quality data to inform assessments of progress toward targeted ECD outcomes. The reporting questions designed by HQ and advisors (including donor representatives) about the UNICEF-GoN funding and how it was used were not specific enough to ensure consistency in CO and RO reporting. Lack of detailed definitions of the data elements and training on appropriate data sources and collection methods, as well as provision of context for the information, resulted in inconsistent responses and unverifiable data. Evidence of the use of data to make midcourse corrections or share lessons across the ECD network was scant.

Support for ECD from HQ and ROs and within COs is considered adequate but there is room for improvement in both UNICEF’s vertical alignment with COs’ needs and horizontal alignment within COs across office sections. Findings from the CO survey identified needs and gaps that can improve alignment of HQ and RO strategies and activities and make them more useful to COs. At the CO level, horizontal alignment and coordination tend to be better in COs where ECD-related funding is more evenly spread across sections or where staff are assigned specifically to work on improving alignment and integration of ECD activities.

By and large, partnership building for ECD has been successful. An array of partner organizations collaborates with UNICEF on ECD programming at the country and regional levels. A continued focus on sectoral funding strategies may inhibit full participation in supporting holistic ECD among some development partners. There is a clear need for advocacy and support for donor groups interested in ECD and in developing relationships and shared understanding of the links among sectors in regard to achieving shared goals and outcomes for children and families.

Human Rights-based Approach and Reaching the Less Reached and Disadvantaged

Progress toward gender equality in access to classroom-based interventions is good in case study countries. UNICEF and its partners monitor gender in programming closely, and girls and boys participate in roughly equal proportions in pre-primary education interventions in case study countries.

Case study countries’ capacities to improve access for less reached and disadvantaged children were limited by lack of data and strategies for increasing access. For most of the disadvantaged and marginalized groups, the available data are not adequate for careful monitoring of equity in access, although the available data indicate likely gaps in equity. For example, data are generally not available about enrollment of orphans, but site visits indicated possible inequities in access for this group. Evaluation respondents could not articulate specific strategies for reaching marginalized and disadvantaged children and families and enrolling them in ECD programmes.
Globally, UNICEF’s role in providing leadership in encouraging innovation in advocacy for reaching underserved populations is critical for making progress in this area. The ECD Unit’s advocacy and leadership keeps ECD staff at all levels and partners focused on developing the tools needed to assess progress, target services and support outcomes. Formal tools and training are needed at all levels.

**Overall Effectiveness and Relevance/Appropriateness**

Overall, evidence exists that UNICEF’s ECD strategies were effective in meeting targets related to outputs (such as number of parents trained), but evidence of effectiveness in improving intervention quality and outcomes for children and families is scant. Without a more systematic approach to assessing needs, quality of services delivered and outcomes, rigorous assessment of effectiveness is constrained. Taken together, UNICEF’s ECD strategies and the UNICEF-GoN Programme funding were relevant and appropriate to making progress toward targeted outcomes. Generally the strategies and activities were adequately aligned with stated goals and the logical frameworks developed for the evaluation. Systemic challenges related to the availability and use of data on national and subnational ECD needs impedes better alignment of UNICEF’s strategies with identified needs.

**Contribution of the GoN Investment**

*GoN funding in the 10 countries increased awareness of and commitment to ECD among national and subnational leaders, catalyzing efforts aimed at increasing access and quality of services offered to families and children.* Country-level investments in increasing the ECD capacity of service providers and parents and getting high-quality training and instructional materials into their hands enhanced progress toward improving children’s outcomes.

*The GoN's multiyear investment increased UNICEF's influence, reach and credibility as a partner in ECD at the country, regional and global levels.* The funding enabled UNICEF to have a greater role in engaging partners, influencing how funds were spent and leveraging investments.

**B. Lessons**

*Mainstreaming ECD into policies and services requires ongoing attention to data on progress and a commitment to overcoming implementation challenges at the country level.* The large number of COs reporting that the education and health sectors are influential players in ECD is reflected in the achievements that country counterparts and UNICEF described related to developing holistic policies and interventions in those areas. To increase the participation of other sectors, country-specific logical frameworks for connecting strategies and identifying common outcomes are needed. National and subnational data on meaningful ECD indicators are necessary to focus commitment and chart progress across sectors.

*Policy development is central to establishing structures for successful programme implementation of mainstreamed policies and intersectoral approaches.* By setting up national and subnational committees and coordinating bodies as part of policy development, some of the case study countries progressed from collaborating on policy development to collaborating on the national plan of action and implementing services for children and families.
Coordination requires persistence in working together to develop common goals, set up data systems and communications to monitor progress and achieve targeted outcomes.

*Coordinated ECD capacity-building efforts targeted to national and subnational leaders are feasible and can potentially be a path to growth in appreciation for and commitment to ECD policy and programme development.* Given the importance of committed, knowledgeable leaders, these efforts have the potential to be catalytic within countries at all levels.

*A focus on the development and implementation of core indicators for ECD and ELDS addresses needs for monitoring tools and benchmarks at the country level and has a variety of positive results.* Programming to support the identification and use of indicators and standards fills a substantial gap related to measures of ECD. Indicators developed at the global level are likely to help focus increasing attention on ECD among policymakers and aid in the tracking of progress over time. ELDS created at the country level can also establish a basis for assessing children’s developmental progress, as well as a platform for curricula, service standards and monitoring tools.

*A diffuse research agenda limits efforts to build an evidence base for the effectiveness of ECD interventions.* Monitoring and evaluation frameworks for ECD do not appear to be well aligned across CO, RO and HQ levels. It does not appear that there is consistent communication regarding key knowledge gaps related to ECD or efforts to coordinate research projects across organizational levels or countries. This lack of coordination limits opportunities to engage in the planning needed to identify promising ECD interventions and conduct rigorous evaluations of their effectiveness over time, in various contexts and with various target populations. It also reduces the potential for consolidating resources across organizational levels to support such studies. As a result, evidence regarding the impact of specific ECD interventions in countries partnering with UNICEF remains limited.

*Mainstreaming ECD within a single sector may facilitate rapid scale-up but may not lead to holistic programming across the conception-to-8 age span.* Clear systems and resource allocation plans can be established in a single sector for increasing coverage of specific programming. For example, center-based pre-primary education was scaled up across the country in both Nepal and Ghana by introducing it into the existing primary education system. This could also occur in the health sector by scaling up ECD services with community programmes operating within health systems. Experiences in the case study countries, however, indicate that working primarily through a single sector will not yield holistic services or services that span the target age range of conception to age 8.

*Rapid scale-up can lead to insufficient focus on quality and equity.* Scaling up ECD services is a complex endeavor that requires engagement at national, regional and local levels. In addition to developing resource allocation plans, establishing facilities, hiring and training staff and recruiting and enrolling children and parents, systems must be developed to promote quality services and equitable access to them. Steps required to create these systems—such as 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 and targeting training and other resources to those areas—take time to develop and implement. 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. All of the case study countries aim to provide equitable access to ECD programming for disadvantaged and vulnerable children. Moreover, many of these children have benefitted from increased availability of preprimary education and other ECD services. Nevertheless, limited data available indicate that access among the most vulnerable children—those who live in rural areas, are poor and are members of disadvantaged social groups—is lower than for their less disadvantaged peers (Chapter VII discusses these issues in more detail). Efforts to identify these children and develop strategies to target them for enrollment may be necessary to achieve desired levels of equity in access.

Implementing RBPM for ECD programming requires adjustments to current planning and monitoring processes. At the CO level, existing programme planning processes for ECD do not appear to include such steps as development of a logical framework for programming. It also appears that planners must focus on establishing measureable outcomes linked to logical frameworks and reliable processes for monitoring progress toward expected results. Measurement systems and programme-quality indicators should be designed to support programme planning and management.

Partnerships for ECD can support progress toward policy development and programme implementation goals. Key informants in case study countries frequently highlighted UNICEF’s ability to bring organizations together to collaborate on ECD policies, strategies and interventions. National NGOs and CSOs, which are likely to be familiar with conditions in local areas, can inform government planning processes and support efforts to enhance access to ECD services. Partnerships with development organizations may be important for advancing policy development and addressing goals related to scale-up.

UNICEF, national governments and donors are interested in reaching the disadvantaged and marginalized, but actionable strategies and services are lacking to move from written policies to engaging and serving these families and children. Despite mention of disadvantaged groups in national policies and plans in case study countries, evidence of systematic, concerted action to increase access among such marginalized groups as the disabled, ethnic minorities and the poorest is scarce. Shared commitment may fill these gaps.

Contribution of the GoN Investment

GoN funding in the 10 countries increased awareness of and commitment to ECD among national and subnational leaders, catalyzing efforts aimed at increasing access and quality of services offered to families and children. Country-level investments in increasing the ECD capacity of service providers and parents and getting high-quality training and instructional materials into their hands enhanced progress toward improving children’s outcomes.

The GoN’s multiyear investment increased UNICEF’s influence, reach and credibility as a partner in ECD at the country, regional and global levels. The funding enabled UNICEF to have a greater role in engaging partners, influencing how funds were spent and leveraging investments.
C. Recommendations

The intended audience for each recommendation (UNICEF HQ, ROs or COs) is indicated in parentheses.

Mainstreaming ECD Policies into National Policies, Plans and Services

Seek stable, multiyear funding of policy mainstreaming strategies to catalyze the transition from ECD policy development and adoption to high-quality implementation (UNICEF HQ). Focus investments on countries that adopted ECD policies or mainstreamed them within the past two years, specifically providing funds for those committed to trying leading approaches to building infrastructure to support policy implementation. Invest in development of mainstreaming models and test them in formative research.

Identify a summary indicator or small set of indicators for ECD that could be tracked and reported at subnational, national, regional and global levels to focus advocacy and mainstreaming, build awareness and track progress toward critical outcomes (UNICEF HQ). For example, develop summary measures of “on-track development” for ages 1, 3 and 5 that incorporate measures of cognitive, social-emotional and physical development.

Provide training and technical assistance on costing ECD policies and strategies and identify promising practices for involving finance ministers in ECD planning and costing (UNICEF HQ and ROs). Use lessons from recent costing efforts in developing guidance and streamlined costing tools for COs. Consider ways to consolidate costing across sectors to facilitate the costing of intersectoral efforts such as ECD.

Evaluate sectoral versus intersectoral approaches to ECD policy and programme development, as well as universal versus targeted approaches to mainstreaming (UNICEF HQ and ROs). Systematically track differences in approaches at the RO and HQ levels and develop models for testing these approaches against each other.

Promote use of the ECD Resource Pack to inform country counterparts about the benefits of ECD investments and develop versions tailored for targeted stakeholder audiences (UNICEF HQ, ROs and COs). For example, tailor the Resource Pack for use with top policymakers and ministry-level staff to differentiate the value of ECD investments from investments already being made, and do the same for stakeholders at subnational levels. Compile and disseminate promising practices for mainstreaming ECD messages into other types of interventions (UNICEF HQ). Use findings from implementation research on Care for Child Development to create a how-to manual designed to help COs obtain buy-in for incorporating ECD into existing interventions. As needed, adapt the approach UNICEF HQ took to working with global partners on Care for Child Development to develop modules on ECD that can be added to WASH, child protection and social protection interventions. Advocate for a consistent CO organizational structure for the ECD focal point that includes a reporting relationship to the deputy representative and provides clarification on the focal point’s responsibilities (UNICEF HQ). This reporting structure would underscore the broader responsibility of the ECD focal points beyond the section in which they are housed and provide accountability to keep cross-cutting efforts moving forward. Consider a similar structure for HQ since responsibilities of the ECD Unit extend beyond young child survival and development.
Building Capacity for ECD

*Develop and advocate for implementation of a systematic approach to capacity building that includes assessing needs, implementing evidence-based training, tracking completion of service provider training and parenting education and assessing and evaluating outcomes (UNICEF HQ).* Develop the capacity and infrastructure necessary to identify training needs and develop, implement and evaluate capacity-building approaches. Align ECD goals and investments with expected outcomes by targeting specific capacity-building strategies to meet the needs of policymakers, government officials and planners, programme implementers and parents. Adapt the UNDAP capacity development approach to ECD and develop formal training modules designed to meet country and global needs. Evaluate changes in capacity-building infrastructure and outcomes.

*Continue to invest in existing resources for capacity building, such as the ECD Resource Pack and ECDVU, and develop new resources to address capacity gaps (UNICEF HQ and ROs).* For example, UNICEF COs expressed the need for additional training and guidance in the areas of equity and reaching the marginalized/disadvantaged, costing and finance, quality improvement and training of service providers. To meet these needs, prioritize Module 5 of the Resource Pack for updating with the latest information about effective policy development and advocacy as well as cutting edge costing methods and examples of recent cost analyses and simulations. Consider adding information and tools on how to go from policy development to creating a national plan of action and getting to high-quality services for children and families. Increase the return on these investments by allocating funds to translate and adapt ECD capacity-building materials into more languages and for use by service providers, parents and children.

*Invest in developing models for parent/caregiver training based on research evidence about the dosage, content and training approaches that are likely to produce intended outcomes (UNICEF HQ).* To ensure that parents/caregivers become engaged, begin by planning interventions that take into account factors that increase and those that inhibit the consistency of participation. Consider including meaningful incentives designed to attract parents and caregivers to training events and activities. Incorporate adult learning principles into training designs to maximize the likelihood that training will produce positive and lasting changes in parent/caregiver behavior.

*Hire child development specialists to strengthen the role of the ECD Unit within UNICEF HQ, and have dedicated ECD advisors in each RO (UNICEF HQ and ROs).* Increase the number of staff at UNICEF HQ with a specific background and focus in ECD who can help integrate ECD with other sectors and provide a greater presence in key planning and decision-making activities. Create or fill RO ECD advisor positions to improve relevance and efficiency in meeting CO ECD-specific needs. Clarify the role of the RO in providing ECD expertise to COs and the region. Provide more technical support to COs on ECD policy advocacy and costing efforts.

Generating and Disseminating Knowledge for ECD

*Develop a multiyear, integrated research and evaluation agenda, coordinated across organizational levels and regions, that includes a continuum of formative and summative evaluation to support programme improvement (UNICEF HQ).* Create an agenda that describes the state of children; documents the dosage, content and quality of interventions; and rigorously assesses impacts on children and families. Synchronize agendas across
organizational levels and regions to address key knowledge gaps and facilitate pooling of resources for larger evaluations. Make findings and lessons learned readily accessible. Finally, develop a system for using research and evaluation findings to inform ECD policies and interventions.

*Invest in knowledge management systems that catalog past and current research and evaluation projects at all levels and make them available on public websites (UNICEF HQ).* Systematically distribute information about UNICEF-supported research activities and reports outside of the organization through dissemination channels with a broad policy and practice audience. This includes participation at conferences as well as maintaining comprehensive and up-to-date public websites with publications databases that cover previous and current research projects.

*Continue to invest in the MICS4 ECD module and to advocate for its use by more countries (UNICEF HQ).* Widespread use of the module will help to close the existing knowledge gap about children’s progress globally in key developmental domains. Consider expanding the module in the future to include items on infants and toddlers.

*Work with COs and country partners to fully develop ELDS for the conception-to-8 age span, use ELDS as the basis for developing training and monitoring systems and evaluate their effects on targeted outcomes (UNICEF HQ and ROs).* For example, ELDS can serve as the basis for defining quality in ECD interventions and for developing monitoring processes and tools for assessing the degree of adherence to ELDS. Gaps identified through monitoring can inform ongoing training and technical assistance. Use ELDS to inform curricula and training materials for staff and community volunteers who deliver ECD services and programming. Evaluate ELDS efforts to identify successes and challenges. Develop guidance on how to maximize the contribution of ELDS to achieving improved service delivery systems and outcomes for children.

**ECD Service Coverage, Quality/Efficiency, Sustainability and Scale-Up**

*Advocate for increased funding levels and intersectoral donor groups to increase sustainability of ECD strategies and interventions (UNICEF HQ, ROs and COs).* Involving finance ministers in ECD planning and informing finance and other ministry-level staff about the benefits of holistic ECD interventions contribute to sustainability of ECD interventions. To reduce turnover (an inefficiency related to training resources), governments may need to shift from unpaid or minimally paid community volunteers to more paid staff over time, requiring additional funding allocations to scale up and sustain service quality. UNICEF is in a strong position to advocate among donors about the need for a holistic, long-term approach to ECD interventions and engage intersectoral donor groups for ECD.

*Advocate for investment by country partners in initiatives to improve the quality of center-based ECD interventions, especially in countries in which coverage has expanded rapidly (UNICEF HQ, ROs and COs).* As noted above, rapid expansion of centers may result in less focus on quality. To ensure that new facilities are safe, healthy and equipped with appropriate materials, provide technical support for a parallel expansion of teacher training systems and monitoring and inspection systems. Use ELDS as a starting point for developing standardized monitoring tools and collecting consistent information about each center. Advocate for increased access to holistic services that reach children ages 0 to 3 and their parents (UNICEF HQ, ROs and COs). Highlight the need to address gaps in services for the youngest children and encourage partners to expand services for parents of children under age 3.
Evaluate and disseminate effective service models, including interventions in which parents and children participate together. Involve multiple sectors—including health, WASH, child protection and social protection—in promoting holistic ECD. Provide funding for effective interventions across the relevant sectors.

Planning, Management, Coordination and Partnerships

Prioritize development of results frameworks for holistic ECD (UNICEF HQ, ROs, COs). At all levels, specify and define measurable ECD outcomes. At the CO level, establish or refine logical frameworks for ECD that reflect activities across sectors. Measure progress toward the expected outcomes identified in these frameworks over time. Encourage UNICEF COs and country partners to use monitoring results to identify and plan for course corrections as needed in areas for which sufficient progress is not being made. Share well-specified results frameworks with all partners to guide activities and ensure that all are working on a common set of targeted outcomes.

Take steps to improve the quality and efficiency of reporting on specific investments by donors (UNICEF HQ). Work with donors to specify measurable expected outcomes and clarify reporting requirements at the start of each funding period. Provide consistent training on the measurement system and reporting expectations to funded ROs and COs that includes an overview of the measurement strategy, its purpose and goals and expected uses of the data; definitions of data elements; identification of appropriate data sources and measures; a system for reviewing data quality; and how to use the data for programme improvement.

Encourage distribution of funding for ECD more evenly across sections in UNICEF COs (UNICEF HQ). As an advocate for intersectoral approaches to ECD, COs serve as models for country-level intersectoral collaboration. Instead of concentrating ECD funding and interventions within a few CO sections/sectors, allocating funding for ECD more evenly may reinforce the importance of intersectoral coordination on ECD. Intersectoral committees of CO staff can be tasked with the responsibility of increasing coordination among sections on ECD policy and programming at the country level.

Human Rights-based Approach and Reaching the Less Reached and Disadvantaged

Allocate substantial resources to improving access to ECD interventions for the less reached and disadvantaged (UNICEF HQ, ROs, COs). Given that the majority of COs are not certain about funding for current and future ECD strategies and activities, initiatives focused on increasing access require reallocation of existing ECD funds or allocation of additional resources. Clear goals and indicators of progress, strong leadership and effective partnerships are needed to secure the resources required to address the need for reliable data to inform intervention targeting, development of strategies and approaches to increasing access and engagement and retention of children and families who are disadvantaged and may remain unreached by new strategies, ensuring gender issues are also considered.

Develop a set of strategies to increase access to ECD interventions for disadvantaged and marginalized populations (UNICEF HQ). Identify and disseminate strategies to increase access, including a set of outreach approaches and incentive strategies. Identify successful models from other sectors to inform development of a set of evidence-based interventions for increasing access to ECD programming. Examples include the use of community volunteers to identify orphans at the village level and assist with their enrollment in ECD services. Develop and test creative incentive strategies. Consider strategies such as financial incentives for
construction of ECD centers in areas with high concentrations of disadvantaged and marginalized populations, higher rates of compensation for ECD teachers to staff those centers and incentives targeted to parents to encourage enrollment.

**Develop tools and data sources for monitoring access to ECD services among disadvantaged groups (UNICEF HQ, ROs, COs).** Most case study countries did not monitor access to ECD for specific marginalized and disadvantaged groups. Provide technical support to country partners in establishing systems for collecting these data, such as levels of enrollment for orphans, very poor children and children from specific minority ethnic groups. Once data systems are in place, set targets to monitor progress.
BIBLIOGRAPHY


