EVALUATION SYNTHESIS

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The Early Childhood Development Kit (ECD Kit) was introduced in UNICEF programming in 2009 to strengthen the organization’s humanitarian response for children of 0-6 years of age that are caught in emergencies. The kits are used to stimulate play and to foster a sense of stability and safety, and to provide children with learning materials. Since then, ECD kits have evolved as the primary service delivery strategy that UNICEF employs to support young children’s right to play and has been integrated into existing ECD programmes, mainly as part of an active humanitarian response, but also in post-conflict settings and non-emergency development contexts. Between 2009 and 2018, 104 UNICEF country offices had procured 142,235 ECD kits, that reached more than 7 million children.

The synthesis concluded that ECD kit was well designed, provided a variety of toys for children of different ages, provided good logistical assets for caregivers, and was highly relevant to UNICEF commitment to provide safe and nurturing environments for children in emergencies. However, it also concluded that UNICEF should pay more attention to resources for parents, and that more thorough testing should be undertaken on the use of each component of the kit in humanitarian settings and in low-resource settings. The synthesis also presented evidence that UNICEF safe learning spaces lacked appropriate play affordances - the social and physical characteristics that make a learning environment conducive for safe and stimulating play.

The synthesis recommended the re-imagining of the EDC kit, to strengthen its efficient and effective use in practice, especially with parents. In particular, toys that were consistently not being used by children should be replaced new toys, sourced through local toymaking with parents and care-givers to reflect traditional forms of play. Also, as one of the global leaders in early childhood development, UNICEF should demonstrate what providing high-quality play opportunities in emergency contexts looks like in practice, make meaningful investments in play, and advocate for more participation and investments from partners. The synthesis also includes a policy brief (Annex D) that ECD manager can use to improve programming.

This synthesis was carried out by Pamela Wridt, who collated data and evidence from a stock taking exercise on the use of ECD kits in humanitarian crises; an impact evaluation of ECD kits in Senegal; an evaluative case study of ECD kits in refugee camps in Uganda; and, a fact-finding mission on use of ECD kits in South Sudan. We thank Pamela for her work. We are also grateful to the American Institutes of Research (AIR), under the leadership of Elizabeth Spier, and to Shale Maulana for the primary data collection in Senegal and Uganda, respectively.

UNICEF colleagues in the ECD Section - Pia Britto, Friedrich Affolter, Ana Nieto, Nada Elattar, Eduardo Garcia Rolland and Rhadika Mitter - provided valuable feedback to the source evaluation works and to the draft synthesis report. Colleagues in UNICEF Senegal (Matthias Lansard and Issa Mboup) and in UNICEF Uganda (Hajara Ndayidde, Divya Lata, and Mystica Acheng) pulled together the information that was required in their respective country offices and reviewed earlier evaluation products. My colleagues in the Evaluation Office - Kathleen Letshabo and Adrian Shikwe - deserve recognition for conceptualizing the synthesis approach, for its management, and for providing inputs into the final report. As always, Celeste Lebowitz and Geeta Dey provided strong administrative support.

Finally, much of the work that culminated in this synthesis was achieved with funding support from the LEGO Foundation. We thank LEGO for their continued support and partnership. We also look forward to support ECD managers and teams, and hope that they will find the insights and recommendations of this evaluation synthesis useful and timely.

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1 INTRODUCTION
1.1 Context of the Evaluation Synthesis

UNICEF estimates that 535 million children live in countries affected by conflict or natural disasters associated with climate change, 73 percent of whom are from sub-Saharan Africa (UNICEF, 2017). Growing up in countries affected by emergencies means children often lack health care, education, proper nutrition and protection. Children from birth to age eight are the most affected by global emergencies. According to UNICEF, children under five living in fragile contexts have the highest illness and death rates of any age group, twenty times higher than standard levels (UNICEF, 2017).

Emergencies arising from armed conflict or natural disasters negatively affect the physical, mental, and psychosocial well-being of children, their families and communities. Research in the Middle East and sub-Saharan Africa indicates that anywhere from 3 to 87 per cent of children between birth and 8 years old who witness a natural disaster experience post-traumatic stress syndrome (PTSD), and 15 to 50 percent of children living in chronic conflict conditions experience PTSD (El Zein & Chehab, 2015). When children experience high levels of toxic stress, their cortisol hormone levels increase and the child’s brain architecture is adversely impacted, affecting all subsequent areas of child growth and development.

With emergencies and protracted crisis on the rise, UNICEF is committed to safeguarding children’s development and contributing to resilient and sustainable societies. One way that UNICEF puts this commitment into practice in humanitarian settings is by encouraging play-based early learning opportunities for young children. UNICEF believes quality early childhood development (ECD) programmes that incorporate play-based activities can mitigate against toxic stress by promoting positive caregiver-to-child, as well as child-to-child interactions. This is because studies demonstrate that young children who are supported by a loving and responsive caregiver have a greater ability to cope with stress (Cohen & Uhry, 2007; Dugan et al., 2010; Nadeau, 2005; Shen 2002). Supportive peer relationships can also buffer against the psychosocial effects of conflict and natural disasters, especially when they develop in a safe space with structured routines that promote a return to normalcy or stability.

1.2 Overview of the Evaluation Synthesis

Purpose

This document synthesizes the evaluative evidence on UNICEF Early Childhood Development Kit (ECD kit) in order to provide a set of actionable recommendations on its future applications within early childhood development programming in emergency contexts (see Section 7 and Annex D: ECD Kit Policy Brief). Since 2009, the ECD kit has been UNICEF primary service strategy for supporting young children’s right to play when integrated into existing ECD programmes during emergency response and recovery. The aim is to reduce toxic stress for children through play, and to increase the capacity of children, parents, preschool teachers, and duty bearers to support early learning and development in a range of programming contexts.

Audience and Scope

The primary audience for this review is UNICEF Programme Chiefs, Managers and Specialists engaged in ECD programming. This review is also useful for UNICEF partners supporting or collaborating on ECD programming and policy implementation, such as donors, government representatives from
the Ministry of Education or other sectors, non-governmental organizations, and civil-society organizations. After consultations with relevant stakeholders and a review of the evidence, five themes and questions were identified and analysed for the synthesis (see Figure 1). The scope of the synthesis is global, but includes more in-depth ECD kit evaluative case studies from South Sudan, Uganda and Senegal to inform national development goals and programming strategies.

**Methodology**

A mixed-method approach was used to critically analyse and draw conclusions about the ECD kit, including: 1) **a document review** (such as academic and programme literature on play-based learning, a global assessment report on the ECD kits, and ECD kit evaluative case studies); 2) **consultations with relevant stakeholders** (such as UNICEF CO Programme Specialists in Senegal and Uganda, the evaluators of the ECD kit case studies, and the UNICEF ECD Section at New York Headquarters); and 3) **additional data analysis** (to update descriptive statistics on ECD kit procurement, and to explore the data from the evaluation case studies for potentially new insights).

**Global Data Sources**

UNICEF does not currently have a global position paper on play as a form of stimulation and care in early childhood, and thus,
concepts such as play-based facilitation and learning were interpreted from various academic and grey literature. However, recently UNICEF published a Programme Brief on Learning through Play that informed this synthesis (UNICEF, 2018). The global data sources for this review included a stock-taking assessment of the ECD kits included survey responses from 57 UNICEF Country Offices and took place between 2014 and 2015. The information from this country survey was not updated to reflect recent data on ECD kit uses. However, data from the Supply Division was updated through 2018 to provide a more accurate description of UNICEF overall reach and investment in the ECD kits globally.

National Data Sources

Three evaluative case studies of the kits were included as national data sources. The case study from Senegal was a statistical (causal) impact evaluation of the ECD kits in 42 rural preschools, with 671 children, 671 parents, and 68 preschool teachers. The Senegal evaluation was implemented by a team of local and international evaluators over one school year (from 2017-2018). The case study from Uganda was a qualitative and formative evaluation of the ECD kits, and was carried out by an international consultant with support from the Evaluation Office. The Uganda evaluation took place in the Bidibidi refugee settlement and captured emergency response, recovery and longer-term peacebuilding phases over one and a half years (from 2017-2018). The evaluation included observations of approximately 7,975 children in 20 classrooms at eight ECD centres and child friendly spaces, as well as interviews with 252 parents, 104 caregivers, and 156 implementing partners and national stakeholders. The South Sudan case study consisted of a qualitative field study of the ECD kits, and included observations of one child friendly space in Juba and four ECD centres in Maban. Data was collected by national and international UNICEF ECD Programme Specialists, and an international UNICEF ECD Evaluation Specialist over a period of three weeks in May of 2016. The study included interviews with 18 kit facilitators and 22 other caregivers (parents and/or PTA members), and observations of more than 600 children between the ages of 3 and 8 years.

Evaluation Criteria

The evidence was judged for its comprehensiveness, quality and strength and according to three evaluation criteria – the relevance, effectiveness and impact of the ECD kits. Relevance refers to whether an intervention is suited to the priorities and needs of the intended beneficiaries, such as the cultural and national development context (OECD, 2010). Effectiveness refers to the extent to which the intervention inputs, strategies and activities achieved the desired outputs. Impact examines the longer-term effects of the intervention, and can be intended and unintended, positive and negative.

Strength of Evidence

Additional information was gathered to address any limitations and to supplement any data gaps that were identified. In particular, consultations with UNICEF were required to better understand how the ECD kit interventions unfolded on the ground. Both ECD kit evaluations also employed similar measures or examined common outcome domains that enriched the evaluation synthesis by permitting qualitative comparisons about programming approaches and results. Identification of common results or challenges with the ECD kits through the triangulation of data sources ensured the findings were based on systematic evidence and not by chance.
Thus, the reader can have confidence in the main findings presented in this synthesis as a basis for future decision-making.

1.3 Key Terms and Concepts

- **Caregiver** – In this document, the term caregiver refers to any adult or youth who works directly with children in an ECD programme, serving in the role of facilitator or teacher.

- **Child Friendly Spaces (CFS)** – This term refers to one delivery model or approach to early childhood services that focuses primarily on child protection and psychosocial support to children of all ages. It also refers to the specific place where early childhood services are provided.

- **Early Childhood Development (ECD)** – This term applies to children ages birth through eight and refers to the continuous process of acquiring skills and abilities during this age period across the domains of cognition, language, motor, social and emotional development.

- **ECD Centres** – This term refers to one delivery model or approach to early childhood services that focuses primarily on school readiness. It also refers to the specific place where early childhood services are provided.

- **Early Stimulation and Care** – UNICEF defines early stimulation and care as a key aspect of a nurturing care environment, a core set of interrelated components, including behaviours, attitudes, and knowledge about caregiving (e.g., health and feeding); stimulation (e.g., talking, singing and playing); responsiveness (e.g., early bonding and secure attachment); and safety (e.g., routines and protection from violence).

- **Emergency** – A situation that threatens the lives and well-being of large numbers of a population and requires extraordinary action to ensure their survival, care and protection.

- **Humanitarian Situation** – Any circumstance where humanitarian needs are sufficiently large and complex to require significant external assistance and resources, and where a multi-sectoral response is needed with the engagement of a wide range of international humanitarian actors.

- **Parent** – This term refers to the biological mother and father of a child, or the primary caretaker of a minor child.

- **Play** – A freely chosen, spontaneous, voluntary, pleasurable, and flexible activity involving a combination of body movement, objects, symbol use, and social relationships.

- **Play Affordance** – The term play affordance is used by researchers to describe the opportunities provided by the physical and social environment that support children’s play.

- **Play-based Learning** – Children’s development of cognitive, physical and social skills through play-based activities with adults and their peers.

- **Play-based Facilitation** – A pedagogical approach in which adults stimulate and care for children through guided play-based interactions.

- **School in a Box** – A UNICEF tool for education in emergencies, a box contained with school supplies and resources to promote primary school teaching and learning.
CHAPTER 2: ECD KIT HISTORY AND ADOPTION
2.1 ECD Kit Development Process

Origins of the Kit

The original ECD Kit was developed in line with UNICEF mandate to “strengthen the response for young children ages six and under in emergencies arising from conflict or natural disasters” (UNICEF ECD Kit Facilitator’s Guide, page 9). The idea of a kit for young children in emergencies was first documented in a 1998 working paper for the UNICEF Office of Emergency Programmes. This paper suggested that the “School in a Box” strategy could be revised to address the needs of younger children (Landers, 1998). A subsequent UNICEF review in 2003 by the Education Section and an assessment in 2004 by the ECD Unit led to the creation of a pilot version of an ECD kit. The initial kit was designed in collaboration with UNICEF Country Offices already using locally-made kits, including in South Africa, Kosovo and Bangladesh.

Piloting of the Kit

Five countries (Jamaica, Guyana, Maldives, Chad and Iraq) piloted the ECD kit to some extent in 2006 over a period of one month, including in emergency and non-emergency settings. This reflected the initial belief by UNICEF that the ECD kit should be designed for use in ‘emergencies and beyond,’ including in countries in post-crisis transition or reconstruction, and in countries where learning and enrichment materials for young children were not available. Different training methodologies were piloted in Jamaica and Guyana to accommodate local training needs. However, the pilot study concluded that training would be more successful when initiated in advance, as incorporated into a larger emergency preparedness plan that included the participation of local and regional actors from various sectors.

Scaling of the Kit

The piloting of the kit was limited in geographic and programmatic scope and was constrained by security conditions, especially in Iraq, who only gave feedback on written documents. However, while the pilot was still taking place, “due to high demand globally for the ECD Kit, the ECD Unit [worked] with the Supply Division to finalise the kit based on existing feedback so that the kit [could] be made available for immediate distribution where it [was] needed” (UNICEF, 2006, p. 6). Thus, the rush to fill the demand for the ECD kits preceded a thorough and rigorous testing of its materials and training resources, even though UNICEF recognized that: “training for care providers, NGO workers, and preschool
teachers would be necessary to ensure effective use of an ECD Kit” (ECD Unit, 2006, p. 7). After some revisions to the contents and training materials, by 2009, the ECD kit was made available globally to Country Offices for procurement from the Supply Division.

2.2 Original Design of the ECD Kit

Objectives of the Kit

The ECD kit toys and learning materials were developed as an enrichment resource that could be integrated into early childhood programmes as an emergency response strategy (see Figure 2). The overall aim was to enhance early learning and development opportunities for young children by strengthening the linkage with play. The specific objectives of the kit were: (1) to establish positive and supportive adult-child interactions; (2) to create a safe and secure play and learning environment, and; (3) to develop children’s early learning skills, curiosity, creativity, and self-expression.

Kit Components

The ECD kits were designed to be used by girls and boys ages six and under, and to be inclusive of children with differing abilities and linguistic backgrounds. One ECD kit was designed to promote a safe learning environment for up to 50 children (or a UNICEF standard of one kit per 50 children, 1:50). The kits were made to be used in a wide variety of emergency settings, such as health centres, ECD centres, and child friendly spaces. The kit comes in a locked aluminium box and include resources to support children’s safety and hygiene, through the provision of soap, jerry cans, and other logistical assets.

Kit Training

The kits were designed with an understanding that caregiver capacities would vary widely in emergency settings. For example, the kit comes with a user-friendly Activity Guide in English, French and Arabic. A Coordinator’s Guide, and Facilitator’s Guide are available online to UNICEF staff members in English. These guides provide information on play activities appropriate for babies, young children ages 1-3, and children ages 4-6 with or without using the toys. Given training is challenging in emergency contexts, the kits purposefully included toys that were considered intuitive for adult users and children, such as coloured blocks and puppets. For sustainability and relevancy purposes, an activity on the creation of local toys with caregivers was included in the Facilitator’s Guide.
Types of Toys

There were 11 types of toys or learning resources identified for babies, and 14 toys selected for children ages 1 to 3, such as: puppets, picture puzzles, shape sorters, a stacking and sorting kit, and balls (see Annex A). Children ages 4 to 6 benefit from these toys, as well as from jigsaw puzzles and counting circles. The kit contained coloured pencils, crayons and paper to make art with children, or to enrich ECD centres with child-friendly decorations.

Purpose of Toys

UNICEF selected these toys to provide a variety of early stimulation and learning experiences that tap into multiple developmental domains. For example, the stack and sorts require fine motor skills, sequencing, and spatial reasoning. They can be counted or sorted by colour, and can be used to learn such concepts as larger and smaller. The toys contained in the ECD kit were considered important by UNICEF for reducing children’s cortisol levels immediately after an emergency, and for stimulating nurturing care among children and their caregivers during recovery. For example, caregivers can use puppets for storytelling, pretend play and to help children communicate their feelings.

2.3 Global and Regional ECD Kit Procurement

Reach of the Kits

From 2009 to 2018, an estimated 142,235 ECD kits were procured by 104 Country Offices, benefitting approximately 7,111,750 children globally and representing a cumulative 31.7 million $USD investment in early childhood development by UNICEF and its partners (see Figure 3). Characteristics of each country ECD kit use case can be explored through an interactive online map that represents survey responses from 57 UNICEF Country Offices in 2015. Countries in the Eastern and Southern Africa region procured the highest proportion (27 percent) of all ECD kits globally from 2009 to 2018. Countries in South Asia, the Middle East and North Africa, and West Africa also procured a substantial proportion of ECD kits (between 16 and 21 percent of the global share). Countries in East Asia and the Pacific, Latin America and the Caribbean, and Eastern Central Asia procured the fewest proportion of ECD kits (between 2 and 9 percent).

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1 The total number of beneficiaries assumes that at least 50 children were exposed to each kit (50 times the total number of kits). However, this number may be significantly higher given the likelihood that more than one group of children can use the kit within an ECD setting over the course of its lifespan. The estimated total investment in the ECD kit is based upon the cost of one kit ($223 USD) times the total number of kits, per Supply Division data (2015). The estimated investment figure does not include shipping or local transport costs, which are additional and specific to each country.
Regional Trends
On average, 14,244 kits were procured each year on a global level in response to a range of natural disasters or conflict situations. An estimated 102,770 kits have benefitted more than 5.14 million children residing in fragile states in Eastern and South Africa, the Middle East and North Africa, Western Africa, and South Asia since the ECD kits were made available in 2009. The highest number of kits (18,238) were procured in 2017 as a result of armed conflict in the Middle East/North Africa, Eastern/Southern Africa, Western Africa and South Asia, benefiting an estimated 911,900 children in one year (see Box 1 and Figure 4). Kit procurement has grown exponentially, from 4,851 kits in 2009 to 17,256 kits in 2018, or a 255 percent increase.

Sector Procurement and Collaboration
Within UNICEF, a majority of the kits were procured by the Education Section, either on its own, or in collaboration with the Child Protection, ECD, Nutrition or Health Specialists. In an emergency context, such as after the earthquake in Haiti in 2010, the Education Cluster System was also found to be instrumental in organizing and managing the procurement and delivery of the ECD kits. Several Country Offices also reported a south-to-south collaboration in kit procurement, such as when the Dominican Republic bought kits with the intention of transporting them to Haiti, or when Uganda bought kits in 2015 with the plan to send some of them to South Sudan in anticipation of their need stemming from a resurgence in violence.
**BOX 1  Context of Regional ECD Kit Procurement Trends**

**Conflict** was an important factor associated with the procurement of ECD kits in each year except 2010, especially in Eastern/Southern Africa, the Middle East/North Africa and more recently in South Asia and Western Africa.

**Earthquakes** in Haiti and in Nepal were associated with a sharp increase in the number of ECD kits procured in 2010 and 2015.

**Flooding, cyclones or hurricanes** in Pakistan, Myanmar and the Philippines were associated with a sharp increase in the number of ECD kits procured in 2010 and 2013, and in the Caribbean in 2017.

**Food scarcity** associated with climate change contributed to ECD kit procurement in 2011 and 2012, especially in Eastern/Southern Africa.

**Public health epidemics** such as cholera, acute watery diarrhea and Ebola contributed to an increase in ECD kit procurement from 2012 to 2015, especially in Eastern/Southern Africa and Western Africa.

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**FIGURE 4  Total Number of ECD Kits Procured, by Year and UNICEF Region**

<table>
<thead>
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<th>Year</th>
<th>Eastern/Central Asia</th>
<th>Latin America/Caribbean</th>
<th>Western Africa</th>
<th>East Asia/Pacific</th>
<th>Middle East/North Africa</th>
<th>Eastern/Southern Africa</th>
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**Sources:** Information for Box 1 on regional procurement trends were derived from UNICEF Humanitarian Action Appeals for the corresponding year.

Procurement data in Figure 4 is based upon Supply Division information for each year, representing a total of 104 UNICEF Country Offices.
2.4 Rationale for Recent Enhancements to the ECD Kits

Need for Evidence

Although the extensive global coverage of the ECD kits is indicative of their high demand, it was critical for UNICEF to examine the substantial investments in these resources through research and/or evaluation. In particular, there was little evidence to understand the benefits, challenges and outcomes of their use with children and caregivers, and whether the kits were appropriate and relevant in relation to the country and emergency contexts. Furthermore, given the advancements made in the ECD neuroscience research, UNICEF had increasing evidence that the benefits of reducing toxic stress through play-based learning opportunities with the kits might be substantial, but there was no data to make this case.

Need for Programming Guidance

UNICEF also had many questions about which training approaches were the most effective for building adult capacities for play-based facilitation and learning in emergency settings. The train-the-trainer model was reported as a common approach, but also as a common challenge given the high turnover of caregivers in emergency contexts. The stock-taking assessment identified the local adaptation of the ECD kits as a best practice for training caregivers, for ensuring their cultural relevance, and for their long-term sustainability. However, more robust evidence was required to assess the significance of this finding.

Type of Kit Enhancements

As a result, enhancements were made to the original ECD kits starting in 2015 with support from the LEGO Foundation in Uganda and Senegal. These enhancements included: (1) an increase in training dosage for frontline ECD kit users – from one-off trainings lasting a couple of days to longer-term trainings in alignment with national ECD capacity development strategies and approaches; (2) using evidence from the neurosciences, the integration of storytelling and graphic materials into ECD kit programming to help caregivers and parents understand the rationale behind the use of the toys (3) the incorporation of a local toymaking innovation or adaptations of the kits using local materials. The original ECD kit design (the foundational intervention) was compared with these enhancements (the enhanced intervention) in the ECD kit evaluation case studies. The findings are reported in this synthesis as a basis for future decision-making on the ECD kit.

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2 The known studies include a pilot report on the ECD kit in 2006, Supply Division assessments on the relevance and efficiency of the kit contents, and an evaluation outside of UNICEF of the use of the kit in Haiti after the 2010 earthquake completed by a doctoral student.
3 ECD KIT RELEVANCE AND CULTURAL APPROPRIATENESS
3.1 UNICEF Global Mandates for Young Children in Emergencies

Global Mandates
The ECD kit supports UNICEF in addressing its mandates for young children in emergencies, as expressed in the Core Commitments for Children in Humanitarian Action and in the Convention on the Rights of the Child. The Core Commitments for Children (CCCs) are a global framework for humanitarian action for children undertaken by UNICEF and its partners. Specifically, the ECD kit supports the education sector’s strategic result that, “girls and boys access safe and secure education and critical information for their own well-being” (UNICEF, 2010, p. 42). Commitment number two (2) states, “children, including preschool-age children, girls and other excluded children, have access to quality education opportunities.” The benchmark to demonstrate this commitment is that, “schools are reopened, and child- and adolescent-friendly emergency non-formal programmes, including play and early learning for young children, are established for affected communities.” Thus, the ECD kits are a direct response to the provision of play and early learning opportunities for young children in emergencies.

Children’s Right to Play
While many child rights are applicable in emergency contexts, Article 31 in particular is partially addressed through the ECD kits. This article in the Convention on the Rights of the Child ensures children’s right to “rest and leisure, to engage in play and recreational activities appropriate to the age of the child, and to participate freely in cultural life and the arts.” While children have the right to play, government provision for play is often lacking or insufficient. The Committee for the Rights of the Child concluded that States give little recognition to this child right, primarily because of a lack of understanding about the importance of play in child development, and other competing demands for limited public resources. The Committee determined that this lack of recognition

3 The CCCs are being revised in 2019 to include a specific section on ECD, and will incorporate ECD across all sectors.
contributes to a scarcity of government and private investment in provisions for play. The Inter Agency Network of Education in Emergencies (INEE) also found play to be one of the most underestimated rights, even in development settings, and thus they advocate for play to be given even more importance in humanitarian contexts (INEE, no date).

**UNICEF Play-Based Programming**

The ECD kit was well aligned with UNICEF global policies and strategies for early childhood in emergencies. UNICEF advocates for children’s play opportunities in its child rights policy frameworks on early childhood development, in programmes such as peace-building and education advocacy, through holistic strategies such as ECD in emergencies, child friendly schools, and child friendly spaces, and through global partnerships in Education in Emergencies and in the Early Childhood Peace Consortium. These partnerships, policy documents and programming strategies are based upon a body of evidence that demonstrates the powerful role of play in young children’s healthy development, resilience, early learning, and social-emotional skills (Cartwright, 1988; Christakis et al., 2007; Cohen & Uhry, 2007; Dugan et al., 2010; Frost, 2005; Naudeau, 2005; Rogers, 1987; Rousseau et al., 2009; Sadeh et al., 2008; Shen, 2002; Shey & Sink, 2002). Studies indicate children are able to cope and heal emotionally through play, especially if there is a balanced adult presence and opportunities for spontaneous and autonomous play with peers. Research after emergencies indicates that play is a valuable approach for adults to listen to children, and to discuss psychosocial support strategies with them in a child friendly format.
3.2 Appropriateness of the ECD Kits for Humanitarian Situations

Humanitarian Partnerships

The *ECD Kit Coordinator’s Guide* recommends UNICEF partner with international, national or local organizations to effectively deploy and integrate the ECD kit into different programmes in emergencies. This approach has been adopted by UNICEF Country Offices with various national ministries, NGOs and civil society organizations. For example, major international NGOs such as Save the Children, World Vision, the Red Cross, Care International, Mercy Corp, BRAC, and Plan International are key partners in the implementation of the kit in emergencies. Different approaches for using the ECD kits were reported by UNICEF and often took place simultaneously within countries given the range of humanitarian issues facing the world’s children.

Emergency Response

As originally intended, the ECD kit was found to be highly relevant in supporting an emergency response for young children and their caregivers in various humanitarian situations. **82 percent** of the countries surveyed (47 out of 57) reported they used the ECD kit in emergencies, often pre-positioning the kits to facilitate rapid deployment to the impacted regions and ECD settings. UNICEF Country Offices reported obtaining the kits as part of an emergency preparedness planning process, and then promoted their use with different ministries or local partners.

Peacebuilding

Fewer Country Offices reported procuring the kits to support ECD peacebuilding initiatives, largely because this programming only began with UNICEF in 2012. **23 percent** of the countries surveyed (13 out of 57) used the ECD kit for peacebuilding programming to build capacity and resilience in children and their caregivers. In protracted humanitarian crisis situations, the ECD kit was viewed as a long-term programming strategy to support young children’s protection in transitioning or fragile states. For example, the kits were used to encourage better relationships among parents of different ethnic groups in Sudan, South Sudan and Uganda.

Play Inequity and Provision

There is a clear need for the provision of play and early learning opportunities in fragile states, low-resource settings, and especially in emergency contexts. In South Sudan, where protracted conflict has threatened and ceased the delivery of essential services for early childhood, only six percent of children between the ages of 36-59 months attended an early childhood education programme (UNICEF, 2013). The richest children in South Sudan had greater access to ECD programmes when compared to the poorest children (13 versus 2 percent). For this reason, the UNICEF South Sudan County Office procured a total of 9,728 ECD Kits since 2009, reaching an estimated 486,400 children on a national level. A substantial number of ECD kits were also procured in Uganda, to accommodate the influx of South Sudanese refugees. Since 2009, the UNICEF Uganda Country Office procured 4,313 kits, benefitting an estimated 215,650 children, especially the most vulnerable children residing in refugee settlements.

Significance of Kits

Information on access to toys and learning materials in emergency contexts is not typically known, but rather, it is assumed that most essential services are interrupted or damaged. The ECD kit evaluations and field studies found that ECD centres and child
friendly spaces in refugee settlements and camps had little to no access to toys or other learning materials when the kits were not present. In other words, without UNICEF ECD kits, most programmes lacked play opportunities that promote children’s early stimulation and care. The few sites where toys were observed in South Sudan and Uganda included inappropriate small objects that posed safety hazards to small children, or dolls that did not represent the cultural context.

Importance of Enabling Environment

The ECD kit interventions were well positioned at the time of the crisis in South Sudan (the country of origin for refugees) due to the strong enabling environment for ECD in Uganda (the country receiving the refugees). This consisted of a national ECD policy, quality guidelines for ECD centres in emergency settings, and early learning and development standards for children ages 3 to 6. Both the foundational and enhanced ECD kit interventions were well aligned with government policies and priorities for early childhood at a national level. Play-based teaching and learning was highly valued by the Government of Uganda, and the ECD kit interventions helped to support this approach to young children’s development.

3.3 Appropriateness of the ECD Kits for National Contexts

National ECD Development

The second most commonly reported reason for procuring the kits was to support normative development or advocacy work in the ECD sector, or as part of a Country Office strategic planning process for an ECD programme. 65 percent of the countries surveyed (37 out of 57) reported they used the ECD kit in development contexts to build the capacity of the national ECD workforce, to promote school readiness, and to advocate for ECD with national government ministries. Use of the ECD kits for national capacity building with leaders in early childhood and for ECD advocacy were reported by most regions. Case studies from Tanzania and Kyrgyzstan indicated the kits were used with parents in infant and feeding centres to encourage early stimulation and better nutrition outcomes for children. Several respondents in Eastern and Central Asia also mentioned using the kits as demonstration to potential donors about UNICEF work for young children in humanitarian contexts.

National Partnerships

UNICEF has partnered with different government agencies to implement the kit, primarily the Ministry of Education, the Ministry of Social Welfare, Ministry of Labour and Human Welfare, the Ministry of Health, and the Ministry of Education and Training. In addition, a myriad of national and local NGOs, faith-based organizations, and ECD or teacher training colleges have participated in ECD kit implementation. The ECD Kit Coordinator’s
Guide recommends conducting a situational or needs assessment to determine the required number of kits for different age groups, to identify the potential facilitators of the activities, and the number and range of settings in which the kits are needed. In some cases, the ECD kits were obtained based on local needs assessments conducted by different ministries on the situation of young children. For example, in Angola, the Ministry of Education conducted an ECD assessment that determined the need for the kits to enrich the learning materials available in ECD centres.

Play Inequity and Provision

The need for play opportunities (outside of emergencies) is also well documented. For example, in Senegal, a recent study found that only 40.3% of children under five living in the Dakar region played with two or more kinds of toys (UNICEF, 2013). In the same study, less than one-half (48.8%) of children ages 36-59 months had an adult who was engaged in four or more activities that promoted their early learning and school readiness. Example activities included whether an adult read picture books, told stories, sang songs, and played with the child in the last three days. The Senegal study found only five percent of the adults leading these activities were fathers. Access to toys in Senegal was even more limited in rural regions, resulting in inequitable opportunities for early stimulation and learning. For example, the Senegal ECD kit evaluation identified the control schools had very limited or no access to toys in the preschools in the rural region of Sedhiou where the study took place. At baseline, 10% had books, 14% had a ball, 19% had beads and string, and 10% had art supplies (typically crayons). To address this gap, the UNICEF Senegal County Office procured a total of 4,313 kits since 2009, benefitting an estimated 215,650 children living in high poverty, rural regions.

3.4 Appropriateness of the ECD Kits for Diverse Cultural Contexts

Exposure to Play Materials

Many studies on the impact of play on children’s early learning and development assume children’s exposure to artefacts, such as puzzles and building blocks, for the purpose of measuring their cognitive development. However, exposure to these types of learning aids is rare and unevenly distributed in Africa, especially in subsistence agricultural or pastoral communities. Rather, studies in Africa have emphasized play as an interactive process of acquiring social and cultural practices that do not necessarily require toys (Serpell & Nsamenang, 2015). Thus, the provision of play opportunities using objects is quite limited in many cultures.

Need for Kit Contextualization

Introducing the types of play materials contained in the ECD kits in a humanitarian setting poses unique challenges for both logistical and cultural reasons. On the one hand, the kits provide an opportunity for early stimulation, and if used properly by caregivers in emergencies, have the potential to reduce children’s toxic stress. On the other hand, many children and caregivers do not have previous experience using toys for play-based learning. The ECD kit is thus a type of innovation for

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4 This finding was echoed in a recent study by UNICEF that found 55 per cent of 3- and 4-year-old children in 74 countries (about 40 million) have fathers who do not play or engage in early learning activities with them (see UNICEF, #EarlyMomentsMatter).
many caregivers and the beneficiaries they support. The process for different cultural and age groups to become familiar with the toys in the ECD kits takes time and requires specific training approaches (see also Section 5). It is also important to understand social norms on play-based learning and whether there is a cultural history of play in early childhood and pre-primary education.

**Sustainability of Kits**

Most UNICEF staff members reported that the local procurement of materials was preferable whenever possible. Local materials are more likely to be culturally-relevant, economical, appropriate to the specific needs of the current emergency, and supportive of the growth of the local economy. Because some of the materials in the ECD kits require replenishment over time, respondents viewed the local adaptation of the kits as a strategic approach for its sustainability as an intervention. The INEE also recommends that caregivers and community members be involved in the production of local and age-appropriate early learning play material and in organizing play activities (INEE, *ECD Thematic Issue*, no date). However, in situations when immediate response is necessary, and when local procurement is impossible, ECD kits have been promoted as a practical means of supplying the materials necessary for protecting and supporting children.
Local Adaptations

The local adaptation of the materials by parents, teachers and other facilitators was reported as an essential best practice in the global stock-taking assessment. UNICEF Country Offices reported that the process of making local games and toys was associated with caregivers’ improved understanding of play in children’s development. Respondents also reported that it was empowering for parents and other facilitators to create their own toys and games. The Uganda ECD kit evaluation validated the findings from the global assessment. In particular there were no notable differences observed in caregiver interactions with children between the foundational and enhanced ECD kit interventions until caregivers participated in a specialized training on adapting the kit, and after local toymaking was fully implemented.

Example Adaptations

Those countries that have encouraged local adaptation of the kit tended to do so with non-durable, low-cost or recycled materials (see Annex C). For example, caregivers or teachers have made local puzzles out of cardboard, or used rocks, cork or recycled paper to create new storybooks or games. In Burundi, the international NGOs managing the use of the kits were able to integrate more durable objects, such as small cars or objects like fruit that were available in the local environment. In Kyrgyzstan, ECD facilitators and parent volunteers on village health committees were trained in making homemade books out of felt for children ages 6 months to 2 years with a minimal amount of funding. In the State of Palestine, a non-profit organization for adults with disabilities was involved in the local adaptation of the kits. In Uganda, more than 600 parents replicated the ECD kit toys in addition to making their own traditional toys.

Challenges in Adaptations

Many Country Offices reported it was not possible to procure additional toys, either because they are not available or because of their cost. Several respondents also mentioned concerns about the quality and safety of locally made toys as a reason for not procuring additional durable items. In many humanitarian situations, access to supplies for local toymaking is often limited. The local toymaking process in the refugee settlement in Northern Uganda was effective in part because of funding from donors to procure materials and supplies from Kampala. Thus, the costs associated with the procurement and shipping of materials for toymaking in emergency settings must be considered in scaling any approach to the local adaptation of the kits.

Kit Efficiency

Costs associated with the ECD kit was a paramount consideration. Several Country Offices reported that it was very expensive to ship the box from Copenhagen, and the local transport of the ECD kits was also found to be logistically challenging and costly. For example, in Papua New Guinea the materials had to be transported by ship to different distribution centres within the country first given the rugged mountainous terrain, and then transported inland to small towns and schools. Several respondents also stated that UNICEF and its partners were not able meet the demand for the materials because there were an insufficient number of ECD centres where the kits could be deployed. Because of the high cost and an insufficient supply of ECD centres, many children were reportedly left behind in some host communities, causing dissatisfaction among parents and teachers.
4
ECD KIT PROGRAMME INTEGRATION
CHAPTER 4: ECD KIT PROGRAMME INTEGRATION

4.1 ECD Kit Intervention

Theory of Change

Integrated ECD in Emergencies

Programme guidance documents and the evaluative evidence indicated that ECD kit interventions should be deployed as part of a larger, integrated and intersectoral strategy for children’s early stimulation and care. The kits were not intended to be used as a standalone intervention. They are only one tool among a suite of packages that target children’s critical needs in emergencies – protection, nutrition and stimulation. Children’s holistic needs for safety and feeding should be realized in tandem with their exposure to playing with toys for the kits to be maximally effective. An integrated ECD response is challenging to implement in practice, especially when no ECD enabling environment exists in the country affected by the emergency (Bouchane, 2018). Thus, an important assumption for the effective deployment and integration of the kits into emergency programming is the presence of a strong enabling environment for ECD on a national level.

Theory of Change

Contextual factors influenced the extent to which outcomes and impacts were observed, and the theory of change required updating. The theory of change for the foundational and enhanced ECD kit interventions is illustrated through the generalized diagram in Annex B. The logic is that if the ECD kit interventions empower caregivers to engage in play-based facilitation with the toys and learning materials, and if parents are engaged in the localization of the kits, then caregiver interactions with children will be strengthened, nurturing parenting practices will be enhanced, and children’s engagement and participation in program activities will increase, which will ultimately impact children’s psychosocial well-being, early learning and development.

KEY FINDING

The quality of play spaces, caregiver-to-child ratios, program enrolment and classroom size, caregiver capacities to facilitate large groups of children, and other operational constraints were important factors in the effective integration of the ECD kits into programmes.
**Intervention Characteristics and Dimensions**

The theory of change applies to both humanitarian and development contexts, although the articulation of the intervention components is specific to the emergency or national situation. The ECD kit theory of change targets three groups of recipients – caregivers, parents and children. It hypothesized that the affects would be greater in the enhanced ECD kit interventions, given the increased training dosage, local adaptations of the kits, and by explaining the rational and science behind the toys to caregivers and parents. However, the ECD kit evaluation case studies in Uganda and Senegal largely saw modest, but important affects between the foundational and enhanced interventions on caregiver capacities in play-based facilitation (see also Section 5).

**4.2 Contextual Factors that Limit ECD Kit Outputs and Outcomes**

**Assumptions for Theory of Change Validity**

The evaluative case studies pointed to a number of assumptions that must be met in order for the ECD kit theory of change to hold true. One finding is that the ECD setting must provide adequate play affordances for children to safely interact with and play with the toys. The term *play affordance* is used by researchers to describe the opportunities provided by the physical and social environment that support children’s play. In particular, four types of play affordances affected the integration of the ECD kits into programming: a) access to safe spaces for play; b) program enrolment and classroom size; c) caregiver-to-child ratios; and d) caregivers’ capacities to facilitate large groups of children.

**Adequate Spaces for Play**

The *ECD Kit Coordinator’s Guide* recommends that children’s exposure to the ECD kit materials should ideally occur within a structured and safe setting with trained adult facilitators. There is strong evidence that spaces for play were not often conducive for the use of the ECD kits in humanitarian situations. For example, all of the classroom spaces within the ECD centres or child friendly spaces in Uganda did not have the appropriate infrastructure for children to use the materials indoors because they were located in temporary structures. Heavy rain, high winds, and exposed dirt or sandy floors with little to no matting for children to sit on prevented caregivers from using the ECD kit toys more frequently in Uganda (a finding that was echoed in the global assessment). In some affected regions in South Sudan, there were no temporary structures at all. In these settings, the ECD programme took place outdoors in the open air, which posed unique problems to children’s safe play opportunities with the kits. One ECD classroom contained rows of benches that were secured into the dirt so they could not be stolen or rearranged, making group play nearly impossible.

**Overcrowded Classrooms**

In an emergency context, a surge in demand for ECD is often generated quickly or unexpectedly, which can over-stretch the supply of services that are delivered to an affected population. In the South Sudan and Uganda case studies, program enrolment far exceeded the setting occupancy. For example, more than 200 children were observed in one classroom of an ECD centre located within an IDP camp in Juba, South Sudan. In Uganda, on average 300 to 400 children were observed in each classroom of the ECD centres located in Bidibidi, the largest refugee settlement in the world. Overcrowded classrooms prevented the caregivers from using toys more frequently in both countries.
**Caregiver-to-Child Ratios**

Caregiver-to-child ratios far exceeded national and global standards for ECD centres of 1 caregiver for every 20 to 25 children. In South Sudan, partners and facilitators of the ECD centres and CFS reported high caregiver-to-child ratios of up to 1:100, or 1 facilitator for every 100 children. In Uganda, the estimated ratio ranged from 1:90 to 1:200 within the ECD centres. In child friendly spaces, the ratio ranged from 1:65 to 1:230. An insufficient number of caregivers, combined with their lack of capacities to facilitate large groups of children (or to manage the classroom in the Senegal case study), often prevented them from using the toys more frequently and effectively.

**Operational Constraints**

The type of training (discussed next), programme management, and monitoring of the kits were also found to be important factors in their effective use by caregivers in ECD emergency programmes. The global assessment revealed that the kits were often deployed to affected regions as part of UNICEF Partner Contract Agreements with NGOs. While UNICEF may encourage and recommend specific trainings and monitoring approaches for the ECD kits, partner organization often have their own programming agendas that may or may not specifically include the kits. In addition, UNICEF can leverage ECD guidelines in emergencies if they exist to support compliance (such as collaborating with the Ministry of Education on monitoring visits during surge conditions). However, the agency has no direct say on how partners design and manage their programmes. Thus, UNICEF often reported the kits were effectively deployed, but not necessarily sufficiently integrated into the ECD programming in all cases.
5 ECD KIT TRAINING APPROACHES
5.1 Foundational ECD Kit Training Approaches

Training Guides
The ECD Kit Coordinator’s Guide targets UNICEF staff members to support them in decision-making around the use of the kits. This guide, along with the ECD Kit Facilitator’s Guide, are available online to UNICEF staff members. The Facilitator’s Guide is the core training tool for the ECD kits and is aligned with the Activity Guide, which targets frontline caregivers directly (no guides directly address parents). The content of the training consists of nine sessions focused on essential skills, knowledge and attitudes that are important for the safe and effective implementation of the ECD kit. The following topics are covered in the sessions: basics of child development, stress and young children, play and creativity, materials in the ECD Kit, making toys for young children, creating stories and simple books, and setting up a safe and stimulating learning environment.

Utility of Guides
In the global stock-taking assessment, only 15 percent (9 out of 57) of UNICEF Country Offices reported consulting the ECD Kit Facilitator’s Guide to guide the implementation of the ECD Kits. About 35 percent (20 out of 57) reported consulting the Activity Guide; and only three UNICEF respondents reported consulting the Coordinator’s Guide. Evidence of caregiver use of the Activity Guide in the case studies from Senegal, South Sudan and Uganda was limited. For example, in South Sudan, nine out of 16 NGO partners reported using the ECD Kit Activity Guide, and none reported ever seeing the Coordinator’s Guide or Facilitator’s Guide. In Uganda, none of the caregivers mentioned using the Activity Guide or were observed using it during field visits. Thus, while the kits come with guidebooks to support their implementation, their use was limited in practice.6

6 It should be noted that the Activity Guide did not come with the kit as a standard item until 2012; it was available in a limited number of hard copies and online to UNICEF staff members from 2009-2011.
Training Coverage

According to UNICEF Country Offices, training took place in all regions of the world; **75 percent** of the countries surveyed (43 out of 57) reported that capacity building in the use of the ECD kit contents had occurred. Factors associated with no capacity development on the ECD kit included: 1) a trained ECD workforce was already in place with the skills to use the materials; 2) time for training was insufficient; 3) the logistics of emergency response did not permit training to take place; and 4) the Activity Guide was considered sufficient by UNICEF and its partners for preparing frontline users.

Limited Professional Development Time

The main reason ECD kit training did not take place as suggested was due to the limited time for professional development in emergencies. Dedicating nine sessions of training to the kits was not feasible for partners in many emergency contexts for this reason. For example, in the Uganda case study, NGO partners had their own programme agendas, which while in alignment with UNICEF general goals and objectives, did not necessarily permit an extensive training on the kits. Other types of trainings over 3 to 5 days in duration were offered to caregivers by NGO partners on topics such as child protection and psychosocial support, and the process for dealing with separated children. Thus, caregivers received no direct or specific training on how to use the kit contents as part of the foundational ECD kit intervention that was implemented by NGO partners.

Effects of Limited Training

When training on the kits did occur in humanitarian situations, the process often included a one-time workshop to orient volunteers on its contents and uses for children of different ages. Thus, a majority of caregivers reported that they relied primarily on their own intuition and previous experiences to use the toys and learning materials. Those caregivers with more teaching experience experimented with the toys more frequently, and with a greater variety of toys in the ECD kits. Those caregivers with less teaching experience used a more limited number of toys in their instruction. Facilitators also reported struggling to understand the use and function of certain toys, especially those that require more cognitive skills, and these toys were not used.

Most Common Training Approach

While not always feasible, a cascade or train-the-trainer model was the preferred approach for implementing the ECD kit capacity development activities supported by UNICEF and its partners. This approach reportedly ensured the sustainability of follow up mentoring or on-site refresher trainings on the kit. For example, in South Sudan, partner NGOs and facilitators reported participating in a training of trainer’s approach among different stakeholders involved with managing and using the ECD kits. UNICEF trained partners on broad principles of ECD in emergencies over a period of a two-day workshop, during which one hour each day was devoted to learning about the ECD kits. These master trainers were then expected to train frontline facilitators of the ECD kits, including community members, social workers, youth and teachers working in the ECD centres or child friendly spaces.

Limitations to Cascade Training Models

There is consistent evidence that the cascade or train-the-trainer approach is not sufficient for reaching frontline ECD kit facilitators. For example, at one ECD centre in the Batil Refugee Camp in South Sudan, out of the five facilitators, only one had received training on the ECD kits. In other cases, facilitators
reported trying to train each other on using the toys, especially if one facilitator had the opportunity to attend the training while others could not. In the Uganda case study, about one-half of the caregivers interviewed had received training through this cascade model nearly one year after the emergency. Approximately two years after the emergency, this reach had marginally increased, with about 65% (or 25 out of 38 caregivers) at four sites reporting they had received training. One reason for this was the high degree of turnover among caregivers in Uganda, due to low pay, large class sizes and long work hours. Of the 104 total caregivers interviewed, only 9 remained over an 18-month period.

**Training Participants**

The diversity of training participants warrants further consideration in the approaches implemented by UNICEF and its partners. In emergency situations, 63 percent of Country Offices reported that training took place with animators/facilitators in ECD centres, and 40 percent of Country Offices indicated trainings with social workers, child protection specialists, and nutrition counsellors had occurred. In South Sudan and Uganda, the ECD kit facilitators tended to be young adults who were teachers prior to the conflict, NGO staff members, or trained social workers. In addition, older children were observed as facilitators of the ECD kits with younger children, demonstrating a child-to-child approach to the materials within child friendly spaces in both countries.

### 5.2 Enhanced ECD Kit Training Approaches

#### Increased Training Dosage

Given the limitations faced in the foundational ECD kit approach, the UNICEF ECD Section recommended enhancements that were tested through evaluations in Senegal and Uganda. In the Uganda case study, an increased training dosage was provided to caregivers through a series of three progressive modules over a nine-month period. Each module comprised a five-day in-person training that typically took place over school holidays and was designed to be interactive and practical. After each training, the caregivers received ongoing support in the form of review meetings. These were designed to cover any areas needing additional support, to provide further training that was not included in the modules, and to provide continuous assessment. At minimum, one review meeting was held with caregivers after completing each module training. In addition, caregivers received field-based support from tutors, which involved continuous assessment and support in their place of work. In Senegal, caregivers received a week-long training and follow-up mentoring visits by UNICEF ECD specialists and the Ministry of Education’s regional pre-primary monitors.

#### Integration of ECD Neuroscience

The rationale and science behind the use of the toys and materials were integrated into the enhanced interventions. In Uganda, the rationale was not shared using complex or technical jargon, but rather by using language, stories and images/materials that resonated with caregivers and parents to convey robust messages. In the national training of trainers, UNICEF HQ Education Specialists provided an overview of the neuroscience and the importance of play for early brain development on children’s long-term success in school and in life. In the parenting education program, the sessions were boosted by sharing and demonstrating (in the simplest way possible) how a young child’s brain grows, develops and functions (such as through storytelling and visuals). In Senegal, the neuroscience was connected to the national pre-school curriculum and shared with caregivers in a similar way through a regional training.
Local Toymaking in Uganda

In an effort to contextualize the kits and make them more sustainable and culturally relevant, UNICEF recommended localized toy production with parents and community members. In Uganda, the toymaking was integrated into a parenting programme, and included caregivers as well as Center Management Committee members. A consultant was hired by UNICEF to work with representatives from the Ministry of Education and Sports, trainers from Lodonga College (teacher training college), and partners from Plan International and World Vision to implement the toymaking process. The toymaking process in Uganda involved the local adaptation of the most popular toys within the ECD kit (such as the shape sorter and puppets), using the kit as a model or guide for reproduction (see Annex C). It also included the construction of traditional toys, such as shapes of animals or people made out of clay or cloth.

Need for Specialized Training and Parent Engagement

In Uganda, frontline ECD kit caregivers had the opportunity to participate in a specialized training on the kit adaptation process in collaboration with UNICEF and the Ministry of Education and Sports. Caregivers learned more about how each toy was designed to support children’s learning and development at different ages using the information contained in the Activity Guide and brainstormed what toys to adapt and why. This approach empowered the caregivers to train parents on the local toymaking process through small groups that included a local artist and youth who were good at building things. Thus, when caregivers engaged parents in the local toymaking process, it required them to practically apply what was learned in the specialized training with other adults. This training process also helped caregivers to engage parents in the ECD centres and to better facilitate play activities in the classroom.

Local Toymaking in Senegal

The enhanced ECD Kit model in Senegal also included the mobilization of the community to gain support in the creation of locally made toys through the parent–teacher association (PTA). The purpose of this community mobilization was to make play-based learning sustainable in preschool classrooms, to engage the community in active support for the preschool, and to build community awareness of the importance of play for the development and well-being of children. However, no toymaking with parents took place in Senegal, and no child impacts were found. However, approximately one in four parents provided materials for the preschools, such as repurposed chip bags or other recycled materials to decorate the classroom, or the purchase of balls from the local market when they became worn. The project goals of building community cohesion and increasing community support for play may have been unnecessary in this particular context. The evaluation found high levels of community cohesion and high rates of families playing with children at home from the very outset of the study. Thus, parent and caregiver play experiences and traditions are important to understand as a basis for contextualizing the kits.7

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7 One could have expected a lower level of engagement in local toymaking within the intervention groups (given that they received ECD kits) compared to control groups (who did not receive ECD kits). It is useful for us to understand that procuring ECD kits, in itself, does not negatively affect the level of engagement of communities in children’s play.
5.3 Changes in Caregiver Capacities to Use the ECD Kits

Play-Based Facilitation

Research indicates that early childhood education programmes in Africa often rely on lecturing and rote learning (Serpell & Nsamenang, 2015). Aside from singing, rote teaching was the dominant form of instruction in the South Sudan, Senegal and Uganda case studies prior to any training taking place. The Facilitator’s Guide clearly outlines an alternative approach - play-based facilitation. Caregivers are encouraged to: (1) follow the child’s lead, to capitalize on a child’s thoughts or feelings when playing; (2) allow enough time for play to develop and to put what the children are playing into words to extend their learning; (3) pay attention to what children are playing to ask questions that lead to further discovery and exploration; (4) offer help when children are playing because their small and gross motor skills are developing; and (5) promote partnerships between children to facilitate play among peers, and to encourage them to interact with each other through play.8 However, in order to observe changes in caregiver capacities, training must include opportunities for adults to apply their knowledge and for their continued growth through on-site mentoring.

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8 Through research and field practice (largely in Western contexts), the LEGO Foundation has elaborated on this definition through its “five characteristics of play” (Zoch et al., 2017). Their research has found that play should be: 1) joyful - motivating children to take initiative; 2) meaningful - relevant to children and helping them to explore things in the environment that they are familiar with; 3) active – children should have hands-on experiences to stimulate multiple channels in the brain; 4) iterative – children need to experiment with ideas; and 5) socially interactive - children co-construct their knowledge in dialogue with other people.
Senegal Case Study

The evidence on the effectiveness of different training approaches on empowering caregivers’ play-based facilitation was mixed. Before the intervention, only 17% of preschool teachers used hands-on learning activities and 16% gave children opportunities for free play. After the programme, teachers in either the foundational or enhanced ECD kit interventions were roughly 36 percentage points more likely than control group teachers to give students hands-on learning activities and opportunities for free play. However, because there was no difference in this affect between the foundational and enhanced interventions, the added components did not yield higher impacts on the value of play as hypothesized. One reason is because teacher attitudes towards play-based learning were very positive throughout the evaluation. Before the interventions, 99% believed that play develops children’s intelligence, 93% that play develops social skills, and 82% that allowing children to play improves their behavior in class. The only significant difference found between the foundational and enhanced interventions was the extent to which teachers ensured that all students participated in class (a 36-percentage point impact in the foundational versus a 43-percentage point impact in the enhanced). This outcome is significant; however, because it indicates an important shift in caregiver capacities from rote teaching to engaging children in their own learning.

Uganda Case Study

There were no notable differences observed in caregiver capacities to use the toys between the foundational and enhanced ECD Kit interventions until frontline caregivers were exposed to the specialized toymaking training, and when the toymaking was fully implemented in the classroom. Caregivers were observed transforming their interactions with children after local adaptations to the kits took place – from rote teaching with the toys, to a more child-centered approach based upon guided learning through play. This transformation was possible, in part, because children had greater access to a mix of local and ECD kit toys. Thus, the enhanced ECD kit intervention was effective in transforming caregiver capacities in play-based facilitation in the Uganda context, and was strongly associated with parent engagement in the toymaking process.

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9 A number of evaluation limitations may have also contributed to these findings. For example, a training on play-based teaching and learning was conducted in the region prior to randomization. This may have contaminated the results and the findings may have under-estimated the impacts of the ECD kit interventions.
CHAPTER 6: ECD KIT IMPACTS

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In addition to the type of training caregivers received, three other factors affected the extent to which outcomes and impacts were observed. These included factors associated with the quality of children’s play experiences, such as: 1) children’s access to toys; 2) the type of play experiences children engaged in with the toys; and 3) children’s play dosage, or the amount of time they were exposed to the toys.

6.1 Children’s Access to Toys

ECD Kit Standards

UNICEF standards of 1 kit for every 50 children were not met in South Sudan and Uganda when implementing the foundational ECD kit intervention. For example, up to 400 children in one classroom with one to three caregivers, and one ECD kit in Uganda during surge conditions were observed. Similar challenges in children’s access to toys were reported by Country Offices in the global stock-taking assessment. In the Uganda case study, when the enhanced ECD kit intervention took place, the Country Office ensured that an appropriate number of ECD kits were made available to better match UNICEF standards. However, having the appropriate number of kits did not contribute to any observable differences in the way the toys were used by caregivers and children in the classroom.

Play Provision in Surge Conditions

In emergency contexts, children’s engagement with the toys and learning materials was constrained by their access to toys given the overcrowded classrooms. Because children did not have routine exposure to a sufficient number of toys - due to large class sizes, few caregivers and insufficient toys - children were often observed idle with no toys, or fighting each other over toys. Children’s access and engagement with the toys substantially increased only after the local toymaking took place. Each child had the opportunity to interact with toys, choose their own toy or activity, and to play together in small groups.

Unintended Consequences

When toys are introduced into low-resource environments, children may lack the social and behavioural skills and experience to be able to manage things like sharing. The resulting

IMPACT OF THE ECD KITS

What are the reported outcomes and impacts of the ECD kits for girls and boys, caregivers, parents, and community members?

KEY FINDING

Depending on the quality of children’s play experiences, play-based learning with the kits contributed to a reduction in children’s stress levels, their social emotional development, and cognitive development. Positive impacts on caregivers and parents included improved caregiver well-being, more nurturing parent-child interactions, and increased social cohesion.
conflicts create psychosocial stress that we know is harmful to learning and well-being. Aside from the potential negative impacts on children, this finding should be carefully examined and addressed by UNICEF, as the Core Commitment to Children ‘Do No Harm’ principle states that humanitarian action must avoid physical harm or inadvertently putting children at risk.

**Storage Location of Kits**

Children’s access to the toys was also influenced by the storage of the kits. When kits were stored outside of the classroom, they were used less frequently by caregivers, which was often the case during surge conditions. In South Sudan, the ECD kit containers were considered highly valuable and were reportedly stolen and used to store bullets. Thus, usage appeared to be less consistent across the sites; in some cases, the toys were brand new (the packaging had not yet been opened), and in other sites some toys looked well used (as evidence by dirt or marks on the toys). When the toys were integrated into the classroom environment, as was the case in Uganda after the toymaking took place and permanent ECD centres were constructed, they were used more frequently by caregivers and children.

**6.2 Quality of Children’s Play Experiences**

**Toy Preferences**

There is strong evidence that some toys from the kits were used more frequently than others (see Annex A). In all case studies, the intuitive toys, such as puppets, blocks, and nesting or stacking objects, were used more often than were the more complicated toys (such as games) or art materials (paints, clay). In Uganda, the most commonly used toys by children included: shape sorters, card books, stacking cups, and the painted wooden beads. Less commonly used items were the more cognitively complex toys such as the puzzles.

In South Sudan, the stack-and-sort, shape sorter, moulding clay, puppets, and the block puzzles were also used frequently. Other materials that required greater cognitive skills (such as the domino puzzle and chain matching blocks) were too complex and not well used because the facilitators did not understand what to do with them.

**Inclusiveness of Play Experiences**

Though caregivers offered the same play opportunities to both boys and girls, there were some differences during free play times in Uganda and South Sudan. Girls tended to play more with dolls and puppets, while boys tended to play with locally made balls, blocks, and model cars, which reflect traditional gender roles. Younger children (aged 3-4) played with shape sorters and wooden beads more often, while older children (aged 5-6) played with stacking cups and card books more often, as developmentally appropriate. However, there were no reported or observable differences between the outcomes girls and boys received from playing, and boys and girls were observed playing together.
Similarly, the Senegal case study did not find any meaningful differential intervention effects on children’s behavioural functioning during the assessment based on their gender.

Ugandan and South Sudanese refugee children equally benefited from the ECD kit toys and learning materials and were observed playing together, indicating their inclusive use in practice. Children with disabilities were not observed in the evaluative case studies, except at one child friendly space in South Sudan. This is in large part because of the perceived discrimination parents face in sending children with disabilities to ECD centres. When children with disabilities were observed, some with physical disabilities were supported by their peers or caregivers to use the toys. One sight-impaired child was able to use the toys on his own without any support. These findings are not surprising; research on the cognitive and social structure of African games has found that children’s play is inclusive of multiple age groups and children with disabilities (Serpell & Nsamenang, 2015).

### Variety of Play Experiences

In line with the results documented in the global assessment, the ECD kit evaluations found that children and adults engaged in qualitatively different forms of play with the toys and materials. For example, adults were observed engaging in guided play or teaching through play, in which the facilitator has a direct role in supporting children to use the toys to achieve a specific objective (such as using coloured blocks to teach children colours). Other forms of play observed during the site visits included: 1) small-motor play, in which children manipulate small objects with their hands and fingers to sort and stack toys; 2) construction play, in which children build objects seen in their local environment; 3) symbolic play, such as when children take one object and change it into another prop using their imaginations (e.g., this block is a house, this block is a tree, etc.); and 4) competitive play, in which one child was encouraged by an adult facilitator to compete with another child on a task (such as to see who could build a tower first with the stacking toys).
The evaluation case studies from Senegal and Uganda indicated that free play among children took place, or play in which the children directed their own games or uses of the toys. Free play was associated with children’s development of social skills, because they had more opportunities to play with their peers and to learn how to share and take turns. The evaluation case study from Uganda also found caregivers engaged children in restorative play, or the use of the toys to help children share their feelings and to make friends from different countries. For example, in two child-friendly spaces, children drew pictures and recounted their experiences of conflict in South Sudan with caregivers, who supported them to deal with their feelings. In one ECD centre, the caregiver formed small groups of children and encouraged children to hug one another and sing, “we are all together” using a call and response strategy. These types of play experiences were associated with children’s social and emotional development and reduced stress levels. While these insights are valuable, more evidence is required to clearly associate forms of play with specific developmental outcomes for children.

6.3 Children’s Play Dosage

Because facilitators did not have the skills to use the toys in overcrowded classrooms, children’s dosage, or the amount of time they were exposed to the toys, was often limited. During surge conditions in Uganda, children’s engagement with the toys and learning materials was constrained by their access to toys and the overcrowded classrooms. For example, when the caregiver used the toys for rote teaching, children had no contact with toys. Instead, children watched the teacher or one child perform a task while all other children sat idle. In small group play, individual children were observed not touching the toys, such as those children caring for younger siblings, often straddled on their backs. In South Sudan, facilitators brought a small number of toys from one ECD kit (out of the 15 they received) to use with more than 150 children. Large group sizes combined with limited facilitator capacity meant that many children did not have access to the toys each day in both countries.

In Senegal, children’s dosage was limited for different reasons. Teachers provided time for children to play in activity corners, but tended to send the same groups of children to play in the same corners. This limited children’s opportunities to benefit from the variety of toys and peers already available in the classroom. Teachers also tended to use the activity corners to keep some children busy while working with other children, giving the children in the activity corners almost no support or attention. This finding tells us that teachers were willing to give children opportunities for play-based learning but that limits on their pedagogical skills and classroom management skills kept children from getting the variety of play experiences and the adult guidance needed to extend their learning.

6.4 Caregiver and Parent Outcomes

Caregiver Well-Being

Reduction in care-giver stress levels was reported as the most significant benefit for adults’ engagement with ECD kits. This change was reported by caregivers in both the Uganda and South Sudan case studies. For example, in South Sudan, one facilitator remarked that she developed love for the children while playing with the toys. Some caregivers reported that they continued to play with the children after the programme because it made the caregivers feel happy and loved. In Uganda, caregivers explained that when they came
to the ECD centre and saw children playing, they wanted to participate in the activities because it helped them forget all their stress from home.

**Parent-Child Interactions**

The toymaking in Uganda helped parents to support play-based learning at home, because it created a continuum of learning between children’s home environment and the ECD centres. Parents reported playing with their children more often at home because of the toymaking innovation, which contributed to more positive discipline approaches and to their nurturing care. Respondents of the global assessment also reported observing parents play and read more frequently with their children during programme sessions as a result of their exposure to the kit materials. In Uganda, play with local toys established positive engagement and communication between children and caregivers, constructive contacts and bonding. As parents had more toys to use in interactions with their children, they were building more relaxed relationships with their children and reported explaining things to children with compassion. The local toymaking innovation also engaged fathers in playing with their children, which they had not thought of doing previously.

**Social Cohesion**

Caregivers and parents from different cultural and tribal backgrounds bonded over the local toymaking process, which contributed to benefits in community cohesion and integration within the settlement. In South Sudan, NGO partners echoed this finding; they saw the ECD kit as a platform for peacebuilding between children and caregivers from different ethnic groups (including those with histories of violent conflict). The global assessment also indicated this finding, that playing with the ECD kit toys supported parents and children of different ethnic background to build relationships with one another. The toymaking and parenting programme provided an opportunity for parents from Uganda and South Sudan to come together around the common interests of their children and in building relationships, even with language barriers.

In Senegal, where no toymaking took place, there were no significant programme effects on community cohesion. This result is not surprising, since there was already a high degree of social cohesion within the communities due to high poverty and the need to collaborate for survival. For instance, principals across all preschools reported high levels of community cohesion at baseline, and parents also gave high ratings at end line, with 73% to 91% of parents responding favourably on specific measures. Nearly all parents also reported engaging in play with children at home, both before and after the programme. Because community cohesion and home-based play with children were already at high levels prior to the introduction of the ECD kit interventions, there was little room for improvement in these areas.

**6.5 Child Impacts**

All Country Offices with ECD kits (N=57) reported the interventions most frequently targeted children ages 4-6; while 75 percent targeted children ages 3 and under. According to the theory of change, the ECD kits have the potential to impact children’s early learning, well-being and development across a range of outcome areas. However, the evidence on child impacts from the ECD kits was mixed. In emergency contexts, the evidence indicates that children’s social emotional development was strongly associated with playing with the kits, and to some extent children’s early learning and development. However, no
significant impacts were found on children’s development in the Senegal case study for the reasons discussed in Sections 4 and 5.

**Psychosocial Support**

The global assessment indicated that the ECD kit materials helped to fill a gap in promoting the psychosocial well-being of children, with 18 percent of the countries surveyed (18 out of 57) engaged in programming in this developmental domain. Country Offices reported that children who were exposed to the ECD kit were happier, less verbally and physically aggressive during programme sessions, and they cooperated more with their peers because of an increased trust in people. This in turn improved their sense of security and fostered positive attitudes among children. Country Office respondents also reported that playing with the ECD kit in emergency contexts contributed to reduced stress levels among children, as they related their experiences with caregivers through drawing, drama and playing with the toys. This finding was echoed in the Uganda case study, where both caregivers and parents reported children’s stress levels reduced from playing with the toys. Thus, improved access to high quality play opportunities has the potential to mitigate the psychosocial impact of natural disasters or protracted conflict on children’s psychosocial well-being.

**Social Emotional Development**

Children’s social emotional learning and development were also enhanced in Uganda, but especially through the use of local toys. Children were described as building confidence and basic social skills as a result of their play experiences (something that was echoed in the global assessment). There were consistent reports by caregivers and parents that children were fighting less, making new friends, sharing their toys, and building confidence. The effects were greater in the enhanced ECD kit intervention in Uganda, when compared with the foundational intervention. This finding was also attributed to children’s increased access to local toys, mixed with the ECD kit toys.

**Cognitive and Physical Development**

According to the global assessment, older children developed pre-literacy and pre-numeracy skills, and were able to identify shapes and colours that promoted their language development. In Uganda, the foundational and enhanced ECD kit interventions contributed to changes in children’s language development and developing mathematical concepts, such as colours, shapes and counting. Country Offices reported that children’s creativity and learning increased through their experimentation with the kit materials. They became more interested in touching and manipulating materials in the kit, improved their hand and eye coordination, and developed their fine and gross motor skills.
CONCLUSION
Taking the evidence on the ECD kits into account, three primary conclusions and recommendations are offered for consideration by UNICEF at the global, regional and/or national level.

7.1 Re-Imagining the ECD Kit Components

**Strengths**

The kits provided a useful entry point for UNICEF to address the immediate needs of young children. Without UNICEF ECD kits, most programmes lacked play opportunities to promote children’s early stimulation and care. The kits enriched the learning environments of ECD centres and child friendly spaces, and demonstrated to caregivers and parents the importance of early learning and stimulation through play. UNICEF reached highly vulnerable women and children through these interventions, including unaccompanied children providing care for their younger siblings.

**Challenges**

- **Training Guides**: The Coordinator’s and Facilitator’s Guides were not generally consulted by partners, primarily because they were not available to them. The Activity Guide was not used by a majority of caregivers, primarily because it was too dense and complex for caregivers to understand.

- **Toy Usage**: Some ECD kit toys were consistently not used by caregivers or children, especially the more complex toys. The art supplies were also not frequently used by caregivers, primarily because the temporary ECD structures do not protect the classroom from harsh weather, and because there are no appropriate spaces for children to draw or make art.

**Areas for Growth**

- **ECD Kit Standard**: The UNICEF standard for the ECD kits (1 kit per 50 children) may not be the appropriate logic for decision-making on the number of kits required. An infusion of kits to better match child enrollment had no observable effects on caregiver use of the ECD kit toys.

- **Training Guides**: Consolidating the ECD Kit guidebooks into one training guide and making it available to the public online will improve partner access to this resource. In order to reach frontline ECD kit users, UNICEF should consider ways of innovating the Activity Guide. For example, the ECD Section can collaborate with regional Communication and C4D Specialists to create a 100% visual guidebook on how to use the toys with different age groups, and how to adapt the toys to the local context, perhaps by using culturally appropriate story boards. This would eliminate the need for guidebooks in multiple languages, which is costly and wasteful in countries who throw out guides in languages they do not speak.

- **Toy Usage**: Removing the toys that were not used frequently, as outlined in Annex A, and replacing these with items with materials that would stimulate the contextualization of play-based learning is warranted. For example, replacing the complex puzzles with different colored fabrics, buttons and sewing kits could facilitate making local puppets or dolls that are more culturally appropriate, and which draw upon traditional forms of play.
**ECD Kit Standard:** Revising the guidance on how many kits to procure may be useful when re-imagining the kits. For example, ensuring that one kit is available for each classroom may be a more appropriate logic if the main purpose is to use the kit as a model for local adaptation. Efficiencies gained in the procurement of fewer kits could be dedicated to the purchase of local materials for toymaking and for the training and engagement of caregivers and parents.

**CONCLUSION #1**

The ECD kit was well thought out and designed, but the rush to take the kits to scale due to high demand prevented a thorough testing of the kit components in humanitarian settings. The kits provide logistical assets for caregivers in emergencies and many appropriate toys for children of different ages, but not enough attention was given to resources for parents.

**RECOMMENDATION #1**

Certain components of the kits should be re-imagined to strengthen its efficient and effective use in practice, especially with parents. In particular, the toys that were consistently not used by children should be replaced with materials to stimulate local toymaking with parents, based upon their traditional forms of play, as relevant to the cultural context. Consolidating, innovating and simplifying the ECD kit guidebooks is also required to improve their access and relevance, and to reduce procurement costs. Revising the guidance on UNICEF standards for determining the appropriate number of kits to procure for emergencies is warranted.

### 7.2 Relevance and Cultural Appropriateness of ECD Kits

**Strengths**

The ECD kit was found to be highly relevant in both humanitarian and resource-deprived development contexts. Respondents considered the kits well suited to the priorities and policies of UNICEF, governments and other implementing partners. Evidence of high demand for the kits due to increasing levels of violence against children and natural disasters, coupled with UNICEF mandate to provide play-based learning opportunities in emergencies, contributed to the extensive global reach of the kits to more than 7 million children in 104 countries.

**Challenges**

- **Cultural Relevance:** The context in which the ECD kit is used matters. One reason why the ECD kit interventions yielded or did not yield observable or substantial caregiver outcomes and child impacts was attributed to the cultural relevance of the toys and play experiences.
• **Kit Contextualization:** The evidence indicates that contextualizing the materials with parents and caregivers and incorporating their traditional forms of play are important for the effective use and sustainability of the kits in practice. However, the most cost effective and sustainable approaches to training frontline ECD kit users in local adaptation are still emerging in practice across UNICEF Country Offices.

### Areas for Growth

• **Cultural Relevance:** The Activity Guide does not include any guidance on local toymaking – this information is provided in the Facilitator’s Guide, which is only available to UNICEF staff members online, and thus, limited in use. Extracting the “Making Toys for Children” activity from the Facilitator’s Guide, transforming it for use by frontline kit users, and packaging it inside the kits are the recommended steps for ensuring guidance on local toy making is available and used by UNICEF partners and caregivers.

• **Kit Contextualization:** The case study from Uganda provides an effective blueprint for reaching frontline users through a specialized training on the localization of the kits that also improved the sustainability of the intervention. Uses cases from Nepal, Rwanda, Kyrgyzstan and Cote d’Ivoire provide additional examples of local adaptations that could be scaled (see paragraph #19 and visit the interactive ECD kit map of use cases to learn more). The evidence indicates that parent engagement in kit contextualization is of paramount importance for ensuring a continuum of culturally relevant play-based opportunities for children in emergencies. UNICEF might also consult with partners engaged in designing and implementing training approaches that draw upon traditional play practices in low resource settings.

### CONCLUSION #2

The objectives of the ECD kit are still valid for UNICEF in its emergency programming for young children. The kits were considered relevant from the perspective of global and national decision-makers in fulfilling UNICEF mandates for children in emergencies. However, using the kits in non-Western cultures and in low-resource settings requires context-specific local adaptations to ensure the relevance of the play opportunities for children, their parents and caregivers.

### RECOMMENDATION #2

In collaboration with the Supply Division and UNICEF Country Offices, the global ECD Section should prepare guidance on the most effective approaches for adapting the ECD kits, and promote its adaptation. This guidance should be included with the kits and provide concrete examples of training approaches that have the potential to be scaled with the engagement of caregivers and parents in emergency contexts, and which privilege local play practices and traditions.
7.3 ECD Kit Effectiveness

**Strengths**

The added enhancements to the ECD kit training approaches yielded some important outcomes in caregiver skills for guided play-based child interactions. The enhanced intervention had a greater impact on preschool teachers ensuring children’s participation in class in Senegal, and in caregiver transformations from rote teaching to play-based facilitation in Uganda. Thus, the increased training dosage and explanation of the rational and science behind the toys, coupled with the local adaptation of the kits for their cultural context, yielded added value for the investments made.

**Challenges**

- **Training:** Training did not take place in 25 percent of the reporting UNICEF Country Offices with the kits, and the train-the-trainer approach was often not effective for reaching frontline ECD kit users in the foundational model. This finding runs contrary to UNICEF guidance that training must take place for the kits to be effectively used by caregivers, and in a way that benefits children.

- **Operational Constraints:** Challenges associated with capacity building in emergencies (such as high caregiver turnover rates and limited professional development time) contributed to mixed results. Many questions remain on the most effective and feasible training approaches with the kits in emergency contexts.

**Areas for Growth**

- **Training:** It is important to find ways to deepen caregiver understanding of play-based facilitation and learning, such as through the enhanced ECD kit intervention approach. Otherwise, facilitators will go through the motions of providing play opportunities, but will do so in ways that limit children’s chances of benefitting. Without training on how to manage the toys with large groups of children in emergency contexts, children will not fully benefit from these play opportunities due to the challenges associate with introducing the toys into low resource settings.

- **Operational Constraints:** Aside from training, the degree to which play-based learning opportunities were integrated into emergency programming depended on several contextual factors. In particular, overcrowded and poorly constructed classrooms resulting from a surge in demand for ECD services, coupled with an insufficient number of caregivers who lacked skills to manage large numbers of children, were strongly associated with the **non-use** or **lack of frequent use** of the ECD kit toys. If these challenges to play affordances are not addressed by UNICEF and its partners, it is likely that the ECD kit interventions or other play-based opportunities will not yield the intended outcomes or impacts.

**CONCLUSION #3**

UNICEF mobilized a diverse set of stakeholders to deploy and implement the kit in emergencies. While the objective to provide play-based opportunities was aligned with stakeholder interests, UNICEF and its partners often unable to deliver effective training on the kits with frontline users in the foundational ECD kit intervention. In addition, ECD centres and child friendly spaces lacked appropriate play affordances - the social and physical characteristics of the learning environment that were conducive for safe and stimulating play. Play affordances shaped
the quality of play experiences caregivers offered to children and when not sufficient, limited children’s dosage to the toys.

**RECOMMENDATION #3**

As a global leader of early childhood development, UNICEF should more clearly articulate its position on play as a form of early stimulation and care in emergencies. UNICEF (at all levels) should advocate for high-quality play opportunities with partners, by defining what this means in practice and making investments in play as required in emergency contexts. On a national level, UNICEF should require partners to provide training and on-site mentoring on play-based facilitation in Partnership Contract Agreements that integrate the ECD kits, and support them to effectively build the capacities of frontline kit users in emergency contexts. This should include specific guidance on supporting play-based facilitation with larger groups of children.

**Remaining Knowledge Gaps**

Two major gaps were identified through this evaluation synthesis: the use of the kits with children with disabilities, and the use of the kits with babies and infants. Several respondents requested additional guidance on supporting children with disabilities through play with the ECD kit materials. Children with disabilities were largely absent from the ECD emergency programming included in the evaluations, in part because of the discrimination parents face in sending these children to the programme. The use the ECD kits for early stimulation and care with babies and infants was not extensive. Two UNICEF Country Offices incorporated play-based opportunities into feeding centres and baby clinics with the kits, but this evidence was not detailed enough to draw conclusions. Thus, lessons on best practices with this age group are currently not known.
ANNEX A
ECD KIT CONTENTS BY AGE AND FREQUENCY OF USE

<table>
<thead>
<tr>
<th>Toy/Item</th>
<th>Babies</th>
<th>Children 1-3</th>
<th>Children 4-6</th>
<th>Usage</th>
<th>Suggested Action</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Board Puzzle</td>
<td>*</td>
<td>*</td>
<td></td>
<td>High</td>
<td>Retain</td>
<td>Children of all ages like this toy</td>
</tr>
<tr>
<td>2. Chain Puzzle</td>
<td>*</td>
<td>*</td>
<td></td>
<td>Medium</td>
<td>Retain</td>
<td>Appropriate in some settings but not others</td>
</tr>
<tr>
<td>3. Board Book</td>
<td>*</td>
<td>*</td>
<td></td>
<td>Medium</td>
<td>Retain</td>
<td>Appropriate in some settings but not others</td>
</tr>
<tr>
<td>4. Sponge Balls</td>
<td>*</td>
<td>*</td>
<td></td>
<td>High</td>
<td>Retain</td>
<td>These are intuitive for children and adult facilitators</td>
</tr>
<tr>
<td>5. Shape Sorter</td>
<td>*</td>
<td>*</td>
<td></td>
<td>Highest</td>
<td>Retain and Expand #</td>
<td>Observed in high use at every site visited across 3 countries</td>
</tr>
<tr>
<td>6. Paper and Crayons</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>Low</td>
<td>Remove</td>
<td>Cannot easily be used in temporary spaces</td>
</tr>
<tr>
<td>7. String Beads</td>
<td>*</td>
<td>*</td>
<td></td>
<td>High</td>
<td>Retain</td>
<td>These are intuitive for children and adult facilitators</td>
</tr>
<tr>
<td>8. Puppets</td>
<td>*</td>
<td>*</td>
<td></td>
<td>High</td>
<td>Retain</td>
<td>These are intuitive for children and adult facilitators</td>
</tr>
<tr>
<td>9. Staking and Sorting Kit</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>Highest</td>
<td>Retain and Expand #</td>
<td>Observed in high use at every site visited across 3 countries</td>
</tr>
<tr>
<td>10. Dominoes</td>
<td>*</td>
<td>*</td>
<td></td>
<td>Low</td>
<td>Remove</td>
<td>Low interest for children</td>
</tr>
<tr>
<td>11. Construction Blocks</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>High</td>
<td>Retain</td>
<td>These are intuitive for children and adult facilitators</td>
</tr>
<tr>
<td>12. Modelling Clay</td>
<td>*</td>
<td></td>
<td></td>
<td>Medium</td>
<td>Retain</td>
<td>Appropriate in some settings but not others</td>
</tr>
<tr>
<td>13. Puzzle Blocks</td>
<td>*</td>
<td>*</td>
<td></td>
<td>Low</td>
<td>Remove</td>
<td>Too complex for children</td>
</tr>
<tr>
<td>14. Memory Game</td>
<td>*</td>
<td>*</td>
<td></td>
<td>Low</td>
<td>Remove</td>
<td>Too complex for children, images not appropriate</td>
</tr>
<tr>
<td>15. Counting Circle</td>
<td>*</td>
<td></td>
<td></td>
<td>Low</td>
<td>Remove</td>
<td>Too complex for adult facilitators and children</td>
</tr>
<tr>
<td>16. Jigsaw Puzzle</td>
<td></td>
<td></td>
<td></td>
<td>Low</td>
<td>Remove</td>
<td>Too complex for children</td>
</tr>
</tbody>
</table>
**Assumption 1:** Country has a strong ECD enabling environment, such as a national ECD policy, early learning and development standards, national curricula, or guidelines for ECD centres in emergencies.

**Assumption 2:** The quality of play spaces, caregiver-to-child ratios, programme enrolment and class size, and facilitators’ capacities to manage large groups are appropriately managed by the partner programme.

**Assumption 3:** Frontline ECD kit users are reached through user-friendly guides and through training provided by UNICEF or its partners. Interventions include opportunities for parents and caregivers to participate in local toymaking, or the localization of the ECD kits to ensure their cultural relevance.

**Assumption 4:** Caregiver turnover is limited and caregivers are present to facilitate sessions. Children have access to both local or traditional toys, as well as the ECD kit materials.

**Assumption 5:** Children have opportunities for high-quality play experiences, including exposure to a variety of toys, different types of play experiences (free play, group play, symbolic play, etc.), and an appropriate amount of time for play.
ANNEX C
 EXAMPLES OF ECD KIT LOCAL ADAPTATIONS

Local Adaptations of the ECD Kit in Rwanda – UNICEF Rwanda Country Office

Local Adaptations of the ECD Kit in Kyrgyzstan – UNICEF Kyrgyzstan Country Office

Local Adaptations of the ECD Kit in Côte d’Ivoire – UNICEF Côte d’Ivoire Country Office
Local Adaptations of the ECD Kit in Nepal – UNICEF Nepal Country Office

Local Adaptations of the ECD Kit in Uganda – UNICEF Uganda Country Office

Local Adaptations of the ECD Kit in Uganda – UNICEF Uganda Country Office

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Emergencies arising from armed conflict or natural disasters negatively affect the physical, mental, and psychosocial well-being of children, their families and communities. With emergencies and protracted crisis on the rise, UNICEF is committed to safeguarding children’s development and contributing to resilient and sustainable societies. One way that UNICEF puts this commitment into practice in humanitarian settings is by encouraging play-based early learning opportunities for young children. UNICEF believes quality early childhood development (ECD) programmes that incorporate play-based activities can mitigate against toxic stress by promoting positive caregiver-to-child, as well as child-to-child interactions.

The purpose of this policy brief is to guide UNICEF Programme Chiefs, Managers and Specialists engaged in ECD programming on future applications of the ECD kit intervention within early childhood development programming in emergency contexts. This document summarizes the main messages and set of actionable recommendations derived from a synthesis of the evaluative evidence on UNICEF Early Childhood Development Kit (ECD kit).

The ECD Kit Evaluation Synthesis summarized the evidence from global monitoring data and national ECD Kit evaluation case studies from Senegal, South Sudan and Uganda, judged according to three evaluation criteria – the relevance, effectiveness and impact of the ECD kits. Identification of common results or challenges with the ECD kits through the triangulation of data sources ensured the findings were based on systematic evidence and not by chance. Thus, the reader can have confidence in the main messages presented in this brief as a basis for future decision-making.

**Key Terms and Concepts**

- **Caregiver** – In this document, the term caregiver refers to any adult or youth who works directly with children in an ECD programme, serving in the role of facilitator or teacher.

- **Child Friendly Spaces (CFS)** – This term refers to one delivery model or approach to early childhood services that focuses primarily on child protection and psychosocial support to children of all ages. It also refers to the specific place where early childhood services are provided.

- **Early Childhood Development (ECD)** – This term applies to children ages birth through eight and refers to the continuous process of acquiring skills and abilities during this age period across the domains of cognition, language, motor, social and emotional development.
• **ECD Centres** – This term refers to one delivery model or approach to early childhood services that focuses primarily on school readiness. It also refers to the specific place where early childhood services are provided.

• **Early Stimulation and Care** – UNICEF defines early stimulation and care as a key aspect of a nurturing care environment, a core set of interrelated components, including behaviours, attitudes, and knowledge about caregiving (e.g., health and feeding); stimulation (e.g., talking, singing and playing); responsiveness (e.g., early bonding and secure attachment); and safety (e.g., routines and protection from violence).

• **Emergency** – A situation that threatens the lives and well-being of large numbers of a population and requires extraordinary action to ensure their survival, care and protection.

• **Humanitarian Situation** – Any circumstance where humanitarian needs are sufficiently large and complex to require significant external assistance and resources, and where a multi-sectoral response is needed with the engagement of a wide range of international humanitarian actors.

• **Parent** – This term refers to the biological mother and father of a child, or the primary caretaker of a minor child.

• **Play** – A freely chosen, spontaneous, voluntary, pleasurable, and flexible activity involving a combination of body movement, objects, symbol use, and social relationships.

• **Play Affordance** – The term play affordance is used by researchers to describe the opportunities provided by the physical and social environment that support children’s play.

• **Play-based Learning** – Children’s development of cognitive, physical and social skills through play-based activities with adults and their peers.

• **Play-based Facilitation** – A pedagogical approach in which adults stimulate and care for children through guided play-based interactions.
PLAY PROVISION

MESSAGE 1

The objectives of the ECD kit are still valid for UNICEF in its emergency programming for young children. Without UNICEF ECD kits, most early childhood programmes in humanitarian situations lacked appropriate play opportunities to promote children’s early stimulation and care. However, using the kits in non-Western cultures and in low resource settings requires context-specific local adaptations to ensure the relevance of the play opportunities for children, their parents and caregivers.

Objectives of the ECD Kit. The ECD kit was developed by UNICEF in 2009 to strengthen the response for young children in emergencies arising from conflict or natural disasters. The kit consists of a box of toys and learning materials for children ages six and under in emergencies, with the aim of: (1) creating a safe and secure play and learning environment, (2) establishing positive and supportive adult-child interactions; and (3) developing children’s early learning skills, curiosity, creativity, and self-expression.

UNICEF Mandates for Young Children in Emergencies. The ECD kit addresses UNICEF mandates for young children in emergencies, as expressed in the Core Commitments for Children in Humanitarian Action. The ECD kit supports the education sector’s strategic result for the provision of play and early learning opportunities for young children in affected communities in emergencies. The kit also supports the fulfilment of children’s right to play, as articulated in Article 31 of the Convention on the Rights of the Child.

ECD Kit Global Reach. From 2009-2018, more than 140,000 ECD kits were procured by 104 Country Offices, reaching an estimated 7.1 million children globally. Countries in the Eastern and Southern Africa region procured the largest number of all ECD kits globally from 2009 to 2018 - 37,776 kits benefited an estimated 1.9 million children in the region. The kits were considered relevant from the perspective of global and national decision-makers in both humanitarian and development contexts.

Play in the Context of Increasing Levels of Violence Against Children. There is a clear need for the provision of play and early learning opportunities in fragile states, low-resource settings, and especially in emergency contexts. Conflict was the most important factor associated with the procurement of ECD kits, especially in Eastern/Southern Africa, the Middle East/North Africa, and more recently in South Asia and Western Africa. An estimated 102,770 kits have benefited more than 5.14 million children residing in fragile states within these regions.
Evaluation Best Practices

Engage parents in creating culturally relevant play opportunities

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Traditional Clay Toy from Uganda

Localized Version of the ECD Kit Shape Sorter

Felt Baby Book from Kyrgyzstan

Photos provided by UNICEF Country Offices in Africa (left), South Asia (middle) and Uganda (right)
Contextualize the ECD Kits. The context in which the ECD kit is used matters. The ECD kit interventions that yielded observable or substantial caregiver outcomes and child impacts were those which addressed the cultural relevance of the toys and which incorporated local play experiences.

Many studies on the impact of play on children’s early learning and development assume children’s exposure to artefacts, such as puzzles and building blocks, for the purpose of measuring their cognitive development. However, exposure to these types of learning aids is rare and unevenly distributed in Africa, Asia, the Middle East and Latin America, especially in low-resource, subsistence agricultural or rural communities.

The evidence indicates that contextualizing the materials with parents and caregivers and incorporating their traditional forms of play are important for the effective use and sustainability of the kits in practice. UNICEF staff members reported that local materials are more likely to be appropriate to the specific needs of the emergency, culturally-relevant, supportive of the growth of the local economy, and environmentally-friendly.

Engage Parents in Local Toymaking. Evaluation case studies indicated that local toymaking: (1) ensures children’s access to culturally relevant toys and play experiences; (2) strengthens caregiver capacities in play-based facilitation and interactions with children; (3) encourages nurturing parenting practices; and (4) provides a continuum of play-based opportunities for children at home and in early learning settings.

The evaluation case study from Uganda provides an effective blueprint for reaching frontline users through a specialized training on the localization of the kits that also improved the sustainability of the intervention. In this approach, UNICEF engaged caregivers, parents, youth and artists from the community in using local materials to make traditional toys, and in replicating the most popular ECD kit toys.

ECD kit use cases from 31 countries, such as Nepal, Rwanda, Kyrgyzstan and Cote d’Ivoire also provide additional examples of local adaptations that could be scaled (see map). Those countries that have encouraged local adaptation of the kit tended to do so with non-durable, low-cost or recycled materials. For example, caregivers or teachers have made local puzzles out of cardboard, or used rocks, cork, paper-mâché, or recycled paper to create new storybooks or toys. The procurement of local materials in emergency settings must be considered in scaling any approach to toymaking.

To learn more, visit this interactive map of UNICEF ECD kit use cases
As a global leader of early childhood development, UNICEF should more clearly articulate the conditions required for play-based early stimulation and care in emergencies. The quality of children’s play opportunities influenced the extent to which outcomes and impacts were observed from the ECD kits. The presence of an ECD enabling environment, the safe integration of play opportunities into ECD programming, play affordances, and caregiver training were important factors shaping the effectiveness of the ECD kit interventions.

Characteristics of High-Quality Play Opportunities

An ECD enabling environment and/or ECD emergency preparedness plan is in place. An important assumption for the effective deployment and integration of play-based opportunities into emergency programming for young children is the presence of a strong enabling environment for ECD on a national level, and/or an ECD emergency preparedness plan. Play opportunities can be deployed quickly when UNICEF has pre-positioned ECD kits, or when guidelines for ECD centres in emergencies and national ECD training mechanisms already exist.

Play opportunities are integrated into ECD programming. High-quality play opportunities consist of interventions that are deployed as part of an integrated and intersectoral strategy for children’s early stimulation and care in emergencies. The ECD kits were not intended to be used as a standalone intervention. They are only one tool among a suite of packages that target children’s critical needs in humanitarian situations.

The ECD setting must provide adequate play affordances for children to safely interact with and play with the toys. The term play affordance is used by researchers to describe the opportunities provided by the physical and social environment that support children’s play. Three play affordances influenced the effectiveness of the ECD kit interventions (see Box 1).

Training in play-based facilitation is required. UNICEF should require training on play-based facilitation in Partnership Contract Agreements that integrate the ECD kits, and support partners to effectively build the capacities of frontline kit users. If training is not provided by UNICEF or its partners, it is likely that the ECD kit interventions or other play-based opportunities will not yield the intended outcomes or impacts.
**BOX 1  Play Affordances**

**Adequate Spaces for Play:**
Children's exposure to the ECD kit materials should ideally occur within a structured and safe setting with trained adult facilitators. There is strong evidence that spaces for play were not often conducive for the use of the ECD kits in humanitarian situations. Heavy rain, high winds, and exposed dirt or sandy floors with little to no matting for children to sit on prevented caregivers from using the ECD kit toys more frequently.

**Appropriate Classroom Size:**
The number of children in a classroom should typically not exceed 50 children to facilitate play-based activities within a space. A surge in demand for ECD programming is often generated quickly or unexpectedly in emergencies, which can over-stretch the supply of services that are delivered to an affected population. This surge in demand results in overcrowded classrooms and disproportionate caregiver to child ratios. Overcrowded classrooms of up to 400 children with 1 to 3 caregivers were observed in humanitarian situations, which prevented the caregivers from using the ECD kit toys more frequently.

**Appropriate Caregiver-to-Child Ratios:**
Appropriate caregiver-to-child ratios (1 caregiver for every 20 to 25 children) are required for play-based learning to occur. In emergency contexts, caregiver-to-child ratios far exceeded national and global standards for ECD centres. In South Sudan, partners and facilitators of the ECD centres and CFS reported high caregiver-to-child ratios of up to 1:100, or 1 facilitator for every 100 children. In Uganda, the estimated ratio ranged 1:65 to 1:230. An insufficient number of caregivers, combined with their lack of capacities to facilitate large groups of children, often prevented caregivers from using the toys more frequently and effectively.

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**Play and Nurturing Care in Early Childhood Development**

In addition to promoting quality play opportunities and adequate play affordances, it is also important to consider the role of play in providing nurturing care in early childhood development.

Nurturing care refers to the conditions created by public policies, programmes and services that enable communities and caregivers to ensure children's good health and nutrition, and which protect them from threats.

Nurturing care also means giving young children opportunities for early learning, through caregiver and parent interactions that are responsive and emotionally supportive. In emergency contexts, there is a greater need for integrating a nurturing care framework into humanitarian policies, programmes and services. ECD Kit interventions and other play opportunities have an important role in providing a nurturing care environment.

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Culturally appropriate play opportunities can provide a holistic approach to families’ and children’s well-being, help to re-establish security and routines as quickly as possible, and support the rebuilding of community social capital and cohesion by encouraging positive relationships between members of displaced and host communities.

The diagram below summarizes some examples of how play opportunities (such as the ECD kits and locally made toys), when combined with adequate nutrition and caregiver training, can support nurturing care in humanitarian situations.
### Evaluation Best Practices

Integrate a variety of high-quality play opportunities across all UNICEF sectors engaged with early childhood programming in emergencies.

<table>
<thead>
<tr>
<th>Play Opportunities</th>
<th>Early Stimulation Strategies</th>
<th>Caregiver-Child Interactions</th>
<th>Example Child Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Singing</strong> (no toys)</td>
<td>Caregivers manage large groups of children by engaging them in the learning activities through call and response and with body movement.</td>
<td>Children learn classroom routines (such as where and how to sit) and social skills (such as paying attention when a caregiver is speaking).</td>
<td>Children develop cognitive skills (such as vocabulary and hygiene practices), and small motor skills (such as clapping and dancing).</td>
</tr>
<tr>
<td><strong>Free play</strong> (all toys, no toys)</td>
<td>Children have the opportunity to choose a toy and to decide how to play with it. Caregivers promote partnerships between children to facilitate play among peers.</td>
<td>Facilitates children’s participation in shaping their learning experiences and encourages children to interact with each other through play.</td>
<td>Children develop a range of social and emotional skills, such as sharing and taking turns.</td>
</tr>
<tr>
<td><strong>Guided play</strong> (all toys)</td>
<td>Caregivers capitalize on a child’s thoughts or feelings when playing; ask children questions that lead to further discovery and exploration; and offer help when children are playing because their small and gross motor skills are developing.</td>
<td>Enhances nurturing caregiving practices and facilitates interactive play-based teaching learning (in contrast to rote teaching and learning).</td>
<td>Children develop a wide range of cognitive, physical, social and emotional skills. Children form positive attachments with caregivers through play leading to a greater sense of security.</td>
</tr>
<tr>
<td><strong>Symbolic play</strong> (clay, building blocks, string beads)</td>
<td>Caregivers help children replicate objects in their environment (such as an animal figure) to stimulate role play and pretend play.</td>
<td>Caregivers share their knowledge of community norms and social roles to pass down cultural practices.</td>
<td>Children develop imagination and creativity by pretending and mimicking behaviours and situations they see and experience in their lives.</td>
</tr>
<tr>
<td><strong>Restorative play</strong> (puppets and drawing)</td>
<td>Caregivers use play to support children in returning to normalcy from an emergency situation.</td>
<td>Children express their feelings and emotions as they play with caregivers, who reassure children and help them feel a sense of security.</td>
<td>Children’s stress levels are reduced and their social emotional learning and coping skills are nourished.</td>
</tr>
<tr>
<td><strong>Traditional play</strong> (locally made toys)</td>
<td>Caregivers work with parents to make traditional toys that draw upon cultural norms and practices</td>
<td>Caregivers relive their experiences as children and become playful in their interactions as they recall fond memories.</td>
<td>Children learn how to make toys on their own using local materials and develop a wide range of cognitive, physical, social and emotional skills.</td>
</tr>
</tbody>
</table>
PLAY PARTNERSHIPS

MESSAGE 3

UNICEF engaged a diverse set of partners to deploy and implement the kit in emergencies. However, UNICEF and partners were often unable to deliver effective training on the kits with frontline users. Without appropriate training, children will not fully benefit from these play opportunities due to the challenges caregivers face when introducing toys into emergency or low resource settings. It is important to find ways to deepen caregiver understandings of play-based facilitation and learning, such as through the enhanced ECD kit intervention approach.

Unlock the potential of play in emergencies. The ECD kit theory of change suggests that if the kit interventions empower caregivers to engage in play-based facilitation with the toys and learning materials, and if parents are engaged in the localization of the kits, then caregiver interactions with children will be strengthened, nurturing parenting practices will be enhanced, and children’s engagement and participation in program activities will increase, which will ultimately impact children’s psychosocial well-being, early learning and development.

Depending on the quality of children’s play experiences, play-based learning with the kits contributed to children’s relief from stress, their social emotional development, and cognitive development. Positive impacts on caregivers and parents included improved caregiver well-being, more nurturing parent-child interactions, and increased social cohesion.

Build caregiver capacity to facilitate high-quality play experiences. Children need routine access (a high dosage) to a variety of toys and play experiences for the ECD kit interventions to observe developmental outcomes and impacts. The evaluation found that the UNICEF standard of 1 kit for every 50 children was often not met during surge conditions.

If children do not have routine exposure to a variety of toys - due to large class sizes, few caregivers, and an insufficient number of toys - children may fight each other over toys. The resulting conflicts can create psychosocial stress that is harmful to children’s learning and well-being.

Children’s access and engagement with the toys can be substantially increased through local toymaking. The quality of children’s play experiences improves when culturally relevant play opportunities are provided.

Reach frontline caregivers through an enhanced ECD kit intervention. Training did not take place in 25 percent of the reporting UNICEF Country Offices with the kits, and the train-the-trainer approach was often not effective for reaching frontline ECD kit users. Challenges associated with capacity building in emergencies (such as high caregiver turnover rates and limited professional development time) contributed to mixed results. Many questions remain on the most effective and feasible training approaches with the kits in emergency contexts.

The evaluation found that an enhanced ECD kit intervention yielded added value for the investments made. The enhanced intervention had a greater impact on preschool teachers ensuring
children’s participation in class in Senegal, and in caregiver transformations from rote teaching to play-based facilitation in Uganda.

The enhanced ECD kit intervention consists of: (1) an increase in training dosage for frontline ECD kit users – from one-off trainings lasting a couple of days to longer-term trainings and on-site mentoring in alignment with national ECD capacity development strategies and approaches; (2) using evidence from the neurosciences, the integration of storytelling and graphic materials into ECD kit programming to help caregivers and parents understand the rationale behind the use of the toys (3) the incorporation of a local toymaking innovation or adaptations of the kits using local materials.

**Evaluation Best Practices**

The Uganda ECD kit evaluation case study examined the process and outcomes of two ECD kit interventions. The enhanced ECD kit intervention yielded important changes in caregiver capacities and child outcomes for the investments made. UNICEF Country Offices should consider ways of implementing the enhanced intervention to ensure results for children.

<table>
<thead>
<tr>
<th>Foundational ECD Kit Intervention</th>
<th>Enhanced ECD Kit Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>• ECD Kits + Activity Guide</td>
<td>• ECD Kits + Activity Guide + Local Toys</td>
</tr>
<tr>
<td>• Rapid Training by NGO, specific to NGO program goals (such as family reunification, psycho-social support to parents, peacebuilding, etc.)</td>
<td>• Extended National ECD Training by Ministry of Education and Sports</td>
</tr>
<tr>
<td>• No specific training on the kits</td>
<td>• Specialized Training on Adapting the ECD Kit for Local Context</td>
</tr>
<tr>
<td>• ACCESS TO TOYS</td>
<td>• On-Site Mentoring</td>
</tr>
<tr>
<td>• Insufficient toys for high demand</td>
<td>• Integration of Neuroscience Evidence Messages</td>
</tr>
<tr>
<td>• The toys are stored outside of the classroom; caregivers control toy access</td>
<td>• Parenting Programme</td>
</tr>
<tr>
<td>• CAREGIVER CAPACITIES</td>
<td>• Home Visits</td>
</tr>
<tr>
<td>• Rote teaching with toys</td>
<td>• Guided play-based facilitation</td>
</tr>
<tr>
<td>• Singing with toys</td>
<td>• Wider range of play experiences offered, especially free play</td>
</tr>
<tr>
<td>• Dependent upon intuition and experience of caregivers</td>
<td>• Deeper understanding of play</td>
</tr>
<tr>
<td>• PARENT ENGAGEMENT</td>
<td>• Increased participation in play activities with children at home and at ECD centres</td>
</tr>
<tr>
<td>• Limited to none</td>
<td>• CHILD OUTCOMES</td>
</tr>
<tr>
<td>• Specific to NGO goals</td>
<td>• Wider range of outcomes, especially social emotional skills (sharing, making friends, etc.), cognitive skills and small motor skills</td>
</tr>
<tr>
<td>• CHILD OUTCOMES</td>
<td>• Limited range of outcomes</td>
</tr>
<tr>
<td>• Reduction in stress levels</td>
<td>• Limited range of outcomes</td>
</tr>
<tr>
<td>• Cognitive skills (vocabulary, counting)</td>
<td>• Reduction in stress levels</td>
</tr>
</tbody>
</table>

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ANNEXES 61
REFERENCES


Consultative Group on Early Childhood Development, Macquarie University, and UNICEF. (no date). The Use and Impact of ECD Kits Post-Earthquake Haiti 2010.


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