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Evaluability Assessment of Care for Child Development in Latin America and the Caribbean

El Salvador Country Case Study Report

Evaluability Assessment of CCD in Latin America and the Caribbean – El Salvador Country Case Study Report

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Acronyms

CCD	Care for Child Development	QA	Quality Assurance
CCS	Country Case Study	RO	Regional Office
CO	Country Office	SBC	Social and Behavioural Change
COAR	Country Office Annual Report	SGI	Small Group Interview
CPD	Country Programme Document	SDG	Sustainable Development Goal
EA	Evaluability Assessment	TL	Team Leader
EAQ	Evaluability Assessment Question	ToC	Theory of Change
ECD	Early Childhood Development	TOR	Terms of Reference
ECE	Early Childhood Education	UN	United Nations
GEROS	Global Evaluation Reports Oversight System	UNEG	United Nations Evaluation Group
KII	Key Informant Interview	UNESCO	United Nations Educational, Scientific and Cultural Organization
LAC	Latin America and the Caribbean	UNICEF	United Nations Children's Emergency Fund
LACRO	Latin America and the Caribbean Country Office	WASH	Water, Sanitation, and Hygiene
M&E	Monitoring and Evaluation	WB	World Bank
NGO	Non-Governmental Organization	WHO	World Health Organization
PAHO	Pan American Health Organization		

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1

Introduction

This Country Case Study (CCS) was undertaken as part of the Evaluability Assessment of Care for Child Development (CCD) in Latin America and the Caribbean (LAC). An Evaluability Assessment (EA) is both an analytical and practical exercise designed to determine the overall readiness of an intervention for evaluation. EAs are particularly valuable when there is no prior precedent or when new programming approaches are being designed. To ensure the effectiveness and utility of

a future evaluation, this EA sought to determine the extent to which CCD in LAC can be evaluated in a reliable and credible manner. The CCS approach was applied to identify differences in the operationalisation of CCD, data availability, and institutional capacity, and subsequently to, establish its evaluability at the regional level and make recommendations for scalability. This report presents the findings from the El Salvador CCS.

1.1. Background

1.1.1. Care for Child Development Overview

CCD is an evidence-based package and approach aimed at improving child development outcomes for children aged 0–5 years by empowering their caregivers. The initiative was first developed in the late 1990s to provide families with information and guidance on cognitive stimulation and social support for young children during child health visits, as part of the joint WHO–UNICEF strategy on the Integrated Management of Childhood Illness (IMCI). The overall aim of the global CCD package is to support families in promoting early childhood development through health services, community providers, and professionals working with families and young children. CCD underscores the central importance of the caregiver–child relationship. Through play and communication, adults learn to recognise children's needs and respond appropriately. The materials are designed to help

families feel confident and positive about caregiving.

The core components of the CCD package include: (i) recommendations for caregivers emphasising play and communication; (ii) training materials for service providers focusing on practical skills and counselling techniques; and (iii) counselling tools such as cards and checklists.

A key advantage of CCD is its adaptability to diverse contexts, allowing for tailored implementation strategies that address country-specific challenges.

1.1.2. CCD in LAC Region

CCD implementation in the LAC region began in 2012, following a comprehensive adaptation of approach to address regional challenges. Several stakeholders participated in this process, including PAHO/WHO, and UNICEF, and ECD experts from ministries of health, hospitals, and institutions such as World Vision, FLACSO Argentina, the

Catholic University of Chile, CONASS Brazil, and CARICHILD Jamaica.

The adaptations of CCD reflected the specific needs and contexts of the LAC region while preserving the core principles of the global package. The overall goal remained to improve early childhood development by supporting families and caregivers through counselling, play, and communication. Key adaptations included: (i) expanding and enhancing the provision of intersectoral ECD services through a multisectoral approach involving health, education, and social protection sectors; (ii) addressing high levels of home-based violence against young children in the region; and (iii) incorporating approaches to promote family-based activities supporting young

1.2. Methodology

The EA focused on three core evaluability dimensions, plus one additional summative dimension:

- **Evaluability “in principle”:** the adequacy of programme design, including the underlying Theory of Change (ToC) and how it has been reflected in the intervention’s results framework, particularly for marginalised child groups.
- **Evaluability “in practice”:** the availability of relevant data, appropriately disaggregated for marginalised child groups, and the capacity of management systems to provide such data.
- **Institutional context:** the utility and practicality of conducting an evaluation, considering the perspectives and availability of relevant stakeholders, and opportunities for learning related to scaling to reach the most marginalised child groups.
- **Summative assessment:** the readiness of CCD for a future evaluation (including an impact evaluation), with a focus on marginalised child groups.

Specifically, the EA included an analysis of four dimensions and nine evaluability components (see Figure 1).

CCD evaluability within each CCS was determined using an EA Checklist and Rating Scale, with qualitative rankings for each case. The Checklist outlined the specific readiness criteria used to assess each dimension and sub-dimensions —such as programme logic, coherence, convergence, and data availability. Evidence was mapped against each criterion using three possible ratings: (1)

children with developmental delays and/or disabilities.

The LAC CCD package offers more specific guidance, resources, and support for these families and caregivers, while emphasising children’s rights, early intervention, and social inclusion.

1.1.3. CCD in El Salvador

El Salvador has implemented the CCD approach since 2017, reaching more than 5,000 frontline workers across health, education, child and social protection, community-based, and faith-based organisations. El Salvador has 14 administrative departments, and there is evidence that CCD has been implemented in all of them.

criterion; (2) criterion not met; or (3) no data available. The Rating Scale provided an overall summary of evaluability according to each assessment question.

Both quantitative and qualitative, primary and secondary data were used to inform the EA. Within the El Salvador CCD, a total of 34 documents were reviewed. Additionally, 7 stakeholders participated in Key Informant Interviews (KIIs) and/or Small Group Interviews (SGIs), and an online validation workshop was held to confirm preliminary findings and validate the reconstructed ToC.

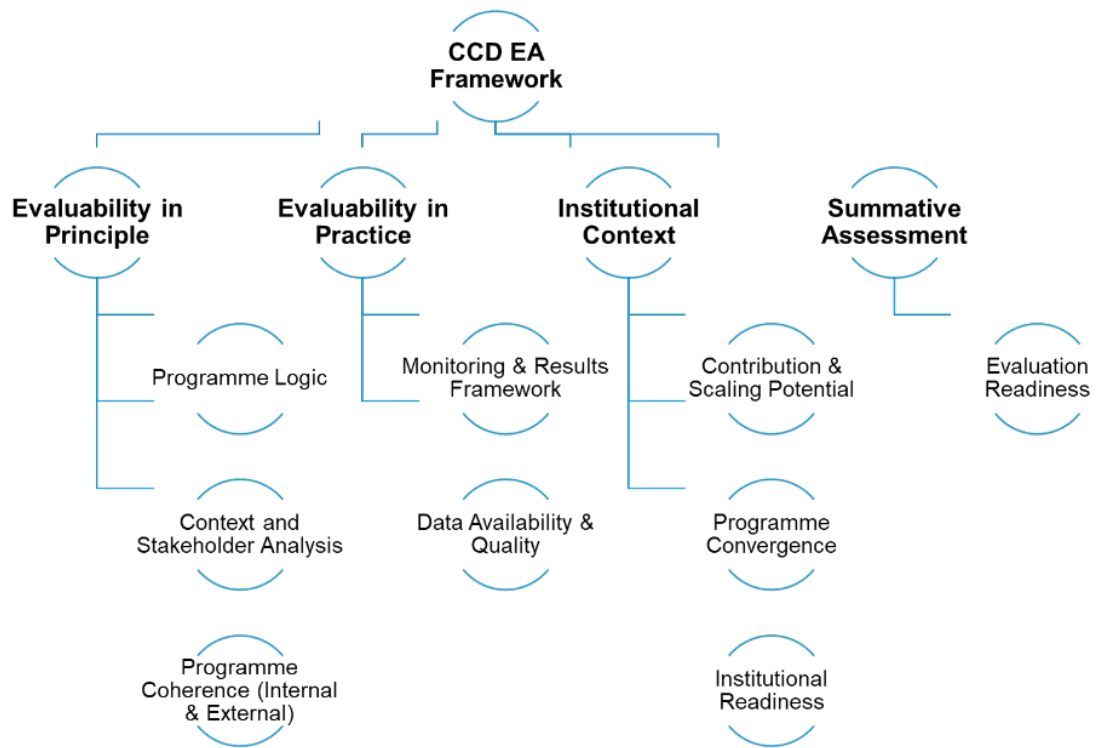


Figure 1. CCD Evaluability Assessment Framework



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2 El Salvador CCD Theory of Change

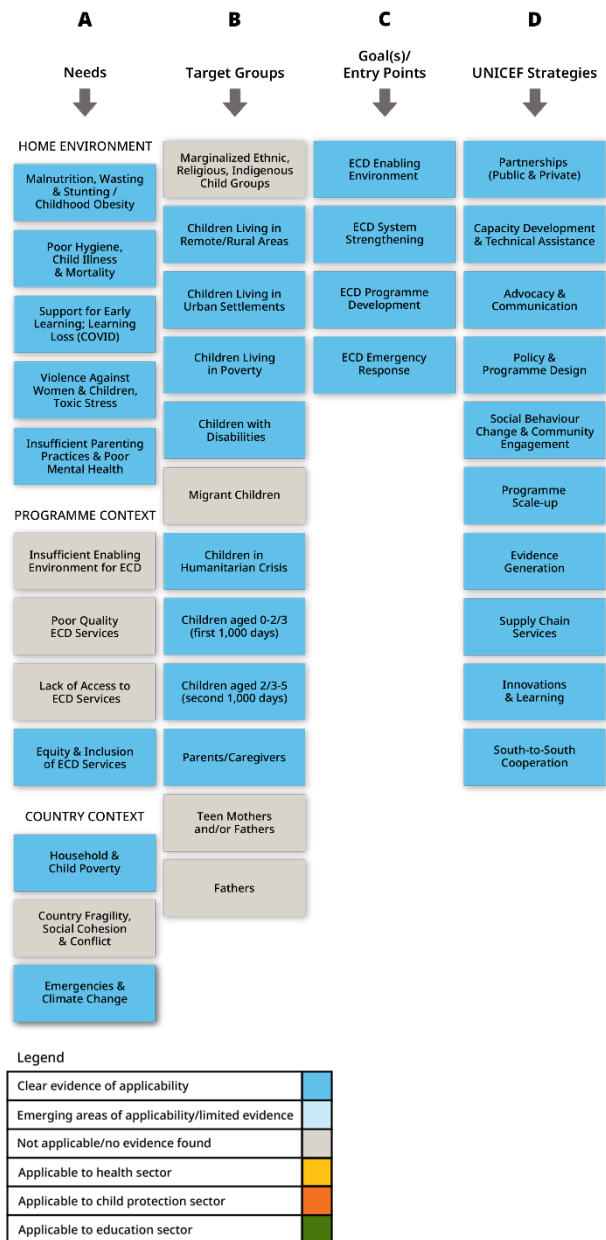
The CCD approach in El Salvador was initially introduced in 2017, and implementation continued through 2024. Overall, the CCD approach has focused on integrating the package into relevant ECD service delivery platforms, with a strong emphasis on the health sector, alongside initiatives in the education and child/social protection sectors, emergency response, and civil society organisations.

A. Needs

Multiple overlapping needs for nurturing care have contributed to the adoption of the CCD approach in El Salvador (see Figure 2). Initially introduced to respond to the emergency caused by the outbreak of the Zika virus, the package was later expanded to address several threats to child development: malnutrition; child illness and mortality; lack of early learning opportunities; violence against children; poor mental health among caregivers; and low father involvement in childcare. The package was also used to respond to the need to improve equity and inclusion in ECD services, as well as to address household and child poverty and income inequality.

This section provides a summary narrative of the El Salvador CCD ToC and accompanying visual diagrams of the applicable components (see Figures 2–4). Annex G provides detailed definitions of the ToC components, which are based on the recent UNICEF Global Evaluation on ECD and ECE [1]. Information about each component is further elaborated in the evaluability assessment results and CCD Strategy section.

Figure 2. CCD Strategy in El Salvador



B. Target Groups

The CCD approach in El Salvador has been strongly integrated into the health system, with an emphasis on disability, alongside initiatives in education, child protection services, emergency response, and civil society organisations. The approach has reached children between birth and seven years of age, and parents and/or caregivers in general. Children living in remote and rural areas have been targeted through health services specifically designed to reach these areas and through child and social protection services operating in both urban and rural settings. Children living in poverty and in urban settlements have been targeted through child/social and education services, as well as through partnerships with local governments

and civil society. El Salvador has also targeted children with disabilities or at risk of developmental delays through the integration of CCD into various health services designed for children with specific conditions, and through collaboration with civil society organisations working with children with disabilities or at risk of developmental delays.

C. Goals / Entry Points

Three CCD goals or entry points were identified as common across the health, education, and child/social protection sectors: improving the ECD enabling environment, strengthening ECD systems, ECD programme development, and ECD emergency response. See Annex G for detailed definitions of these goals/entry points.

D. UNICEF Strategies

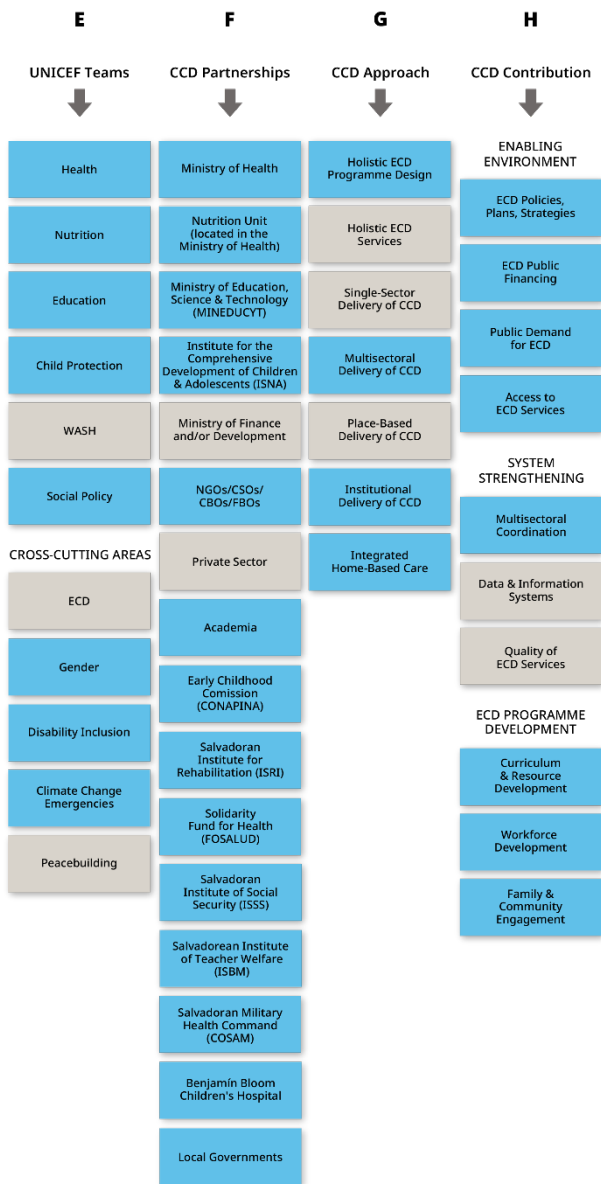
Multiple UNICEF strategies have been employed in El Salvador across the health, education, and child protection sectors: partnerships; capacity development and technical assistance; advocacy and communication; policy and programme design; social behaviour change and community engagement; evidence generation; programme scale-up; supply chain services; innovations and learning; and South-South cooperation. See Annex G for detailed definitions of these UNICEF strategies.

2.1. CCD Contribution to ECD

E. UNICEF Teams (Inputs)

An intersectoral team of UNICEF specialists has contributed to the design, implementation, and monitoring of the CCD approach in El Salvador over time (see Figure 3). The CCD approach has been informed by the expertise of programme specialists in health, nutrition, education, child protection, social policy, gender, disability inclusion, and climate change emergencies.

Figure 3. CCD Contribution in El Salvador



Legend

Clear evidence of applicability	Light Blue
Emerging areas of applicability/limited evidence	Light Blue
Not applicable/no evidence found	Light Grey
Applicable to health sector	Yellow
Applicable to child protection sector	Orange
Applicable to education sector	Green

F. CCD Partnerships (Inputs)

All UNICEF strategies for the CCD approach were implemented through partnerships with a wide range of stakeholders. These stakeholders include the Ministry of Health (including the Department of Nutrition), the Ministry of Education, the Institute for the Comprehensive Development of Children and Adolescents (ISNA), civil society groups (NGOs, CBOs, and FBOs), and academia.

The CCD approach also involved collaboration with the National Early Childhood, Childhood and

Adolescence Council (CONAPINA); six different government-funded organisations from the national health system — the Salvadoran Institute of Social Security (Instituto Salvadoreño del Seguro Social, ISSS); the Solidarity Fund for Health (Fondo Solidario para la Salud, FOSALUD); the Salvadoran Military Health Command (Comando de Sanidad Militar, COSAM); the Salvadoran Institute of Teacher Welfare (Instituto Salvadoreño de Bienestar Magisterial, ISBM); and the Children’s Hospital Benjamin Bloom — as well as four local governments in the municipalities of San Salvador, San Martín, Mejicanos, and San Miguel.

G. Integration Approach (Policy and System Interventions)

Four integration approaches were utilised by the UNICEF El Salvador Country Office and its partners. Three of these applied to the health, education, and child protection sectors: (1) holistic programme design; (2) multisectoral delivery of CCD; and (3) institutional delivery of CCD.

One integration approach was uniquely applicable to the health sector — the integration of CCD into home-based care through incorporation into health promoters’ practices. See Annex G for detailed definitions of these integration approaches.

H. CCD Contribution (Outputs)

The CCD approach in El Salvador was designed to contribute to the enabling environment for ECD. Its introduction supported the development of national ECD laws and policies and created opportunities to advocate for increased public financing for ECD, greater public demand and champions for ECD services, and expanded access to ECD services for vulnerable child groups, including children in emergencies.

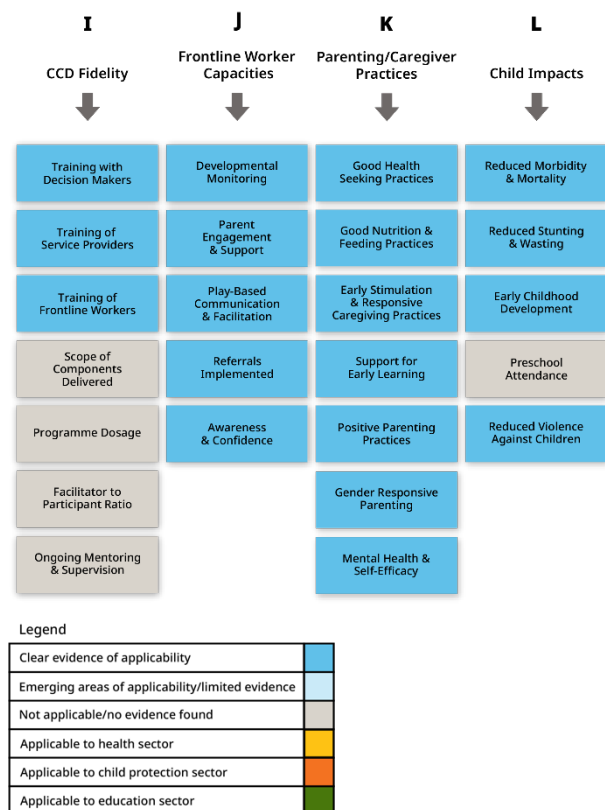
The CCD approach also aimed to strengthen systems by enhancing coordination across sectors. Finally, it was designed to reinforce ECD programmes through contributions to curriculum and resource development for use with frontline ECD workers, workforce development, and family and community engagement. See Annex G for detailed definitions of these contributions to the enabling environment, systems, and programmes.

2.2. CCD Delivery and Results

I. CCD Fidelity Programme Delivery Interventions)

Implementation of the CCD approach focused on the training of various stakeholders, including decision makers, service providers, and frontline workers representing the health, education, and child protection sectors (see Figure 4).

Figure 4. CCD Delivery and Results in El Salvador



Delivery of the CCD approach in the health sector occurred through the integration of key messages and materials during health appointments or home visits. In the education and child/social protection sectors, CCD was delivered through group sessions with parents/caregivers and frontline workers.

The ratio of frontline workers to parents/caregivers varied across services, and no written documentation of this ratio was found. The evaluability assessment also did not find documentation on the scope of components delivered to parents/caregivers; programme dosage (i.e., how many hours, days, or weeks of contact with parents/caregivers); or ongoing supervision and mentoring of frontline workers

delivering CCD. See Annex G for detailed definitions of programme fidelity interventions.

J. Frontline Worker Capacities (Outcomes)

Five outcomes of the CCD training and implementation on frontline worker capacities were envisaged across all sectors, including improved knowledge and skills to: (1) conduct developmental monitoring; (2) conduct parent engagement and support; (3) practise play-based communication and facilitation; (4) implement referrals; and (5) increase awareness and confidence to deliver holistic ECD services. Although El Salvador has case studies and videos demonstrating improved knowledge and skills among frontline workers, there is no established system to collect, analyse, or report data on these envisaged contributions of CCD to frontline worker capacities. See Annex G for detailed definitions of frontline worker capacities.

K. Parenting / Caregiver Practices (Outcomes)

The CCD approach was designed to contribute to multiple outcomes for parents/caregivers across all sector delivery platforms: (1) good health-seeking practices; (2) good nutrition and feeding practices; (3) strengthened early stimulation and responsive caregiving; (4) parent/caregiver support for early learning at home; (5) positive parenting practices; (6) gender-responsive parenting; (7) improved parent mental health and self-efficacy in caring for their children; and (8) increased awareness of the importance of ECD among parents/caregivers.

While these are the envisaged contributions of CCD to parent/caregiver practices, there is limited data available to demonstrate these results at present. See Annex G for detailed definitions of parenting/caregiver practices.

L. Children's Rights / SDGs (Impacts)

The CCD approach in El Salvador was designed to contribute to multiple child impacts across all sector delivery platforms: (1) reduced morbidity and mortality; (2) reduced stunting and wasting; (3) holistic early childhood development ensuring children's cognitive, social, emotional, and

physical development; and (4) reduced violence against children.

El Salvador collected information on these four outcomes as part of the National Health Survey in 2014 [6]. Data on child mortality, stunting and

wasting, and child development are also available in the 2022 report on the implementation of the SDGs [32]. However, this information has not been used within the context of the CCD approach. See Annex G for detailed definitions of child impacts.



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Evaluability Assessment Results

Overall, the assessment found the CCD approach in El Salvador to be somewhat evaluable, particularly within the health system, although key gaps should be addressed to strengthen evaluability in principle and practice; to reinforce the institutional context for scaling, reaching more children within services already delivering CCD, and identifying new avenues for delivery; and to improve data availability and quality for a future impact evaluation.

The design of the CCD approach in El Salvador was at an established stage of evaluability in

terms of adapting the approach to the context and including key stakeholders (EAQ2), programme coherence (EAQ3), and evaluation readiness (EAQ9) (see Figure 1). Other components were at an emerging stage of evaluability in relation to the monitoring and results framework (EAQ4), data availability and quality (EAQ5), contribution and scaling potential (EAQ6), programme convergence (EAQ7), and institutional readiness for a future evaluation (EAQ8). The country was at a weak stage in relation to programme logic (EAQ1).



Figure 5. Evaluability ratings from the CCD approach in El Salvador

Legend: 1=weak; 2=emerging; 3=established; 4=advanced

3.1. EAQ1 – Programme Logic

3.1.1. Evaluability Rating

Weak (1)	Emerging (2)	Established (3)	Advanced (4)
There is no explicit CCD ToC to guide UNICEF's work with its partners; the ToC may be implicit but lacks coherence.	There is an ECD ToC that guides UNICEF's work with its partners, but CCD is not mentioned or coherently linked to this ToC; the link between CCD and ECD may be implicit and/or unclear.	There is an ECD ToC with explicit mention or reference to CCD to guide UNICEF's work with its partners.	There is an explicit CCD ToC to guide UNICEF's work with its partners, it is linked to the ECD ToC, and it is visualised in a way that effectively communicates its logic and use with partners and frontline workers.

3.1.2. Evaluability Checklist

For the programme logic component, the assessment confirmed sufficient evidence for two criteria (A and B), partial evidence for two criteria (C and D), and no evidence for one criterion (E).

Criteria	A	B	C	D	E
The design of CCD included: (a) the identification of clear goals and objectives for the use of the package; (b) the identification of the intended results from using the CCD package; (c) the pathways towards the intended results; (d) the assumptions that must be met to reach these results; and (e) the compilation of this information into a coherent ToC narrative and/or visual diagram.	Yes	Yes	Partial	Partial	No

3.1.3. Explanation of Results

Sufficient information was available on the goals, objectives, and intended results of the CCD approach in El Salvador. The overarching goals and objectives for using the CCD package in El Salvador are centred on ensuring that all young children can reach their full developmental potential by strengthening existing services and supporting caregivers to enhance their parenting practices through age-appropriate play and communication activities.

a. Goals

- **Promote Optimal Child Development.** The primary goal of the CCD approach in El Salvador is to ensure that every child has the opportunity to reach their full developmental potential through nurturing care, including early stimulation and responsive caregiving.
- **Strengthen Parenting Practices.** The CCD package emphasises the importance of nurturing and sensitive caregiving practices. It aims to equip caregivers with the knowledge and skills necessary to foster healthy development in children through play, communication, and secure attachment.

- **Support Vulnerable Populations.** The CCD approach in El Salvador specifically targets vulnerable groups, including families with children with disabilities or at risk of developmental delays, as well as low-income and rural families.
- **Policy Advocacy.** The implementation of CCD in El Salvador forms part of a broader advocacy effort to position early childhood development as a national priority.

b. Objectives/Entry Points (columns C and H in ToC)

ECD Enabling Environment:

- **ECD Policies.** The introduction of CCD in El Salvador contributed to the development of national ECD laws and policies. Key CCD concepts of nurturing and responsive care were integrated into the Nacer con Cariño (Being Born with Love) law; the Amor Convertido en Alimento (Love Converted into Food) law; the Crecer Juntos (Growing Together) law; and the framework of the Crecer Juntos (Growing Together) policy [2, 3, 4, 5].

- **ECD Public Financing.** The introduction of the CCD approach created opportunities to advocate for increased public financing for ECD.
- **Public Demand.** The introduction of the CCD approach also created opportunities to increase public support and develop new champions for ECD at a time when the country was developing key policies for children under the age of five.
- **Access to ECD Services.** A key objective of the CCD approach is to improve access to holistic early childhood development services, particularly for vulnerable populations, including families with children with disabilities or at risk of developmental delays, as well as low-income and rural families.

ECD System Strengthening

- **Multisectoral Collaboration.** The introduction of the CCD approach in El Salvador provided an opportunity to strengthen collaboration and communication among the health, education, and child protection sectors.

ECD Programme Development

- **Workforce Development.** The CCD approach aims to train and equip early childhood development providers, including health and child/social protection workers and educators, to effectively implement the CCD approach and support families.
- **Curriculum and Resource Development.** The CCD approach has strengthened training resources for frontline workers providing ECD services. CCD has been integrated into training for staff working with care for premature children provided by the Ministry of Health. The CCD approach has also enhanced the curriculum of the University of El Salvador's Bachelor's Degree in Maternal and Child Health (Licenciatura en Salud Materno Infantil – LSMI). The University is also currently working to integrate CCD into the Health Education Programme.
- **Family and Community Engagement.** The CCD approach has been implemented in partnership with community-based and faith-based organisations that aim to empower community members to support their peers in improving their parenting practices, including family support networks for families with children with disabilities. The approach has also been accompanied by communication for

development campaigns to promote changes in attitudes and practices, including messages about the mental health of fathers, mothers, and caregivers of young children, as well as the prevention of violence against children.

ECE Emergency Response

- **Zika emergency.** The CCD approach was originally introduced to increase access to support for children affected by the Zika virus.
- **Adaptations for emergency response.** The CCD training has been adapted to provide additional capacity-building for frontline workers in emergency contexts to strengthen ECD programmes.

c. Intended Results for Caregivers (column K)

- **Good Health Seeking Practices.** The CCD approach includes counselling messages that encourage parents to take their children for regular health check-ups and to practise preventive care such as immunisations.
- **Good Nutrition and Feeding Practices.** The CCD approach includes counselling messages on exclusive breastfeeding and recommended feeding for the early years to strengthen parenting practices for adequate nutrition.
- **Early Stimulation and Responsive Care.** The CCD approach is designed to empower caregivers by providing them with knowledge and skills related to nurturing care practices.
- **Support for Early Learning.** The CCD approach helps parents and caregivers to engage with children through play-based communication.
- **Positive Parenting Practices.** The CCD approach encourages caregivers to adopt positive parenting techniques, which can lead to healthier family dynamics and improved relationships between parents and children.
- **Gender Responsive Parenting.** The CCD approach includes counselling messages that encourage both fathers and mothers to engage in early childhood development and caregiving.
- **Improved Mental Health and Self-Efficacy.** By equipping caregivers with effective parenting strategies, the CCD approach aims to reduce feelings of frustration and isolation, particularly among those who may struggle to understand their child's needs. The CCD materials for families include a specific message encouraging mothers to seek mental health support if they feel sad, depressed, or

overwhelmed, signalling that they may be experiencing depression.

- **Awareness of the importance of ECD.** The CCD approach includes counselling messages that contribute to improved parent and caregiver awareness of the importance of the early years for child development.

d. Intended Results for Children (column L)

- **Enhanced Early Childhood Developmental Outcomes.** The CCD approach in El Salvador aims to promote optimal physical, cognitive, and socio-emotional development in children aged 0–7 years. This includes improving children’s ability to learn and interact positively with their environment.
- **Reduced Morbidity and Mortality.** The CCD approach in El Salvador has been designed to contribute to a reduction in under-five and neonatal morbidity and mortality rates through an epidemiological approach that strengthens services addressing specific threats to infant mortality, such as premature birth and low birth weight.
- **Reduced Stunting and Wasting.** The CCD approach emphasises the importance of health and nutrition, aiming to reduce malnutrition rates and promote healthy growth among young children.

- **Reduced Violence Against Children.** The CCD approach includes strategies for reducing violence against children in the home through positive parenting practices and implementation alongside communication for development campaigns.

e. Pathways and Assumptions

The evaluability assessment could not identify any document containing an explicit ToC narrative or diagram for CCD or ECD in El Salvador. Stakeholders provided information on potential pathways to achieve the intended results.

Training of frontline workers was identified as a key pathway to increasing caregivers’ knowledge and skills to provide nurturing and responsive care, which in turn would foster attachment and lead to children’s holistic development.

Stakeholders also identified several assumptions necessary to achieve the intended changes, including government buy-in, sufficient financial and human resources, and adequate time for staff both to participate in training and to counsel families. However, these pathways and assumptions have not yet been compiled into a coherent CCD ToC narrative and/or visual diagram.

3.2. EAQ2 – Context and Stakeholder Analysis

3.2.1. Evaluability Rating

Weak (1)	Emerging (2)	Established (3)	Advanced (4)
There is no evidence of UNICEF strategies and partnerships in the design of CCD, and it is not clear how CCD addresses the needs of children and their parents/caregivers in the context; none of the items in the evaluability checklist were considered.	There is some evidence on UNICEF strategies and partnerships in the design of CCD, but the information is not sufficient for assessing the relevance and appropriateness of these partnerships and strategies for children and parent/caregiver needs in the context; one to two items in the evaluability checklist were considered.	There is sufficient evidence on UNICEF strategies and partnerships in the design of CCD, and the data are somewhat useful for assessing the relevance and appropriateness of these partnerships and strategies for children and parent/caregiver needs in the context, but gaps remain; three to four items in the evaluability checklist were considered.	There is ample evidence on UNICEF strategies and partnerships in the design of CCD, and the data indicate a high level of relevance and appropriateness of these partnerships and strategies for children and parent/caregiver needs in the context; all items in the evaluability checklist were considered.

3.2.2. Evaluability Checklist

For the context and stakeholder analysis component, the assessment confirmed sufficient evidence for four criteria (A, B, C, and D) and partial evidence for one criterion (E).

Criteria	A	B	C	D	E
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<p>The design of CCD was: (a) based on evidence of the situation of children and their parents/caregivers; (b) responsive to the economic, social, and environmental context; (c) developed in collaboration with key partners, including the government; (d) clear on strategies for implementation of the package; and (e) adapted for use with parents/caregivers of vulnerable child populations relevant to the country (e.g., children with disabilities or at risk of developmental delays, migrant children, marginalised ethnic groups, and children living in poverty).</p>	Yes	Yes	Yes	Yes	Partial
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3.2.3. Explanation of Results

a. Needs and Target Groups (Column A and B in ToC)

The CCD approach in El Salvador addressed several specific threats to children and caregivers, focusing on enhancing early childhood development and mitigating risks associated with inadequate care.

Home Environment

- **Malnutrition.** Only 47 per cent of infants under six months were exclusively breastfed in El Salvador, and many regions reported high rates of low birth weight in 2014 [6]. The CCD approach aims to address these issues by including counselling messages on exclusive breastfeeding and adequate nutrition in family materials, and by collaborating with programmes specifically aimed at children with low birth weight and the promotion of breastfeeding.
- **Child Illness and Mortality.** Implementation of CCD in El Salvador has aimed to reduce child illness and mortality. The country identified a major challenge in reducing neonatal and under-five mortality, recorded at 11.0 and 20.0 per 1,000 live births respectively in 2014, with large regional variations [6]. El Salvador identified specific risks and conditions associated with child mortality and focused CCD efforts on addressing these.
- **Lack of Early Learning Opportunities.** The CCD approach contributed to addressing the need for greater parental involvement in providing early stimulation and responsive care. In 2014, 59.2 per cent of children aged 36–59 months had engaged in four or more activities promoting learning and school readiness with any adult in the household [6]. The CCD approach emphasises the importance of play and communication to foster these parent–child interactions at home.
- **Violence Against Children.** More than half (52 per cent) of children in El Salvador aged 1–14 had experienced physical punishment and/or

psychological aggression by caregivers in 2014 [6]. Violent discipline can have long-term negative effects on child development. The CCD approach includes components aimed at preventing violence within the home environment.

- **Insufficient Parenting Practices & Poor Mental Health.** Mental health has emerged as a significant public health concern in El Salvador, particularly in the aftermath of the COVID-19 pandemic. The 2021 National Mental Health Survey reported that around 22 per cent of adults aged 18–59 in El Salvador exhibited symptoms of depression [7]. Caregivers often struggle to interpret early cues from children, leading to frustration and depressive symptoms. This lack of responsiveness can hinder a child’s emotional and developmental progress. The CCD approach includes counselling cards to support parents in these areas. El Salvador also identified the need to increase father engagement in caregiving. While 39.9 per cent of mothers reported supporting their children’s learning, only 7.9 per cent of fathers reported doing so in 2014 [6]. Stakeholders emphasised that a lack of parental involvement was a major threat to child development and underlined the need for additional data.

Programme Context

- **Equity and Inclusion of ECD Services.** El Salvador has focused CCD efforts on improving services for children with disabilities or at risk of developmental delays.

Country Context

- **Household & Child Poverty.** Household and child poverty were key considerations in the design of CCD in El Salvador. Although the country has consistently reduced multidimensional poverty rates—from 35.2 per cent in 2015 to 26.0 per cent in 2022—

households with children and adolescents remain the most disadvantaged (33.1 per cent) [8]. There is also income inequality across regions [6]. The CCD approach therefore focused on services specifically designed to reach families living in poverty and in rural areas.

- **Emergencies & Climate Change.** CCD was initially introduced in El Salvador in response to the emergency caused by the Zika virus outbreak. The package has since been adapted to include additional training for frontline workers in emergency contexts [9].

b. Target Groups (Column B)

- **Children aged 0–7.** The CCD approach in El Salvador has been integrated into health, education, and child protection services, reaching children from birth to seven years of age.
- **Parents/caregivers.** In El Salvador, the CCD approach reaches parents and/or caregivers in general.
- **Children Living in Remote/Rural Areas.** Targeted delivery of CCD through health services has been specifically designed to reach remote areas, such as through Health Promoters and Maternal Waiting Homes/Centres, and through community-based services operating in both urban and rural areas (Child Wellbeing Centres previously managed by the child protection institute ISNA, and the Family and Community-Based Approach/Family Circles previously managed by the Ministry of Education).
- **Children Living in Urban Settlements.** The CCD approach in El Salvador has been integrated into government and faith-based programmes serving children living in low-income urban settlements. These include two programmes previously managed by ISNA (Child Wellbeing Centres and Comprehensive Development Centres); two programmes previously managed by the Ministry of Education (Institutional Approach and Family and Community-Based Approach/Family Circles); and childcare programmes managed by local governments (San Salvador, San Martín, Mejicanos, and San Miguel) and by faith-based organisations such as El Ím Church.
- **Children Living in Poverty.** The CCD approach in El Salvador has been integrated into government and faith-based programmes serving children in low-income urban

settlements (specific programmes listed above).

- **Children with Disabilities or at Risk of Developmental Delays.** Targeted through the integration of CCD into various health services designed for premature children, the Kangaroo Mother Care Programme, interventions for children with Down syndrome, and through collaboration with civil society organisations working with children with disabilities, including Ángeles de El Salvador and the Cystic Fibrosis Foundation.
- **Children in Humanitarian Crisis.** The CCD approach has been adapted to respond to the needs of children in emergencies.

c. CCD Partnerships (column F)

UNICEF formed or maintained partnerships with a variety of stakeholders for the CCD approach in El Salvador. Each stakeholder group has played a unique role in its design and implementation.

- **Ministry of Health (Ministerio de Salud).** Played a crucial role in adapting and integrating CCD into staff training across key maternal and child health and nutrition programmes, including the Health Promoters Programme, Neonatology Care, Follow-up for Premature Infants under 2,000g, the Kangaroo Mother Care Programme, Support for Children with Down Syndrome, Hip Ultrasound Screening, and the Human Milk Banks and Breast Milk Collection Centres.
- **Ministry of Education, Science and Technology (MINEDUCYT).** Participated in CCD implementation through training within its Early Childhood Development Model, using both institutional and family/community-based approaches. Education programmes for children below the age of three were transferred to the Crecer Juntos Institute in 2023. Stakeholder interviews noted that CCD has not yet been integrated into the Institute's plans.
- **Salvadoran Institute for the Comprehensive Development of Children and Adolescents (ISNA).** ISNA served as the lead agency for child development and protection. It implemented CCD through institutional and community-based early childhood centres. These programmes were transferred to the Crecer Juntos Institute in 2023, and stakeholder interviews indicated that CCD has not yet been incorporated into the Institute's plans.

- **Civil Society, Community-Based and Faith-Based Organizations.** Multiple civil society organisations have collaborated with UNICEF in the implementation of CCD. These include the main training partner, Fundación de Waal, as well as other foundations and organisations such as PRO-VIDA, Fundación de Fibrosis Quística, Ángeles de El Salvador, and Elím Church, which have integrated the CCD approach into their practices.
 - **Academia.** The national public university, the University of El Salvador, has integrated CCD into its Bachelor's Degree in Maternal and Child Health and is working to include it in the Health Education curriculum.
 - **National Early Childhood, Childhood and Adolescence Council (CONAPINA).** Key staff from the Council participated in CCD training sessions.
 - **Salvadoran Institute for Rehabilitation (ISRI).** ISRI is the national authority on rehabilitation for individuals with disabilities. It applies a biopsychosocial model and supports CCD through its community-based, family-oriented approach. CCD was implemented in four centres: the Comprehensive Rehabilitation Center for Children and Adolescents (CRINA), the Comprehensive Rehabilitation Center of the West (CRIO), the Comprehensive Rehabilitation Center of the East (CRIOR), and the Eugenia de Dueñas Rehabilitation Center for the Blind.
 - **Solidarity Fund for Health (FOSALUD).** FOSALUD provides health services in underserved areas using tax-based funding. It supports CCD through its Maternal Waiting Centres, offering maternal and childcare services in remote regions.
 - **Salvadoran Institute of Social Security (ISSS).** ISSS delivers medical and social security services to formal sector workers and their families. It contributes to CCD by offering health services relevant to early childhood and maternal care.
 - **Salvadoran Military Health Command (COSAM).** COSAM is responsible for providing combat health service support to the Salvadoran armed forces. Personnel from COSAM have received training in the CCD methodology.
 - **Salvadoran Institute of Teacher Welfare (ISBM).** ISBM addresses the health needs of the public education sector and their families. Personnel from ISBM have been trained in CCD.
 - **Benjamín Bloom Children's Hospital.** This public paediatric hospital, serving as a national referral and training centre, has integrated the CCD approach into services such as neonatal care, early stimulation, and rehabilitation.
 - **Local governments.** UNICEF has partnered with the local governments of San Salvador, San Martín, Mejicanos, and San Miguel to implement CCD in their local Early Childhood Development Centres.
- d. UNICEF Strategies (column D)**
- **Partnerships.** UNICEF partnered with the government and with the aforementioned stakeholder groups as a cross-cutting strategy to design and implement the CCD approach over time.
 - **Capacity Development and Technical Assistance.** UNICEF provided technical assistance and capacity development on the CCD approach for policymakers, line ministry health managers, health and ECD service providers, and frontline workers, including primary and specialised healthcare personnel, health promoters, early childhood technical assistance staff (ATPI), preschool teachers, and volunteers from community-based and faith-based organisations.
 - **Advocacy, Communications and Policy Design.** UNICEF engaged in advocacy efforts to promote the importance of ECD and the CCD approach within national policies. This included contributions to the creation of the Nacer con Cariño (Being Born with Love) law; the Amor Convertido en Alimento (Love Converted into Food) law; the Crecer Juntos (Growing Together) law; and the framework of the Crecer Juntos (Growing Together) policy [2, 3, 4, 5].
 - **Social and Behaviour Change and Community Engagement.** UNICEF partnered with civil society, community-based, and faith-based organisations to provide community-based support to families. This included collaboration with organisations supporting caregivers of children with disabilities, such as Ángeles de El Salvador.
 - **Programme Scale-up.** UNICEF demonstrated leadership in programme scale-up by supporting efforts to expand CCD implementation through health programmes in coordination with the education and

protection sectors, reaching multiple departments.

- **Evidence Generation.** UNICEF produced qualitative evidence of CCD implementation through case studies and videos documenting CCD experiences, which highlight the voices of frontline workers and parents/caregivers who have benefited from the approach [10, 11, 12, 13, 14, 15].
- **Supply Chain Services.** A key component of the CCD approach in El Salvador has been the provision of supplies supporting its implementation, including the distribution of play resources and a CCD guide specifically designed for parents and caregivers.
- **Innovations & Learning.** During the COVID-19 emergency, El Salvador designed online learning courses that continue to be used in current training initiatives, offering both virtual and hybrid modalities [9, 16].
- **South-South Cooperation.** El Salvador has participated in training and knowledge exchange efforts with other countries in the region. UNICEF staff reported sharing examples of good practice from other countries—such as a mental health intervention from Argentina—to inform the ongoing development of the National Plan for Parenting Practices.

f. Adaptation

Several adaptations were made to ensure the effectiveness of the CCD intervention in El Salvador:

- **Design of Counselling Materials.** UNICEF and the Ministry of Health (Ministerio de Salud, MINSAL) integrated key counselling messages from the CCD package into the Salvadoran Pasito a Pasito (Step by Step) guide to support the role of technical staff who provide guidance and support to caregivers [17]. The guide has been used across the health, education, and child/social protection sectors, as well as in community-based services in both rural and urban contexts.

- **Design of Family Guide.** The Pasito a Pasito guide was also adapted into a Family Guide providing specific recommendations on care for child development from preconception to age seven for caregivers [18].
- **Design of Resources to Monitor Children’s Development.** The CCD approach has been integrated into healthcare guidelines used nationwide, including the health monitoring card for children from birth to age five, the monitoring card for children with Down syndrome, and the monitoring card for premature children weighing less than 2,000 grams at birth [27, 28, 33].
- **Use of Local Resources.** The CCD approach promoted the use of easily accessible household items for play and learning activities, enabling families to engage in developmental practices without the need for specialised materials.

Despite these multiple adaptations, some stakeholders interviewed emphasised the importance of continuing to adapt the package. For instance, several stakeholders noted the need for further cultural adaptations to reach indigenous populations. Others expressed the view that alignment between the CCD package and government interventions should be revised in light of recent policy changes, including the child development scale currently under development. However, other stakeholders disagreed, noting that the CCD package was used as part of the pilot for these standards in 2024¹. It is possible that institutional restructuring—such as the dissolution of the child protection institute (ISNA) and the transfer of education programmes to the Crecer Juntos Institute—together with staff changes, may have influenced stakeholders’ perceptions of alignment between the CCD approach and current government initiatives. A future evaluation will require additional data to better understand these differing perspectives.

3.3. EAQ3 – Programme Coherence (Internal and External)

3.3.1. Evaluability Rating



¹ The report of the pilot was not available during the document collection period.

There is no internal or external coherence in the design of CCD; none of the items in the evaluability checklist were considered.	There is some evidence of internal and/or external coherence in the design of CCD, but the information is not sufficient to clearly assess alignment with other ECD policies and programmes, children's rights, and women's rights; one to two items in the evaluability checklist were considered.	There is sufficient evidence of internal and external coherence in the design of CCD to clearly assess alignment with other ECD policies and programmes, children's rights, and women's rights, but gaps in information were found; three to four items in the evaluability checklist were considered.	There is ample evidence of internal and external coherence in the design of CCD to clearly assess alignment with other ECD policies and programmes, children's rights, and women's rights; all items in the evaluability checklist were considered.
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3.3.2. Evaluability Checklist

For the programme coherence component, the assessment confirmed sufficient evidence for three criteria (A, C, and D) and partial evidence for one criterion (B).

Criteria	A	B	C	D	E
The design of CCD took into consideration: (a) how CCD fits with other interventions carried out by UNICEF; (b) how CCD fits with other interventions carried out by the government; (c) whether CCD is consistent with children's and women's rights; (d) how CCD interventions align with and strengthen other ECD programmes; and (e) how CCD contributes to achieving national goals and objectives for ECD, including the SDGs.	Yes	Partial	Yes	Yes	Yes

3.3.3. Explanation of Results

There was evidence of alignment with UNICEF's ECD goals and objectives and with other ECD programmes, as well as consistency with children's and women's rights and the SDGs. There was partial alignment with government programmes that were recently transferred to the Crecer Juntos Institute.

a. Internal Coherence

- **Addressing Vulnerable Populations.** The CCD approach specifically targets vulnerable groups, including children with disabilities, low-income families, and families in rural settings and urban settlements. By integrating CCD into existing programmes, UNICEF aims to support the government and other partners in providing comprehensive care that addresses the unique challenges faced by these populations.
- **Capacity Building and Training.** UNICEF has supported the training of ECD providers—including health workers, educators, and caregivers—to enhance their ability to deliver CCD interventions effectively. This capacity-building effort forms part of a broader UNICEF strategy to improve ECD service delivery across multiple sectors.

b. External Coherence

- **National ECD Policies and Plans.** The key tenets of nurturing and responsive care from CCD have been explicitly incorporated into national ECD laws and policies [2, 3, 4, 5]. Stakeholders recognised CCD's contribution to the conceptualisation of national ECD policies. However, some stakeholders noted that CCD is currently not integrated into the Crecer Juntos Institute's plans and expressed the need to revise the approach. The assessment identified two key documents from the education sector that have not been utilised since 2023, when early childhood education programmes were transferred to the Crecer Juntos Institute: the registration and interview form, which integrated content from CCD to assess parent-child interactions [34]; and hiring requirements that explicitly mentioned CCD, which are no longer in use.
- **Core Commitments for Children.** The Government of El Salvador has endorsed these commitments, which focus on ensuring that children are born healthy, live in nurturing environments, and have opportunities for early learning. The CCD approach supports these commitments by providing evidence-based strategies to improve caregiving practices.

- **Intersectoral Alignment.** Case studies, communication materials, and stakeholder interviews about the CCD experience in El Salvador provided evidence of CCD's contribution to promoting a shared understanding of early childhood development among professionals in the health, child protection, and education sectors [10, 11, 12, 13, 14, 15].

c. Collaboration with Other Initiatives

- **Strengthening ECD Programmes.** In the health sector, CCD counselling is delivered at multiple levels, ranging from health promoters who visit families in their homes to specialised healthcare for children with specific conditions (e.g., premature, low birth weight, Down syndrome). In the education and social protection sectors, CCD has complemented parent engagement activities in childcare centres. The CCD approach has also reinforced interventions led by volunteers at the community level through the inclusion of counselling guidance for holistic nurturing care. Case studies and communication materials on the CCD experience in El Salvador indicate increased knowledge and skills among frontline health workers, enabling them to go beyond physical development and promote cognitive and socio-emotional growth. Similarly, childcare and preschool staff reported enhanced capacities to engage families in supporting their children's holistic development [10, 11, 12, 13, 14, 15].
- **Expanding Access to ECD with CBOs and FBOs.** The CCD approach in El Salvador included partnerships with civil society organisations to increase access to ECD support for families. This included collaboration with organisations focusing on children with disabilities or at risk of developmental delays (e.g., microcephaly, cystic fibrosis), as well as collaboration with faith-based organisations.

d. Alignment with Human Rights and SDGs

The CCD approach in El Salvador is designed to uphold and promote both children's and women's rights, creating a supportive environment for child development and caregiver empowerment. The approach is also aligned with broader national goals and objectives for ECD, including the Sustainable Development Goals (SDGs).

Child Rights Addressed

- **Right to Development.** The CCD approach promotes the right of every child to develop to their fullest potential by providing nurturing care, early learning opportunities, and responsive caregiving. This aligns with Article 6 of the Convention on the Rights of the Child, which emphasises the right to life, survival, and development.
- **Right to Protection from Violence.** The CCD approach includes components aimed at preventing violence against children, addressing issues such as neglect and abuse. This is particularly relevant given that a significant proportion of children in El Salvador (52 per cent) experience violent discipline [6].
- **Right to Participation.** The CCD approach encourages the involvement of parents and caregivers in their children's developmental processes, fostering an environment in which children's voices are heard and considered in their care.
- **Right to Health and Nutrition.** The CCD approach emphasises the importance of health and nutrition in early childhood development, ensuring that children receive adequate care and support for their physical well-being.

Women's Rights Addressed

- **Empowerment of Caregivers.** The CCD approach provides training and resources to mothers, fathers, and other caregivers, empowering them with the knowledge and skills to support their children's development. This aligns with women's rights to education and participation in decision-making processes related to their children's care.
- **Addressing Postpartum Depression.** The CCD approach recognises the mental health needs of mothers, including postpartum depression, which can affect their capacity to care for their children. By providing appropriate support and resources, the programme aims to improve maternal well-being, thereby reinforcing women's rights.
- **Promotion of Positive Parenting.** The CCD initiative promotes positive parenting practices, which benefit both children and women by encouraging equitable caregiving roles within families.
- **Community Engagement.** By fostering community participation, CCD helps to create supportive networks for women, reducing isolation and strengthening their social capital. This engagement is vital for promoting

women’s rights and ensuring that their voices are heard in matters affecting their families.

Sustainable Development Goals Addressed

- **SDG 1: No Poverty.** By addressing the needs of vulnerable populations, the CCD approach helps to break the cycle of poverty through early intervention and support for families.
- **SDG 3: Good Health and Well-Being.** The CCD approach promotes health and nutrition, aiming to reduce malnutrition and improve overall health outcomes for young children.
- **SDG 4: Quality Education.** The CCD approach emphasises early learning and development,

ensuring that children have access to quality education from a young age, laying the foundation for lifelong learning.

- **SDG 5: Gender Equality.** The CCD approach supports the empowerment of women and caregivers, particularly through training and resources that strengthen their capacity to provide nurturing care.
- **SDG 16: Peace, Justice, and Strong Institutions.** By focusing on violence prevention and promoting positive parenting practices, the CCD package contributes to creating safer and more supportive environments for children.

3.4. EAQ4 - Monitoring and Results Framework

3.4.1. Evaluability Rating

Weak (1)	Emerging (2)	Established (3)	Advanced (4)
There is no CCD monitoring and results framework, and it is not clear what has been done to track progress and results; none of the items in the evaluability checklist were considered.	There is a CCD monitoring and results framework, but it is not of high quality (i.e., it lacks robustness, completeness, and context sensitivity); monitoring has not been adequately implemented due to various factors; one to two items in the evaluability checklist were considered.	There is a CCD monitoring and results framework that is somewhat robust, complete, and context sensitive, but gaps remain; monitoring has been implemented, but weaknesses persist for various reasons; three to four items in the evaluability checklist were considered.	There is a CCD monitoring and results framework that is sufficiently robust, complete, and context sensitive; monitoring has been adequately implemented; all items in the evaluability checklist were considered.

3.4.2. Evaluability Checklist

For the monitoring and results framework component, the assessment confirmed partial evidence for three criteria (A, B, and C), and no evidence for two criteria (D and E).

Criteria	A	B	C	D	E
The CCD monitoring and results framework: (a) provides information on what is being assessed and tracked (i.e., the intended results and KPIs); (b) identifies who is responsible for gathering the data; (c) explains how the data are collected and at what frequency (i.e., methods and tools); (d) explains the intended uses of the data; and (e) provides information on quality assurance procedures for data collection and analysis.	Partial	Partial	Partial	No	No

3.4.3. Explanation of Results

a. Monitoring Frameworks

The CCD approach in El Salvador does not have a specific monitoring framework in place. However, UNICEF’s training partner programme documents include performance indicators specific to CCD [21, 22, 23, 24]. Most of these indicators focus on the training process.

When examining the broader ECD programming landscape, the assessment identified three monitoring efforts that could relate to the CCD approach. El Salvador collected data through the Multiple Indicator Cluster Survey, implemented as the National Health Survey (ENS/MICS) in 2014, which could provide information on expected results for parents/caregivers and children [6]. In 2022, the National Council for Sustainable

Development (CNDS) published the Report of the Second Voluntary National Review of the Sustainable Development Goals (SDG) Implementation Process, which includes indicators on expected results for children [32]. The government is currently revising the ECD developmental scale, which, once completed, will be integrated into a national monitoring framework and system for ECD. These three efforts could relate to the CCD approach, but their connections have not been made explicit.

b. Data Collection Responsibilities

Since there is no formal monitoring framework for the CCD approach, the assessment can only draw on information from UNICEF training partner programme documents and stakeholder interviews. Training partners are responsible for collecting data on: the number of frontline workers trained in CCD; the number of trainings delivered; the number of families and children who benefited from field practice; the number of attendees at knowledge exchange sessions; and the number of people reached with CCD messages through social media in emergency contexts. Implementing partners reported that they do not have any data collection responsibilities related to CCD.

The National Institute of Health, the Ministry of Health, and UNICEF were responsible for collecting data on parent/caregiver and child outcomes through the ENS/MICS in 2014 [6]. The 2022 SDG implementation report included contributions from all institutions within the Government Cabinet, providing information on indicators for monitoring progress [32]. However, these data collection responsibilities have not been explicitly examined in relation to CCD.

c. Data Collection Tools

The assessment was not able to determine which data collection tools are most relevant for the CCD

approach in El Salvador because there is no defined monitoring framework. UNICEF's training partner documents reference diverse means of verification, including attendance lists, photographs, videos, materials delivery logs, and databases of children benefiting from field training. UNICEF maintained Excel files with information on professionals trained in CCD [35, 36, 37, 38, 39]. Implementing partners reported using various monitoring tools, including records of the number of families and children reached through their services. However, none of these tools contain indicators specifically linked to CCD.

The assessment also identified two tools within the broader ECD ecosystem in El Salvador that could potentially be relevant for CCD: the ENS/MICS (2014) [6] and the national ECD scale currently under development. However, it is unclear whether UNICEF intends to use these data sources for monitoring and evaluating the CCD approach, as no formal monitoring framework exists.

d. Data Utilisation

Since there is no monitoring framework for the CCD approach, no evidence was found regarding the use of data for programme planning or improvement. El Salvador could explore ways in which ongoing efforts to monitor ECD could be connected and utilised within the context of CCD.

e. Data Quality

No information was found on data quality assurance procedures for indicators related to CCD. While some data from the broader ECD landscape may include quality assurance mechanisms—such as those in the ENS/MICS or the monitoring of SDG implementation—these KPIs are not currently being used within the context of the CCD approach.

3.5. EAQ5 – Data Availability and Quality

3.5.1. Evaluability Rating

Weak (1)	Emerging (2)	Established (3)	Advanced (4)
There is no data available to monitor CCD; none of the items in the evaluability checklist were considered.	There is some data available to monitor CCD, but the information is not aligned with the LAC CCD monitoring framework and/or of high	There is sufficient data available to monitor CCD, and the information is mostly aligned with the LAC CCD monitoring framework and/or	There is ample data available to monitor CCD, the information is comprehensively aligned with the LAC CCD monitoring

quality (i.e., sufficiently disaggregated, adequate in frequency and coverage, and reliable); one to two items in the evaluability checklist were considered.	of high quality (i.e., sufficiently disaggregated, adequate in frequency and coverage, and reliable), but gaps remain; three to four items in the evaluability checklist were considered.	framework and is of high quality (i.e., sufficiently disaggregated, adequate in frequency and coverage, and reliable); all items in the evaluability checklist were considered.
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3.5.2. Evaluability Checklist

For the data availability and quality component, the assessment confirmed partial evidence for one criterion (A) and no evidence for four criteria (B, C, D, and E).

Criteria	A	B	C	D	E
The data available to monitor CCD: (a) include information that is aligned with the LAC CCD monitoring framework; (b) are sufficiently disaggregated; (c) are collected at the right frequency to assess both progress and results (with baselines and targets set); (d) are at the appropriate geographic scale/have an adequate sample; and (e) have been independently validated.	Partial	No	No	No	No

3.5.3. Explanation of Results

a. Data Alignment

The assessment found evidence that the data available to monitor the CCD approach in El Salvador are only partially aligned with the LAC CCD monitoring framework (see Table 1). El Salvador is collecting some information to assess implementation status and quality of inputs. However, the country currently lacks sufficient information to assess equity. There is no monitoring data to assess KPIs related to the impact on service providers. Data on the potential impact on parents/caregivers and children were collected through the ENS/MICS survey in 2014 [6]. The 2022 SDG implementation report included indicators on child mortality, stunting and wasting, and child development [32]. However, neither the ENS/MICS nor the SDG follow-up data have been used in the context of CCD. It is also unclear whether the overlapping indicators are equivalent.

b. Data Disaggregation

UNICEF maintains databases containing information on: the number of caregivers reached through training practices [35, 36, 38, 39]; the number of children under the age of five under the care of trained professionals (in their own homes) [35, 36]; and caregivers who received direct CCD training from one implementing partner [37]. These data are disaggregated by gender, in some cases by disability, region, and district, but not by income or ethnicity. Stakeholders reported an unsuccessful attempt to gather data on coverage directly from frontline workers after they received

training, using Excel spreadsheets. As a result, child coverage is estimated using the number of trained frontline workers and is not disaggregated by region, district, income, ethnicity, gender, or disability.

c. Data Collection Frequency

The number of personnel trained in CCD is provided by training partners in their reports, though the reporting frequency is unclear. All KPIs for parents/caregivers and children were gathered through the ENS/MICS survey in 2014, before the CCD approach was implemented in El Salvador [6]. There is currently no other MICS survey planned. A 2022 report on SDG implementation included indicators on child mortality, stunting and wasting, and child development [32].

d. Data Sample

The assessment did not have sufficient information on caregiver or child coverage of CCD to determine whether data samples are at the appropriate geographic scale. Although UNICEF maintains databases of all trained professionals [35, 36, 37, 38, 39], coverage of the trained personnel has only been reported as an aggregate number and not in relation to the total number of personnel [19].

e. Data Validation

The assessment did not find any evidence of data validation.

Table 1. Key performance measures for CCD tracked by El Salvador

KPI Category	Measure	Country tracking this KPI?	Data Source(s)	Notes
Implementation Status				
Policy conducive to integrated early childhood development implemented.	Yes/No	Partial	National ECD Crecer Juntos Policy Framework	ECD policy frameworks mention nurturing and responsive care [2, 3, 4, 5]. The documents do not explicitly mention CCD.
Orientation workshop for policymakers on CCD conducted.	Yes/No	Partial	UNICEF	UNICEF reported conducting trainings with high-level officials for the adoption of CCD; however, specific dates or the number of trainings are not documented.
Plan to strengthen existing programmes with CCD prepared and costed.	Yes/No	Yes	UNICEF Contracts	There are five costed action plans including CCD trainings between October 2020 and April 2025 [20, 21, 22, 23, 24].
Adaptation of CCD intervention and materials completed.	Yes/No	Partial	CCD El Salvador Package	UNICEF has led the process of adaptation and development of CCD materials in collaboration with the government. Stakeholders noted the need for continued adaptations.
Training of master trainers and initial course completed.	Yes/No	Partial	UNICEF	UNICEF reported conducting trainings of Master Trainers for the adoption of CCD; specific dates or numbers of trainings are not documented.
Baseline and final evaluations conducted in target districts.	Yes/No	Partial	MICS	ENS/MICS data were collected in 2014, prior to CCD implementation, and could potentially be used as baseline data for a future impact evaluation [6]. No comprehensive final evaluation of CCD has been conducted.
Progress of implementation (number of districts covered/targeted).	Number/Percentage	Partial	UNICEF Training partners	There is partial information on the number of departments reached, but coverage data are lacking. All Maternal Waiting

KPI Category	Measure	Country tracking this KPI?	Data Source(s)	Notes
				Homes/Centres located in the 14 departments have been included in CCD training [10]. Other programmes vary in their reach by department. Training partners report reaching frontline workers in 12 departments [25].
Training courses completed (number completed/planned).	Number/Percentage	Partial	UNICEF Contracts COARS Partner reports	Contracts list the number of planned trainings. COARs and partner reports reference staff trainings, but these are not reported as a percentage of the planned trainings [20, 21, 22, 23, 24, 29, 30, 31, 40, 41, 42].
Training coverage of supervisors and providers in targeted districts (number trained/total number).	Number/Percentage	Partial	UNICEF Contracts COARS Partner reports	Data on the number of providers are reported in COARs and partner reports but not as a percentage of all frontline workers [30, 31, 40, 41, 42]. One hundred per cent of Maternal Waiting Homes/Centres have been trained [10]. The number of supervisors trained is not collected.
Quality of Inputs				
Course duration (classroom and field practice) for introductory training.	Minimum/Recommended	Yes	CCD training package	In-person – 30 hours over 5 days. Virtual and hybrid – 24 hours over 3 days. Additional training for emergency contexts – 8 hours over 2 days [9].
CCD field practice during introductory training (hours and number of caregivers).	Minimum/Recommended	Partial	CCD training package	Practice sessions with two caregivers per modality [9]. Hours are not specified for all training modalities.
Facilitator to participant ratio.	Minimum/Recommended	Yes	CCD training package	Two instructors per 25 participants [9].
Intensity of supervision (hours, frequency).	Continuous	No		
Duration of the orientation workshop for policymakers.	Minimum/Recommended	Yes	CCD training package	Two hours (recommended three) [9]

KPI Category	Measure	Country tracking this KPI?	Data Source(s)	Notes
Refresher training frequency and duration.	Minimum/Recommended	No		
Type of supervision.	Categorical	No		
Equity				
Disaggregated data on coverage (by region, district, income, ethnicity, gender, disability).	Number/Percentage	No		Coverage beyond training is estimated by UNICEF based on the number of frontline workers trained and is not disaggregated.
Proportion of marginalised communities or children receiving the intervention.	Percentage	No		
Impact on Service Providers				
Caregiver-child interactions assessed by provider.	Checklist	No		
Recommendations for play and/or communication given.	Checklist	No		
Recommendations to address CCD-related challenges provided.	Checklist	No		
Referrals to specialised services organised.	Checklist	No		
Impact on Caregivers				
Support for learning in the home: availability of play materials.	Percentage	Yes	ENS/MICS	ENS/MICS 2014 [6].
Support for learning in the home: adult play and communication activities with the child.	Percentage	Yes	ENS/MICS	ENS/MICS 2014 [6].
Impact on Children				
Early Childhood Development.	Percentage	Yes	ENS/MICS SDG Report	ENS/MICS 2014 [6]. SDG Report 2022 [32] Note that El Salvador is developing its own scale.
Reduced Violence Against Children.	Percentage	Yes	ENS/MICS	ENS/MICS 2014 [6]

KPI Category	Measure	Country tracking this KPI?	Data Source(s)	Notes
Reduced Morbidity and Mortality.	Percentage	Yes	ENS/MICS SDG report (mortality)	ENS/MICS 2014 [6] SDG Report 2022 [32]
Reduced Stunting and Wasting.	Percentage	Yes	ENS/MICS SDG Report	ENS/MICS 2014 [6] SDG Report 2022 []
Preschool Attendance.	Percentage	Yes	ENS/MICS SDG Report MINEDUCYT UNESCO	Data are available, but the indicator is not considered relevant to CCD in the country at this time [6]

3.6. EAQ6 – Contribution and Scaling Potential

3.6.1. Evaluability Rating

Weak (1)	Emerging (2)	Established (3)	Advanced (4)
There is no common understanding among stakeholders of the CCD strategy, including its contribution to the broader ECD vision and objectives and its potential for scaling; none of the items in the evaluability checklist were found.	There is a common understanding among some, but not all, stakeholders of the CCD strategy and its contribution to the broader ECD vision and objectives; one to two items in the evaluability checklist were found.	There is a common understanding among most stakeholders of the CCD strategy and its contribution to the broader ECD vision and objectives, though differing views were identified on its potential for scaling; three to four items in the evaluability checklist were found.	There is a common understanding among all stakeholders of the CCD strategy and its contribution to the broader ECD vision and objectives, as well as agreement on its potential for scaling; all items in the evaluability checklist were found.

3.6.2. Evaluability Checklist

For the contribution and scaling potential component, the assessment confirmed sufficient evidence for a common understanding of one criterion (A), partial evidence for two criteria (B and C), and no evidence for two criteria (D and E).

Criteria	A	B	C	D	E
Stakeholders share a common understanding of: (1) the goals and objectives of CCD; (2) the approaches to implementation; (3) the intended contribution of CCD to national ECD programming; (4) the requirements for scaling CCD (e.g., human and financial resources, a clearly codified intervention, etc.); and (5) scaling approaches (e.g., integration with existing government systems; frontline workforce development for community-based ECD programmes, etc.).	Yes	Partial	Partial	No	No

3.6.3. Explanation of Results

a. Common Understandings

Key stakeholders, including UNICEF and government partners, share a common understanding of the goals and objectives of the

CCD approach (see EAQ1 and the Theory of Change diagram).

b. Clarification Required

There was partial alignment among stakeholders regarding their understanding of the approaches to implementation (EAQ2) and the intended

contribution of CCD to national ECD programming (EAQ3). Despite broad recognition of CCD's contribution to the conceptualisation and design of national ECD laws and policies, some stakeholders noted that the CCD approach is not currently integrated into programmes under the Crecer Juntos Institute. They expressed the view that the package's alignment with government interventions should be revised in light of recent policy developments.

The assessment also identified varying perspectives on whether all necessary elements for scaling CCD are in place and on effective approaches to scaling to reach the most vulnerable children. Some stakeholders considered that the requirements for scaling were already met due to integration within programmes that operate at scale. Others, however, believed that both human and financial resources remain insufficient to expand the CCD approach.

Although many frontline workers across multiple districts in El Salvador have been trained, there is limited information to determine their proportion relative to the total number of frontline workers. Stakeholders also highlighted the need to train additional personnel within their respective institutions.

Regarding financial resources, the assessment reviewed five costed action plans from UNICEF training partners that included CCD training activities to strengthen existing programmes

between October 2020 and April 2025 [20, 21, 22, 23, 24]. However, there were differing views on the availability of resources for future scaling. Some stakeholders reported that the CCD approach had been included in an ongoing World Bank project. Others, however, stated that the project referenced responsive and sensitive caregiving but not CCD explicitly. The project document was not available for verification.

Opinions also varied concerning the most effective strategies for scaling the CCD approach. Some stakeholders argued that virtual and hybrid training modalities facilitated participation among staff with limited availability—such as doctors unable to cancel patient appointments—while others expressed concern that these formats did not ensure proper implementation, particularly in remote areas where staff often receive only the theoretical component.

Additionally, some stakeholders felt that the existing partnerships were sufficient to operate at scale, while others emphasised the need to establish new alliances with civil society organisations to reach vulnerable children of working parents or caregivers—such as those in local markets; with the judicial branch to support children whose mothers are currently incarcerated; and with the private sector, particularly in relation to the legal requirement for companies with more than 100 employees to provide childcare centres. These approaches will require further adaptation of the CCD package.

3.7. EAQ7 – Programme Convergence

3.7.1. Evaluability Rating

Weak (1)	Emerging (2)	Established (3)	Advanced (4)
There is no evidence in the design of CCD regarding its intended contributions to the multisectoral or integrated ECD approach; none of the items in the evaluability checklist were considered.	There is some evidence in the design of CCD regarding its intended contributions to the multisectoral or integrated ECD approach, but the information is not sufficient to assess implementation and coordination; one to two items in the evaluability checklist were considered.	There is sufficient evidence in the design of CCD regarding its intended contributions to the multisectoral or integrated ECD approach, as well as information to assess implementation and coordination, though gaps in information were identified; three to four items in the evaluability checklist were considered.	There is ample evidence in the design of CCD regarding its intended contributions to the multisectoral or integrated ECD approach and to assess implementation and coordination; all items in the evaluability checklist were considered.

3.7.2. Evaluability Checklist

For the programme convergence component, the assessment confirmed evidence for one criterion (B) and partial evidence for four criteria (A, C, D, and E).

Criteria	A	B	C	D	E
The design of CCD: (a) considers the diversity of sectors relevant to ECD in each country; (b) identifies entry points and approaches for cross-sectoral integration; (c) identifies the roles and responsibilities of each sector; (d) identifies coordination and communication mechanisms; and (e) identifies the intended collective outcomes and impacts of CCD.	Partial	Yes	Partial	Partial	Partial

3.7.3. Explanation of Results

a. Sector Engagement, Roles and Responsibilities

Documentation provided for the assessment offered evidence that the original design of CCD in El Salvador considered the diversity of sectors relevant to ECD—namely health, education, and child protection—and clearly identified the roles and responsibilities of each sector, as well as the intended collective outcomes and impacts of CCD.

Interviews provided additional evidence of differing perspectives regarding the alignment between the CCD approach and current government initiatives, particularly the roles played by each institution in light of programming transferred from education and social protection to the Crecer Juntos Institute (see EAQ2 – CCD Partnerships).

b. Integration Approaches

A variety of entry points and approaches for cross-sectoral integration were found in the design of CCD in El Salvador, with some variations in strength across the years.

- **Holistic Programme Design.** Evidence indicates that the CCD approach provided an opportunity to ensure that the design of ECD policies, systems, and programmes was holistic and consistent with the Nurturing Care Framework. Examples include UNICEF's influence in the conceptualisation of national ECD laws and policies, which explicitly reference nurturing and responsive care [2, 3, 4, 5].
- **Multisectoral delivery of CCD.** The original design of CCD in El Salvador included close

collaboration and implementation across the health, education, and social protection sectors [10]. Stakeholder interviews provided some evidence that current implementation is strongest within the health sector. The weakened participation of the education and social protection sectors may be related to recent institutional restructuring and staff changes (see EAQ2 – CCD Partnerships).

- **Institutional Delivery of CCD.** Evidence showed that CCD is delivered through institutional settings such as healthcare centres, childcare centres, and preschools.
- **Integrated Home-based Care.** There was also evidence that CCD is delivered in home settings as part of an integrated package of family services through health promoters' household visits.

c. Coordination Mechanisms

Initial CCD trainings included participants from all three sectors, which stakeholders identified as a means of strengthening intersectoral communication. However, evidence of more recent knowledge exchange events appears limited to government institutions within the health sector [26]. The design of CCD in El Salvador also involved participation from the main coordination body for ECD policies, the National Council for Early Childhood, Children, and Adolescents (CONAPINA). While there is mention of CONAPINA's participation in CCD trainings, there is limited evidence of its role in coordinating CCD training, implementation, or monitoring activities [19].

3.8. EAQ8 – Institutional Readiness

3.8.1. Evaluability Rating

Weak (1)	Emerging (2)	Established (3)	Advanced (4)
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There is no support or commitment from key stakeholders to conduct an evaluation of CCD in the future; none of the items in the evaluability checklist were found.	There is some support and commitment from key stakeholders to conduct an evaluation, but there is insufficient data or alignment with stakeholder needs at this time; one to two items in the evaluability checklist were found.	There is sufficient support and commitment from key stakeholders to conduct an evaluation, as well as adequate data and alignment with stakeholder needs at this time, but gaps remain; three to four items in the evaluability checklist were found.	There is ample support and commitment from key stakeholders to conduct an evaluation, as well as sufficient data and alignment with stakeholder needs at this time; all items in the evaluability checklist were found.
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3.8.2. Evaluability Checklist

For the institutional readiness component, the assessment confirmed partial evidence for five criteria (A, B, C, D and E).

Criteria	A	B	C	D	E
For a future evaluation of CCD: (a) there is support and commitment from key stakeholders to conduct the evaluation; (b) there is alignment between stakeholder interests and the intended uses of the evaluation; (c) stakeholders see a clear role for their participation in the evaluation; (d) stakeholders are interested in learning about the impact of CCD on parents/caregivers and children; and (e) stakeholders are interested in learning from the implementation process, including challenges and good practices.	Partial	Partial	Partial	Partial	Partial

3.8.3. Explanation of Results

a. Evaluation Utility and Focus Areas

There were differing views among stakeholders regarding the level of interest, timing, and scope of a potential evaluation focused on the CCD approach in El Salvador. Some stakeholders expressed enthusiasm about the opportunity to demonstrate the positive impact of CCD in the country and to highlight El Salvador’s progress at the regional level. Others indicated personal interest in such an evaluation but believed that further consultations with government authorities would be necessary before moving forward. A few stakeholders felt that an evaluation was not needed at this time, arguing that the main government actors were already convinced of the benefits of the approach. Others stated that the optimal time for conducting an evaluation had already passed. Finally, some expressed interest in an evaluation but noted significant limitations in the availability of data required to support a robust assessment of CCD.

The results of an evaluation on the CCD approach in El Salvador could be utilised by key stakeholders in several impactful ways; however, this would require further dialogue to clarify priorities and interests.

Policy Development

- **Informed Decision-Making.** Stakeholders, including government ministries and NGOs, could use evaluation findings to inform policy decisions and advocate for necessary adjustments to ECD policies and plans. This would help ensure that policies are evidence-based and address specific needs identified through the evaluation. Stakeholders were particularly interested in assessing needs not originally considered, such as those of children whose parents or caregivers are currently incarcerated.
- **Resource Allocation.** Stakeholders could use evaluation results to advocate for increased resources to strengthen implementation and expansion efforts that address identified needs. Stakeholders in El Salvador anticipated that evaluation results would demonstrate positive outcomes for children and expressed interest in using these findings to advocate for increased investment in similar approaches across other life stages, particularly adolescence.

Programme Improvement

- **Identifying Strengths and Weaknesses.** The evaluation could highlight effective components of the CCD approach as well as areas requiring improvement. Stakeholders could use these insights to refine existing programmes, strengthen training for service providers, and develop more targeted interventions. There was particular interest in

El Salvador in identifying effective strategies to reach underserved populations, especially in remote areas.

- **Best Practices.** Sharing successful strategies identified through the evaluation could support replication of effective practices across different regions, leading to improved outcomes for children. Stakeholders expressed particular interest in learning about best practices for influencing frontline workers' behaviours and their interactions with families.

Capacity Building

- **Training and Development.** Evaluation findings could inform the design of training programmes for caregivers and service providers, ensuring that they are adequately equipped with the skills and knowledge required to support child development effectively.
- **Community Engagement:** Stakeholders could use evaluation results to engage communities in discussions on child development, fostering greater awareness, participation, and ownership of CCD-related activities.

Monitoring and Evaluation Framework

- **Design of a CCD-specific Framework.** An evaluation would provide an opportunity for El Salvador to develop a CCD-specific monitoring and results framework, refine data collection tools and methodologies, and identify pathways to address existing data gaps.
- **Continuous Improvement.** Establishing a culture of continuous improvement informed by evaluation findings could lead to ongoing enhancements in service delivery and child outcomes.

Collaboration and Coordination

- **Strengthening Partnerships.** Evaluation results could foster dialogue among stakeholders—including government agencies, NGOs, and community organisations—to strengthen collaboration and coordination in CCD service delivery.
- **Shared Goals.** By aligning around the findings of an evaluation, stakeholders could work together towards common goals, ensuring a coherent and unified approach to ECD.

b. Participation in Evaluation

As noted above, there were varying levels of interest among stakeholders regarding a future

evaluation of the CCD approach. Stakeholders who expressed interest in participating identified clear roles for their organisations, including: (a) serving as key informants; (b) sharing relevant documentation; (c) collecting information; (d) facilitating access to key informants and supporting the engagement of frontline staff and intended recipients/rights holders in the evaluation process; and (e) applying the findings to enhance programme design. Other stakeholders, however, indicated that they did not wish to participate in the evaluation.

c. Challenges and Good Practices

Stakeholders who were interested in participating in a future evaluation also expressed an interest in learning about implementation challenges and identifying good practices. The evidence suggests that, while challenges remain in implementing the CCD initiative in El Salvador, there are also notable good practices that can be leveraged to enhance the effectiveness of ECD services. Continued commitment to capacity building and to supporting the most vulnerable populations is essential for overcoming these challenges and improving outcomes for children and families.

Challenges

- **Coordination and Collaboration.** There is a need to gain a clearer understanding of the differing perspectives regarding the alignment of CCD with current Crecer Juntos Institute programmes, in order to strengthen collaboration and coordination among actors.
- **Resource Constraints.** Limited financial and human resources pose significant challenges to the sustainability and scalability of the CCD approach. These constraints hinder the ability to provide consistent training and support to service providers. Stakeholders expressed the need for a better understanding of the level of investment required—beyond UNICEF's commitments—to ensure quality implementation at scale.
- **Data Collection and Monitoring.** There are multiple gaps in data collection and analysis related to key performance indicators. Stakeholders showed particular interest in understanding the reach of the intervention—both in terms of the number of frontline workers trained and the families and children who have benefited from CCD. They acknowledged that existing monitoring data are insufficient and expressed the hope that a future evaluation could help address this gap.

d. Good Practices

- **Adaptation of Materials.** CCD materials have been adapted to create simple guides for frontline workers and families, which have been used across multiple contexts and tailored to specific needs. El Salvador has also developed virtual and hybrid training modalities that have expanded access for frontline workers with limited schedule flexibility, including those operating in emergency contexts.
- **Integration into Frontline Training.** El Salvador has successfully partnered with a public university to integrate the CCD approach into its academic programmes.

Documenting the process and success factors from this experience could inform the establishment of new partnerships with other academic institutions both within El Salvador and across the region.

- **Community Engagement.** The CCD approach in El Salvador has included partnerships with community-based and faith-based organisations that support families through shared experiences and peer networks. This collaborative model has enhanced both the reach and sustainability of CCD implementation.

3.9. EAQ9 – Evaluation Readiness

3.9.1. Evaluability Rating

Weak (1)	Emerging (2)	Established (3)	Advanced (4)
It is not feasible to evaluate CCD interventions across different contexts based on the relevance, coherence, effectiveness, efficiency, sustainability, and impact of CCD implementation; none of the items in the evaluability checklist were found.	It is possible to evaluate CCD interventions across different contexts based on at least two evaluation criteria (relevance, coherence, effectiveness, efficiency, sustainability, and impact of CCD implementation); one to two items in the evaluability checklist were found.	It is possible to evaluate CCD interventions across different contexts based on at least three evaluation criteria (relevance, coherence, effectiveness, efficiency, sustainability, and impact of CCD implementation); three to four items in the evaluability checklist were found.	It is possible to evaluate CCD interventions across different contexts based on all evaluation criteria (relevance, coherence, effectiveness, efficiency, sustainability, and impact of CCD implementation); all items in the evaluability checklist were found.

3.9.2. Evaluability Checklist

For the evaluation readiness component, the assessment confirmed sufficient evidence for two criteria (A and D) and partial evidence for three criteria (B, C, and E).

Criteria	A	B	C	D	E
The CCD intervention: (a) has sufficient information for evaluating relevance and coherence; (b) has sufficient information for assessing effectiveness; (c) has sufficient information for assessing efficiency; (d) has sufficient information for assessing sustainability; and (e) has sufficient information to assess impact.	Yes	Partial	Partial	Yes	Partial

3.9.3. Explanation of Results

The assessment found sufficient evidence for evaluating the relevance, coherence, and sustainability of the CCD approach in El Salvador. Partial evidence was found to assess effectiveness, efficiency, and impact at this stage.

a. Relevance

Relevance refers to the extent to which the objectives and design of the CCD approach respond to beneficiaries' needs and priorities, as well as its alignment with national, global, and partner/institutional policies and priorities. Examples of evidence of relevance in El Salvador include:

- **Focus on Vulnerable Populations.** The CCD initiative prioritises vulnerable children,

including those living in remote and rural areas, children living in poverty and urban settlements, and children with disabilities or at risk of developmental delays, as well as those affected by emergencies. This focus is essential in a context where many children face challenges related to poverty and limited access to inclusive early childhood services.

- **Alignment with National Policies and Priorities.** The introduction of CCD in El Salvador contributed to the conceptualisation of national ECD laws and policies that emphasise nurturing care and responsive caregiving for young children. However, there is a need for additional evidence to assess the current alignment of the package with the evolving priorities of the Crecer Juntos Institute.
- **Community Engagement.** The CCD approach in El Salvador engaged families and communities by working with community-based organisations such as Ángeles de El Salvador, which promote shared learning and peer support among families with children with disabilities. This community-based approach reinforces the relevance of CCD by addressing families' specific needs.

b. Coherence

Coherence examines the extent to which the CCD approach is aligned with other national ECD interventions and vice versa. This includes internal coherence (within UNICEF), including compatibility with international norms and standards, and external coherence (with government systems and programmes). Examples of coherence in El Salvador include:

- **National ECD Policies and Plans.** Stakeholders recognised CCD's contribution to the conceptualisation of national ECD policies. However, some stakeholders noted that CCD is currently not integrated into the Crecer Juntos Institute's plans and expressed the view that the approach should be revised. Additional data are required to better understand the differing perspectives regarding specific interventions within the institute.
- **Commitments for Children:** The Government of El Salvador has endorsed global commitments that prioritise ensuring children are born healthy, live in nurturing environments, and have access to early learning opportunities. The CCD approach supports these commitments by providing

evidence-based strategies to improve caregiving practices.

- **Alignment with Human Rights.** The CCD approach is consistent with international standards and UNICEF's human rights mandates, as demonstrated by its alignment with the principles of children's and women's rights, as well as with the relevant Sustainable Development Goals (SDGs).

c. Effectiveness

Effectiveness refers to the extent to which the CCD approach has achieved, or is expected to achieve, its intended objectives and results. The assessment identified partial information that could allow for an evaluation of the effectiveness of the CCD approach in enhancing ECD outcomes for parents/caregivers and children. For example, El Salvador gathered data on caregiver and child outcomes through the ENS/MICS survey conducted in 2014 [6], which could potentially be used as a baseline for assessing effectiveness. In addition, indicators on child mortality, stunting, wasting, and child development are available in the 2022 report on the implementation of the Sustainable Development Goals (SDGs) [32].

However, there remains a need to strengthen the availability of data to assess KPIs related to the quality of CCD inputs and the impact on service providers, as well as to improve the quality and representativeness of CCD coverage data to determine whether the programme is reaching its intended population and achieving consistent outcomes across subgroups.

Some qualitative information from case studies and videos on CCD experiences is also available [10, 11, 12, 13, 14, 15]. These sources point to increased knowledge and skills among both frontline workers and parents/caregivers. Frontline workers in the health sector reported going beyond physical development to promote cognitive and socio-emotional development, while those in childcare centres and preschools reported fostering cognitive development through play and communication and engaging families in their children's holistic development. Parents and caregivers reported greater knowledge and skills in providing nurturing care — including spending more quality time with their children, engaging in play with household objects, identifying health issues, and providing better health care overall.

d. Efficiency

Efficiency refers to the extent to which the CCD approach delivers, or is likely to deliver, results in an economic and timely manner. UNICEF's training partner programme documents include five costed action plans [20, 21, 22, 23, 24]. These costed action plans are high-level documents that provide information primarily related to the costs of training delivery. For a future evaluation of efficiency, it will be essential to clarify the costs of specific line items in relation to the broader services leveraged for CCD delivery and to improve coverage data to assess whether resources are being allocated effectively to address priority populations.

e. Sustainability

Sustainability refers to the extent to which the net benefits of the CCD approach continue or are likely to continue. This may include: the integration of CCD into policy mandates; the integration of CCD into frontline worker training systems; the integration of CCD into public financing for ECD services; the production of public goods, such as curricula and advocacy or communication assets; and the strengthening of community resilience to provide nurturing care in the face of shocks related to climate change, disasters, or other emergencies.

There is evidence of CCD sustainability across multiple contexts in four of these areas, with stronger evidence within the health system. Regarding policy mandates, although current national laws do not explicitly mandate CCD training, the approach has been integrated into national health care guidelines used across the system — including the health monitoring card for children from birth to age five, the monitoring card for children with Down Syndrome, and the monitoring card for premature children weighing less than 2,000 grams at birth [27, 28, 33]. In terms

of frontline training systems, CCD has been integrated into the University of El Salvador's Bachelor's Degree in Maternal and Child Health (Licenciatura en Salud Materno Infantil – LSMI). The University is also working to integrate CCD into its Health Education Programme. With respect to public goods, El Salvador has incorporated CCD into materials for frontline workers and families, such as the Pasito a Pasito guides and the health monitoring cards, which are used across multiple institutions [17, 18, 27, 28, 33]. Stakeholders from three different health institutions reported using these tools in their daily practice. There is also evidence of building community resilience through the capacity development of community-based and faith-based organisations, as well as through training provided to personnel working in emergency contexts [10, 9]. [10, 9]. Finally, regarding public financing, there has been a commitment of public funds from the University of El Salvador, which now integrates CCD within its programmes. However, CCD has not yet been incorporated into the budgets of national Ministries.

f. Impact

Impact refers to the extent to which the CCD approach has generated, or is expected to generate, significant positive or negative, intended or unintended, higher-level effects — such as the realisation of women's and children's rights. The ENS/MICS data from 2014 provide national and district-level coverage of key impact measures, which could serve as a baseline for future evaluations. However, the follow-up survey conducted in 2021 used different indicators, and current data on implementation coverage and dosage are insufficient to evaluate the impact of the CCD approach in El Salvador.



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Areas for Action

To **strengthen evaluability in principle**, the following actions are recommended:

- **Action 1:** Use the information from this assessment as a starting point to develop a CCD-specific Theory of Change (ToC) that clarifies the logic and pathways towards results for the CCD approach when integrated into ECD policies, systems, and programmes.
- **Action 2:** Deepen the understanding of the different perspectives among key stakeholders regarding the design and alignment of the CCD approach with the current priorities of the Crecer Juntos Institute.

To **strengthen evaluability in practice**, the following actions are recommended:

- **Action 3:** Use the information from this assessment as a foundation for developing a CCD-specific Monitoring and Results Framework.
- **Action 4:** Devise cost-effective methods to gather disaggregated data on implementation coverage and dosage, in order to inform ongoing implementation, scaling, and impact.
- **Action 5:** Collaborate with government entities and implementing partners to address data gaps on the quality of inputs. Include explicit information on CCD field practice hours and the number of caregivers covered in all training modalities. Identify mechanisms for providing supervision and mentoring, and collect data on their

frequency, duration, and type. Ensure the provision of refresher trainings and document their frequency and duration.

- **Action 6:** Work with government and implementing partners to address data gaps regarding the impact of CCD on service providers (frontline worker capacities). Develop effective ways to gather information on caregiver-child interactions assessed by providers, recommendations for play and/or communication, problem-solving guidance provided through CCD, and referrals to specialised services.
- **Action 7:** Collaborate with government and other implementing partners to identify mechanisms that ensure sufficient personnel at national and local levels for regular reporting and the implementation of quality assurance procedures.

To **strengthen institutional context for scaling and an impact evaluation**, the following actions are recommended:

- **Action 8:** Determine the actual costs of CCD implementation by working with partners currently delivering the package. Clarify the costs of specific line items in relation to the broader services leveraged for CCD delivery.
- **Action 9:** Integrate this cost information into a costed action plan for the continuous scaling of CCD to reach additional children within the health sector, and to identify new opportunities within the education and social protection sectors and/or through additional

partnerships with civil society. Stakeholders provided concrete recommendations, including: training more staff within their own institutions; incorporating CCD into government training plans; providing in-person training in remote areas establishing new alliances with civil society organisations to reach vulnerable children of working parents/caregivers (e.g. children accompanying parents in local markets); collaborating with the judicial branch to support children whose mothers are currently in prison; and engaging the private sector, particularly in relation to the

establishment of childcare centres required for companies with more than 100 employees.

- **Action 10:** Work with government and other partners to use cost data to increase public financing for the CCD approach, ensuring sufficient human and financial resources for scaling with quality, while monitoring the indicators outlined in Table 1.
- **Action 11:** Clarify scaling approaches and service platforms within the health, education, and social protection sectors, and consolidate any overlapping CCD service delivery mechanisms where applicable.

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