

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

**GLOBAL SYNTHESIS REPORT**

# **EVALUATION REPORT**

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

**GLOBAL SYNTHESIS REPORT**



**Evaluation of the UNICEF Early Childhood Development Programme with Focus on the Government of Netherlands Funding (2008–2010): Global Synthesis Report**

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United Nations Children's Fund

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The UNICEF-Government of Netherlands Cooperation Programme on Early Childhood Development (ECD) (2008–2010) was undertaken to promote comprehensive approaches to ECD in 10 selected countries and all of the UNICEF regions, with a focus on sustainable policy development and partnerships to scale up successful interventions. The independent evaluation was carried out by a team of consultants from Mathematica Policy Research and included Kimberly Boller, Kathy Buek, Andrew Burwick, Minki Chatterji and Diane Paulsell, with assistance from Samia Amin, Evan Borkum, Larissa Campuzano, Jessica Jacobson and Samina Sattar. National consultants participating in the country case study visits and reports included Sadananda Kadel, Sathya Pholy, Arcard Rutajwaha and Susan Sabaa. Krishna Belbase in the Evaluation Office at UNICEF New York Headquarters managed the evaluation with the support of Suzanne Lee and Chelsey Wickmark. The Evaluation Office also involved UNICEF's Cambodia, Ghana, Nepal and Tanzania Country Offices, as well as the regional offices in the conduct of the evaluation. Leadership and specialists from UNICEF's ECD Unit—Nurper Ulkuer, Oliver Petrovic, Tanguy Armbruster and consultant Christopher Capobianco—provided valuable input to the Evaluation Office and information to the evaluation team.

An interdivisional reference group was engaged to provide overall direction to the evaluation.

The purpose of the report is to evaluate the progress made and challenges countries faced in mainstreaming early childhood policy, building early childhood programme capacity and generating and disseminating knowledge. The report also seeks to facilitate the exchange of knowledge among UNICEF personnel and with its partners. The content of this report does not necessarily reflect UNICEF's official position, policies or views.

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

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## **PREFACE**



## ACKNOWLEDGMENTS

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## ACRONYMS

ADEA	Association for the Development of Education in Africa
AIDS	Acquired Immunodeficiency Syndrome
ARNEC	Asia-Pacific Regional Network for Early Childhood
BFCI	Baby Friendly Community Initiative
CBO	Community-Based Organization
CBR	Community-Based Rehabilitation
CEE/CIS	Central and Eastern Europe, Commonwealth of Independent States
C-IMCI	Community Integrated Management of Childhood Illness
CGECCD	Consultative Group on Early Childhood Care and Development
CO	Country Office
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CRC	Convention on the Rights of the Child
CSO	Civil Society Organizations
D&D	Decentralization and Deconcentration
DACAW	Decentralized Action for Children and Women
DHS	Demographic and Health Survey
DOE	Department of Education
DRC	Democratic Republic of the Congo
EAPRO	East Asia and the Pacific Regional Office
ECCD	Early Childhood Care and Development
ECD	Early Childhood Development
ECDVU	Early Childhood Development Virtual University
ECE	Early Childhood Education
ECED	Early Childhood Education and Development
EFA	Education for All
ELDS	Early Learning and Development Standards
ESARO	Eastern and Southern Africa Regional Office
FA	Focus Area
FCHV	Female Community Health Volunteer
FTI	Fast Track Initiative
GER	Gross Enrollment Rate
GNI	Gross National Income
GoN	Government of the Netherlands
HIRD	High Impact Rapid Delivery
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HQ	Headquarters
HRBA	Human Rights-Based Approach
IECD	Integrated Early Childhood Development
IMCI	Integrated Management of Childhood Illness
INGO	International Nongovernmental Organization
LEAP	Livelihood Empowerment Against Poverty
MDG	Millennium Development Goals
MENA	Middle East and Northern Africa
MICS	Multiple Indicator Cluster Survey
MOE	Ministry of Education
MTSP	Medium-Term Strategic Plan
NA	Not Available
NER	Net Enrollment Rate
NGO	Nongovernmental Organization
NY	New York
OECD	Organisation for Economic Co-operation and Development

OECD-DAC	Organisation for Economic Co-operation and Development-Development Assistance Committee
OVC	Orphans and Vulnerable Children
PO	Parent Orientation
PTA	Parent-Teacher Associations
RBPM	Results-Based Planning and Management
RO	Regional Office
ROSA	South Asia Regional Office
SMC	School Management Committee
TACRO	The Americas and Caribbean Regional Office
TECDEN	Tanzania Early Childhood Development Network
TOR	Terms of Reference
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDAP	United Nations Development Assistance Plan
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UNICEF-GoN	United Nations Children's Fund-Government of the Netherlands
US	United States of America
VDC	Village Development Committee
WASH	Water, Sanitation and Hygiene
WCARO	West and Central Africa Regional Office

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## EXECUTIVE SUMMARY

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

## Evaluation Scope and Methods

The evaluation scope consisted of two related components: (1) four in-depth country case studies of UNICEF ECD strategies and (2) an assessment of UNICEF ECD strategies at the HQ, RO and CO levels, including cross-country comparisons among the 10 countries funded through the UNICEF-GoN Programme. The evaluation was a retrospective, theory-based assessment of the processes and results of ECD strategies and activities, employing mixed methods (primarily qualitative but incorporating survey data as well). It drew on logical frameworks for ECD to establish a theoretical foundation for inquiry; processes and outcomes were assessed in reference to those specified in the frameworks. The evaluation relied on data from four sources: (1) a desk review of data and programme documents, (2) executive interviews with key informants, (3) four country case study site visits and (4) an internet-based survey of UNICEF COs. The evaluation used three analysis methods to address the research questions: thematic framing, triangulation and indicator ratings. The evaluation assessed the status of ECD strategies and activities, and also the factors reported by informants that influenced processes and drove progress toward targeted outcomes.

## Conclusions

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

### Mainstreaming ECD Policies into National Policies, Plans and Services

#### ***Clear communication about the benefits of ECD investments contributed to mainstreaming.***

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

***Involvement of finance ministers in the ECD policy and planning process and costing studies are useful in shaping policy development, advocacy and budgeting for ECD.*** To engage finance ministers and partners in allocating funds that mainstream ECD into national policies and programmes,

UNICEF and country counterparts need ECD-specific costing data and tools for conducting simulations of different funding strategies.

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

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

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

## **Building Capacity for ECD**

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

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

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

## **Generating and Disseminating Knowledge for ECD**

***The efficiency of knowledge generation and dissemination at both the global and country levels is diminished by a lack of coordinated, systematic planning and rigorous evaluations.*** Insufficient coordination among HQ, ROs and COs in establishing research priorities and planning evaluations detracts from development of a focused research agenda in ECD and results in missed opportunities to leverage resources for more rigorous, longer-term country-specific and multi-country evaluations. Current

processes at the country and global levels do not facilitate sequencing of evaluations into formative and summative stages.

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

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

## **ECD Service Coverage, Quality/Efficiency and Sustainability**

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

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

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

## **Planning, Management, Coordination and Partnerships**

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

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

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

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

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

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

## **Overall Effectiveness and Relevance/Appropriateness**

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

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

## **Contribution of the GoN Investment**

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

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

## **Recommendations**

Key recommendations based on the evaluation findings and conclusions are presented on (1) the three strategic areas; (2) ECD service coverage, quality/efficiency and sustainability; and (3) the cross-cutting issues of planning, management, coordination and partnerships, as well as equity and reaching the less reached and disadvantaged. The intended audience for each recommendation (UNICEF HQ, ROs or

COs) is indicated in parentheses. Additional recommendations, focused primarily on country-level findings, are included in the body of the report and in the final chapter.

## **Mainstreaming ECD Policies into National Policies, Plans and Services**

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

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

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

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

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

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

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

## **Building Capacity for ECD**

***Develop and advocate for implementation of a systematic approach to capacity building that includes assessing needs, implementing evidence-based training, tracking completion of service provider training and parenting education and assessing and evaluating outcomes (UNICEF HQ).*** Develop the capacity and infrastructure necessary to identify training needs and develop, implement and evaluate capacity-building approaches. Align ECD goals and investments with expected outcomes by targeting specific capacity-building strategies to meet the needs of policymakers, government officials and



planners, programme implementers and parents. Adapt the UNDAF capacity development approach to ECD and develop formal training modules designed to meet country and global needs. Evaluate changes in capacity-building infrastructure and outcomes.

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

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

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

## **Generating and Disseminating Knowledge for ECD**

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

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

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

***Work with COs and country partners to fully develop Early Learning and Development Standards (ELDS) for the conception-to-8 age span, use ELDS as the basis for developing training and monitoring systems and evaluate their effects on targeted outcomes (UNICEF HQ and ROs).*** For example, ELDS can serve as the basis for defining quality in ECD interventions and for developing monitoring processes and tools for assessing the degree of adherence to ELDS. Gaps identified through monitoring can inform ongoing training and technical assistance. Use ELDS to inform curricula and

training materials for staff and community volunteers who deliver ECD services and programming. Evaluate ELDS efforts to identify successes and challenges. Develop guidance on how to maximize the contribution of ELDS to achieving improved service delivery systems and outcomes for children.

## **ECD Service Coverage, Quality/Efficiency and Sustainability**

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

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

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

## **Planning, Management, Coordination and Partnerships**

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

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

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

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

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

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

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

## I. INTRODUCTION

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

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

ECD has increasingly been incorporated into international agreements and agendas related to children’s rights. The CRC affirms children’s basic rights to survival and development of their full potential. The World Fit for Children agenda<sup>4</sup> prioritizes ECD, asserting that nations must promote the “physical, psychological, spiritual, social, emotional, cognitive and cultural development of children,” and Education for All (EFA)<sup>5</sup> commitments include expansion and improvement of early childhood care and education among goals to be met by 2015 (United Nations General Assembly 2002; United Nations Educational, Scientific and Cultural Organization [UNESCO] 2000). Moreover, ECD is closely related to achievement of the Millennium Development Goals (MDGs),<sup>6</sup> particularly MDG1, Eradicate Extreme Poverty and Hunger; MDG2, Universal Primary Education; and MDG4, Reduction of Child Mortality. For most countries, a holistic approach to improving outcomes for young children requires that national ministries/agencies and their subnational counterparts work across sectors to develop policies and programmes that enhance child and parent health and psychosocial well-being and prepare children for success in school and life.

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

UNICEF’s long-term commitment to improving the lives of young children and working in multiple sectors positions it well for advancing holistic ECD in developing country contexts. Recent UNICEF strategic plans have addressed ECD to varying extents. UNICEF’s Medium-Term Strategic Plan (MTSP), covering

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<sup>1</sup> Barnett and Massey 2007; Barnett et al. 2005; Cunha and Heckman 2007; Cunha et al. 2005; Cunha et al. 2010; Heckman 2007; Thompson 2004.

<sup>2</sup> Grantham-McGregor et al. 2007; UNESCO 2007.

<sup>3</sup> Love et al. 2005; Grantham-McGregor et al. 2007; Hart and Risley 1995.

<sup>4</sup> This 2002 United Nations (UN) resolution reaffirmed commitments to child rights and identified a 10-year agenda that included 21 goals for children and four focus areas. The plan of action identified an agenda designed to meet targeted outcomes in the areas of providing children “the best possible start in life,” “access to a quality basic education,” and “ample opportunity...to develop...individual capacities.”

<sup>5</sup> The 1990 World Conference on Education for All in Jomtien, Thailand, identified universal primary education and large reductions in illiteracy as goals for the coming decade. The 2000 World Education Forum in Dakar, Senegal, assessed progress and reaffirmed the goals, setting 2015 as the year for meeting them.

<sup>6</sup> These are eight goals adopted by the UN, over 190 countries, and many international organizations focused on meeting a range of development needs by 2015 and establishing a global forum for addressing these needs.

the period 2002–2005, designated Integrated Early Childhood Development (IECD) as one of five organizational priorities and called for a comprehensive, holistic approach to addressing the needs of young children. The current MTSP, covering the period 2006–2013, aligns UNICEF strategies and programming more closely with the MDGs, as well as with goals expressed in the World Fit for Children and EFA agendas, and positions ECD as a cross-cutting strategy. Although all five Focus Areas (FAs) of the current MTSP include ECD in its areas of cooperation, organizational targets and areas of cooperation are more closely defined in FA1 (Young Child Survival and Development) and FA2 (Basic Education and Gender Equality).<sup>7</sup>

UNICEF New York Headquarters (HQ), regional offices (ROs) and country offices (COs) have employed a variety of strategies to achieve ECD-related targets established in the 2006–2013 MTSP and outcomes specified in programmes of cooperation with individual countries. The core of UNICEF's work happens in host countries. Each host government enters into a programme of cooperation with UNICEF. The resulting five-year Country Programme Action Plan (CPAP), a broad contract between UNICEF and the host country, is developed in mutual agreement and signed by both parties. The CPAP defines the results to be achieved and basic strategies to be used and ECD is included to the degree it is mutually agreed upon. The resulting Country Programme Document (CPD), together with the United Nations Development Assistance Framework (UNDAF), are the main strategic documents that guide the programme of cooperation between UNICEF and host countries. Examples of a few ECD-related country level activities are advocacy for inclusion of ECD in national policies and plans and adding ECD components to existing interventions (UNICEF ECD Unit 2006). At the HQ and RO levels, ECD strategies have included, "leveraging global partnership" and "increasing the capacity of UNICEF staff and national partners in the area of ECD" (UNICEF ECD Unit 2010).

From 2008 to 2010, the UNICEF-Government of the Netherlands (UNICEF-GoN) Cooperation Programme on ECD provided US\$13.5 million toward furthering UNICEF's work in this area and advancing comprehensive approaches to ECD, with a focus on sustainable policy development and partnership to scale up successful interventions. Under this programme, GoN funded UNICEF HQ, ROs and 10 COs, and country partners in Africa and Asia to achieve three strategic objectives: (1) mainstreaming ECD policies into national plans, policies and services; (2) building the capacity of policymakers, service providers and parents to fulfill duties and claim rights related to ECD; and (3) generating and disseminating knowledge in support of ECD. Individual COs were selected to receive support through a process that prioritized countries identified as both "high risk" and "high opportunity" (UNICEF ECD Unit 2008). High-risk countries were defined based on indicators of children's health, nutrition and education from national surveys and other sources. High-opportunity countries were identified based on government commitment to ECD, as evidenced by existing ECD-related policies, standards and programming. The country selection process also aimed to achieve representation across UNICEF regions. Table I.1 presents the ROs and COs receiving UNICEF-GoN funding.

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<sup>7</sup> The document "ECD Framework in the 2006-2013 MTSP" (UNICEF ECD Unit 2011) provides a crosswalk between the MTSP FAs, the MTSP references to ECD, and key ECD interventions (Appendix I).

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

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

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

## B. Evaluation Scope and Methodology

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

1. Provide an analytical review of the progress achieved in implementing ECD programming and identifying key successes, best practices and gaps and constraints that need to be addressed.
2. Assess performance using the Organisation for Economic Co-operation and Development-Development Assistance Committee (OECD-DAC 2002, 2006, 2007) standard evaluation criteria of relevance, effectiveness, efficiency, impact and sustainability.
3. Examine cross-cutting issues, including use of a human-rights-based approach to programming, results-based planning and gender equality.
4. Generate evidence-based lessons and recommendations to strengthen ongoing efforts and new initiatives, including possible replication and scaling up.

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

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

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

## 1. Evaluation Questions

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

- **Effectiveness in the areas of mainstreaming; capacity building; knowledge generation; and country-level service coverage, quality, efficiency, sustainability and scale-up.** These questions focus on whether anticipated outputs and outcomes have been achieved.
- **Overall relevance and appropriateness of ECD strategies and activities at the global and country levels.** These questions address whether ECD programming is aligned with needs, priorities and policies of beneficiaries, countries and UNICEF.
- **Cross-cutting issues of planning, implementation, coordination and ECD partnerships; and human-rights-based approaches and gender equity.** Questions in this area address use of results-based planning and management, coordination within UNICEF, efficient use of resources and influences of partnerships. These questions focus on effectiveness in the application of a human-rights-based approach to programming and efforts to promote and monitor gender equity in programming.

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

**Table I.2. Evaluation Questions**

<b>Mainstreaming</b>
<ol style="list-style-type: none"> <li>1. What results have been achieved in mainstreaming ECD in national policies, plans and programmes in the 10 countries that received UNICEF-GoN funding?</li> <li>2. What gaps exist in mainstreaming of ECD, including national and subnational engagement with and ownership of ECD?</li> <li>3. Do UNICEF staff members have the skills they need to support mainstreaming of ECD policies, plans and programming?</li> </ol>
<b>Capacity Building</b>
<ol style="list-style-type: none"> <li>1. What results have been achieved through programming to enhance ECD-related capacity of institutions, decision makers, service providers and parents?</li> <li>2. What gaps challenge ECD-related capacity building of institutions, decision makers, service providers and parents?</li> <li>3. Do UNICEF staff members have the knowledge and skills to meet current internal and external ECD capacity-building needs and prepare to meet future needs?</li> </ol>
<b>Knowledge Generation, Dissemination and Management</b>
<ol style="list-style-type: none"> <li>1. What results have been achieved through programming to promote knowledge generation and dissemination in support of ECD?</li> <li>2. What knowledge gaps exist that inhibit greater investment in ECD at the country level?</li> <li>3. Do UNICEF staff members have the skills they need to use data effectively to support ECD policy and programme development?</li> </ol>
<b>Country-Level Service Coverage and Quality/Efficiency</b>
<ol style="list-style-type: none"> <li>1. Have strategies to increase service coverage contributed to changes in service availability or participation rates?</li> <li>2. What is the current quality of ECD service provided, and how has it been enhanced through ECD programming?</li> <li>3. What is known about the costs and efficiency of ECD services?</li> </ol>
<b>Cross-Cutting Issues</b>
<b>Planning, Management, Coordination and Partnerships</b>
<ol style="list-style-type: none"> <li>1. To what extent has UNICEF applied key elements of results-based planning and management at the global and country levels?</li> <li>2. How successful has UNICEF's support and coordination for ECD been among UNICEF HQ, ROs and COs and within COs?</li> <li>3. How have UNICEF's ECD strategies and activities influenced partnerships with development agencies, nongovernmental organizations (NGOs), civil society organizations (CSOs) and others?</li> </ol>
<b>Human-Rights-Based Approaches: Equity and Reaching the Less Reached and Disadvantaged</b>
<ol style="list-style-type: none"> <li>4. How successfully have the key principles of a human-rights-based approach been applied in planning and implementing ECD strategies and activities?</li> <li>5. In what ways have ECD strategies and interventions responded to the rights and needs of the less reached and disadvantaged families and children?</li> <li>6. To what extent has gender equity existed in participation and decision making related to ECD?</li> </ol>
<b>Relevance and Appropriateness (Assessed for Each Strategic Area and Cross-Cutting Issue)</b>
<ol style="list-style-type: none"> <li>1. How closely do UNICEF ECD strategies and activities relate to priorities and expected results expressed in strategic documents at the global and country levels?</li> <li>2. How appropriate are strategies for expanding holistic ECD in general and in various country contexts?</li> </ol>



Questions on effectiveness and progress toward achieving targeted outcomes and potential impacts are included under the three topic areas related to the ECD strategic objectives (mainstreaming; capacity building; and knowledge generation, dissemination and management), as well as country-level services. The criterion of efficiency is addressed through questions related to country-level service quality and UNICEF's planning, implementation and coordination. Finally, sustainability is assessed in regard to the three main strategies and country-level services.

In addition to addressing the evaluation criteria, the research questions assess the strength of the relationships among inputs, outputs and outcomes depicted in the logical framework for ECD (presented in Chapter II). As input to the evaluation, the Mathematica team worked with UNICEF staff to develop one global and four case study country-specific logical frameworks (Appendix D).<sup>8</sup> The team also developed an overarching evaluation matrix, as well as one tailored to each of the case study countries that reflected their level of ECD implementation and their primary strategies and activities (Appendix E). The matrixes specify the primary evaluation questions, outcomes and indicators that guided the evaluation methods, data collection approach and analysis.

## 2. Evaluation Methods

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

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

- **Thematic framing.** The evaluation team systematically reviewed and sorted data according to a framework informed by the programme logic and research questions. As issues, patterns and themes were identified during the review, the evaluation team expanded the framework to incorporate them. Interpretation of the data proceeded along with development of the thematic framework and included the identification of associations among, and explanations for, observed phenomena.<sup>9</sup>
- **Triangulation.** Triangulation involves testing for consistency in results or findings across multiple methods of inquiry and data sources.<sup>10</sup> This process facilitates confirmation of patterns or findings and the identification of important discrepancies. The evaluation team triangulated at two levels: (1) among the evaluation's four main data sources, and (2) among individual respondents participating in interviews and focus groups. For the four country case study reports, triangulation across data sources included not only sources of qualitative data but also quantitative data from secondary sources and reports on country-level education management information systems (EMIS) and national surveys. Triangulation focused on identifying similarities and differences in the patterns of findings across data sources.
- **Indicator ratings.** In a retrospective, largely qualitative evaluation, it is important to establish a means of gauging programme processes and outcomes consistently. The evaluation team

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

<sup>9</sup> Ritchie and Spencer 2002.

<sup>10</sup> Patton 2002.

developed indicators linked to key ECD outputs and outcomes to serve as a way to rate achievements and identify gaps across the 10 countries. Simple ratings of the extent to which each indicator was met provided a way to quantify the findings from the document review and the case studies across countries. (The indicators and rating process are described in more detail in Appendix B.) The report presents the findings from the indicator ratings in the context of other information gathered and analyzed for the evaluation.

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

### **3. Data Collection and Analytic Approaches**

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

#### **Document review and indicator ratings**

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

#### **Country case studies**

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<sup>11</sup> The goal of the indicator rating analysis is to provide information at the aggregate level, rather than to compare countries in their achievements and gaps. In addition, the documents did not always provide definitive information about country progress, and the evaluation did not have the resources to verify the ratings with the UNICEF COs and their partners. Therefore, the findings are presented using letters to represent country names and allow the reader to have a sense of patterns. As described in Appendix B, the case study site visitors reviewed the ratings of the countries they visited and, overall, validated the document review ratings. The site visitors had additional information that changed a rating for less than 10 percent of the items.

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

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

### **Executive interviews with key informants**

To obtain the perspectives of key UNICEF HQ staff, RO ECD focal points and stakeholders regarding aspects of ECD and the UNICEF-GoN Programme, the Mathematica evaluation team leader conducted 24 formal executive interviews by telephone and 12 informal, in-person interviews. In July 2010, the HQ ECD Unit provided the full list of formal interviewees, and in August, the evaluation officer introduced the team leader to the interviewees by email and invited them to participate. The HQ staff included section chiefs, coordinators and specialists. The RO staff included the ECD focal points and, for some interviews, specialists or other staff members involved in ECD activities. The stakeholders included representatives of the GoN, NGO partners and private ECD consultants/specialists. From August through October 2010, 24 of the 27 formal interviews were completed (3 interviews could not be conducted because interviewees did not respond after multiple attempts to contact them). Each interview was approximately 45 to 60 minutes long. The set of interview questions was specific to each of the three types of interviewees (HQ staff, RO staff and key stakeholders). Appendix F includes the list of interviewees and their titles. Informal background interviews and discussions with HQ ECD Unit staff members and members of the evaluation reference group occurred from April through October 2010 and augmented the information gathered from the executive interviews and other data sources.

### **Global internet survey**

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

After a pilot of the survey questions was conducted with a few COs, all UNICEF COs were sent an initial email on September 2, 2010, with a link to the online survey and a request for participation. During the

survey period, they were also sent follow-up reminders. The survey ended on September 22, 2010. Of the 123 COs surveyed, 61 percent (75 countries) responded to the survey, and 8 of the 10 countries funded by the UNICEF-GoN Programme responded. Analyses included assessing the quality of the data and addressing issues of missing data, coding the open-ended responses and creating response categories, creating analysis variables (by combining response categories or questions as needed) and tabulating descriptive statistics (means, percentage and sample sizes) by country income levels<sup>12</sup> and UNICEF region. Appendix B provides details on the response rates and data analysis. Appendix I provides the full set of results by country income and region. This report focuses on the overall responses and highlights income differences when they contribute to the discussion or demonstrate variations of interest. Regional variation was not conclusive and did not contribute to the analysis, but tables by region are provided for the interested reader.

#### **4. Evaluation Constraints**

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

### **C. Organization of the Report**

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

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<sup>12</sup> Country income categories were based on the World Bank's classification (World Bank 2010), which uses 2008 per-capita Gross National Income (GNI): lower income <\$975, lower-middle income \$976–\$3,855, and upper-middle income \$3,866–\$11,905.



## II. EVOLUTION OF ECD FOCUS IN UNICEF

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

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

The timeline of key global and UNICEF-specific events in the history of ECD's global positioning over the past 50 years provides the context for UNICEF's current approach and structure at all levels.<sup>13</sup> In the 1960s, ECD advocacy and strategy efforts in a number of countries and regions focused on early education (primarily preschool) as a way to socialize children and prepare them for school. In the mid-1960s, there was a move toward providing parenting education, as well as the development of integrated, comprehensive interventions (for example, Head Start, launched in 1965 in the United States, that is often cited by UNICEF as a "grand programme" that influenced its ECD approach [UNICEF 2001]). Although UNICEF guidance in 1974 described the link between children's psychosocial well-being and child survival, improvement of educational outcomes remained the primary goal of many ECD strategies promoted by UNICEF, such as community-based child care, supporting and educating caregivers and strengthening services for families and children. Links between children's nutrition and cognitive development and the development of programmes that included both were informed by research in the 1970s. In the early and mid-1980s, the global focus on child survival and development led to a shift from these new integrated interventions to a more singular focus on decreasing infant mortality and morbidity. Throughout the 1980s, advocates and other stakeholders continued to argue that more attention and resources should be provided to holistic approaches.

#### 1. Rights of the Whole Child

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

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<sup>13</sup> The evaluation team adapted this section and Tables II.1 and II.2 from information included in the UNICEF proposal to the GoN (UNICEF ECD Unit 2008), and from information collected from the evaluation's executive interviews and background publications by UNICEF and others (UNICEF 2001; Mendis et al. 2004).

**Table II.1. Timeline of Key Global Activities with Implications for ECD (1981–2009)**

Year	Global Activity
1981	First UNICEF <i>State of the World's Children</i> report published
1989	UN adopts <i>Convention on the Rights of the Child</i>
1990	World Summit for Children held at the UN (New York City, USA)— <i>Declaration on the Survival, Protection and Development of Children</i> adopted
	World Conference on Education (Jomtien, Thailand)— <i>World Declaration on Education for All</i> adopted
	Jung Chen Conference: ECD role in education highlighted
2000	World Education Forum (Dakar, Senegal)— <i>Dakar Framework for Action</i> adopted
2001	UNICEF's <i>State of the World's Children: Early Childhood</i> report published
	UN General Assembly endorses the <i>Millennium Development Goals</i>
2002	UN Special Session on Children—ratification of <i>A World Fit for Children</i>
2005	Committee on the Rights of the Child, <i>General Comment No. 7: Implementing Child Rights in Early Childhood</i> published
2006	UNESCO's Global Monitoring Report published: <i>Strong Foundations: Early Childhood Care and Education</i>
2009	UNICEF publishes <i>State of the World's Children 2010: Celebrating 20 Years of the Convention on the Rights of the Child</i>
2010	<i>Report of the Secretary General on the Status of the Convention on the Rights of the Child</i> , A/65/206 published
	<i>United Nations General Assembly Resolution on the Promotion and Protection of the Rights of the Child</i> , A/C.3/65/L.21/Rev1 enacted

Source: UNICEF ECD Unit 2006, 2008, 2009; cited reports; ECD Evaluation Executive Interviews.

**Table II.2. Timeline of Recent UNICEF-Specific Activities and GoN Achievements with Implications for ECD (1996–2010)**

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

Source: UNICEF ECD Unit 2006, 2008, 2009; cited reports; ECD Evaluation Executive Interviews.

## **2. ECD and UNICEF's MTSP**

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

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

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

## **3. Supports for Holistic Strategies and Developmental Perspectives**

UNICEF and its partners continue to advocate globally for holistic strategies and promote such policies and approaches to ECD across the conception to age 8 period. A variety of approaches have been tried, including parenting education, linking health and child development, home visiting and preschool education. Since 2002, UNICEF has been helping countries develop their own standards for early learning: what children should know and be able to do when they enter school. UNICEF HQ has supported regions and countries in the development and validation of national Early Learning and Development Standards (ELDS) and development of a country-specific evidence base in ECD. Both HQ and the regions have produced materials and publications to help countries develop, implement and evaluate holistic ECD policies and interventions. These include the ECD Resource Pack (UNICEF ECD Unit 2007); a report on ECD programming experiences (UNICEF ECD Unit 2006) that includes a definition of holistic ECD and the rationale for integrated and intersectoral approaches; CEE/CIS RO guidance on ECD (UNICEF CEE/CIS 2008);<sup>14</sup> and the ECD Kit with materials, activities and strategies for implementing ECD in emergencies, such as how to engage children who have experienced traumatic events.

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<sup>14</sup> According to evaluation respondents, this is the only ECD guidance published by a UNICEF RO or by HQ.



UNICEF defines the relevant age span for ECD as the period from conception to age 8 (UNICEF ECD Unit 2006). This definition has evolved and reflects a developmental perspective grounded in how best to meet the needs of young children and their families and provide continuity of services within and across sectors. The general trend within UNICEF reflects global trends that have broadened the focus beyond the preprimary years (ages 3 to 5 or 6 years). Although some COs have adopted a lifecycle approach that calls for tailoring activities to the specific needs of children by stage of development (for example, perinatal, infancy, toddlerhood, preprimary, primary and early adolescence), the two definitions share an emphasis on human development principles and approaches to early stimulation, care and education that are infused across all sectors and FAs. The issue of how the relevant age range for ECD is not without controversy and some countries define a narrower window, ending when children enter primary school. The evaluation found that UNICEF COs working in countries that define the ECD period differently advocate for a broader definition.

#### **4. Supports for Networks and Relationships with Partners**

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

UNICEF has long-standing relationships around ECD policy, programming and research with organizations such as the Aga Khan Foundation, the Bernard van Leer Foundation, the Open Society Institute, and INGOs such as Save the Children. To meet its ECD goals, UNICEF has also worked closely with other UN agencies (UNESCO and the World Health Organization) and donor organizations such as the World Bank. These relationships and the joint work of UNICEF and its partners benefit UNICEF COs in particular by helping to increase investments in ongoing ECD activities at the country level as well as serving as a means to launch and evaluate new initiatives.

#### **5. The GoN's Unique Contribution to UNICEF's ECD Activities**

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

source of ECD-targeted funds beyond the annual funds available. The GoN investment was the most significant source of funding allocated to the HQ ECD Unit.

## **B. ECD's Current Position Within UNICEF**

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

In keeping with its overall approach, UNICEF's ROs and COs are self-organizing to best meet host country and regional goals within the general structures outlined by the MTSP and other UNICEF policy and procedural requirements. ROs and COs either have a dedicated staff position for ECD, or (if there is not a position), assign an appropriate person to be the ECD focal point. In all but one of the ROs, the regional education adviser or specialist serves as the ECD focal point. CEE/CIS is the only RO with a dedicated ECD regional adviser. COs vary widely in ECD-related staffing: they may (1) have an international ECD programme specialist, (2) have a national ECD programme officer or specialist; or (3) assign one of the CO staff members to serve as the ECD focal point. COs also vary in how ECD staff are assigned: they report to a section head, programme/planning unit or deputy representative, depending on the CO structure, scope of the ECD strategies/activities and priority results agreed to be delivered. The ECD focal point and other ECD staff usually are members of the education section; however, in some COs, they are members of the health section. Many of the RO and CO ECD staff have experience working on ECD issues and in ECD programmes, but relatively few have advanced degrees in ECD. ROs and COs hire national or global ECD experts as needed, and UNICEF staff often develop relationships with local university faculty who provide expertise as well. Chapters III and IV present findings and conclusions about the association between the structure of the ROs and COs, where the ECD focal point is located within that structure, the focal point's education and background and perceived effectiveness of staff in those positions.

## **C. UNICEF's Overarching Logical Framework for ECD**

The logic of UNICEF's approach to ECD emanates from the MTSP. The three strategic objectives of mainstreaming, capacity building and knowledge generation and dissemination are defining elements of UNICEF's logical framework for ECD and thus for the UNICEF-GoN Cooperation Programme. As depicted in Appendix Figure D.1, inputs, activities, outputs and outcomes in each strategic area are expected to produce a medium-term impact of sustainable and effective ECD programmes delivered in sufficient amounts and at high quality to all disadvantaged children, including in emergencies. The intended long-term impact of ECD interventions is that all children will enter school developmentally ready and on time, stay in school and learn. Although school preparation and success are depicted as the ultimate impact of ECD investments, UNICEF's commitment is to a broad view of children's competence and success in life. ECD focuses on providing every child with the best possible start in life and with an opportunity to survive and thrive. The healthy cognitive, social and emotional development of young children is viewed as critical to success later in life. UNICEF recognizes that children's complete growth and development cannot be achieved through segmented approaches in which individual sectors and organizations focus on particular aspects of children's well-being. Therefore, UNICEF promotes ECD as a cross-sectoral priority that should be pursued through integrated and holistic policy planning and implementation (UNICEF ECD Unit 2006). According to the UNICEF ECD Unit (2006):

The term "holistic approach to Early Child Development" refers to policies and programming that ensure that child rights to health, nutrition, cognitive and psychosocial development and protection are all met. All interventions should reach the same children, including the most

marginalized. A number of studies suggest that there are additive and even synergistic effects among interventions that result in greater impacts on the child's development.

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

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

### III. MAINSTREAMING ECD INTO NATIONAL POLICIES, PLANS AND SERVICES

This chapter presents findings from the evaluation's analysis of UNICEF's country-, regional- and global-level activities focused on mainstreaming ECD into national and subnational policies, plans and services. The overarching logical framework for ECD described in Chapter II and the four country-specific logical frameworks from the case study countries include ECD mainstreaming activities (Appendix D). This chapter focuses on the three activities from the logical frameworks that were most closely aligned with the evaluation questions on mainstreaming and are priorities according to UNICEF ECD Unit and CO documents:<sup>15</sup>

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

These inter-related activities and their targeted outputs are expected to result in country-level ECD policies, plans, coordinating structures and funding mechanisms that will support progress toward implementation of effective interventions that will improve medium- and long-term service delivery/quality and ultimately child outcomes. Supports for mainstreaming at the country level can also be provided at regional and global levels. Therefore, the findings about achievements and gaps in each area are presented at the country level first and then at the regional and global levels, as appropriate. Findings on access to ECD programmes are in Chapter VI (that chapter includes findings on ECD service coverage and efficiency/quality based on analysis of the four country case studies). This chapter focuses on effectiveness, relevance/appropriateness and sustainability of policy development and advocacy for ECD overall, as well as mainstreaming ECD into services for families and children.

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

As discussed in Chapter II, UNICEF's approach to ECD policy development has changed, from including IECD as a highlighted area in the previous MTSP, to incorporating ECD into other focus areas when the MTSP was reorganized to reflect the MDGs. Over the past 10 years and still today, UNICEF and many countries with which it has a programme of cooperation struggle with how best to mainstream ECD policies and programmes to address children's psychosocial and cognitive needs in an integrated and holistic manner.<sup>16</sup> This includes how to (1) take advantage of existing structures and systems that deliver ECD or related services, and (2) incorporate ECD strategies and messages into policy and services officially viewed as under separate sectors or ministries. A primary challenge to mainstreaming ECD is developing an infrastructure that supports ongoing collaboration, defines and coordinates goals and the strategies/activities designed to reach them, dedicates adequate resources for ECD and requires shared accountability. As described by UNICEF in its proposal to the GoN, mainstreaming ECD potentially means different things, depending on the level of ECD integration and collaboration both horizontally (at the national ministry level) and vertically (from the national to subnational and local levels). Mainstreaming is central to ensuring that ECD has (1) a voice and influences the broader policy and programme dialogue, and (2) the funding support and coordinating structures to efficiently and effectively meet children's and family's needs.

<sup>15</sup> The three main chapters on UNICEF strategies and activities (III, IV and V) and the cross-cutting chapter (VII) present findings about UNICEF staff skills and capacities. Chapter IV presents the capacity building findings in detail, whereas the other chapters highlight the findings relevant to the specific strategic activity addressed in the chapter.

<sup>16</sup> The evaluation found that among the four case study countries, respondents were realistic about the pros and cons associated with their approach to mainstreaming. Generally they acknowledged that the approach taken was right for their country at the time but that given the cross-cutting nature of ECD, implementation challenges were ongoing.

## B. Effectiveness

This section presents findings on the apparent effectiveness of mainstreaming ECD into national policy, plans and services and on producing expected outputs and contributing to expected outcomes. It addresses each of the three core activities noted above, examining country- and global-/regional-level achievements and gaps in these areas.

Given that ECD policies can be either sectoral or intersectoral, the evaluation's definition of having a mainstreamed ECD policy was broad. An ECD policy was considered to be mainstreamed if it (1) provided for delivering ECD services to children and families through sectorally funded and administered programmes (for example, authorizing and funding preprimary, classroom-based services delivered through the primary school system) or (2) allocated funds and administrative responsibilities across sectors/ministries for the primary purpose of providing ECD services (for example, authorizing the health and education ministries to jointly fund and administer comprehensive, community-based parent education programs). Findings in the first subsection below focus on whether an ECD policy and costing analysis existed or was developed between 2008 and October 2010. The next subsection focuses on the policy development and implementation process and the role UNICEF played in providing technical expertise. The final subsection focuses on UNICEF's support for collaboration and coordination in developing and implementing ECD policies and plans of action. In this and the subsequent chapters, findings are supported with data from the four evaluation sources, as appropriate (document review, country case studies, executive interviews and internet survey of COs).

### 1. Developing ECD Policies and Costing Frameworks

The country-level findings focus on progress made in ECD mainstreaming and costing activities. Before 2008 and the start of the UNICEF-GoN funding, the 10 countries were at different stages of ECD policy development and implementation and different levels of sectoral and intersectoral coordination and collaboration. Because policy development, implementation and monitoring and evaluation of progress are iterative, the evaluation tracked the status of the 10 countries in developing ECD policies through September 2010 (three months before the end of the UNICEF-GoN programme and the end of the evaluation data collection period). The status of ECD costing activities was not consistently reported in the countries' annual reports on the UNICEF-GoN programme, so the evaluation used the survey of UNICEF COs as the information source. Eight of the 10 countries that received UNICEF-GoN funding completed the survey.<sup>17</sup>

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

#### Country-level achievements and gaps

Countries in the evaluation that did not have a draft ECD policy before 2008 demonstrated a strong, positive trend toward its development and implementation. Before 2008, 5 of the 10 countries had no draft ECD policy, and 5 either had an ECD policy or had mainstreamed ECD into national sector-specific policies (Table III.1).<sup>18</sup> As of September 2010, four of the five countries with no draft policy in 2008 had a draft or had the policy approved but not yet implemented. The fifth was still in the drafting stage after revisions in response to changing country circumstances and donor priorities. The same five that had an ECD policy or policies before the UNICEF-GoN funding began in 2008 still had them. The evaluation found that only six countries had completed costing their policies/services or were currently doing so. Of the eight COs that received UNICEF-GoN programme funds and completed the ECD internet survey, four (Ghana, Nepal, Malawi and Mongolia) reported that, as of September 2010, their national ECD plan of

<sup>17</sup> Information for the four case study countries augmented the survey information for those countries.

<sup>18</sup> The five countries with policy frameworks in place or mainstreamed before 2008 and through September 2010 are Ghana, Nepal, Malawi, Mongolia and Sri Lanka.

action, ECD strategies or proposed ECD services had been costed. Nepal reported that services for 4-year-olds were costed. The Ghana CO reported that some sectoral ECD services had been costed, but there is no overarching policy and no comprehensive analysis across sectors. Malawi reported that its costing was complete, and Mongolia reported that its costing was included in line ministry budgets. Although the Cambodia and Tanzania COs reported on the survey that there was no costing information available, costing was underway in 2010. Country case study respondents identified three reasons why costing activities had not been conducted: (1) lack of expertise and funds to engage a consultant or outside expert to conduct the review, (2) belief that costing should wait until the policy was developed or approved, and (3) competing priorities.

**Table III.1. Stage of ECD Policy Framework Development and Implementation, 10-Country Status Prior to 2008 and in September 2010 (Number)**

	Prior to 2008	September 2010
No Draft	5	1 <sup>a</sup>
In Draft	0	3
Approved, Not Yet Implemented	0	1
Approved, Being Implemented or Mainstreamed	5	5
<b>Sample Size</b>	<b>10</b>	<b>10</b>

Source: ECD Document Review, Country Case Studies, CO Internet Survey and CO Staff Report (2010).

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

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

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

The case studies are the source of findings on why and how the countries progressed in these areas.<sup>19</sup> The analysis revealed that Cambodia and Tanzania's approaches to ECD service provision and policy development are different from those of Ghana and Nepal in several ways, particularly in the pace of policy development and the scale of implementation. Cambodia and Tanzania developed an intersectoral policy, with many ministries participating. Ghana and Nepal put some universal policies and services into place but primarily worked within sectors. As described in Chapter VI, these approaches have implications for sustainability, quality and scaling up. Findings from the executive interviews also indicate that this distinction between a slower, intersectoral approach with a long period of scale-up and a faster, more sectoral approach has been observed in several low- and middle-resource countries.

<sup>19</sup> This information was not available from evaluation data sources for the six countries that received GoN funding but were not visited (the documents reviewed and the internet survey did not provide in-depth information on these topics).

Evaluation respondents in Cambodia and Tanzania identified key components of their success in developing an intersectoral ECD policy. These included (1) a long-term commitment to articulating shared goals of improving outcomes for children and families, (2) the ability to coordinate a large-scale collaboration across government ministries at the national and subnational levels, and (3) involvement of a wide range of stakeholders (both duty bearers and rights holders). In both countries, UNICEF staff brought stakeholders together and facilitated national and subnational coordination. Respondents also acknowledged the importance of building on existing policies as much as possible. Cambodia had policies and practices that included sectoral ECD policies and intervention approaches, but the intersectoral National Strategic Development Plan enacted from 2006 to 2010 served as the foundation for the development and approval of the National Policy on Early Childhood Care and Development (ECCD) (see Exhibit III.1 for a summary of Cambodia's policy landscape and ECD policy development process). Tanzania's process was based on a 1996 national policy that was the first to identify ECD as an intersectoral issue, and it addressed child rights, survival, development and protection. That policy targeted children from birth to age 18 and called for establishment of preschools and day care centers, as well as parent education on the importance of preschool and stimulating environments for children. The four-year process of developing Tanzania's Integrated Early Childhood Policy resulted in a wide-ranging draft policy that specifies operational guidelines and standards for ECD services.

#### **Exhibit III.1. Cambodia's ECD Policy Development Experience and Results**

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

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

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

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

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

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

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

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

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

#### **Exhibit III.2. Nepal's Investment in ECD Costing Activities**

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

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

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

The 75 UNICEF COs that responded to the internet survey provided the following global results on the status of ECD policy development and implementation in 2010. Ninety-five percent of respondents reported that some ECD policies were in place or under way (Table III.2). Half of the COs reported that an ECD policy/strategy was approved, being implemented or mainstreamed into other policy areas. Low-income countries were less likely than lower- and upper-middle countries (36 percent versus 50 and 74 percent, respectively) to have an approved or mainstreamed policy. Consistent with the case study findings, COs reported on the survey that, if the country's policy was mainstreamed, it was mostly like to be mainstreamed in the education and health areas (74 and 58 percent) and less likely in the social welfare/development area (21 percent) (Table III.2). Globally, only 21 percent of the 75 COs surveyed



that have a national policy or strategy reported that their ECD plans were costed, and 36 percent reported costing was in progress or partially completed (Table III.2). These findings are relatively consistent with the case study findings and corroborate the need for more supports to prepare draft policies for adoption and to increase the capacity and demand for ECD policy costing.

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

**Table III.2. UNICEF Country Office-Reported Stage of ECD Policy Development and Implementation, by Country Income Category (Percentage Unless Otherwise Noted)**

	Total	Low-Income <sup>a</sup>	Lower-Middle Income <sup>a</sup>	Upper-Middle Income <sup>a</sup>
Current Stage of Policy/Strategy <sup>b</sup> :				
No effort under way	4.7	4.0	5.0	5.3
In draft	39.1	52.0	40.0	21.1
Approved, not yet implemented	4.7	8.0	5.0	0.0
Approved, being implemented or mainstreamed	51.6	36.0	50.0	73.7
Policy/Strategy Areas ECD Is Mainstreamed in <sup>c,d</sup> :				
Education	73.7	60.0	80.0	77.8
Health	57.9	20.0	40.0	88.9
Social welfare/development	21.1	0.0	40.0	22.2
Other	26.3	20.0	0.0	44.4
ECD Policy/Strategy Been Costed <sup>e</sup> :				
Yes	21.3	20.8	5.6	36.8
No	42.6	37.5	66.7	26.3
Partially costed/under way	36.1	41.7	27.8	36.8
<b>Sample Size</b>	<b>74</b>	<b>28</b>	<b>23</b>	<b>23</b>

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

Note: Because of rounding, categories do not always sum to 100.

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

<sup>b</sup>Eight countries gave multiple responses and were not included in this item.

<sup>c</sup>For countries that have mainstreamed ECD policy.

<sup>d</sup>Respondents could indicate more than one area.

<sup>e</sup>For countries that have a national ECD policy/strategy.

Findings from the four country case studies, executive interviews and the internet survey revealed that country counterparts would benefit from more training and guidance in developing ECD policy and costing frameworks and in implementing existing policies. Consistent with the findings that identified a gap between countries that have a draft policy and those that have implemented or mainstreamed their policy, 59 percent of the COs identified training needs in developing national ECD policies and 57 percent in implementing existing ECD policies (Table III.3). According to evaluation respondents, country-level policy framework development capacity-building needs include deeper understanding of the rationale and expected benefits of coherent ECD policies and holistic services, as well as knowledge about what makes an ECD intervention effective and how to develop the systems to implement and support such interventions. Eight-five percent of COs responding to the internet survey reported that country counterparts would benefit from more training on ECD costing and finance. Evaluation respondents identified several capacity-building needs, including all levels of appreciation for cost studies, from understanding why they are useful to becoming discerning consumers of cost data and simulations. Although many respondents were pleased with the cost consultation expertise they obtained from experts based in other countries, they stressed the importance of developing within-country expertise and experience with leading cost and financing methods and analyses. In addition some respondents noted that in the best scenario, a costing expert would also have expertise in early childhood policies and programmes.

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

	Total
UNICEF Country Counterparts Would Benefit from Additional Training or Guidance in <sup>a</sup> :	
Costing and finance	85.3
Development of national ECD policies	58.7
Implementation of existing ECD policies	57.3
UNICEF Country Office Staff Would Benefit from Additional Training or Guidance in <sup>a</sup> :	
Costing and financing	77.0
Policy analysis/advocacy	66.2
<b>Sample Size</b>	<b>74–75</b>

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

Note: Because of rounding, categories do not always sum to 100.

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

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

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

As documented in their annual UNICEF-GoN programme reports (on 2008 and 2009 activities) and expressed during the executive interviews, all the ROs worked through the COs with groups of countries and with individual COs to provide technical expertise and assistance related to ECD policy development and advocacy. The scale and level of these efforts varied within and across ROs, with some UNICEF-GoN funding used to conduct high-level conferences designed to bring experts together with government leaders and ECD partners to provide the rationale and supports for policy development. (For example, with UNICEF-GoN programme funding, CEE/CIS convened the International Conference on Meeting

Education for All and Millennium Development Goals through Strengthening Partnerships in Early Childhood Development, as well as a high-level roundtable on investing in ECD.) Other efforts focused on bringing small groups of countries together that faced similar ECD policy development and implementation challenges. All RO respondents reported trying to align their mainstreaming to best meet the needs of the group of countries overall, as well as to provide one-on-one technical assistance.

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

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

During interviews, UNICEF staff from all four country case study COs reported that they took advantage of the RO and HQ investments in ECD policy advocacy and found them useful. However, some reported low levels of interaction with RO staff concerning ECD policy and costing framework development and uncertainty about how to access the resources available. In addition, executive interview respondents reported that most ROs have education focal points as the ECD focal point and that CO staff often require specialized policy and financing expertise to support countries working in these areas. HQ has addressed these needs by making expert consultations possible through global and regional conferences and meetings. For example, the 2009 ECD Dutch-Funded Programme Annual Progress and Review Seminar and the 2010 ECD Global Network Meeting organized by the HQ ECD Unit included sessions conducted by experts on ECD financing, as well as opportunities for countries and regions to share their experiences and lessons learned about policy framework development. As described above, costing and financing are still gaps, and respondents at all levels observed that additional supports from ROs and HQ would be useful. As one RO staff member suggested, "We should consolidate all of the costing aspects—it's easy to do it within a sector, but across multiple sectors, that is a real challenge."

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

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

## Country-level achievements and gaps

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

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

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

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

No rigorous research evidence exists on whether a sectoral or intersectoral approach to ECD policy and service delivery is better in producing higher-quality programmes or better outcomes for children and families.<sup>20</sup> However, case study respondents generally agreed that intersectoral ECD policymaking and service delivery systems were valuable, and they were committed to using an intersectoral approach in their work. Respondents at all levels (COs, national government and subnational government) reported that intersectoral work takes resources, persistence and close attention to relationships. The internet survey asked COs to rate the effectiveness of intersectoral collaboration within government. Nearly one-third of the 75 COs responding to the survey rated intersectoral ECD coordination within government as

<sup>20</sup> Given the small number of case study countries and the fact that Cambodia and Tanzania had not implemented their intersectoral, integrated policies, this evaluation does not draw conclusions about which approach leads to better outcomes. When MICS-4 data are available, UNICEF will be able to track outcomes and assess the relationship between different policy development and implementation approaches and targeted outcomes. Rigorous, longitudinal evaluations could also be designed to address these questions, both within and across countries.

effective or highly effective. A similar proportion rated coordination as somewhat effective, and 31 percent rated it as ineffective (Table III.4). COs working in low-income countries were less likely than other COs to rate coordination as effective or highly effective.

**Table III.4. UNICEF Country Office-Reported ECD Coordination, by Country Income Category (Percentage Unless Otherwise Noted)**

	Total	Low-Income <sup>a</sup>	Lower-Middle Income <sup>a</sup>	Upper-Middle Income <sup>a</sup>
Government Ministry Partners <sup>b</sup> :				
Ministry of Education	90.7	85.7	91.3	95.8
Ministry of Health	77.3	60.7	78.3	95.8
Ministry of Social Affairs/Social Welfare/Social Development	29.3	28.6	13.0	45.8
Ministry of Family/Gender/Children	24.0	35.7	26.1	8.3
National commissions/agencies/institutes	16.0	17.9	26.1	4.2
Ministry of Labor	10.7	14.3	8.7	8.3
Ministry of Planning	4.0	0.0	8.7	4.2
Other	22.7	21.4	34.8	12.5
Intersectoral Coordination Within the Government Is <sup>c</sup> :				
Highly effective	5.4	7.4	8.7	0.0
Effective	27.0	11.1	30.4	41.7
Somewhat effective	36.5	44.4	26.1	37.5
Ineffective	31.1	37.0	34.8	20.8
<b>Sample Size</b>	<b>47–75</b>	<b>20–28</b>	<b>16–23</b>	<b>11–24</b>

Source: ECD CO Internet Survey (September 2010).

Note: Because of rounding, categories do not always sum to 100.

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

<sup>b</sup>Respondents were meant to enter up to three answers, but some entered more than three.

<sup>c</sup>One CO gave multiple responses and was not included in this table.

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

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

Evaluation respondents also identified mainstreaming achievements related to adding ECD content or approaches to other types of services or interventions. As described in the case study reports, the four countries reported progress in incorporating ECD messages into programmes that typically focused on just one area/sector, such as health or Water, Sanitation and Hygiene (WASH). For example, the Nepal CO has integrated messages about the importance of cognitive stimulation and play for young children

into a micronutrient-powder-supplement programme carried out by community health volunteers (UNESCO 2008). The Cambodia CO produced new modules on psychosocial development for incorporation into existing health initiatives: the Community-Integrated Management of Childhood Illness (C-IMCI) initiative and the Baby Friendly Community Initiative (BFCI). During the UNICEF-GoN funding period, Ghana has focused on WASH, including providing access to drinking water and toilets for children attending public kindergartens. These examples demonstrate some progress on mainstreaming ECD into programmes. However, the case studies highlighted the need for increased attention and resources to develop and test integrated strategies for expectant mothers and children from birth to age 3, orphans and vulnerable children (OVCs) and children with disabilities.

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

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

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

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

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

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

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

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

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

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

## **C. Relevance and Appropriateness**

Overall, the mainstreaming strategies and activities UNICEF supported from 2008 through September 2010 were aligned with the targeted outputs and outcomes and were appropriate, given the RO and CO policy and programme contexts. Areas not in the conceptualization of these goals included the need to develop shared definitions of important concepts that can be used globally to track progress. The evaluation identified two gaps that, if UNICEF worked toward filling, could support progress toward targeted ECD outcomes. First, guidance is lacking on what UNICEF defines as intersectoral versus sectoral policies and how best to advocate and support progress toward targeted outcomes within ECD systems that include both types. For example, a sectoral approach to delivering center-based preprimary services may be more efficient than an intersectoral approach, but in the absence of intersectoral collaboration, the services might be provided without taking children's health needs into account. In this

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<sup>21</sup> Chapter IV describes this finding in more detail.

example, opportunities for integrating health-focused ECD messages might reduce potential effectiveness. Second, there is little evidence that UNICEF is investing in how to systematically evaluate whether the substantial investment required to create and support intersectoral collaboration is an efficient approach and what it yields compared to more sectoral approaches. Because of lack of information on the best approach, research on this issue (both specifically about ECD or about other cross-cutting topics such as WASH), could potentially inform countries considering how to best use scarce resources. These types of efforts would be appropriate given UNICEF and country goals.

## **D. Sustainability**

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

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

## **E. Role of the UNICEF-GoN Funding**

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

## **F. Mainstreaming ECD: Conclusions, Lessons and the Way Forward**

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

### **1. Conclusions**

#### ***Clear communication about the benefits of ECD investments contributed to mainstreaming.***

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



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

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

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

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

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

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

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

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

## 2. Lessons

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

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

## 3. The Way Forward

In the short term, national governments and UNICEF COs need technical assistance and training on ECD costing and the move from policy development and adoption to high-quality implementation. UNICEF and its partners can provide access to materials and experts to help in these areas. This is also an opportunity to assess the influence of these inputs on targeted outputs and outcomes, as well as on using different approaches. Evaluations of different approaches to ECD policy and programme development can help countries and their partners as they develop or refresh policies and intervention delivery approaches.

Countries working on developing and implementing ECD policies and programmes could also benefit from learning about the mainstreaming experiences of other countries. Lessons about the implications of using sectoral and intersectoral approaches, adopting universal programmes or strategies and developing intersectoral ECD coordinating bodies could be tracked systematically and models developed for testing. Across countries or even within a country, the most promising alternative approaches could be rigorously tested as part of demonstration and evaluation projects. For example, a country interested in using evidence to guide policy might test an intersectoral approach to ECD policy development and governance in a few provinces and a sectoral approach in others. The quality of the resulting strategies and interventions, as well as outcomes for children and families, would have to be assessed to determine which approach is most effective.



## IV. BUILDING CAPACITY FOR ECD

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

- Adopting a systematic capacity-building approach
- Developing, revising and updating ECD training materials, curricula and resource kits
- National-, subnational- and local-level training includes training of national, subnational or local policymakers, programme operators and opinion leaders; training of ECD service providers and training or increasing awareness of parents
- Building ECD capacity within UNICEF, especially in the areas of evaluation and using data to inform programming and policy development<sup>22</sup>

UNICEF-focused capacity-building targets of change, strategies, outputs and outcomes were not explicitly identified in UNICEF's proposal to the GoN (UNICEF ECD Unit 2008), the country-level and global-level logical frameworks for this evaluation or in strategic documents and work plans developed from 2008 through 2010. UNICEF's priorities are focused on meeting the vision set out in the MTSP and include a number of relevant strategies focused on UNICEF staff. The MTSP emphasizes capacity development in the areas of evaluation and using data to inform programming and policy development. The chapter is organized according to the topics listed above. The strategies that are multi-level and are relevant at the country, regional and global levels are presented first, followed by those that are more focused on country level issues. UNICEF staff-related topics are presented last.

### A. A Core ECD Strategy: Capacity Building

Capacity building is at the core of behavior change and improvements in the experiences and well-being of families and children. Capacity building is a central UNICEF strategy that figures prominently in the current MTSP and other guiding documents. The current MTSP highlights a range of national, regional, global and internal UNICEF capacity-building efforts focused on improving outcomes for children and families. UNICEF also promotes the five-step approach of UNDAF (2008; 2009) to capacity development: engage, assess, respond, implement and evaluate. For the past few years, the ECD Unit has encouraged regions and countries to use it to guide ECD capacity-building strategies.

Capacity-building efforts are targeted at both duty bearers and rights holders, including UNICEF's own staff. Capacity building at the CO, RO and HQ levels is a primary method by which UNICEF promotes and supports the improvement in ECD policies and outcomes in the countries with which it has a programme of cooperation. The evaluation assesses country, regional and global efforts against the strategies/activities, outputs and targeted outcomes in the country and global logical frameworks. Institutions, policymakers, service providers and caregivers of young children must have the knowledge, skills and abilities required to foster children's holistic development. The four case study country and global logical frameworks (Appendix D) depict the expectation that improvements in ECD outcomes for children will be achieved through building the capacity of those directly and indirectly involved in developing ECD policies and coordinating structures, delivering ECD interventions and raising children.

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<sup>22</sup> This chapter presents the capacity building findings in detail whereas the other chapters highlight only the findings relevant to the specific chapter topic.

As described in UNICEF's proposal to the GoN (UNICEF ECD Unit 2008) and in strategic documents and work plans developed from 2008 through 2010 by the UNICEF HQ's ECD Unit, UNICEF's planned capacity-building strategies/activities target (1) increasing the utility of existing resources and approaches to building capacity; (2) developing new interventions and resources; and (3) promoting the five-step approach of UNDAF (2008; 2009) to capacity development.

## **B. Effectiveness**

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

### **1. Adopting a Systematic Capacity-Building Approach**

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

#### **Country-level achievements and gaps**

Countries that received funding from the UNICEF-GoN programme used some of the UNDAF steps in the capacity development process to guide their ECD work, most often some level of engagement and assessment, a response and implementation of a training event or development and dissemination of ECD materials. Within these steps, the evaluation team did not find evidence that data exist to assess the quality and depth of the assessments, the fit of the response to identified needs or the quality of implementation. Information about the progress toward outcomes associated with these activities comes from self-reported data or from anecdotes from the case studies rather than formal evaluations of these investments. This reflects a gap in the approaches UNICEF, the 10 countries and partners use to deploy and assess the impact of these investments. The evaluation did not find evidence that UNICEF required ROs and COs that received GoN funding to provide data and documentation of the process used to deploy resources that allows for assessment of the quality of these activities, behavior change and learning and their association with targeted outcomes.

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

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

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<sup>23</sup> The evaluation assessed reported change over time in some areas where the baseline status was available.

set on gathering and using data, but the evaluation found that limited staff capacity in these areas also contributed to these gaps.

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

Overall in the case study countries, attention and capacity development resources are more targeted to and taken up by national duty bearers and local service providers than subnational duty bearers (government officials and community representatives). Although the four country case study COs provide technical expertise and other supports at the national and subnational levels, these efforts did not seem well-aligned and coordinated with investments by UNICEF and others at the local service delivery level. NGOs and CBOs often conduct local training for direct service providers, but in many cases there is little capacity for sustaining high-quality service delivery because of limited capacity among mid-level professionals to supervise service providers and help meet their adult learning and development needs.

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

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

By design, ROs are more closely engaged with the countries in their regions than is HQ. This engagement and the personal relationships and communication among staff facilitate RO ability to document capacity building and other needs. ROs do this in a variety of ways, from reviewing national data and visiting countries to learn about national and subnational needs, to asking COs to identify their needs and interests in capacity-building topics and activities RO staff have identified as potential needs.

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

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

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

### **Country-level achievements and gaps**

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

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

Although respondents generally reported that the materials developed by UNICEF and its partners are useful, rigorous evidence from tests of the effectiveness of the materials in changing behavior and supporting the quality of training for service providers and parents and engaging children is scant because different types and configurations of use of materials have not been evaluated. UNICEF staff and other evaluation respondents highlighted Care for Child Development as an exception given the pilot and ongoing research focused on understanding both its impacts and implementation (Chopra and Lucas 2001; Engle 2010; Ertem et al. 2006; Yousafzai 2010). Chapter V provides additional information about UNICEF's ongoing investment in disseminating and studying Care for Child Development.

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

Regional ECD focal points, CO staff, government officials and UNICEF's global partners cited UNICEF's work developing and disseminating the ECD Resource Pack ([http://www.unicef.org/earlychildhood/index\\_42890.html](http://www.unicef.org/earlychildhood/index_42890.html)) accessed December 13, 2010), the Care for Child Development module, the ELDS training and resource materials and the ECD in Emergencies materials as advances in global-, regional- and country-level capacity development. UNICEF and its partners used the ECD Resource Pack in creative ways that contributed to capacity enhancement at the regional, national and subnational levels. Its five modules contain in-depth background documents, slides to use when training

others and a facilitator's guide on each of 56 different topical sessions that can be used to raise awareness or provide extensive training depending on what is needed by the targeted audience. With funds from the UNICEF-GoN programme, substantial progress was made in adapting, translating and using the ECD Resource Pack to train a wide range of duty bearers and rights holders. Two regional offices, WCARO and TACRO, reported investing in adapting and translating it to meet regional needs.

UNICEF ROs and COs reported using the ECD Resource Pack in different ways, from training country counterparts on modules relevant to the specific issues they are facing (for example, service quality) to putting on workshops for more than 140 ministry representatives, NGOs, ECD practitioners, university lecturers and UNICEF staff. The Resource Pack is available for free on UNICEF's website, which increases the potential for others around the world to use it. The extent to which it is promoted broadly by UNICEF, the timing of refreshment of content, plans to make the translations publicly available and the impact on policies and services for families and children are unknown. Given the needs and gaps identified in Chapter III, Module 5 (on ECD policy development, advocacy and costing approaches) is a strong candidate for updating. For example, Session 5.12, "Costs and Financing of Early Childhood Programmes" could be updated with the latest methods and examples of recent cost analyses and policy costing projects. A new session on how to go from policy development to creating a national plan of action and getting to high-quality services for children and families is warranted or existing material included in other sessions could be repackaged to meet that need. Sessions in Module 4 on evaluation and use of data could also be augmented to meet needs in these areas and support a more systematic approach to evaluation planning and development of the ECD evidence base.

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

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

During the 2008-2010 UNICEF-GoN funding period, policymakers, programme operators and opinion leaders at all levels participated in training events, conferences and coursework focused on increasing their ECD capacity. In addition, COs invested a large proportion of their UNICEF-GoN funds in fully or partially supporting ECD training for service providers and parents. Of course, not all of the 10 countries reported efforts made by all these types of individuals nor did they use all of these types of strategies/activities.

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

#### **Country-level achievements and gaps**

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

**Training of national, subnational or local policymakers, programme operators and opinion leaders.** Efforts highlighted by evaluation participants as important contributors to capacity development at the national level included support from UNICEF for (1) the ECD focal persons and key leaders in national ministries (for example, from Tanzania and Malawi) to attend the ECD Virtual University (ECDVU) and professional conferences (Exhibit IV.1 assesses Tanzania's experience with ECDVU) and (2) ELDS training and national level conferences (these findings are supported by data from the case studies, document review and executive interviews with UNICEF RO and HQ staff). Interview respondents noted that these efforts often featured a cohort approach, where national leaders attended together and the time and space were provided for relationship building, shared learning and joint planning. In addition, government counterparts and NGO partners acknowledged the sustained



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

During the 2008-2010 funding period, UNICEF, in collaboration with the Government of Tanzania and other donors, supported the attendance of a group of 11 officials from Tanzania in ECDVU for one year.<sup>a</sup> The ECDVU is a long-distance learning programme sponsored by the University of Victoria, Canada, which aims to increase capacity in ECD leadership. Participants complete coursework in: ECD concepts and the development of ECD as a field of policy and programming, models and strategies for ECD programme development, research and evaluation of ECD services, quality assurance and other topics. During site visit interviews in Tanzania, these individuals reported feeling much more confident and capable of leading ECD policy discussions, advocating for adoption of their integrated ECD approach and guiding programming decisions.

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

Participants reported that this experience helped the group to create shared expertise in ECD, a common understanding of the importance of ECD and strong working relationships across sectors that supported the development of the draft IECD policy (described in Chapter III). These national decision makers reported increased ability to implement and support ECD.

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

contributions of UNICEF's ECD CO focal points and specialists to enhancements in their capacity development. Evaluation respondents reported that UNICEF's capacity-building efforts focusing on national stakeholders seem to have a positive impact on ECD buy-in, collaboration and intersectoral policy development.

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

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

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

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

CO responses varied by country income category, with COs in low-income rather than lower-middle- and upper-middle-income countries citing the need for training in improvement in ECD quality, implementation of existing policies, training of service providers and development of ECD materials. Fewer COs in low-income than the other countries reported the need for additional training in the areas of improvement in access, costing and financing and development of national ECD policies. This is likely to reflect differences in the stage of programme development and implementation by country income, with lower-income countries focused more on service delivery and materials.

**Table IV.1. UNICEF Country Office-Reported Country Counterpart Capacity-Building Needs, by Country Income Category**

	Total	Low-Income <sup>a</sup>	Lower-Middle Income <sup>a</sup>	Upper-Middle Income <sup>a</sup>
UNICEF Country Counterparts Would Benefit from Additional Training or Guidance in <sup>b</sup> :				
Improvement of ECD access/gender equity/reaching marginalized and disadvantaged children	93.3	89.3	95.7	95.8
Costing and finance	85.3	78.6	87.0	91.7
Improvement of ECD quality	72.0	78.6	73.9	62.5
Development of national ECD policies	58.7	50.0	69.6	58.3
Implementation of existing ECD policies	57.3	71.4	56.5	41.7
Training of ECD service providers	57.3	64.3	56.5	50.0
Development of ECD materials	42.7	60.7	30.4	33.3
Other	4.0	3.6	8.7	0.0
<b>Sample Size</b>	<b>74-75</b>	<b>28</b>	<b>22-23</b>	<b>24</b>

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

Note: Because of rounding, categories do not always sum to 100.

<sup>a</sup> Income categories are based on the classifications of the World Bank (2010), which uses 2008 per capita Gross National Income: low-income <\$975; lower-middle income \$976-\$3,855; upper-middle income \$3,866-\$11,905; Oman was placed in the upper-middle category though its income is higher than the cutoff.

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

**Training of service providers and parents.** The 10 countries in the evaluation dedicated a substantial proportion of their UNICEF-GoN funding to increasing the capacity of the important adults in young children's lives, including service providers and parents, and these activities addressed many topics relevant to improving children's health and well-being and increasing awareness of ECD issues. Capacity-building training topics focused on service providers covered a range of areas, from training on the benefits of ECD in DRC that reached 5,600<sup>24</sup> community members responsible for conducting parent

<sup>24</sup> It is important to note that for the countries that did not receive site visits, the evaluation team does not have data to provide a broader context for the information provided in country documents. For example, HQ's reporting requirements on use of the GoN funding did not include the denominator or coverage of the training. The information is provided here to provide some data on capacity building outputs.

education, to training in Mongolia that reached 1,500 teachers on planning and delivering ECD services. Table IV.2 presents examples of the topics of service provider and training of trainers events countries reported in their annual UNICEF-GoN reports (information from the four country case studies is also included). Service provider training could be categorized into a few topic areas ranging from general overviews of ECD issues to specific training on a curriculum or integration of ECD initiatives into health or other sector activities. For parents, many countries reported using parenting education interventions (home- or community-based programmes), integration of ECD messages into health interventions (like C-IMCI) and ECD awareness campaigns to reach expectant parents and parents of infants and toddlers in particular. Other countries (for example, Nepal and Mongolia) used radio and other media campaigns to raise parent awareness of preprimary services.

Based on the four country case studies,<sup>25</sup> the evaluation team found that service providers and parents demonstrated skills and knowledge that support children's development in some areas but not in others. Overall, the observed interactions and the reported approaches to working with children and families were mixed, with some quite positive (for example, teachers or community volunteers that actively engaged children and demonstrated a good understanding of developmental issues) and others less positive (for example, environments that were not conducive to learning and use of techniques that were harsh or not age-appropriate).

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

Other case study informants confirmed the perception of service providers and parents that some progress has been made, particularly in the area of awareness of the need for children to attend primary school and in parent understanding of how important preprimary experiences are, but that there is still room for improvement. For example, parents that participated in focus groups in Cambodia reported that in group meetings they learned about the importance of hygiene, encouraging their children to learn and the importance of sending children to school. As described below, the intensity and quality of the services offered as well as what was taken up by parents are factors in whether adults will change their behavior with children.

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

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<sup>25</sup> Data sources included focus group discussions with both service providers and parents, interviews with government and UNICEF staff, as well observations of interventions in the field.

**Table IV.2. Examples of Service Provider and Parent Training and Education Topics**

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

Source: 2008 and 2009 UNICEF-GoN programme annual country reports; UNICEF's 2008 and 2009 annual reports to the GoN, Country Case Studies.

C-IMCI = Community-Integrated Management of Childhood Illnesses; IMCI = Integrated Management of Childhood Illnesses; KG = kindergarten; NA = not available (details not included in annual reports).

Across the four case study countries, little is tracked about the need for and coverage of the training events focused on direct service providers and parents, particularly for services that are not delivered in a preprimary classroom or group care setting. Data for all of the primary service delivery systems were not available about the proportion of the targeted population that received the training or the proportion of those who were eligible and should have received it that actually participated. In addition, data systems are lacking that would allow countries to link investments in training to changes in quality of the home environment or the quality of services provided to children (for example, preschool or community-based child care). For example, in the four case study countries, data systems do not exist to track parent/caregiver participation in interventions designed to build their capacity, or if they do exist, participants are not tracked over time to document how many training modules a parent was exposed to or the number of home visits or community meetings attended. For example, in Cambodia, coverage data related to C-IMCI modules track the number of villages in which a module was delivered, rather than the number or identity of parents who have attended the presentation of a given module. Evaluation respondents also had concerns about the quality of the existing attendance data.

Nepal's tracking of enrollment data for its parent orientation services provides one example of service coverage for parent training. Nepal's goal in the area of parent training was that by the end of 2010, they would provide parenting orientation sessions (a series of 45 2-hour sessions) to 80 percent of parents of young children in the most marginalized communities in 15 districts (out of 75 total). By the end of 2009, 49 percent of parents in the most disadvantaged communities had received parenting orientation, compared with 39 percent in the previous year. Evaluation respondents reported that the availability of parenting orientation classes in the 15 districts was not sufficient to reach 80 percent of parents. In addition, community outreach efforts were not as intensive as needed to attract parents.

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

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

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

## Global/regional-level achievements and gaps

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

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

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

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

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

Executive interview respondents reported that UNICEF's investments in global and regional ECD networks extended UNICEF's reach, increased UNICEF's pool of expertise and built national and regional capacity for ECD initiatives. By supporting global and regional networks such as the Consultative Group on Early Childhood Care and Development (the CG), the Association for the Development of Education in

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<sup>26</sup> Some might argue that this could dilute the intensity of the training experience for the countries participating because more countries participating might mean less attention is focused on the countries that are the primary targets. Executive interviews and case study respondents did not raise this as an issue, rather most viewed inclusion of other countries as a benefit. This question could be empirically tested to determine which approach most efficiently leads to targeted outcomes.

Africa (ADEA) and the Asia-Pacific Regional Network for Early Childhood (ARNEC), UNICEF builds capacity while tapping existing capacity and expertise. Evaluation respondents often highlighted ARNEC as a good example of how UNICEF can work with partners to build capacity across a region and within individual countries at the same time. The strategies EAPRO used included supporting the network's startup and helping transition control and ownership to its member nations and constituents (Exhibit IV.2). As of fall 2010, evaluation was the only component of a systematic approach to capacity building that UNICEF had not conducted related to ARNEC.

#### **Exhibit IV.2. UNICEF's Investment in ARNEC: Development of a Thriving Regional ECD Network**

Launched in February 2008, ARNEC provides an example of a strong, synergistic regional ECD strategy/activity as well as use of a systematic approach to capacity building. ARNEC's roots go back to ideas developed in 2006 and propelled forward during a 2007 meeting of representatives from nine countries (China, Indonesia, Lao People's Democratic Republic, Nepal, Malaysia, Mongolia, Pakistan, Philippines and Singapore) and supported by three original donors (EAPRO, Plan International's Regional Office for Asia and UNESCO's Asia Pacific Regional Bureau for Education).

The guiding vision for the network is of a multi-disciplinary professional ECD organization focused on sharing knowledge about country-level experiences in ECD for the good of all 47 countries in the region. UNICEF EAPRO worked with interested countries and donors to engage others in the network, assess the needs of the region and the network and develop the response. UNICEF played a key role in ARNEC's development and implementation and the network was housed at EAPRO until February 2010 when the Secretariat moved to the SEED Institute in Singapore. Creating capacity-building opportunities is one of the four components of ARNEC's mission and evaluation respondents reported that the development of the network itself and movement to a rotating Secretariat built capacity within the region.

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

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

## **4. Building ECD Capacity Within UNICEF**

At all three levels (CO, RO and HQ), evaluation respondents from inside and from outside UNICEF identified ECD awareness-raising, increasing the number of staff focused on ECD and improvement in specific technical areas as priority activities targeted to fulfilling UNICEF's role in cooperation with the countries it works with and in regard to achieving MTSP and other UNICEF targets and goals. Findings about UNICEF's internal use of the UNDAF processes are similar to its external use—missing or partially completed steps tend to be in the area of engagement, assessment and evaluation. For most activities these steps are not explicitly stated in documents describing the activities.

### **Country-level achievements and gaps**

Overall, UNICEF CO staff reported that capacity for ECD policy development and provision of ECD expertise has increased and staff are working with country-level counterparts in achieving many of their capacity-building objectives. All 8 of the 10 UNICEF-GoN-funded countries that responded to the survey and 81 percent of all the 75 countries responding reported that over the past four years, UNICEF CO staff have improved in their ability to communicate what ECD is and what needs to be done to meet country policy and programme goals (Table IV.3). Most COs reported success in ensuring that trainings for a wide

range of stakeholders were held, even though they had less success in instituting capacity development plans, an explicit goal of the UNICEF-GoN investment. Case study respondents indicated that overall CO ECD capacity is adequate with ECD focal points and specialists knowledgeable about ECD policies and interventions and generally able to access or contract for additional expertise as needed.

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

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

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

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

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

Although CO staff viewed ROs as providing important resources and being available for answering technical questions, the expectations about what types of capacity building ROs should be providing to COs were not always clear to respondents at the CO level. Some CO staff members described their interactions with the RO and the ECD focal point as minimal, with many of the interactions being brief and usually by email. Outside of the regional trainings provided to some countries, evaluation respondents reported that the RO ECD focal point's role was not well defined and varied widely across regions in the quality and usefulness of interactions between the ROs and COs. In line with this, 47 percent of the 75 internet survey CO respondents rated the technical support provided by the RO as less than adequate (Table IV.1).



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

	Total	Low-Income <sup>a</sup>	Lower-Middle Income <sup>a</sup>	Upper-Middle Income <sup>a</sup>
The Ability of UNICEF CO Staff to Articulate What ECD Is and What Needs to Be Done to Meet Country Policy and Programme Goals Has Increased Over the Last Four Years:				
Strongly agree	30.7	21.4	43.5	29.2
Agree	50.7	57.1	43.5	50.0
Disagree	17.3	17.9	13.0	20.8
Strongly disagree	1.3	3.6	0.0	0.0
UNICEF Country Office Staff Would Benefit from Additional Training or Guidance in <sup>b</sup> :				
Costing and financing	77.0	75.0	86.4	70.8
Targeting	67.6	67.9	77.3	58.3
Policy analysis/advocacy	66.2	57.1	68.2	75.0
Planning, evaluation and monitoring	58.1	57.1	59.1	58.3
Technical knowledge on ECD programming	21.6	14.3	27.3	25.0
Technical Support from the Regional Office Is:				
Adequate	53.3	46.4	56.5	58.3
Somewhat adequate	32.0	35.7	26.1	33.3
Not adequate	14.7	17.9	17.4	8.3
<b>Sample Size</b>	<b>74-75</b>	<b>28</b>	<b>22-23</b>	<b>24</b>

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

Note: Because of rounding, categories do not always sum to 100.

<sup>a</sup> Income categories are based on the classifications of the World Bank (2010), which uses 2008 per capita Gross National Income: low-income <\$975; lower-middle income \$976-\$3,855; upper-middle income \$3,866-\$11,905; Oman was placed in the upper-middle category though its income is higher than the cutoff.

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

## C. Relevance and Appropriateness

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

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

Systems are needed for documenting needs, developing resources and training and evaluating the outcomes of those activities on service quality and on outcomes for service providers, children and families. Reports from evaluation participants indicated that global and regional investments in capacity building did support progress toward targeted ECD outputs, but because of lack of data, findings related to assessing targeted outcomes on quality of services and child and family outcomes are inconclusive. Country-level logical frameworks and activities focused on responding to perceived needs and

implementation—the actual development of materials and provision of training to targeted audiences. At the CO level, there was also little evidence that a systematic ECD capacity development approach was in place.

## **D. Sustainability**

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

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

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

Effective ECD capacity-building approaches incorporate learning resources and materials that are up-to-date and are informed by evidence. Such investments are not inherently sustainable because the information and materials require updating, optimally every 3 to 5 years. If older, "obsolete" materials continue to be used for training and technical assistance, efficiency may be compromised because the information may be incorrect or less effective in improving targeted outcomes.

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

## E. Role of the UNICEF-GoN Funding

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

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

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

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

### 1. Conclusions

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

***UNICEF and country partners' advocacy for and investments in building capacity among national and subnational leaders contribute to policy and programme development.*** Participation in ECDVU and ECD conferences are ways to provide policy and programme leaders the information they want and need about ECD issues. These experiences seemed to deepen leaders' commitment to making the case for investing in ECD. National, subnational and local coordination of capacity-building efforts is needed. Additional training and guidance is key areas, ranging from increasing access and ensuring that high-quality services are available for all families and children (particularly the marginalized and disadvantaged).

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

***Frequent turnover of staff and community volunteers who provide ECD services creates challenges for capacity building.*** For example, substantial resources have been invested in training

community volunteers who deliver ICMI to integrate ECD messages into their work with parents. However, frequent turnover of volunteers means that unless regular training is offered for new volunteers, provision of ECD messages will be inconsistent.

***Parent/caregiver exposure to ECD interventions/messages is uncertain because of minimal data, but most interventions are of too low an intensity to support lasting impacts on parent behavior.***

Research evidence increasingly demonstrates that brief interventions (for example, one-time workshops) are not sufficient to change adult behavior with children (Winton 2008; Winton and McCollum 2008). The evaluation found little evidence that evidence-based adult learning approaches are being used as part of existing ECD capacity-building activities.

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

## **2. Lesson Learned**

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

## **3. The Way Forward**

The gap between how capacity-building efforts are conducted on the ground and the steps outlined in the UNDAP capacity development approach persists despite a long-standing recognition with UNICEF that the gap exists. To get beyond general agreement with the principles of systematic assessment of needs, development of an appropriate response, implementation and evaluation of the targeted outcomes and move to real systems change requires a more structured effort and coordinated commitment to evidence-based decision making and resource allocation. By applying and customizing the UNDAP capacity development approach to ECD and developing guidance for using it, UNICEF HQ could provide tools for ROs and COs that help formulate, implement and assess their capacity-building investments. However, simply making such a resource available (perhaps as part of the ECD Resource Pack) and providing guidance is unlikely to be sufficient. Formal training and technical assistance on ECD-specific examples and tools for conducting regional, national, subnational and community needs assessments, formulating a response and evaluating it are needed. Developing and using approaches that are more systematic, evidence-based and that feed data back into the process have the potential for improving the cost effectiveness and outcomes of capacity-building investments.

By translating existing materials, such as the ECD Resource Pack or adapting them to be culturally appropriate and relevant in different regions and countries, UNICEF extends the influence of these capacity development resources. As demonstrated by the evaluation, this is a clear priority in some regions and countries. By continuing to make relatively small investments in updating, adapting and translating these resources, the ECD Unit and HQ can ensure that ECD capacity-building activities at all levels are informed by evidence and are accessible to all potential audiences.



## V. GENERATING AND DISSEMINATING KNOWLEDGE FOR ECD

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

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

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

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

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

UNICEF's knowledge generation and dissemination activities have emphasized enhancing partner countries' ability to monitor child development and family care and to inform decisions on ECD investments and policies. The MTSP establishes organizational targets related to knowledge generation and dissemination, particularly under FA5: Policy Advocacy and Partnerships for Children's Rights. ECD-related knowledge development is specifically cited in targets related to development and implementation of national standards to monitor school readiness in ECD programmes. More generally, the MTSP calls for support for the collection and disaggregation of data related to the situation of women and children and for conducting, with partners, research and analysis on the consequences of policies that affect women and children. The recently developed matrix of MTSP results areas and ECD interventions (UNICEF ECD Unit 2011, Appendix I) addresses many key knowledge generation and dissemination strategies/activities UNICEF has been using and plans to continue or focus on in the future. These include using data and evaluation findings to inform approaches to promoting children's holistic development, well-being, home and policy environment. Other activities UNICEF included in the matrix are: monitoring coverage of ECD services, especially for the marginalized and disadvantaged; supporting the ECD module in the MICS and other surveys; contributing to the evidence base; providing evidence, research and analysis at the national and global levels; analyzing risks and impacts of changing family

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<sup>27</sup> The three main chapters on UNICEF strategies and activities (III, IV and V) and the cross-cutting chapter (VII) present findings about UNICEF staff skills and capacities. Chapter IV presents the capacity building findings in detail whereas the other chapters highlight the findings relevant to the specific strategic activity addressed in the chapter.

and global contexts on children; and advocating for promotion and monitoring of children's rights and changes in ECD investments (UNICEF ECD Unit 2011).

## **B. Effectiveness**

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

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

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

#### **Country-level achievements and gaps**

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

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

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

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<sup>28</sup> This is based on the internet survey completed by 8 of the 10 COs.

<sup>29</sup> Four of those six countries also conduct the DHS.

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

The global findings about definition of core indicators are similar to those from the 10 countries. Among the 75 COs responding to the internet survey, one-third (32 percent) reported that core indicators had been defined and agreed upon in their countries (Table V.1). Consistent with the analysis of the data from the 10 countries, for the 32 percent reporting indicators are defined, the top indicators identified by the COs included enrollment or number of facilities serving children (58 percent), child health indicators (33 percent) and child mortality (29 percent). Agreement across data sources is high and reflects the absence of a unifying set of indicators to assess psychosocial and cognitive development. Also missing are measures of service quality, the service providers and other indicators such as fiscal allocations to ECD services.

**Table V.1. UNICEF Country Office-Reported Countries with Core ECD Indicators Defined**

	Percentage	Sample Size
Core ECD Indicators Are Defined and Agreed Upon for Use by Key Stakeholders:		75
Yes	32.0	
No	68.0	
Core Indicators Included in National Data System Are <sup>a</sup> :		24
Enrollment/number of facilities	58.3	
Child health indicators (e.g., stunting)	33.3	
Child mortality	29.2	
Other	16.7	

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

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

<sup>a</sup>For respondents who have defined and agreed upon core indicators.

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



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

**Table V.2. UNICEF Country Office-Reported Disaggregation of Available ECD Data**

Available Data on ECD Indicators Disaggregated by <sup>a,b</sup> :	Percentage
Gender	72.0
Wealth/income	26.7
Geography	16.0
Age	8.0
Health status	5.3
Other demographic characteristics (e.g., ethnicity)	9.3
Other/Not specified	5.3
<b>Sample Size</b>	<b>75</b>

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

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

<sup>a</sup>Respondents could indicate more than one option.

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

As described above, all of the countries funded by the UNICEF-GoN programme use existing national indicator data to advocate for ECD policies and investments in interventions for children and families. In most countries this information is based on enrollment in ECD services and proxies for ECD outcomes such as stunting or other health indicators. Although several of the 10 countries have defined core ECD indicators, important gaps remain in the use of these data to guide ECD policies, systems and services. Of the four case study countries, Ghana has made the most progress in establishing systems for gathering national and local data on pre-primary education and using the information for planning. Since the late 1980s, Ghana’s Ministry of Education has collected EMIS data, providing longitudinal information on enrollment at all levels of the basic education system, including KG. The range of data elements collected currently also addresses such areas as teachers formally trained, presence of drinking water and toilets in schools, pupil-teacher ratios and availability of textbooks and classroom furniture. Plans exist to enhance data collected on KGs to reflect additional areas of interest, such as the type of play equipment available and whether teachers have received training in early education. The current data guides efforts related to targeting services and improving quality by reducing pupil-teacher ratios. The plans above for kindergarten assessments of child outcomes will add to the existing system if funds are made available to train teachers. Ghana also provides an example of limitations regarding lack of disaggregation. Current EMIS data provide limited information regarding KG enrollment among disadvantaged groups, such as OVC. Case study respondents highlighted the regular dissemination of the existing data on preprimary enrollment and other indicators as part of national, subnational and local advocacy efforts. They anticipate that additional data on psychosocial and cognitive indicators will be more powerful and provide additional momentum to policy and intervention development and implementation efforts.

Findings from the internet survey and the executive interviews corroborate the 10 country case study results. The majority of countries responding to the internet survey (78 percent) reported that existing data are not sufficient for planning and monitoring ECD progress. Executive interview respondents observed that data and evidence are needed to support policy advocacy and without strong, unique

indicators, ECD is at a disadvantage in comparison to other areas that have fewer measurement challenges. A number of evaluation respondents observed that the development and use of ECD indicators at all levels are needed and that although some countries have made progress during the UNICEF-GoN funding period in developing child outcome indicators aligned with their ELDS, more is needed to ensure those systems are sufficiently funded and that the data feed back into ECD quality improvement efforts.

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

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

Executive interview respondents reported that the idea of an ECD module in the MICS was a topic of discussion within UNICEF as early as 2004. As a result of collaboration among the UNICEF MICS team, the ECD Unit and expert consultants, the module was piloted in the MICS3 and revised for the MICS4. The module includes 17 questions, including the 10-item ECD Index, which is intended to present the percentage of children ages 36 to 59 months who are on track in at least three out of four developmental domains: literacy and numeracy, physical development, socio-emotional development and learning development.<sup>30</sup> The majority of the more than 40 countries planning to conduct the MICS4 (from 2009 to 2011) will incorporate the ECD module. Executive interview respondents highlighted the persistence of the ECD Unit in pursuing and supporting implementation of the ECD module. ECD Unit staff attended regional trainings on the MICS3 and MICS4 to support countries as they planned for data collection. As discussed above, 6 of the 10 countries receiving UNICEF-GoN funding plan to conduct the MICS4, including the ECD module.

**Knowledge use and dissemination.** The evaluation's analysis of UNICEF's leadership of the MICS ECD module development effort provides findings in the overlapping areas of knowledge management, use and dissemination. UNICEF's ECD Unit has already used its staff to support the management and use of the MICS3 indicators of young child survival, health and development (including the pilot ECD module). An initial analysis was undertaken when 28 countries had completed the MICS3, and a second has been conducted with data from 40 countries. The ECD Unit is currently conducting analyses focused on home environments, feeding, discipline and support for learning. The development of summary indicators and the linking of those data to other existing MICS and related country, regional and global data provides a strong support for data management and access for UNICEF staff and other users. The research team presented preliminary findings at the ECD Global Network meeting in October 2010. These and other analyses of the MICS3 data conducted by ECD Unit staff and consultants have informed UNICEF's organizational planning and priorities. With the rollout of the MICS4 ECD module, the need for technical assistance in analyzing data at the country and regional levels and using it for policy and programme development is high. To address this need, UNICEF has contracted to provide guidance on the analysis and application of results from the new ECD module. Executive interview respondents also indicated that findings about the robustness of the ECD module items and scales will inform any needed modifications to them for future survey rounds. An important next step will be to document and share lessons regarding collection and analysis of MICS3 and MICS4 ECD data to a wider audience. In particular, there is a need for country-specific reports and advocacy tools to inform policymakers and help address existing gaps in country-level ECD indicators.

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<sup>30</sup> A focus on infants and toddler development has been discussed but is not currently included.

## 2. Creating and Implementing ELDS

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

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

### Country-level achievements and gaps

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

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

### Global/regional-level achievements and gaps

**Knowledge use and dissemination.** Global-level investments have supported development of ELDS by monitoring countries' progress and providing resources for technical assistance. The ECD Unit and Education section's 2008-2009 work plan specified a key result of increasing the number of countries that have adopted ELDS to 20, creating a clear target for work in this area. By 2008, about 40 countries had begun the process of developing ELDS with UNICEF support (Miyahara and Meyers 2008) and as of 2011, approximately the same number were in place or in various stages of development.<sup>31</sup> UNICEF HQ has supported technical assistance on developing ELDS primarily through the "Going Global with Early Learning and Development Standards" initiative conducted in partnership with Yale University and Columbia University (Britto and Kagan 2010; Kagan and Britto 2005).

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

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<sup>31</sup> Pia Rebello Britto, personal communication, May 10, 2011.

### 3. Evaluating ECD Interventions and Calculating Their Costs

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

#### Country-level achievements and gaps

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

However, evaluations conducted to date at the country level have not generated conclusive evidence regarding the effectiveness of ECD interventions supported by UNICEF and its partners. None of the countries receiving UNICEF-GoN funding have conducted experimental-design evaluations of ECD interventions. Opportunities for more rigorous research on effectiveness exist, particularly in countries where access to ECD services is limited (and where a control group could be established through random assignment).

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

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

**Exhibit V.1. Nepal's ECD Costing Study: Generating Knowledge and Designing Tools to Support Decision Making**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Global/regional-level achievements and gaps

**Knowledge generation.** Global and regional level programming has supported several studies and one evaluation related to ECD since UNICEF-GoN funding became available. Evaluation respondents reported that some of the ROs have generated more products than others with CEE/CIS and EAPRO identified as examples of supporting studies and research syntheses to help guide ECD activities in the region. Recent RO-sponsored studies have addressed topics including the integration of early childhood development into immunization campaigns in Central Asia (supported by CEE/CIS), the results of an ECD training initiative in Botswana (supported by ESARO) and others. HQ and ROs have collaboratively funded a number of cost and financing studies. The HQ ECD Unit has contributed funding to a rigorous evaluation of the effects of the Care for Child Development package as implemented in Pakistan (see Exhibit V.3), although the results of this evaluation have not yet been widely disseminated (Yousafzai 2010). In addition, a review of studies of parenting programmes was planned to support the development of technical guidance on the delivery of these programmes, according to ECD Unit documents.

### **Exhibit V.3. Pakistan Early Development Scale Up (PEDS) Trial: Generating Knowledge by Using Rigorous Evaluation Methods**

UNICEF, in collaboration with other funders, is sponsoring one of the most rigorous experimental evaluations of variations on a specific approach to providing services for infants and toddlers. The PEDS trial is a randomized controlled trial (RCT) designed to assess the impacts of the Care for Child Development module (WHO 2001) and a nutrition enhancement delivered by Lady Health Workers (LHW) in Pakistan on a range of child development and growth outcomes.

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

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

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

Source: Yousafzai 2010.

UNICEF HQ and ROs have a history of funding a variety of ECD research that generally has not produced evidence of the effectiveness of specific interventions. The PEDS trial and a few other ongoing and new studies are exceptions and signal a growing trend toward sponsoring rigorous research that assessed ECD intervention outcomes. Evaluation respondents identified a number of reasons for this gap in the rigor of knowledge generation activities, including an emphasis on studies of strategies rather than interventions; the relatively short time horizon for evaluation planning and execution; concerns about the cost of large-scale research and evaluation efforts; limited coordination around research agendas at the HQ, RO and CO levels; and limited capacity within UNICEF in the areas of ECD evaluation design and oversight. As is the case at the country level, experimental-design studies on ECD initiatives appear to be rarely supported at the global and regional levels, based on information in HQ and RO reports. Research currently supported provides useful information on the status of children and programme implementation experiences, but, as is the case at the country level, it does not employ methods that provide clear evidence regarding the effectiveness of interventions. Monitoring and evaluation planning cycles tend to focus on the near term, which makes it difficult to achieve a deliberate medium- to long-term commitment to formative and summative evaluations or to longitudinal studies.

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

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

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

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

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

**Knowledge generation, use and dissemination.** Analyses across data sources indicate that ECD knowledge and capacity to use data for planning and managing ECD within UNICEF has increased in recent years, although expertise may remain concentrated among a relatively small cohort of staff. All but one of the COs that received UNICEF-GoN programme funding agreed or strongly agreed that CO capacity to use data has increased significantly over the past four years. In addition, interviews with UNICEF staff during case study visits suggest that at least some staff members had achieved a high level of knowledge of ECD issues and familiarity with key strategies and challenges in ECD programming. Country counterparts reported in many instances that UNICEF was a leader on ECD issues and that they appreciated staff expertise in this area.

It was not evident in the four COs visited, however, that familiarity with ECD issues was spread widely among UNICEF staff; more often, staff members appeared to rely on the expertise of the ECD focal point. The CO leaders and staff tended to be more knowledgeable about ECD-related indicators and statistics that are visible to the public and can be used to further advocacy efforts. Most of the education sector staff focused more on the programming and operational aspects of ECD, particularly preprimary, classroom-based interventions. The ECD focal point is relied upon as a central information resource on all things ECD-related.

As described above, the ability to identify the need for knowledge and how to fill that need is critical at all levels within UNICEF. Staff regularly use data and findings from research to advocate for ECD. As reported by evaluation respondents, there is a gap in the area of knowledge generation related to



technical skills and staff resources. Globally, four out of five CO respondents agreed or strongly agreed that CO capacity to use data has increased significantly over the past four years (Appendix Table I.5). Despite this reported improvement, UNICEF staff often lack the skills required to ensure that monitoring, evaluation and other research activities meet the highest standards and are appropriately designed to address key research questions. Given that 72 percent of COs responding to the internet survey identified strengthening the evidence/research base as a primary strategy to promote ECD (Appendix Table I.2), and 58 percent identified planning, evaluation and monitoring as areas staff would benefit from additional training about, these skills are central to the role staff expect to play (Table IV.3).

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

## **C. Relevance and Appropriateness**

In general, strategies and activities to promote knowledge generation appear well aligned with expected outcomes in the areas of development of monitoring indicators at the global level and creation of ELDS at the country level. In these areas, activities at the country and global levels have produced outputs that are likely to improve monitoring of child development and family practices at the national and international level. With respect to goals specified in the MTSP, ECD activities focused on ELDS are highly relevant to development and implementation of national standards for school readiness. The activities also appear to have strengthened networks that will support continued expansion of the knowledge base on ECD.

The appropriateness of current investments are less evident in the areas of evaluating ECD interventions and strengthening ECD knowledge within UNICEF. Activities in these areas have been limited or do not appear to have been conceived to produce expected outcomes. For example, although a variety of ECD-related research has been undertaken in countries that received UNICEF-GoN funding, very little has focused on assessing the effects of ECD interventions, and the research has not employed experimental methods that would produce rigorous evidence about impacts. Similarly, few efforts have been made to document topics that would be most useful to intervention developers and service delivery administrators and staff such as service quality and patterns of ECD service availability and uptake at the family and child levels. In addition, the impact of ELDS at the service delivery and family and child levels and the efficiency of the processes put in place to develop, validate and assess them are unknown.

## **D. Sustainability**

The knowledge generation, use and dissemination activities conducted as part of the UNICEF-GoN programme rely on country counterpart and UNICEF staff time, investments in knowledge sharing and capacity building conducted informally and formally and engagement of expert consultant and research teams. Unlike some aspects of capacity building and mainstreaming, knowledge generation and management is an area that requires ongoing support and attention to guide country and UNICEF investments in ECD. There are few outside funders of this type of basic infrastructure.

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

## E. Role of the UNICEF-GoN Funding

UNICEF-GoN funding facilitated a range of knowledge generation and dissemination activities at the country and global levels. At the country level, funds have been applied to such activities as ELDS development, ECD mapping, costing analyses and other studies. At the global level, UNICEF-GoN funds have provided substantial support for work on ECD indicators by HQ and the development and dissemination of research reports and briefs by ROs. Evidence from the case studies and document review reveals that COs generally allocated smaller amounts of UNICEF-GoN funding to knowledge generation than to activities related to other strategic objectives. Generally, COs allocated the smallest amount of UNICEF-GoN programme resources to this strategy. For example, the four case study countries allocated from 5 to 17 percent of their 2009/2010 budgets to the knowledge generation and dissemination strategy area. ROs tended to allocate a larger proportion of their total budget but there was a wide range across regions. For example, in 2009 EAPRO's expenditures in this area were 1 percent of the total budget and WCARO's were 51 percent. This pattern may reflect generally lower costs for activities supporting knowledge generation compared to those supporting capacity building or mainstreaming, but it also suggests that knowledge generation—and evidence building regarding ECD interventions in particular—was not prioritized in many of the countries studied.

Overall, respondents reported that the investment was critical to progress in supporting costing studies as well as studies that evaluate the impacts of ECD services on child and family outcomes.

## F. Knowledge for ECD: Conclusions, Lessons and the Way Forward

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

### 1. Conclusions

***The efficiency of knowledge generation, use and dissemination at both the global and country levels is diminished by a lack of coordinated, systematic planning and rigorous evaluations.***

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

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

***Countries receiving UNICEF-GoN funding have made progress toward establishing and applying ELDS.*** ELDS have been drafted or finalized in the majority of the 10 countries studied. These standards have the potential to be a vital tool for assessing children's developmental progress, for defining and monitoring quality of ECD services and for improving curricula and training materials used in ECD services, and several countries have used the standards for these purposes. Countries have prioritized completion of ELDS for children ages 4-5 over those for younger children. While the prioritization of

preschool children is understandable as an initial step, countries would benefit from standards for children 0 to 3 in order to underscore the need for interventions that promote holistic ECD from birth.

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

## 2. Lessons

Lessons emerging about ECD knowledge generation include the following:

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

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

## 3. The Way Forward

UNICEF and partner countries' strategies for ECD knowledge generation, use and dissemination have yet to meet needs for: (1) data to fully support planning, including information on the status of the most disadvantaged children; (2) evidence of the effectiveness of various intervention models; (3) management of access to reports, presentations and other products from previous and ongoing evaluation and research efforts; and (4) harmonization across organizational levels in research and dissemination plans.

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

With respect to developing the evidence base on ECD interventions, there is a need to prioritize comprehensive, experimental-design evaluations of the most promising intervention models. Such evaluations could identify intervention features or strategies that are likely to be successfully replicated in various country contexts.

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

Finally, increased synchronization of knowledge generation and knowledge use and dissemination activities across UNICEF's country and global levels is necessary, so that research supported at each

level relates to a common agenda and resources can be pooled as needed. Such cross-level planning might also facilitate the active dissemination of research findings within UNICEF and outside the organization to a range of policy and research audiences.



## **VI. ECD SERVICE COVERAGE, QUALITY/EFFICIENCY, SUSTAINABILITY AND SCALE-UP**

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

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

### **A. Critical Dimensions of ECD Services**

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

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

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

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

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

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

### 1. Service Coverage: Achievements and Gaps

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

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

#### **Exhibit VI.1. Nepal's Investment in ECD Centers Substantially Increased Coverage for Pre-Primary Children over the Past Five Years**

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

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

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

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

### 2. Quality and Efficiency of Services: Achievements and Gaps

Although the four case study countries placed a strong emphasis on increasing service coverage, less emphasis was placed on improving the quality and efficiency of those services. Achievements in this area include the development of operational guidelines and minimum standards for ECD services (for example, in Tanzania). These standards and guidelines can serve as tools for monitoring ECD programmes and improving the quality of services.

**Table VI.1. Achievements and Gaps In Service Coverage, by Case Study Country**

Country	Achievements	Gaps
Cambodia	<p>Net enrollment rates for pre-primary education among children ages 3 to 5 have risen five percentage points between 2006-2007 and 2009-2010. In 2009-2010, enrollment of 3- to 5-year-olds was 20 percent nationwide; enrollment of 5-year-olds was 38 percent.</p> <p>In six UNICEF-supported provinces, coverage for the C-IMCI module on breastfeeding and complementary feeding is 57 percent in health centers and 53 percent of villages as of 2010. The module on sick children has reached 28 percent of health centers and 26 percent of villages.</p> <p>Community-based rehabilitation for children with disabilities has begun.</p>	<p>Net enrollment rates in 2009-2010 fell short of 2010 targets: Only 20 percent of children ages 3 to 5 (rather than 30 percent) and only 38 percent children age 5 (rather than 50 percent).</p> <p>As of August 2010, the C-IMCI module on psychosocial development had not been implemented in any health centers or villages.</p> <p>Government officials reported that coverage of community-based rehabilitation is very limited; data on service coverage were not available.</p>
Ghana	<p>Kindergarten enrollment has risen substantially to 97 percent (GER) in 2009-2010, surpassing Ghana's goal of 70 percent (GER) enrollment by 2010.</p> <p>Data for 2008-2009 indicate that approximately 88 percent of primary schools have kindergartens attached, surpassing Ghana's goal of 70 percent by 2010.</p> <p>WASH efforts in schools continued over the evaluation period. In 9 of Ghana's 10 regions, most kindergartens have access to drinking water.</p>	<p>Kindergarten service coverage is lower in some parts of the country, in Greater Accra and particularly in rural and remote areas in which children travel longer distances to attend school.</p> <p>At least half of kindergartens have access to toilets in only 5 of Ghana's 10 districts.</p>
Nepal	<p>The number of ECD centers has expanded from 5,023 in 2004 to 29,089 in 2009. In 2010, 50 percent of children entering grade 1 had at least some ECD experience.</p> <p>At the end of 2009, ECD centers were established in 63 percent of wards and in most disadvantaged VDCs in UNICEF-supported districts, and 49 percent of parents in the most disadvantaged communities had received orientation.</p>	<p>Children in urban areas and from wealthier families have more access to ECD centers than children from rural areas, poor families and marginalized and disadvantaged groups.</p> <p>Service coverage fell short of targets for 2010.</p>
Tanzania	<p>Availability of ECD services—including state and community preschools and parent training—in seven UNICEF-supported districts has expanded. (District-level data on service coverage was not available in September 2010.)</p>	<p>NER in pre-primary schools increased from 24.6 in 2004 to 36.2 in 2008, but declined to 24.4 in 2009.</p> <p>Concrete plans for expanding service coverage outside of UNICEF-supported districts—such as timeframes, funding structures and staff training plans—have not yet been developed.</p>

Source: ECD Country Case Study Reports.

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

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



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

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

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

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

## **C. Sustainability and Scale-Up of Services**

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

### **Sustainability**

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

Approaches that appear to increase the potential for sustainability are those that increase a sense of local ownership of and responsibility for ECD services, as well as a demand for these services among parents and other community members. For example, UNICEF Cambodia CO staff and government officials reported that decentralization of responsibility for ECD services has increased a sense of ownership and

commitment to ECD at provincial and local levels. In Ghana, case study informants reported that organizations such as parent-teacher associations (PTAs) and school management committees engage parents and communities in supporting schools and other ECD interventions. This provides opportunities to build and sustain community support.

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

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

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

### **Scale-up of services**

As noted earlier in the chapter, most of the case study countries are heavily focused on scaling up center-based pre-primary education services, and all have made gains in service coverage. These scale-up efforts have been aided by national policy reforms, national budget allocations and to some extent involvement of NGO/CBO partners to help implement services and generate demand and support for them among parents and communities. For example, education policy reforms in Ghana expanded the free and compulsory education system to include two years of kindergarten and eliminated fees. The policies were apparently facilitated by a conducive policy environment created by the recent adoption of a national ECD policy in Ghana and international attention on access to education, as well as decentralization of reform implementation to the district level. In addition, the lessons learned from smaller-scale implementation of services in UNICEF-supported districts have the potential to aid later scale-up.

Several factors may impede scale-up in the case study countries. As noted above, decentralization of responsibility for ECD services means that scale-up depends on the capacity of local-level administrators to start up and manage programming. Without sufficient capacity-building support, country case study respondents reported that officials in some local areas may not be prepared to assume this responsibility effectively (as described in Chapter IV). Overall in the case study countries, a limited policy focus on children birth to age 3 relative to preschool age children has resulted in little focus on development and scale-up of services for this population.

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

**Table VI.2. UNICEF Country Office-Reported ECD Sustainability and Scalability**

	Percentage
ECD Policy/Strategy Been Costed <sup>a</sup> :	
Yes	21.3
No	42.6
Partially costed/underway	36.1
Current Levels of Investment Adequate for Sustaining ECD Infrastructure:	
Yes	16.9
No	83.1
Areas Where There Are Current Funding Gaps <sup>b</sup> :	
Infrastructure/physical resources	23.9
Staff (number and training)	23.9
Nutrition and health	16.9
Reaching underserved/ disadvantaged groups	15.5
Support/training for parents	14.1
Capacity and development	14.1
Community centers and services	9.9
Monitoring, evaluation and research	8.5
Other	39.4
Projected Levels of Investment from All Sources Are Adequate for Expansion of ECD Services as Planned <sup>c</sup> :	
Strongly agree	1.4
Agree	16.2
Disagree	51.4
Strongly disagree	17.6
No expansion is planned	13.5
Areas Where There Are Future Funding Gaps <sup>b</sup> :	
Infrastructure/physical resources	20.3
Staff (number and training)	20.3
Reaching underserved/disadvantaged groups	10.8
Support/training for parents	9.5
Capacity and development	8.1
Monitoring, evaluation and research	8.1
Nutrition and health	2.7
Community centers and services	1.4
Other	27.0
<b>Sample Size</b>	<b>75</b>

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

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

<sup>a</sup>For countries who have a national ECD policy/strategy.

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

<sup>c</sup>One country gave multiple responses and was not included in this part of the table.

## D. Relevance and Appropriateness

Strategies to promote service coverage and scale-up are well aligned with expected outcomes in this area, especially for children ages 3 to 6 and for center-based preschool services. Activities in this area have produced substantial gains in service coverage in all four countries. Moreover, the initial focus on older preschoolers and center-based services has been a relatively efficient approach to making rapid gains in coverage, as community centers can be developed at a relatively low cost and preschool classrooms added to existing primary schools.

The strategies implemented in the case study countries to expand service coverage for families with young children ages birth to 3 are relevant and appropriate as initial steps to assess feasibility of implementation on a small scale, but they may not be appropriate for broader scale-up. Strategies to expand service coverage for younger children and their families have been largely limited to UNICEF-supported districts and rely heavily on the use of volunteer health workers to integrate ECD and early stimulation messages into ongoing health interventions. For broader scale-up, these interventions must be expanded in other districts and possibly implemented by a paid workforce to minimize turnover of health workers who have been trained in ECD.

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

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

## **E. Role of the UNICEF-GoN Funding**

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

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

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

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

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

### 1. Conclusions

#### Service coverage

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

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

#### Quality and efficiency of services

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

***Minimal information is available to assess the efficiency of ECD services.*** The rigorous evaluations of ECD interventions needed to assess the impact of ECD have not been conducted in the case study countries. Moreover, information about the cost of ECD services was also limited.

#### Sustainability and scale-up

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

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

## 2. Lessons

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

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

***Rapid scale-up can lead to insufficient focus on quality and equity.*** Scaling up ECD services is a complex endeavor that requires engagement at national, regional and local levels. In addition to developing resource allocation plans, establishing facilities, hiring and training staff and recruiting and enrolling children and parents, systems must be developed to promote quality services and equitable access to them. Steps required to create these systems—such as developing standards, indicators and targets; collecting data to track indicators and monitor progress toward targets; and establishing systems for identifying areas in need of improvement and targeting training and other resources to those areas—take time to develop and implement. Rapid scale-up of services can occur before critical support systems are fully in place, leading to uneven quality and access to services among disadvantaged populations.

***The most disadvantaged children may be unintentionally excluded from services if strategies for scaling up and expanding access do not specifically address them.*** All of the case study countries aim to provide equitable access to ECD services for disadvantaged and vulnerable children. Moreover, many of these children have benefitted from increased availability of preprimary education and other ECD services. Nevertheless, limited data available indicate that access among the most vulnerable children—those who live in rural areas, are poor and are members of disadvantaged social groups—is lower than for their less disadvantaged peers (Chapter VII discusses these issues in more detail). Efforts to identify these children and develop strategies to target them for enrollment may be necessary to achieve desired levels of equity in access.

## 3. The Way Forward

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

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

incentives for staying in the job for specific amounts of time and providing additional training opportunities as incentives.

To improve equitable access to services as scale-up proceeds, countries should develop and test specific strategies to target disadvantaged groups. For example, resources for scale-up could be targeted to rural and remote areas and to communities with large proportions of disadvantaged populations. Incentives could be offered to teachers to teach in these communities for specific periods of time. Similarly, incentives could be offered to encourage enrollment of orphans, very poor children and children from disadvantaged social groups.

## VII. CROSS-CUTTING ISSUES

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

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

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

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

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

### A. Planning, Management, Coordination and Partnerships

#### 1. Use of Results-Based Planning and Management

Findings from the 10 countries and 4 case studies indicate that despite UNICEF CO reports of improvements in the past 4 years in the use of data to guide ECD activities,<sup>32</sup> UNICEF's application of RBPM to ECD is limited at the country level. Some outcomes related to ECD are specified in CPAPs in case study countries. However, results frameworks for ECD programming which would outline expected child-level outcomes and necessary behavioral- and operational-level changes—had not been elaborated in any of the four countries at the time of the case study visits. Nor had logical frameworks for ECD programming been produced. (The Mathematica team collaborated with CO staff in the case study countries to develop logical frameworks to guide the evaluation, but these did not exist previously.)

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<sup>32</sup> As described in Chapter V, 7 of the 8 COs funded by the UNICEF-GoN programme reported on the internet survey that staff capacity for using data had been made and globally 80 percent of COs reported such progress (Appendix Table I.5).



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

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

As designed by the ECD Unit in collaboration with the reference group (which included GoN representatives), CO and RO progress in completing planned activities and their related outputs was gathered through CO and RO responses to “specific monitoring questions” designed for donor reporting, reviews of CO and RO annual reports and information sharing during annual meetings. However, these approaches did not provide sufficient information to rigorously assess progress toward strategic objectives or inform decisions about whether any adjustments to global or regional efforts were required. For instance, the specific monitoring questions requested of the 10 countries receiving GoN funding relied on self-report and vaguely defined outputs, such as the estimated number of individuals who have knowledge related to ECD. COs and ROs did not have clear definitions or training on how to answer these questions in a way that would produce data that would be comparable across countries and regions. This evaluation found and HQ respondents confirmed that the data provided did not yield information that was useful for rigorously assessing whether the objectives were being met or for determining whether priorities and resources needed to be adjusted to increase the likelihood that targeted outcomes were achieved. In addition, beyond the annual meetings, opportunities for shared learning across the COs and ROs were not optimized. Respondents viewed the lack of planning for and facilitation of ongoing, substantive communication and sharing of lessons and unintended consequences as a gap in how the effort was managed that decreased the potential impact of the investment (this is discussed more fully in the next section).

## **2. Support and Coordination for ECD Within UNICEF**

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

On the other hand, coordination across sections does not occur consistently in other case study countries. In Nepal, for example, nearly all of UNICEF’s activities related to ECD fall under the Education

section. In only a few instances—such as the inclusion of ECD messages in micronutrient supplementation interventions—has ECD been integrated into the work of other sections. In general, a programming emphasis on ECD interventions of a particular type or in a particular sector—for example, preschool education—may contribute to the perception that extensive coordination across sections is not necessary. Case study respondents reported that full coordination is also inhibited by sectoral approaches to service provision within partner governments.

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

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

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

HQ staff reported that the UNICEF-GoN Programme was beneficial to them because it allowed for development of relationships and coordination with CO and RO staff that was longer-term and more in-depth than most interactions they are able to have with other COs and ROs, resulting in increased capacity within the ECD Unit as well as the ability to identify shared and unique country and regional needs. Some of the RO respondents would have liked there to be more coordination requested by HQ between COs and ROs, for example by requiring that the CO reports be reviewed by ROs and potentially combined with them. One CO and one RO were not able to participate as fully as planned in the UNICEF-GoN Programme because of staffing and coordination issues that were out of the ECD Unit's control.

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

### 3. Partnerships

The cross-cutting nature of ECD policies and interventions requires partnerships at all levels as the basis for ensuring that UNICEF's activities complement what others are doing and leverage resources to efficiently meet UNICEF's mission, the goals specified in each CPAP it enters into with host countries and the goals UNICEF shares with a range of partners. As with the other cross-cutting issues in this chapter, partnerships within UNICEF have an entire set of organizational requirements and guidelines that inform how staff work with partners. This section focuses on the unique aspects of partnerships for achieving ECD goals, in particular the analysis of partner roles, UNICEF's positioning among its partners and the breadth of partnerships for ECD.

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

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

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

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

### Exhibit VII.1. Tanzania's Partnerships for ECD: A Broad-Based Approach to Coordination of Policy Development and Services

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

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

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

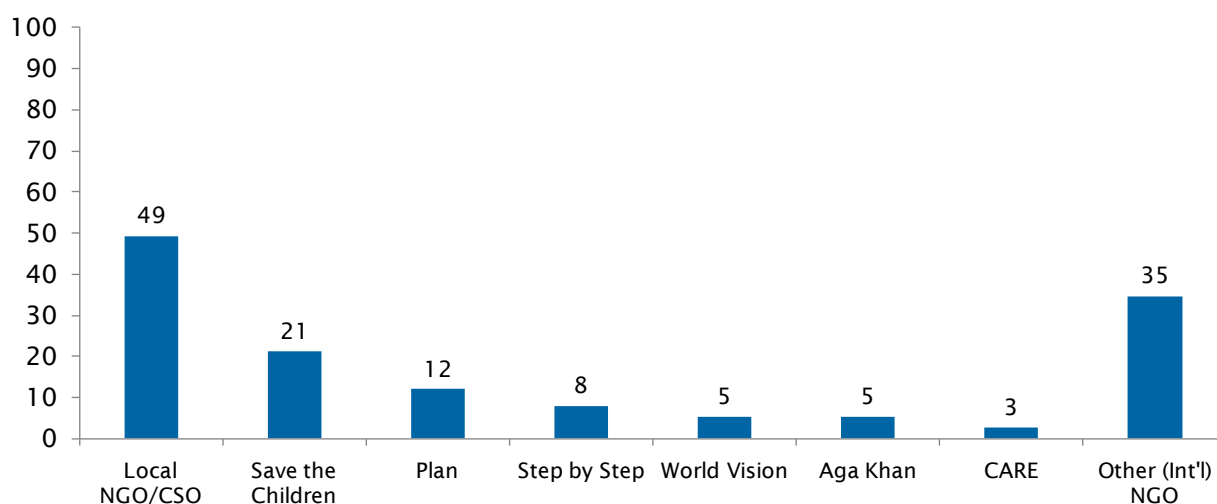
In addition to country partners participating in the policy development process, many other partners focus on service delivery systems and reaching children and families with holistic ECD services. The Bernard van Leer Foundation supports a number of organizations working with and for children in different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

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

Case study respondents identified UNICEF's contributions to supporting these partnerships as central to the progress made in the past four years on the IECD policy process and the increase in intersectoral coordination.

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

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



Source: ECD Country Office Internet Survey (September 2010).

Note: Respondents could specify up to three partner organizations.

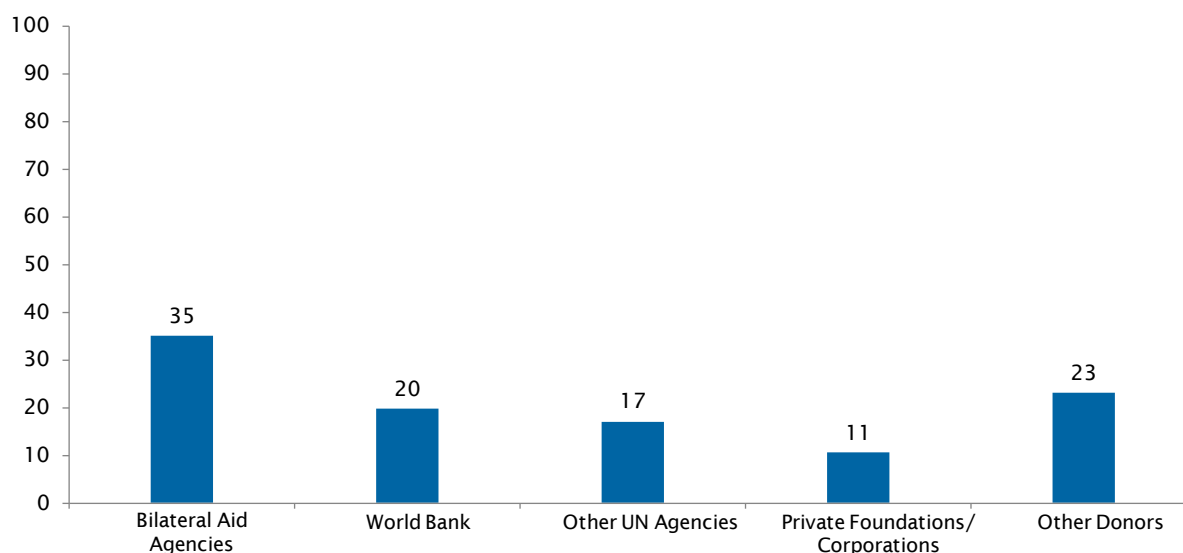
Sample Size: 75 out of 123 eligible countries.

CSO = community service organization; ECD = early childhood development; NGO = non-governmental organization.

The internet survey findings support the case study results about which donors are key partners in ECD. About one-third of the 75 COs surveyed reported that bilateral development organizations are partners in ECD programming in their countries, and about one-fifth indicated that the World Bank is a key partner (Figure VII.2 and Appendix Table I.2). Private foundations and corporate donors are active in the ECD field in 11 percent of countries responding to the survey, and various other national and local donors contribute to ECD in 23 percent of countries.

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

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



Source: ECD Country Office Internet Survey (September 2010).

Note: Respondents could specify up to three partner organizations.

Sample Size: 75 out of 123 eligible countries.

CSO = community service organization; ECD = early childhood development; NGO = non-governmental organization.

As described in Chapter V, at both the country and global/regional levels partnerships for ECD knowledge generation and dissemination appear to have been particularly fruitful. At the country level, COs have partnered with universities and research organizations to address knowledge gaps. For instance, UNICEF Nepal has worked with an education research center within Tribhuvan University to conduct baseline studies of parental knowledge, attitudes and behaviors related to ECD. ROs have supported and collaborated with regional networks of ECD researchers and professionals to expand the knowledge base on regional ECD interventions and disseminate information on effective practices.

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

Taken together, UNICEF's partnerships are strong but there is room for improvement in how staff work with partners to support engagement at all levels and promote ongoing collaboration and coordination. Evaluation respondents engaged as partners in the UNICEF-GoN Programme identified a few gaps in how HQ managed the partnerships and global exchange of experiences and lessons, but overall appreciated the ECD Unit's role in facilitating the group and appreciated being included. As described by

a country-level representative of a large NGO, partnering with UNICEF is critical because it has the greatest access to country officials and leaders who can make a difference in ECD policy and services for children and families.

## **B. Human-Rights-Based Approaches and Equity<sup>33</sup>**

### **1. Human-Rights-Based Approaches in ECD**

HRBAs require that all “programmes of development assistance, policies and technical assistance further the realization of human rights as laid down in the Universal Declaration of Human Rights and other international human rights instruments” (UNICEF 2004). Given the level of specificity and information required to assess whether HRBAs are used (UNICEF 2004), the evaluation’s analysis focused primarily on the case study countries, drawing on data from all of the relevant sources.

Overall, the evaluation found that HRBAs have been applied successfully in ECD programming in the case study countries with regard to CO (1) involvement of both rights holders and duty-bearers in programme design and implementation and (2) ensuring that national and local contexts were taken into account in programme planning, design and implementation. For instance, in Tanzania, the national ECD policy development process included frequent consultations and information gathering from local stakeholders, district-level intersectoral ECD committees bring local stakeholders together to oversee ECD programming and parents and community members are involved in school committees for the pre-primary schools and day care centers. Another example is UNICEF Cambodia’s focus on promoting decentralization in the administration and oversight of social services, including pre-primary education. This strategy promotes the capacity of duty-bearers at all levels to meet needs in their communities.

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

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

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

ECD policymakers and programme planners in countries receiving GoN funding supported the imperative of addressing the rights and needs of less reached and disadvantaged families and children, yet challenges in achieving access to services among these groups remain. This section presents findings

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<sup>33</sup> Analysis in this section for the 10 countries is constrained by lack of consistency across CO and RO reports about the UNICEF-GoN-funded activities and policy documents provided by UNICEF and included in the document review. Most of the GoN progress reports and other sources provided and available on public websites did not explicitly address these areas (particularly using human-rights-based approaches), thus the findings are primarily based on the case studies. The internet survey did include questions about human-rights-based approaches but did not gather information about issues and strategies used to reach the marginalized and disadvantaged. The evaluation team analyzed the available data and the flow of the presentation reflects these constraints.

based on analyses of (1) whether countries included meeting the needs of the less reached and disadvantaged in ECD and related policies and guiding documents, (2) disparities in ECD service coverage for these groups, and (3) ongoing and innovative strategies COs and country counterparts used during the UNICEF-GoN funding period to close the gap in identification and participation of those least likely to access the services they need.

**Evidence of inclusion in policies, guiding documents and strategies.** Based on the document review, at least eight of the countries that received GoN funding identified serving disadvantaged and marginalized groups as a priority in ECD-related policies or programming documents. For example, national ECD policies in Cambodia, Ghana and Tanzania all include language underscoring the importance of providing care and development services to children who are poor, disadvantaged and vulnerable. Similarly, Nepal's School Sector Reform Programme emphasizes expanding access to ECD centers in disadvantaged areas.

Evaluation respondents observed that little progress has been made in the 10 countries in developing policies and evidence-based services for addressing the needs of another disadvantaged group, children with disabilities. Despite policy statements being included in relevant policies, the case studies identified gaps in crucial areas such as setting targets for serving children and families in these groups, data and analysis to track participation and progress and implementation of appropriate, intensive and evidence-based outreach and service delivery strategies. Policy and implementation experiences vary but Nepal and Ghana provide good examples of both the achievements countries made as well as the ongoing challenges and gaps. Nepal's national policies and plans consistently emphasize the importance of increasing access to disadvantaged groups and reducing disparities in outcomes. A poverty mapping exercise has supported targeting of ECD services to communities with the highest poverty levels. The evaluation team found little evidence of specific strategies for establishing or expanding services to meet the needs of these children and families (the poor as well as members of social or ethnic minorities).

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

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

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

**Table VII.1. UNICEF Country Office-Reported Approaches and Challenges to Reaching the Less Reached and Disadvantaged, by Country Income Category**

	Total	Low-Income <sup>a</sup>	Lower-Middle Income <sup>a</sup>	Upper-Middle Income <sup>a</sup>
<b>Approaches to Targeting Disadvantaged and Marginalized Groups<sup>b</sup>:</b>				
Developing new models and training	29.7	22.2	34.8	33.3
Target resources	29.7	22.2	39.1	29.2
Use community-based centers	18.9	18.5	30.4	8.3
Data collection/research	16.2	18.5	8.7	20.8
Parental education	14.9	11.1	17.4	16.7
Advocacy	12.2	14.8	4.3	16.7
Include in mainstream ECD programmes	6.8	11.1	0.0	8.3
<b>Main Challenges in Expanding Services to Disadvantaged/Marginalized Groups<sup>b</sup>:</b>				
Lack of funding	62.7	67.9	52.2	66.7
Lack of coordination	45.3	53.6	34.8	45.8
Lack of capacity/training	44.0	39.3	56.5	37.5
Lack of access and awareness	33.3	21.4	43.5	37.5
Lack of data	18.7	14.3	17.4	25.0
No policy in place	17.3	21.4	21.7	8.3
Not viewed as a priority	17.3	10.7	21.7	20.8
<b>Areas in Which a Significant Contribution Can Be Made to Extending Services to Disadvantaged and Marginalized Children and Families<sup>b</sup>:</b>				
Improved targeting of existing resources	50.7	57.1	43.5	45.8
Improved capacity/training	49.3	57.1	43.5	45.8
Improved advocacy	46.7	42.9	43.5	54.2
Clarification of policy/strategy	40.0	46.4	39.1	33.3
Improved data	34.7	25.0	30.4	50.0
Increased funding	29.3	35.7	26.1	25.0
Improved coordination	26.7	39.3	13.0	25.0
<b>Sample Size</b>	<b>74-75</b>	<b>27-28</b>	<b>23</b>	<b>24</b>

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

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

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

ECD=Early Child Development, GNI=Gross National Income.



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

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

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

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

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

Globally, UNICEF HQ continues to play a prominent role in providing leadership in encouraging innovation in advocacy for reaching underserved populations, using data to inform new outreach and service approaches, and allocating funding for these efforts. A recent UNICEF report on secondary data analyses and simulations of child survival outcomes found that providing evidence-based interventions to the most marginalized and disadvantaged is a cost-effective way to make substantial progress toward reaching the MDGs (UNICEF 2010). These methods and use of cost simulations based on marginal bottleneck budgeting models in the area of child survival have potential for use in ECD. Over the past two years, changes in leadership at UNICEF and a renewed focus on reaching the least reached have

provided increased urgency and attention to these efforts at all levels. Findings from the case studies indicate that although some progress has been made during the UNICEF-GoN funding period, substantial attention to these issues and investments in meeting the needs of disadvantaged and marginalized families and children is a gap at all levels.

### **3. Gender Equity in Participation and Decision Making Related to ECD**

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

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

## **C. Relevance and Appropriateness**

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

***Planning, management, coordination and partnerships.*** Approaches to planning for ECD programming at the global and country levels do not appear to be appropriate for supporting the consistent and comprehensive application of RBPM. A logical framework for programming has been developed at the global level, and some expected outcomes have been defined in individual countries. However, comprehensive frameworks for programming are lacking at the country level, and monitoring of strategy implementation and outcomes is inconsistent. Approaches to coordinating ECD programming within UNICEF vary in appropriateness among COs. Some COs in case study countries have taken deliberate steps toward joint planning and increased coordination for ECD among programme sections, while in other COs ECD remains segregated to one or two programme sections.

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

***Human-rights-based approaches: equity and reaching the less reached and disadvantaged.*** Strategies implemented by COs in case study countries appear to be relevant and appropriate for promoting human-rights-based approaches to programming in ECD. In particular, attention has been

given to pathways for participation of rights holders in programme planning and implementation. ECD programming at the CO level has not focused to an appropriate extent, however, on identifying and implementing strategies to achieve equity in access to ECD services among marginalized groups.

## D. Role of the UNICEF-GoN Funding

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

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

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

### 1. Conclusions

#### Planning, Management, Coordination and Partnerships

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

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

***Support for ECD from HQ and ROs and within COs is considered adequate but there is room for improvement in both UNICEF's vertical alignment with COs' needs and horizontal alignment within COs across office sections.*** Findings from the CO survey identified needs and gaps that can

improve alignment of HQ and RO strategies and activities and make them more useful to COs. At the CO level, horizontal alignment and coordination tend to be better in COs where ECD-related funding is more evenly spread across sections or where staff are assigned specifically to work on improving alignment and integration of ECD activities.

***ECD programming in the case study countries is highly participatory and encourages involvement of both rights-holders and duty-bearers.*** Participation in ECD policy development and service implementation in case study countries is facilitated through such mechanisms as Decentralized Action for Children and Women (DACAW) districts in Nepal and commune councils in Cambodia. These mechanisms create a structure for grassroots involvement and aid in the application of human-rights-based approaches.

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

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

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

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

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

## **2. Lessons Learned**

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

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

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

### **3. The Way Forward**

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

To enhance planning, management and coordination for ECD, UNICEF should work internally and with partners to specify frameworks for holistic ECD programming and identify measures of progress toward stated goals. At the HQ and RO level, model frameworks might be created to help guide the process at the country level. The process of developing frameworks is likely to highlight links among various existing interventions and initiatives and thus advance coordination across programme sections within UNICEF offices. Frameworks should be complemented by the identification of measurable outcomes related to expected results, as well as ongoing monitoring of progress toward these outcomes. With frameworks and monitoring processes that are closely linked, planners will be able to continually refine strategies and resource allocations in response to achievements and gaps in programming.

Concerted effort is also needed to ensure that ECD policies, outreach and service delivery strategies target the most disadvantaged and marginalized. UNICEF and its partners might promote equity by identifying and disseminating promising strategies to extend the reach of ECD services and by providing incentives for service delivery agencies to focus on the most vulnerable groups. The returns to ECD programme investments that address the needs of the most disadvantaged should be assessed findings share with national and subnational leaders. Finally, steps necessary to achieve equity should be included in plans of action for implementing national ECD policies.

## VIII. OVERALL CONCLUSIONS, LESSONS AND RECOMMENDATIONS

This chapter presents summary conclusions and lessons based on the evaluation findings. It offers recommendations to UNICEF HQ, ROs and COs for enhancing ECD programming and addressing existing gaps. The recommendations are organized around the four strategic areas: (1) mainstreaming; (2) capacity building; (3) knowledge generation and dissemination; (4) service coverage, quality and sustainability; and the cross-cutting issues: (5) planning, management, coordination and partnerships; and (6) equity and reaching the less reached and disadvantaged. Within an area, the more general conclusions are presented first. Although this evaluation identified challenges that are unique to the UNICEF-GoN programme and UNICEF's overall ECD approach, many of the conclusions, lessons and recommendations are consistent with previous UNICEF reviews and evaluations (for example, the UNICEF Organizational Review [Giving Works 2007]) and with ECD evaluations and research (for example, van Ravens 2010).

### A. Conclusions

#### Mainstreaming ECD Policies into National Policies, Plans and Services

***Clear communication about the benefits of ECD investments contributed to mainstreaming.***

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

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

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

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

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

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

an important model for the kind of intersectoral ECD coordination that UNICEF advocates for with its country partners.

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

## **Building Capacity for ECD**

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

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

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

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

***Global and regional capacity-building efforts funded in part by the UNICEF-GoN programme leveraged capacity building at all levels.*** When sponsoring workshops or conferences designed to build the capacity of one or more of the 10 funded countries, ROs and HQ often invited other countries with similar issues to attend, leveraging those resources beyond the smaller group. Investments in global and regional ECD networks also contributed to capacity-building efforts by enlarging the pool of experts and advocates available to work with UNICEF in addressing country-level needs.

## **Generating and Disseminating Knowledge for ECD**

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

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

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

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

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

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

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

## **Planning, Management, Coordination and Partnerships**

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

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

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



ECD and in developing relationships and shared understanding of the links among sectors in regard to achieving shared goals and outcomes for children and families.

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

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

## **Overall Effectiveness and Relevance/Appropriateness**

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

## **Contribution of the GoN Investment**

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

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

## **B. Lessons**

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

***Policy development is central to establishing structures for successful programme implementation of mainstreamed policies and intersectoral approaches.*** By setting up national and subnational committees and coordinating bodies as part of policy development, some of the case study countries progressed from collaborating on policy development to collaborating on the national plan of

action and implementing services for children and families. Coordination requires persistence in working together to develop common goals, set up data systems and communications to monitor progress and achieve targeted outcomes.

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

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

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

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

***Rapid scale-up can lead to insufficient focus on quality and equity.*** Scaling up ECD services is a complex endeavor that requires engagement at national, regional and local levels. In addition to developing resource allocation plans, establishing facilities, hiring and training staff and recruiting and enrolling children and parents, systems must be developed to promote quality services and equitable access to them. Steps required to create these systems—such as developing standards, indicators and targets; collecting data to track indicators and monitor progress toward targets; and establishing systems for identifying areas in need of improvement and targeting training and other resources to those areas—take time to develop and implement. Rapid scale-up of programming can occur before critical support systems are fully in place, leading to uneven quality and access to services among disadvantaged populations.

***The most disadvantaged children may be unintentionally excluded from services if strategies for scaling up and expanding access do not specifically address them.*** All of the case study countries aim to provide equitable access to ECD programming for disadvantaged and vulnerable children. Moreover, many of these children have benefitted from increased availability of preprimary education and other ECD services. Nevertheless, limited data available indicate that access among the most vulnerable children—those who live in rural areas, are poor and are members of disadvantaged social groups—is lower than for their less disadvantaged peers (Chapter VII discusses these issues in more detail). Efforts to identify these children and develop strategies to target them for enrollment may be necessary to achieve desired levels of equity in access.

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

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

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

## Contribution of the GoN Investment

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

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

## C. Recommendations

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

### Mainstreaming ECD Policies into National Policies, Plans and Services

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

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

**Provide training and technical assistance on costing ECD policies and strategies and identify promising practices for involving finance ministers in ECD planning and costing (UNICEF HQ and ROs).** Use lessons from recent costing efforts in developing guidance and streamlined costing tools for

COs. Consider ways to consolidate costing across sectors to facilitate the costing of intersectoral efforts such as ECD.

***Evaluate sectoral versus intersectoral approaches to ECD policy and programme development, as well as universal versus targeted approaches to mainstreaming (UNICEF HQ and ROs).***

Systematically track differences in approaches at the RO and HQ levels and develop models for testing these approaches against each other.

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

## **Building Capacity for ECD**

***Develop and advocate for implementation of a systematic approach to capacity building that includes assessing needs, implementing evidence-based training, tracking completion of service provider training and parenting education and assessing and evaluating outcomes (UNICEF HQ).***

Develop the capacity and infrastructure necessary to identify training needs and develop, implement and evaluate capacity-building approaches. Align ECD goals and investments with expected outcomes by targeting specific capacity-building strategies to meet the needs of policymakers, government officials and planners, programme implementers and parents. Adapt the UNDP capacity development approach to ECD and develop formal training modules designed to meet country and global needs. Evaluate changes in capacity-building infrastructure and outcomes.

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

***Invest in developing models for parent/caregiver training based on research evidence about the dosage, content and training approaches that are likely to produce intended outcomes (UNICEF HQ).***

To ensure that parents/caregivers become engaged, begin by planning interventions that take into account factors that increase and those that inhibit the consistency of participation. Consider including meaningful incentives designed to attract parents and caregivers to training events and activities. Incorporate adult learning principles into training designs to maximize the likelihood that training will produce positive and lasting changes in parent/caregiver behavior.

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

## **Generating and Disseminating Knowledge for ECD**

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

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

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

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

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

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

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

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

## **Planning, Management, Coordination and Partnerships**

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

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

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

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

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

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

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

children from specific minority ethnic groups. Once data systems are in place, set targets to monitor progress.

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## **APPENDIX A**

### **EVALUATION TERMS OF REFERENCE**



## Terms of Reference

# EVALUATION OF THE UNICEF-Government of Netherlands COOPERATION Programme on Early Childhood Development 2008-2010

## Background

The Early Childhood Development programme, supported by the Government of the Netherlands (GoN) aims to promote comprehensive programming approaches to early childhood development in selected countries with a focus on sustainable policy development and partnership to scale up successful interventions. In consultation with Regional Offices and the GoN Ministry of Foreign Affairs representative, ten countries from Asia and Africa have been selected: Cambodia, Ghana, Democratic Republic of the Congo (DRC), Malawi, Mongolia, Nepal, Sri Lanka, Tajikistan, Tanzania, and Swaziland. In addition, all seven of UNICEF's Regional Offices and Headquarters receive funds to strategically support the scaling-up of ECD activities and specific support to those countries listed here.

The detailed programme design can be found in the Early Childhood Development Proposal document which covers the period April 2008 – December 2010 with a funding support of 13.5 million USD by the Government of the Netherlands. The overall goal of the programme is to expand holistic early childhood development, especially for the most vulnerable and disadvantaged children in the ten selected countries from Asia and Africa:

The three strategic objectives of the programme are to:

1. Generate, manage and disseminate new knowledge in support of ECD interventions, essential to inform decision makers on investing in ECD;
2. Increase capacity of service providers and decision makers on ECD and improve behaviour, practices, skills, choices and decision-making powers of caregivers;
3. Mainstream ECD in national development policies and programmes.

Following UNICEF's organizational structure, the Programme has been implemented through UNICEF's support at three levels: (1) at the country level (where the programme is guided by agreements between UNICEF, the government departments and identified NGOs in the key documents called Country Program Action Plans and the annual work plans) with UNICEF ECD Officers or focal points responsible for managing programme planning and implementation; (2) at the regional level, with ECD Advisors or focal points for ECD, playing a key role in providing technical support, capacity building, networking as well as monitoring quality at the country level and (3) at New York Headquarters, with the ECD Unit providing overall coordination, guidance and technical support to the Regions and Countries. Programme achievement, challenges and the way forward were the subject of the Annual meeting of all implementing countries, donors and extended ECD network held in New York, in May 2009. Apart from the meeting report, a comprehensive donor report for programme progress in 2008 is available. Country programme progress reports will be available in March.

## Evaluation Purpose

An independent evaluation of the programme in 2010 was planned as part of the programme proposal. The purpose of the proposed evaluation is to strengthen on-going and upcoming ECD programmes and policies by systematically generating and disseminating evidence on the latest ECD programme performance and experience including identification of good practices. The lessons and recommendations will be used by UNICEF, donor countries and a variety of partners to advocate for leveraging of resources for appropriate and effective ECD strategies and interventions to help realise the MDGs and child rights. The specific **objectives** of the evaluation are as follows:

- a) To provide an analytical review of the progress achieved in implementing the ECD programme, identify key successes, good practices and gaps and constraints that need to be addressed.
- b) To assess the programme's performance using standard evaluation criteria of relevance/appropriateness, effectiveness, efficiency, impact (potential) and sustainability.
- c) To examine the use of cross-cutting issues/strategies including human rights-based approaches, results-based planning and gender equality/mainstreaming.
- d) To generate evidence based lessons, recommendations to guide the way forward to further strengthen on-going efforts, new initiatives including possible programme replication and scaling up.

The timing of the evaluation is scheduled to inform the UNICEF planning process, to share the sample of good practices globally, but also to perform corrective measures and make necessary programmatic shifts when needed.

At the global level, the findings and recommendations will be used for developing new/revised ECD policy documents, technical guidance and for further advocacy and fundraising efforts. At the country level, the country specific recommendations will be used in designing, planning and implementing effective ECD programmes at the national level with a clear focus on disadvantaged and difficult to reach children.

## Evaluation scope and focus

The evaluation will assess programme achievement and performance at two levels, at the overall ECD strategy level and at the level of the 3 main programme pillars namely: capacity development; knowledge generation and management and mainstreaming ECD in programmes and policies (see the basic programme logic on page A.10).

The primary focus of the evaluation is to examine overall ECD programme results and processes at the country level, as well as NYHQ and regional level efforts/support. In addition, the evaluation will intensely examine achievements and performance in **four** selected countries. More specifically, the evaluation will provide evidence-based analysis in order to answer the following questions:

### ***Programme relevance /appropriateness***

The key questions (to be answered at HQ, RO and CO levels) are:



- How appropriate is the programme strategy as regards to the overall need and objective to expand holistic early childhood development in general and in various country contexts?
- How does the programme relate to other UNICEF supported initiatives which are key to realising ECD goals?

At the Country level, more specific questions will be asked. How relevant and appropriate are the country specific programme strategies and interventions in responding to:

- Country specific needs related to ECD issues of all young children, covering key health, nutrition, early learning, and protection elements?
- Demand and needs of the disadvantaged and less reached young children and families?
- ECD related priorities set forth in the National Development Plans and Policies?
- Demand and needs of service providers?

### *Programme effectiveness*

The key questions are:

- To what extent was the Programme successful in generating, processing and disseminating useful knowledge in support of ECD interventions in COs, ROs and NYHQ?
- To what extent did the Programme increase capacity of service providers, caregivers and decision makers on ECD in the 10 countries?
- To what extent did the Programme mainstream ECD in national development policies and programmes in the 10 countries?
- How successful was the programme in addressing particular needs of and targeting/reaching the disadvantaged and less reached young children and families?
- To what extent and in what ways did it influence/change partnerships amongst various parties including the Governments, NGOs, CSOs and others?

In addition, at the country level:

- What are the major achievements in ECD that are attributable to the ECD programme; which strategies have yielded good results? Where are the gaps that need to be addressed?
- What are the key successes in generating new knowledge by the programme? Is it well documented and disseminated within the country and outside? What are the knowledge gaps which still prevent bigger investment in ECD?
- Were capacity building interventions designed to meet the learning needs assessment? What is the contribution of the programme to national capacity-building efforts among ECD and health professionals, policy makers and civil society and/or the private sector?
- To what extent did programme contribute to increasing knowledge and service providers' practices in promoting and supporting ECD? What is the estimated coverage of service providers and caregivers with these interventions? Is there any evidence of increased knowledge and improved caregivers/service providers' practices after those interventions (e. g. follow-up visits)? What is the programme role in capacity-building of UNICEF staff? Policy makers? Service delivery providers? Institutions? What the new capacities consist of and how they are being used including for policy/programme development?
- To what extent has the programme contributed to policy dialogue and development of new ECD policies and programmes in the 10 countries participating in the programme? How holistic and comprehensive are those policies? Are they focusing on the most marginalized children? What are still the critical policy/programmatic gaps (if any)? How successfully have links been made between sectors/policies key for young child survival and development?

- Are there any particular good practices and lessons? If yes, please describe.

### ***Programme efficiency***

- How systematically have the funds been allocated/utilised at each level (across administrative levels and programme strategies/activities) to realise programme objectives? If there are delays/deviations in fund allocation/utilisation, how were these justified and what are the implications for attaining programme objectives? What lessons and recommendations can be drawn for the future?
- How effectively have the programme resources been used to deliver outputs in a timely fashion in order to achieve programme objectives? To what extent were funds used in a cost efficient manner in order to optimise programme outcomes? What conclusions can be drawn regarding sustainability and expansion/replicability of the approaches used?
- How effective and efficient were the coordination mechanisms at the country level (i.e. coordination with Government, including different ministries and other implementing partners, other stakeholders (other UN agencies, NGOs, donors, etc.)? If noticeable gaps are evident, how can they be addressed?
- How timely and effective was UNICEF RO's and HQ's guidance and support in achieving overall goals and objectives of the programme? How successful was the coordination between NYHQ, RO and COs within UNICEF? To what extent did the Programme influence internal structures and processes and goals within UNICEF?

### ***Programme sustainability (country level)***

The evaluation will examine administrative, institutional, technical and financial sustainability and explore possible opportunities for expansion of effective ECD interventions (partly drawing from questions under efficiency above):

- How appropriate are the current interventions in terms of the ability to sustain without direct UNICEF/ Government of Netherlands technical/financial support?
- What level of progress has been achieved to build ECD programme's sustainability in its current form?
- What are the issues and options related to the feasibility for replication and expansion?

### ***Programme Impact (outcomes / potential impact)***

The programme has been implemented for less than two years and in most cases programme intensity may not be sufficient to examine impact. However, the evaluation will address to the best extent possible the following questions some of which relate to outcome level changes and potential impact:

- To what extent did the programme contribute to a supportive environment of young children (at the family, community and policy level)?
- What is the evidence regarding national and sub-national engagement and ownership of the ECD programme initiative? To what extent has national ownership of ECD programme increased? What are the success factors and lessons learned? Where this has not occurred fully, what are the constraints and consequent lessons for the future? Is there any evidence of increased budgetary allocations?
- What was the programme contribution in creation of strategic partnership (do we know the indicators or do we leave it open to the evaluators? Towards joint ECD goals at the global, regional and national level?

- How significantly has the programme contributed to either revitalize or put ECD high on the national policy and developmental agenda?

### ***Additional Evaluation Questions (Cross-cutting issues)***

Human rights-based approach in programming (HRBAP) and gender equality:

How successfully were the key principles of HRBAP applied in planning and implementing the programmes? In particular:

- To what extent and how did the programme involve parents and ECD service providers and other stakeholders in programme design and implementation?
- Was the programme informed by capacity assessment at all levels? How adequately?
- To what extent were the national and local context (knowledge, beliefs, gender and cultural differences) taken into account when programmes were designed at the country level? Were the underlying/root causes of problems/challenges identified and to what extent was the programme able to address them including through appropriate (incl. advocacy and communication) strategies?
- To what extent has the programme contributed to an equitable access to basic ECD services of all population groups? Has the programme made special provisions to reach disadvantaged/marginalised population groups (i.e. ethnic minorities, poorest families, children affected by disabilities)?

To what extent gender equity existed in participation, decision making and access throughout the program cycle?

Result-based approach in programme planning and management:

- To what extent was the programme successful in using key elements of result-based planning and management? More specifically;
- Were the objectives SMART and monitoring reporting indicators/plans developed adequately using internationally agreed indicators in a timely manner?
- How often were outcomes and outputs measured? Was data sufficiently disaggregated to identify excluded groups? To what extent was data/information generated through the Information and monitoring system used in decision-making (i.e., adjusting the planned results/targets, shifting programme focus)?

## **Evaluation approach and methods**

The evaluation will be conducted in two phases. The first phase will involve an extensive inception phase which is based on secondary information sources, gathering of some basic information and visit to one country, a detailed inception report will be prepared. The report which will include draft findings from the first phase of the evaluation will be presented at a meeting planned for early June. The second phase will involve further investigation and preparation of the evaluation report to be delivered by end September, 2010.

Given the multi-dimensional focus of the evaluation, a multitude of methods will be used combining documentary review, interviews, field observation visits, and surveys as follows.

- a) Review of secondary data and documents: A list of relevant documents has been prepared and the documents are readily accessible. In addition, programme managers will provide data that are readily available from various sources. The data will be reviewed and analysed during the inception phase to determine the need for additional information and finalisation of the detailed evaluation methodology.
- b) Interviews with key informants: Subjects include members of the Steering Committee, programme coordinators in the countries involved including sub-national level, UNICEF Representatives or deputies, ECD focal points/programme managers, selected project officers at the country office, selected regional and HQ level.
- c) Field observation and focus group discussions with service providers, participants/beneficiaries in the programme (ECD service providers, ECD decision/policy makers/NGOs, parents). When organising field visits, gender balance, equal geographical distribution, representation of all population groups, representation of the stakeholders/duty bearers at all levels (policy/service providers/parents/community) to be represented in the interview. It is proposed that four countries are selected (based on criteria to be developed in consultation with the evaluators) for field visit. No major survey at the level of the beneficiaries is envisaged.

Key data collection methods/sources include:

- Baseline information. Each country office will be responsible to compile baseline information on the situation in the country before the intervention and later phases based on secondary data and information that is readily available.
- Internet-based Survey of all parties involved in the programme (UNICEF HQ, ROs, COs, selected donor representatives). Country offices will be responsible to include the local counterparts accordingly and to compile the data at the country level. In-depth, structured interviews and focus group discussions with the selected stakeholders mentioned above.
- In depth interview with selected key informants at the country level (in selected countries which will be visited).
- There is no field level survey envisaged unless the inception phase recommends the need for a survey is essential for the evaluation. If a survey is justified, it will be budgeted separately.

The evaluation is expected to draw out relevant comparisons where possible. This will require comparing ECD programmes across various settings both in terms of institutional processes and performance. For such comparisons, the evaluators must be clear of what is to be considered as a “good” standard. Where possible the evaluation should identify good practices that will form the basis for quality design and assessment efforts in future ECD programming.

## **Evaluation management and stakeholder participation**

The evaluation will be managed as an independent evaluation by UNICEF's Evaluation Office under the leadership of a Senior Evaluation Specialist. A Reference Group, chaired by UNICEF Evaluation Office and comprising of The Ministry of Foreign Affairs, Government of Netherlands, UNICEF ECD Unit and UNICEF Evaluation Office will provide guidance to the evaluation and will comment on all products of the evaluation including the inception report and draft reports.

As the main counterpart, ECD Unit in Programme Division will be responsible for information sharing and arranging meetings of the Reference Group. The ECD Unit will also set up an advisory group representing UNICEF Regional Offices and participating country offices to establishing links between evaluators and UNICEF RO/COs and to facilitate their full participation in the evaluation.

UNICEF ROs/COs will be responsible for providing relevant information at the regional and country level, providing access to relevant reports/statistics, organizing field visits, logistical support, organizing meeting with different stakeholders at the country and regional level. UNICEF COs will also be responsible in assisting in the recruitment of a part-time national consultant in the 4 case study countries.

## **Evaluation team composition**

The evaluation is planned to be conducted by an institution or by a registered consultancy group/firm. It is proposed that the team consist of two international evaluation experts (a leader and a technical expert), one of whom must have significant research/evaluation background in ECD. The exact division of work will be decided by the institution/team, but in general, the team leader will have the responsibility for all negotiations, decisions, and deliverables. The technical work is to be divided between the team leader and the team member. Either the team leader or the member must be a woman. In addition, a third consultant (data processing/information specialist) who would help gather information, undertake data analysis will be involved on a part time basis. For each of the 4 participating countries, a national consultant, one per case study country is also envisaged.

The qualifications and experience required are as follows:

### Team Leader:

- Extensive evaluation expertise and experience and a strong commitment to undertake the evaluation
- Knowledgeable of institutional issues related to development programming (including funding, administration, the role of the UN system, partnerships, human rights, sustainable development issues)
- Familiarity with ECD policy and programme issues either as researcher/evaluator or programme manager
- Team leadership and management, interpersonal/communication skills

### Team Member (technical expert):

- Extensive evaluation expertise and experience, including methodological and data collection skills;
- Demonstrated skill in conducting evaluations of ECD or related programmes
- Team work and inter-personal communication

### Team Leader and Member:

- Language proficiency: English (mandatory), French and/or Russian are an advantage (depending on the countries selected for the field visits). Excellent writing skills in English.
- Significant international exposure and experience in working with UN agencies (desirable).
- Advanced university degree in social science, preferably in a topic related to ECD.
- Good communication, advocacy and people skills. Ability to communicate with various stakeholders. Ability to express concisely and clearly ideas and concepts in written and oral form.

**GUIDING PRINCIPLES**

The evaluation process will adhere to the United Nations norms and standards and ethical guidelines for evaluation available at:

[http://www.uneval.org/currentwork/currentworklist.jsp?currentworkid=100&doc\\_cat\\_source\\_id=2&doc\\_source\\_id=100](http://www.uneval.org/currentwork/currentworklist.jsp?currentworkid=100&doc_cat_source_id=2&doc_source_id=100)

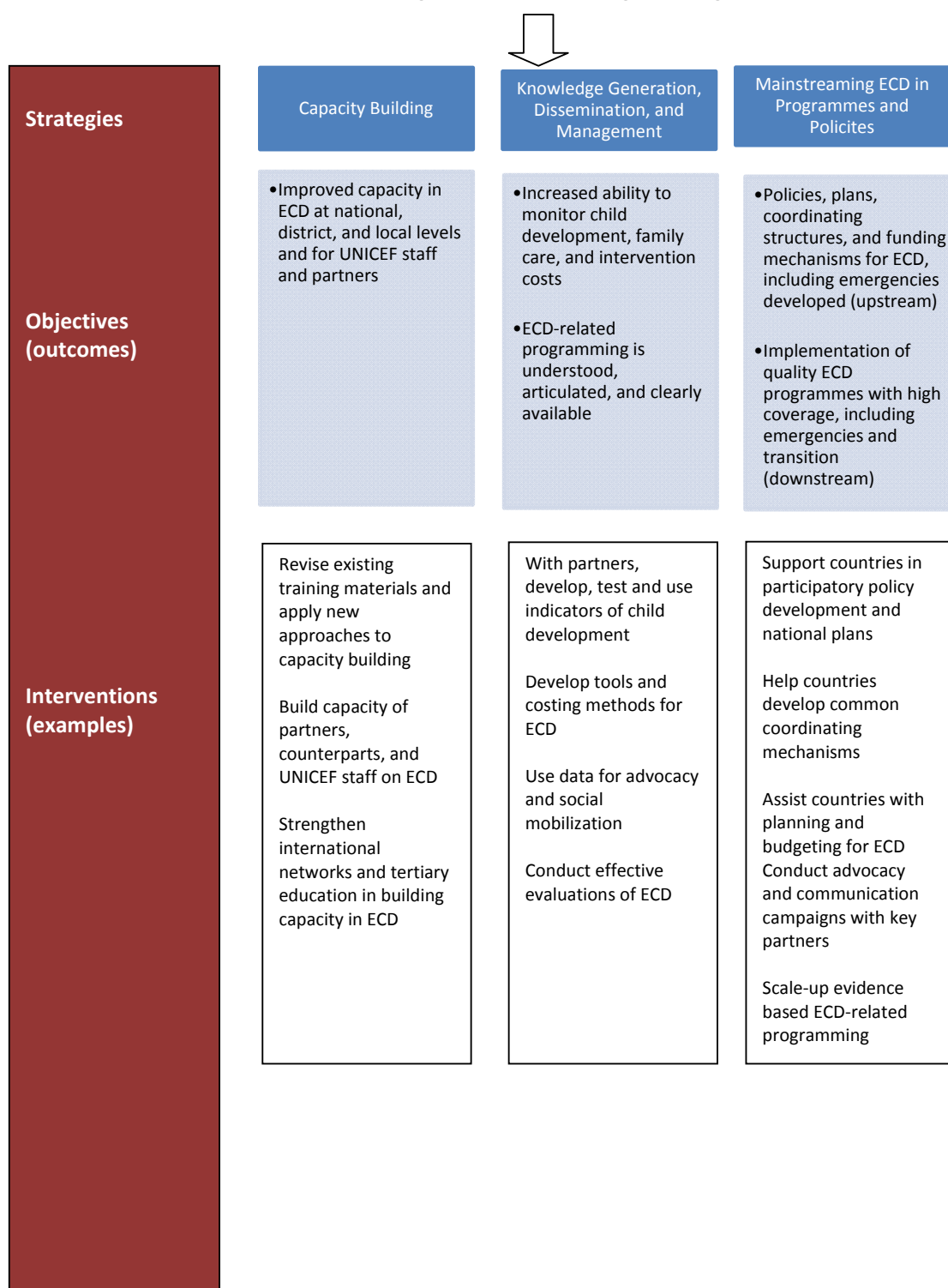
**TIMING and DELIVERABLES**

The evaluation is expected to commence in April and completed in September 2010. It is planned that the contract will be signed by early April and the work on the evaluation will commence by April. The key deliverables are as follows:

- Evaluation plan outlining detailed scope, evaluation framework; methodology; field visit timing and data collection methods (within 2 weeks of signing of the contract).
- Detailed Inception Report, based on the first country visit and secondary data and documentary review, providing findings based on the work completed during the inception phase and final evaluation design/plan. A draft will be shared in advance for comments.
- Presentation of inception report findings and recommendations at early June 2010 meeting.
- Case study reports for 4 countries (drafts to be shared in advance).
- First draft of the evaluation report for review by the reference group.
- Second draft with an executive summary.
- Final edited report (end September 2010).

**Figure A.1. ECD Programme LOGIC (Summary)**

**Operational Goal:** Sustainable and effective programmes delivered at scale and quality to all disadvantaged children including in emergencies







## **APPENDIX B**

### **METHODOLOGICAL DETAILS**



This appendix augments the description of the evaluation scope and methodology presented in Chapter I.

## A. Multi-Level Assessment

The overall aim of the evaluation was to provide a multi-level assessment of the UNICEF-GoN Programme of Cooperation. There are two main reasons why it was difficult to investigate the UNICEF-GoN programme in isolation. First, although it is aimed at specific countries, the programme operates more generally by strengthening and mobilizing all levels within UNICEF (HQ/RO/CO). Second, GoN funding tends to be combined with other funding sources to support existing and ongoing ECD programmes, which makes it difficult to attribute any outcomes to GoN funding alone. Therefore, the approach was to use data from multiple levels and sources and a variety of methodologies to obtain a consistent picture and broad understanding of the overall state of ECD within UNICEF, while maintaining a focus on the 10 GoN-funded countries.

### 1. Data Sources

This section presents the methodological and data collection details for each of the four sources used in this evaluation: (1) document review, (2) executive interviews with key informants, (3) country case studies, and (4) the internet survey of UNICEF COs.

To the extent possible, the evaluation report combines data from the various sources in an attempt to obtain a consistent picture of the state of ECD at the CO, RO, and HQ levels. The approach included triangulating information from these different sources into broad analytic themes. A second approach was to focus more narrowly on specific key indicators. The evaluation team rated the 10 GoN-funded countries based on these indicators, which were developed to align with the evaluation questions and matrix. The indicator ratings (discussed below, masked data for each country are included in the Appendix I supplementary tables) offer the advantage of an easily accessible common metric that provides a snapshot of the state of key dimensions of ECD in the GoN-funded countries.

### Limitations

The findings and recommendations arising from the analysis should be viewed in the context of several important limitations in regard to the data sources that were combined for the evaluation analyses.

- **Document review.** The abstraction and analyses were necessarily limited by the information contained in the documents that UNICEF provided and that were accessible from public sources. The 2008 and 2009 CO and RO reports to HQ on the ECD programme activities, the summary reports to the GoN, and the publications and guiding UNICEF documents UNICEF provided were the main sources for the document review. This information was incomplete for some countries. Even though each country was to complete specific monitoring questions provided by HQ in their reports, the detail provided was variable and seemed not always to reflect the full range of activities going on in the countries. In addition, the focus of the reporting was on what was accomplished using the GoN funds, not all of what was happening around ECD in the countries and regions. The information in the reports was of variable quality and consistency across countries and regions which made aligning the information challenging and in some cases, there were gaps. In addition, because of the timing of the evaluation, the reports on the final year of funding were not available for analysis (these reports are due to HQ in spring 2011).
- **Country case studies.** The case studies included a mix of evaluation respondents, but overall they were ECD policy and programme stakeholders. This may have provided a biased view of the role and positioning of ECD in the four countries. In addition, sites for the ECD field visits were selected purposively to accommodate the visit schedule and provide the Mathematica team with a view of the activities funded with the UNICEF-GoN programme investment. Again, the factors mean that the field visits may not have been representative of the true situation of ECD in each country (for example, the highest quality preschool programmes may have been selected for the visits). In addition, UNICEF staff served as

translators in most of the interviews conducted in country which may have led to a positive bias in respondent answers to the questions. As described in Chapter I, almost all of the case study data was self-reported. Finally, the secondary data sources that were used as part of the background information and to assess key topics, such as ECD service coverage, were sometimes of questionable quality.

- **Executive interviews.** Respondents were affiliated with UNICEF or global ECD programming and may have presented skewed answers with a positive bias.
- **Internet survey of COs.** The response rate, although reported by UNICEF Evaluation Office staff as high for such surveys, was 61 percent, raising concerns that the respondents may not be representative of the full sample of COs. It is also unclear whether some respondents fully understood all the questions (as evidenced by responses to the open-ended questions in particular) or devoted enough time to completing the survey, as COs occasionally provided contradictory responses to some questions. The evaluation did not have the resources to contact COs to verify conflicting data or fill in missing information. In cases where there was a conflict the overall approach was to delete the response to those questions from the analysis. Although the survey was also sent to ROs, their responses were not included in the analysis because they were so different from the CO responses and often the questions did not apply to their work.

The evaluation team's approach to triangulating data from these various sources was motivated in part by a desire to mitigate the impact of the limitations of any single data source on the conclusions. Of course, combining data from various sources has its own set of limitations. First, the team did not always have information from all sources for all countries and sometimes had to rely on only a single source. Second, there was inevitably some degree of subjectivity in combining the data from various sources (for example for the indicator ratings) although the team attempted to minimize this by resolving discrepancies as a group. Finally, the evaluation was retrospective and included only one round of data collection that occurred well into the final year of the three-year funding cycle. This limited the evaluation team's ability to assess changes over time and did not allow for analysis of the full funding period, which ended in December 2010. Indeed, data collection ended by October 1, 2010, reflecting the state of ECD as of the end of September. Although the team did interact with representatives from the 10 COs and the ROs at the October Global Network meeting in Brussels, those conversations were focused on verifying information and checking facts. To address the lack of a baseline, the evaluation team attempted to include questions about past conditions in the case study interviews, secondary data reviews, and the internet survey. Retrospective questions, especially when asking about events more than three years ago, are always subject to bias and lead to concerns about the validity and the reliability of the information provided. Again, triangulation of information across data sources was the primary approach the team took to addressing these issues.

Overall, the Mathematica approach was to mitigate the impact of these various limitations to the degree possible and, within this scope, to provide the most accurate findings and logical recommendations possible.

### **Document review methodology**

The evaluation conducted a thorough desk review of all CO, RO, and HQ documents provided by UNICEF, with a particular focus on the CO documents. This review was designed to supplement information from the case studies and internet survey and to gain a broader understanding of the state of ECD in the GoN-sponsored country context. Documents included the ECD GoN Donor Reports for 2008 and 2009; funding memos; ECD progress reports; country-specific responses to monitoring questions; country programme action plans; regional progress reports; country and regional presentations at the 2009 global UNICEF-GoN conference on capacity building, knowledge generation and mainstreaming; and when relevant, country Demographic and Health Survey (DHS) and Multiple Indicator Cluster Survey (MICS) data. In addition HQ provided their most recent work plans, as well as a range of key documents that served as background for the document review. Appendix G provides a list of the documents that the evaluation team used for the review and for background on relevant ECD activities and the broader context for the UNICEF's ECD activities.

While information from the document review is necessarily limited by what the documents contain, the extraction provided details on country-level activities and plans. This was especially valuable for the six countries that were not visited. For the case-study countries, the document review served as an additional source of data and information triangulation.

**Information extraction.** General context information from the document review included country and regional contact information, social context, UNICEF country-level activities, government ECD-related activities, cross-cutting issues, and a summary of the GoN-funded programme. The ECD Programme summary included information on implementing agencies, ECD organization in UNICEF office structure, mission statement/objectives, budgeting and funding, major achievements/key results, major challenges, measures needed for further progress, partners and contracting agencies, resources leveraged, research and evaluation studies conducted, progress on collection of baseline data on ECD indicators, progress in development of Early Learning and Development Standards (ELDS), monitoring and evaluation activities, and results measurement. In addition, ECD project activity analysis included information on strategic objective, budget, timeline, targeted population groups, partnerships and leveraged resources, project strategy/main activities, project outputs, and results for each planned or completed activity.

The document review analysis team further reviewed the sources in order to conduct cross-country analyses. These focused on characteristics identified as most relevant for review and analysis and included sectors; and stages of ECD programme development strategic objectives, challenges, and successes. The analysis also provided insight into what types of information could be extracted and analyzed for the purpose of indicator ratings and triangulating information received from case study visits and the internet survey.

A final round of information review was conducted for the purpose of assigning indicator ratings. These indicators included:

- Alignment of ECD programming with national priorities and goals
- Planning, management, and coordination
- Programme effectiveness: coverage of ECD services
- Programming effectiveness: knowledge generation and dissemination
- Programming effectiveness: building capacity for ECD
- Programming effectiveness: mainstreaming ECD in national policies and plans
- Sustainability and scalability
- Human rights-based approaches and gender equity

**Indicator ratings.** Ratings for each indicator were developed to categorize progress made by the 10 countries that received the UNICEF-GoN programme funds. Ratings were set such that an X, or low rating, indicated very little or no progress on a particular indicator, whereas a check-plus, or high rating, indicated substantial progress. Ratings of a “check” were defined to capture moderate progress. Moderate progress may mean that the country has done a moderate amount of work in the area, or that a good deal of work has taken place; however, the impacts of the work are unclear, or the methods were rated as not particularly effective.

The definitions of each ratings level were based on the evaluation team’s experience in case study site visits and expertise in ECD. These experiences informed decisions about the degrees of progress expected. “High” ratings were only possible for the four case study countries because the evaluation team did not have the fine-grained information required to rate the other six countries as high. All process below the highest rating was separated into “low” and “medium” categories.

Indicators were rated first based upon the internet survey and the case study information. The document review was then used as a source of triangulation. In cases where information from the document review supported other sources of information, the initial rating was confirmed. In cases where there was a contradiction between information provided from case studies or the internet survey and document

review, these contradictions were highlighted for further review. Since not all information was available from the documents, greater reliance was placed on case study and internet survey data. In cases for which there was no case study or internet survey information (the Democratic Republic of the Congo and Swaziland), the indicators were rated based solely upon the document review.

The evaluation team implemented a check on the reliability of the ratings. Following the independent ratings conducted by two team members who did not participate in the case study visits, the visitors for each country completed the indicator ratings. For only approximately 10 percent of the indicators did the site visitor rating result in a change to the indicator rating. Overall this is a good level of inter-rater agreements and verifies the reliability of the ratings.

### **Case study methodology**

Details about the methods are included in each of the case study reports (Buek et al. 2010; Burwick et al. 2010b; Burwick et al. 2010c; and Chatterji et al. 2010). This section provides a brief overview of the methods. Four GoN-funded countries were selected for site visits and in-depth case studies in consultation with ECD staff at UNICEF HQ. Countries were selected to provide regional diversity and based on their ability to accommodate the evaluation team during the study period. The four countries selected were Cambodia (East Asia and Pacific Region), Nepal (South Asian Region), Tanzania (Eastern and Southern African Region) and Ghana (West and Central African Region). Initial site visit protocols (semi-structured discussion guides) and procedures were developed and tested during a pilot site visit to Cambodia. The protocols aimed to investigate the context, design, operations, outputs, and progress toward outcomes of the UNICEF-GoN Programme. They were refined for subsequent site visits based on the site visit team's experience during the Cambodia inception visit and in order to better align them with a broadening of the initial evaluation approach beyond a narrow focus on the GoN investment and with the indicators.

Site visits were conducted in the summer of 2010 and ranged from five to nine days in duration, during which data was collected from a range of stakeholders. Case study respondents are listed in Appendix F. A major component of the data collection involved interviews with key UNICEF CO staff, national and local government representatives (including various ministries, departments and agencies), NGO partners and ECD service providers among others. Further data collection activities involved observations of ECD programming through field visits to ECD sites and focus group discussions held with parents of young children. In addition to this primary data collection effort, site visitors also reviewed a range of secondary sources available in each country. Typically these included reports and strategic plans, data from surveys and management information systems and the results of external studies. The documents that served as part of the data sources for each country case study are summarized in Appendix G.

### **Executive interview methodology**

In order to gain a better understanding of the UNICEF-GoN Programme, the team leader conducted executive interviews (usually one-on-one) interviews to obtain the perspective of UNICEF HQ and RO staff as well as that of key stakeholders. Stakeholders included representatives of the GoN, INGOs, and private consultants/specialists. Each interview was approximately 45-60 minutes in duration and was conducted over the telephone. A Mathematica note taker was present to document the discussion.

Interview questions were tailored for each category of respondent and to what the team knew from the UNICEF ECD Unit about the respondent's role in working on ECD issues. Exhibit I.1 provides a list of the main topics each type of interview addressed (detailed questions were included in the protocols under each topic). The list of interview respondents is available in Appendix F. Some of the interviews, particularly of RO staff, included more than one person. In addition to the individuals who participated in formal executive interviews, the team leader conducted a number of formal and informal interviews and discussions with HQ ECD Unit staff over the course of the evaluation period. These types of discussions with some of the reference group members and other stakeholders also occurred at the two HQ-sponsored global network meetings in 2009 and 2010 and in other professional settings (for example the Head Start Research Conference in June of 2010). The topics of the interviews by type of respondent were developed based on the gaps the evaluation team identified in the other data sources in regard to some of the research questions and indicators in the evaluation matrix. The interview topics are described

in the exhibit below. In preparation for the interviews, the team leader reviewed the relevant documents, for example, the RO progress reports to HQ on the ECD programme activities conducted in 2008 and 2009.

Analysis topics. Following the completion of the formal interviews and the preparation of detailed notes, the interviews were analyzed for common themes. Responses were sorted by the three types of interviewees and common themes identified in the following areas:

- Headquarters/Regional Office/Country office structure
- ECD plans and activities
- What UNICEF is doing well
- What UNICEF can improve
- Partnerships/collaboration
- ECD Unit capacity
- Role of the GoN funding
- ECD evaluation/evidence base
- Scale up
- Impact/approach

These areas were selected for the analysis due to their relevance to the evaluation and due to the completeness of the information provided by respondents to the interview questions.

### **Internet-based survey methodology**

The Mathematica team worked with the UNICEF evaluation office and the ECD Unit to conduct a global internet-based survey of the UNICEF COs in countries that have a programme of cooperation. The internet survey was designed to supplement information from the case studies and document reviews and to gain a broader understanding of the state of ECD in the global context.

The survey questions were organized into five main sections, each addressing a different aspect of ECD. These sections covered ECD coordination, policy, capacity building, knowledge generation and management as well as issues around reaching the disadvantaged and marginalized. Each section consisted of several questions in which respondents were required to select responses from a list, express the extent of their agreement or disagreement with certain statements, or fill in a response to an open-ended question. The internet survey instrument can be found in Appendix H.

### **Box I.1. Executive Interview Topics by Respondent**

#### **UNICEF HQ staff**

- Current Position and Responsibilities
- ECD in UNICEF
- ECD in Relation to Other Sections within UNICEF HQ
- ECD Moving Forward
- Other Comments

#### **UNICEF RO staff**

- Position and Responsibilities
- Regional Context
- ECD in the RO Organization
- Planning and Coordination of UNICEF ECD Programming
- Programme Effectiveness: Knowledge Generation
- Programme Effectiveness: Capacity Building
- Programme Effectiveness: Mainstreaming
- Cross-Cutting Issues: Human-Rights-Based Approach, Reaching the Most Disadvantaged, and Gender Equity
- Budgeting and Resource Use
- Other Comments

#### **Stakeholders**

- Respondent Position and Responsibilities
- Programme Effectiveness: Goals & Implementation
- Programme Effectiveness: Support & Sustainability
- Programme Effectiveness: Replication of This Funding Approach
- Other Comments

After an initial pilot of the questions with a few COs, the survey was administered by UNICEF using the Zoomerang online survey tool. UNICEF sent all COs with a country cooperation programme an initial email with a link to the online survey and a request for participation. The initial survey was available from September 2 through September 22, 2010. Of the 123 COs surveyed, 61.0 percent (75 countries) responded to the survey. The response rates broken down by country income and region are presented in Table B.1. The evaluation used the World Bank's country income classification (World Bank 2010), which classifies countries into three categories based on per-capita gross national income (GNI). The regions were defined as per UNICEF's classification. Table B.2 shows that the response rate was slightly lower for lower-middle income countries (50.0 percent) compared to low (66.7 percent) and upper-middle income countries (68.6 percent). There was also some variation in response rates across regions, with these rates ranging from 46.2 percent to 68.2 percent.

The raw data obtained from the internet survey were analyzed in STATA. Data were corrected for any inconsistencies and open responses were coded into categories to the extent possible. Variables were constructed as needed (for example if two categories had to be combined). These cleaned data were used to construct the survey data tables in the main report, while the full set of tables for all survey questions is available in Appendix I by country income and region. The disaggregation of responses by country income and region allowed the evaluation team to investigate patterns in the data along these dimensions. However, since the sample size results in only a small number of countries in each region, the analyses for this report focused on the overall responses and disaggregation by country income.

Then evaluation team did not attempt to weight the analysis to account for survey non-response and make the overall analysis representative of the full set of 123 countries surveyed. First, weighting by income and region response rates would be problematic because of low income and region cell counts.



Second, the observed variation in response rates is unlikely to be sufficient to substantially affect the conclusions.

**Table B.1. ECD Internet Survey Response Rates, by Region and Income**

Income	Total		Low Income <sup>a</sup>		Lower-Middle Income <sup>a</sup>		Upper-Middle Income <sup>a</sup>	
Region <sup>b</sup>	Sample Size	Response Rate (Percentage)	Sample Size	Response Rate (Percentage)	Sample Size	Response Rate (Percentage)	Sample Size	Response Rate (Percentage)
CEECIS	15	68.2	2	100.0	6	66.7	7	70.0
EAPRO	9	60.0	3	60.0	5	62.5	1	50.0
ESARO	13	65.0	9	69.2	1	25.0	3	100.0
MENA	6	46.2	1	100.0	4	44.4	1	33.3
ROSA	5	62.5	2	66.7	3	60.0	0	n.a. <sup>c</sup>
TACRO	13	56.5	1	100.0	1	16.7	11	68.8
WCARO	14	63.6	10	58.8	3	60.0	1	100.0
<b>Total</b>	<b>75</b>	<b>61.0</b>	<b>28</b>	<b>66.7</b>	<b>23</b>	<b>50.0</b>	<b>24</b>	<b>68.6</b>

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

Note: The UNICEF Evaluation Office sent the survey to 123 COs, 75 responded and their data are included in the analysis.

<sup>a</sup>Income categories are based on the classifications of the World Bank (2010), which uses 2008 per capita GNI: lower income <\$975; lower-middle income \$976-\$3855; upper-middle income \$3866-\$11905. Oman was placed in the upper-middle category though its income is higher than the cutoff.

<sup>b</sup>Regions are based on UNICEF definitions.

<sup>c</sup>n.a. = not applicable. There are no upper-middle income countries in ROSA so the response rate could not be computed.

CEECIS = Central and Eastern Europe and the Commonwealth of Independent States; EAPRO = East Asia and the Pacific Region; ECD = early childhood development; ESARO = Eastern and Southern Africa Region; GNI = gross national income; MENA = Middle East and North Africa; ROSA = South Asia; TACRO = The Americas and Caribbean Region; WCAR = West and Central Africa Region.

**Table B.2. Countries Responding to Internet Survey, by Name, Region, and Income**

Region <sup>b</sup>	Low Income <sup>a</sup>		Lower-Middle Income <sup>a</sup>		Upper-Middle Income <sup>a</sup>	
	Respondents	Non-Respondents	Respondents	Non-Respondents	Respondents	Non-Respondents
CEECIS	Tajikistan Uzbekistan		Armenia Croatia  Kosovo Republic Of Moldova Turkmenistan Ukraine	Albania Azerbaijan  Georgia	Belarus Bosnia & Herzegovina Bulgaria Kazakhstan  Romania Serbia Turkey	Macedonia Montenegro  Russia
EAPRO	Cambodia DR Korea  Viet Nam	Laos Myanmar	China Indonesia  Mongolia Thailand Timor-Leste	Kiribati Papua New Guinea Philippines	Malaysia	Fiji
ESARO	Burundi Comores Eritrea Kenya Malawi Somalia Tanzania Uganda Zambia	Ethiopia Madagascar Rwanda Zimbabwe	Lesotho	Angola Sudan Swaziland	Botswana Namibia South Africa	
MENA	Yemen		Djibouti Iran Syria Tunisia	Egypt Iraq Jordan Morocco Occupied Palestinian Territory	Oman	Algeria Lebanon
ROSA	Bangladesh Nepal	Afghanistan	India Pakistan Sri Lanka	Bhutan Maldives	n.a <sup>c</sup>	n.a <sup>c</sup>
TACRO	Haiti		Guyana	Ecuador  Guatemala  Honduras Nicaragua Paraguay	Argentina  Barbados and Eastern Caribbean Islands Bolivia Brazil Chile Colombia Costa Rica Cuba Peru Suriname Uruguay	Dominican Republic  Jamaica Mexico Panama Venezuela

**Table B.2. Countries Responding to Internet Survey, by Name, Region, and Income (Continued)**

Region <sup>b</sup>	Low Income <sup>a</sup>		Lower-Middle Income <sup>a</sup>		Upper-Middle Income <sup>a</sup>	
	Respondents	Non-Respondents	Respondents	Non-Respondents	Respondents	Non-Respondents
WCARO	Central African Republic Equatorial Guinea Ghana Guinea Mali Mauritania Senegal Sierra-Leone The Gambia Togo	Benin  Burkina Faso  Chad DR Congo Guinea-Bissau Liberia Niger	Cape Verde  Cote D'Ivoire  Nigeria	Cameroon  Congo	Gabon	
<b>Total</b>	<b>28</b>	<b>14</b>	<b>23</b>	<b>23</b>	<b>24</b>	<b>11</b>
<b>Response Rate (Percentage)</b>	<b>66.7</b>		<b>50.0</b>		<b>68.6</b>	

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

Note: The UNICEF Evaluation Office sent the survey to 123 COs, 75 responded and their data are included in the analysis.

<sup>a</sup>Income categories are based on the classifications of the World Bank (2010), which uses 2008 per capita GNI: lower income <\$975; lower-middle income \$976-\$3855; upper-middle income \$3866-\$11905. Oman was placed in the upper-middle category though its income is higher than the cutoff.

<sup>b</sup>Regions are based on UNICEF definitions.

<sup>c</sup>n.a= not applicable. There are no upper-middle income countries in ROSA so the response rate could not be computed.

CEECIS = Central and Eastern Europe and the Commonwealth of Independent States; EAPRO = East Asia and the Pacific Region; ECD = early childhood development; ESARO = Eastern and Southern Africa Region; GNI = gross national income; MENA = Middle East and North Africa; ROSA = South Asia; TACRO = The Americas and Caribbean Region; WCAR = West and Central Africa Region.

## **APPENDIX C**

### **EVALUATOR BIOGRAPHICAL INFORMATION**



**Kimberly Boller** (Ph.D., Cognitive and Developmental Psychology, Rutgers University), a senior research psychologist at Mathematica, was the evaluation team leader. In that role she participated in the country case study visit to Cambodia, led the evaluation design and reporting tasks, and conducted the executive interviews. She is an expert in child outcomes and child care quality measurement, assessing the implementation and impact of early intervention programme and policy initiatives, and determining the factors that contribute to effective education and training for parents and early childhood professionals.

As a senior advisor and consultant, Dr. Boller has provided input to early childhood programmes and studies in Brazil, Chile, Mongolia, and countries in Central/Eastern Europe and Central Asia. In 2010, she co-convened an international meeting of experts on developing a framework for studying ECD programme quality in the majority world. Dr. Boller has led a number of studies in the ECD area to support implementation, programme replication, and systems change. She co-directs the Supporting Evidence-Based Home Visitation to Prevent Child Maltreatment cross-site evaluation, a study of 17 grants awarded by DHHS to support development of systems needed to implement and sustain early childhood home visiting programme models with a demonstrated record of effectiveness. She leads a team of 15 research and survey staff members who engaged in a participatory, utilization-focused planning year to develop the evaluation design and provide technical assistance to grantees (states, counties, and local service organizations).

As principal investigator for the Early Learning Initiative Evaluation, Dr. Boller designed and conducted a formative study of prenatal through age 2 home-visiting programmes, including development of a home-visiting logic model, alignment of home-visit content and quality observation tools, and design of qualitative and quantitative approaches to documenting implementation successes and challenges. Dr. Boller's work has included studies of Early Head Start, Head Start's training and technical assistance system, workshops for parents and early childhood education professionals on using television more wisely with children, Head Start programme enhancements designed to reduce childhood obesity, the role of low-income fathers and father figures in children's lives, community-wide investments in early childhood care and education systems, and preschool education in Chile.

Dr. Boller's expertise includes designing, selecting, and analyzing measures of ECD systems change, child care quality, home-visiting quality, and child and family outcomes for large-scale research and evaluation projects. She serves as principal investigator for the Early Head Start Family and Child Experiences Survey (Baby FACES), a study of 89 representative Early Head Start programmes across the country that annually assesses the development of more than 1,400 infants and toddlers until they are 3 years old.

**Andrew Burwick** (M.P.A., Princeton University), a senior researcher at Mathematica, worked with the team leader on the design of the evaluation and led the country case study task, including conducting country case study visits to Cambodia and Ghana. He is an expert in assessing implementation of programmes for early childhood education and development. Mr. Burwick's work in this area has included evaluation of programme management practices, service individualization, service dosage and content, relationships with community partners, and implementation of programme performance standards in the context of Early Head Start. He has also assessed efforts to promote father involvement in early childhood programmes and conducted cost and cost-benefit analyses of family support interventions.

**Diane Paulsell** (M.P.A., New York University), is an associate director of human services research at Mathematica with expertise in evidence-based home visiting models, early childhood systems, evaluation design, prevention research, and program implementation. She has played a leading role in major studies of Head Start, Early Head Start, and child care programs. Ms. Paulsell directed the Early Head Start Enhanced Home Visiting Pilot Evaluation, as well as Supporting Quality in Home-Based Child Care, an OPRE-funded project to synthesize existing research and lessons from field on support home-based child care providers and identify promising strategies for improving quality in this type of care. Ms. Paulsell is currently directing the Home Visiting Evidence of Effectiveness (HomVEE) project, funded by OPRE/ACF, and the Early Learning Initiative Evaluation, funded by the Bill & Melinda Gates Foundation, which includes a process and impact study of a pilot quality rating and improvement systems that provides intensive coaching to child care center staff and family child care providers. Ms. Paulsell's evaluation design experience includes serving as task leader for the Design Options for Studying Head Start Quality Enhancements project and the Atlantic Philanthropies' Children and Youth project, which provided design

support for a number of evaluations of underway in Ireland. Ms. Paulsell has extensive experience as a project director, has lead expert panels and technical working groups, and has presented at the Secretary's Advisory Committee on Accountability and Educational Performance Measures. She has authored numerous reports and briefs on home visiting and early childhood research and made presentations to a range of policy, practitioner, and research audiences.



## **APPENDIX D**

### **GLOBAL AND COUNTRY LOGICAL FRAMEWORKS FOR UNICEF ECD PROGRAMMING**



Figure D.1. Global Logical Framework for UNICEF ECD Programming

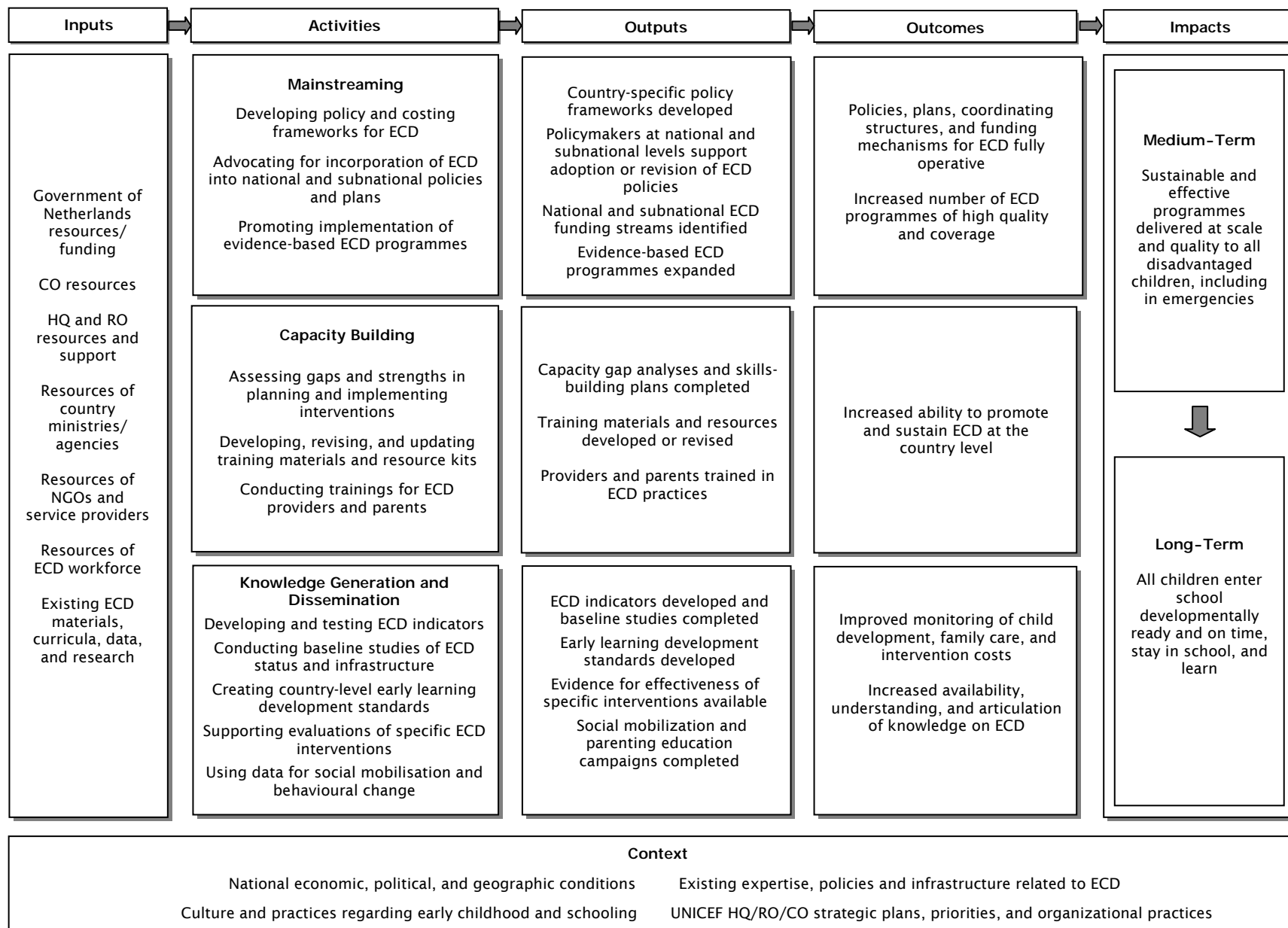


Figure D.2. Logical Framework for ECD Programming in the UNICEF–Royal Government of Cambodia Cooperation Programme

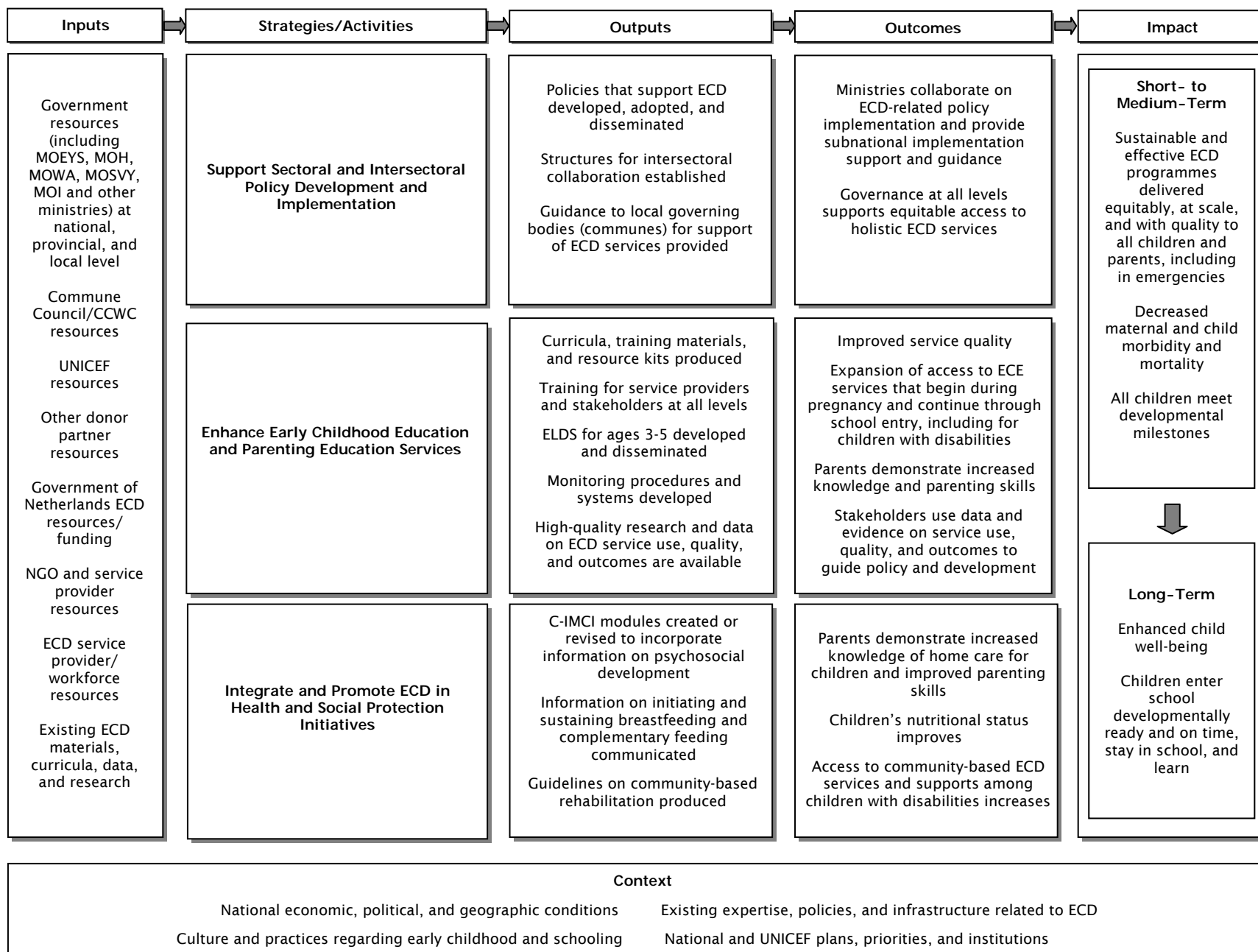


Figure D.3. Logical Framework for ECD Programming in the Government of Ghana-UNICEF Programme of Cooperation

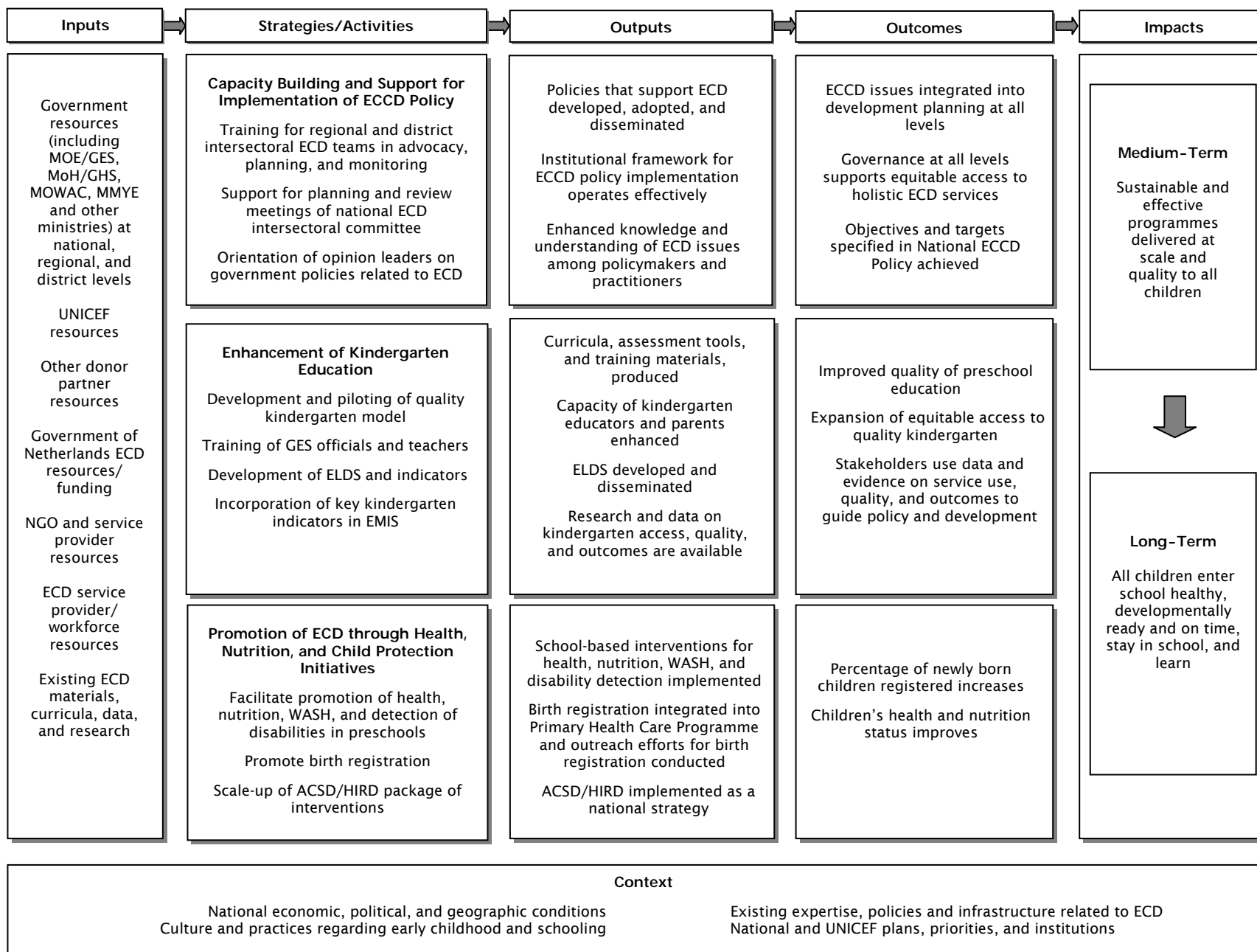


Figure D.4. Logical Framework for ECD Programming in the UNICEF–Nepal Programme of Cooperation

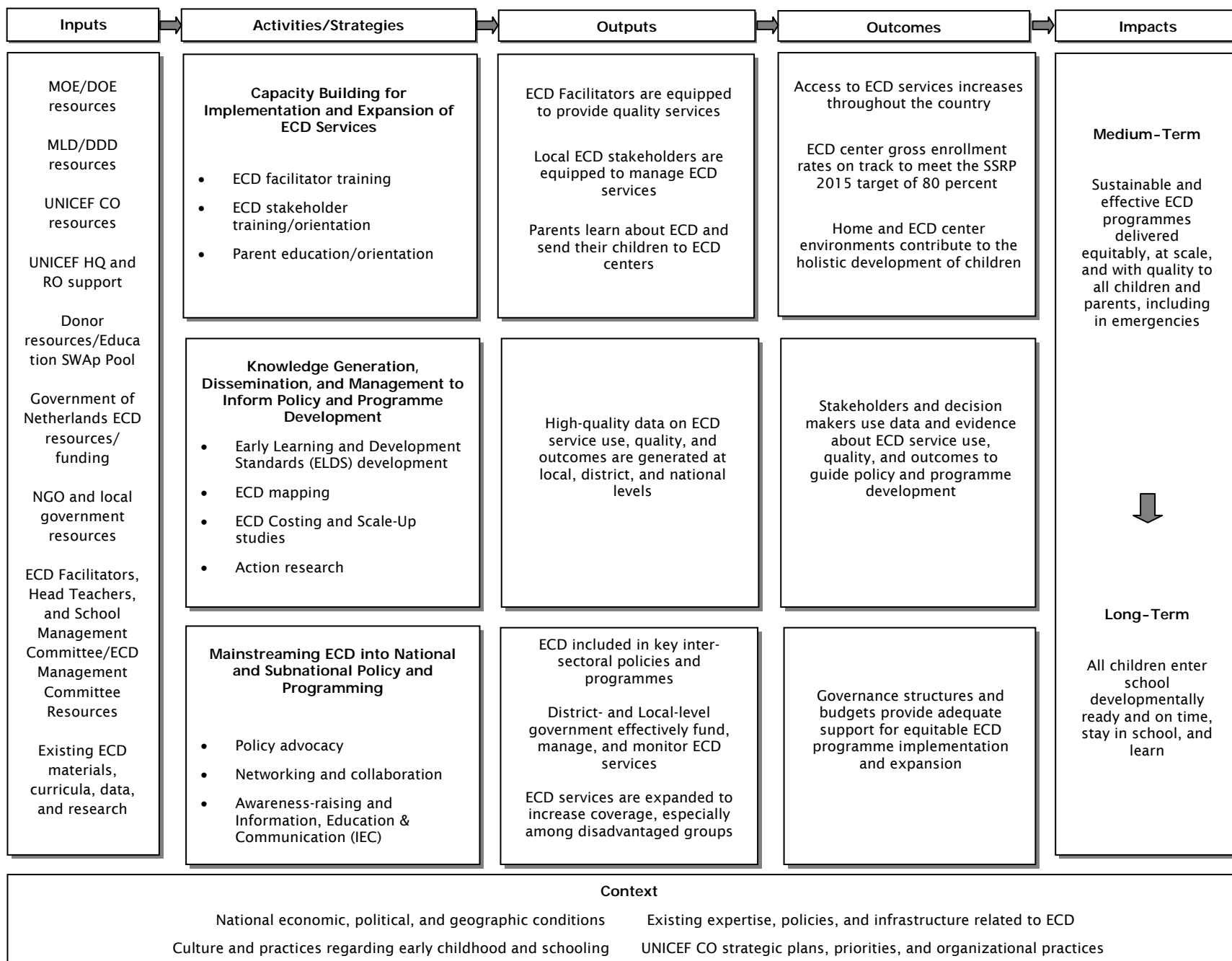
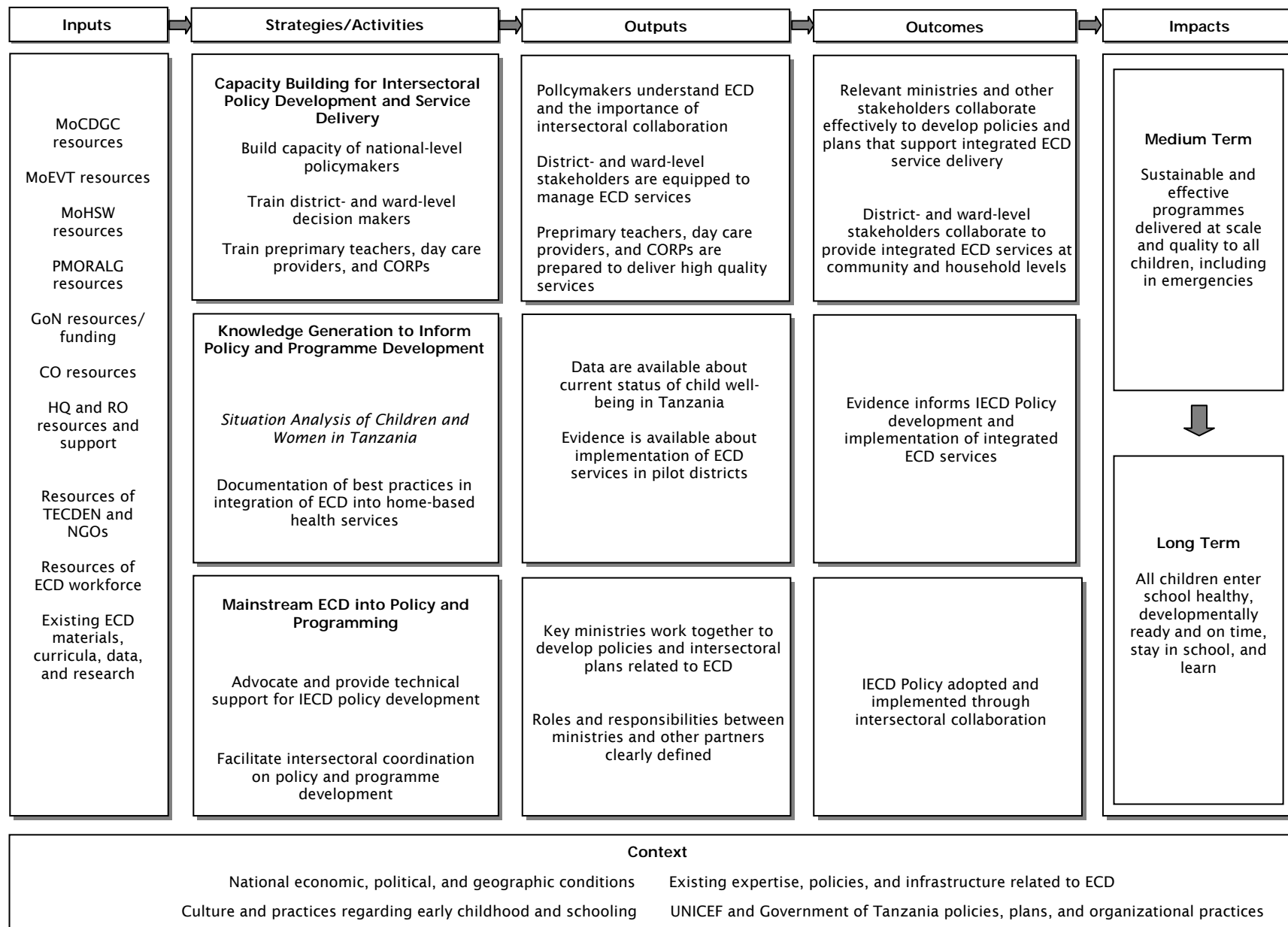


Figure D.5. Logical Framework for ECD Programming for the Government of Tanzania and UNICEF Programme of Cooperation







## **APPENDIX E**

### **GLOBAL AND COUNTRY CASE STUDY MATRICES FOR UNICEF ECD PROGRAMMING**



**Table E.1. Summary Evaluation Matrix (Global and Generic Country Case Study Matrix)**

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
<b>Relevance and Appropriateness of ECD Programming</b>		
1. How closely does UNICEF ECD programming relate to priorities and expected results expressed in strategic documents at the global and country levels?	Programming is aligned with priorities and policies of target group, recipient, and donor	<ul style="list-style-type: none"> <li>ECD programming addresses priorities expressed in programmes of cooperation, national development plans and strategy documents and UNICEF Medium-Term Strategic Plan</li> </ul>
2. How appropriate are UNICEF ECD programming strategies for expanding holistic ECD in general and in various country contexts	Programming strategies expand holistic ECD	<ul style="list-style-type: none"> <li>Programming integrates multiple sectors to achieve holistic ECD</li> </ul>
<b>Knowledge Generation</b>		
1. What results have been achieved through programming to promote knowledge generation and dissemination in support of ECD goals?	Increased availability, understanding and articulation of knowledge on ECD	<ul style="list-style-type: none"> <li>Evaluations/studies of ECD interventions have been completed</li> <li>Results from evaluations/ studies of ECD programmes inform policy and planning</li> </ul>
2. How has this knowledge been used and by whom?		<ul style="list-style-type: none"> <li>Data on ECD activity outputs and outcomes are used for planning by country partners</li> <li>Methods to calculate and budget costs of ECD programming have been developed and disseminated</li> </ul>
<b>Capacity Building</b>		
1. What results have been achieved through programming to enhance ECD-related capacity of caregivers, service providers, decision makers, and institutions in the 10 GoN-funded countries?	Increased ability to promote and sustain ECD	<ul style="list-style-type: none"> <li>Planned outputs related to ECD capacity building (training, infrastructure development) have been achieved</li> <li>Service providers report and demonstrate improved practices related to ECD</li> </ul>
2. What factors have promoted or inhibited capacity development?		<ul style="list-style-type: none"> <li>Quality standards for ECD services are established and implemented</li> </ul>
3. How likely are current interventions to be sustained without UNICEF support?		<ul style="list-style-type: none"> <li>Parents report improved caregiving practices</li> </ul>
4. What results have been achieved through programming to enhance ECD-related capacity of UNICEF staff at the HQ, RO, and CO levels? What new skills have these staff members developed, and how are these skills being used?		<ul style="list-style-type: none"> <li>UNICEF staff report increased ability to articulate ECD programming and policy goals to partners</li> <li>UNICEF staff report increased ability to implement and/or support ECD programming</li> </ul>

**Table E.1. Summary Evaluation Matrix (Continued)**

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
<b>Mainstreaming</b>		
1. What results have been achieved through programming to mainstream ECD in national policies and programmes in the 10 GoN-funded countries?	Policies, plans, coordinating structures, and funding mechanisms for ECD fully operative	<ul style="list-style-type: none"> <li>ECD policies have been adopted at the national level</li> <li>Roles and responsibilities on ECD are defined among government entities and sectors at the national and regional levels</li> </ul>
2. What is the evidence regarding national and sub-national engagement and ownership of ECD (including increased budgetary allocations)?	Increased number of ECD programmes of high quality and coverage, including in emergencies and transition	<ul style="list-style-type: none"> <li>Stakeholders perceive that coordination among government entities and sectors is effective</li> <li>ECD-related allocations in national and sub-national budgets have increased</li> <li>Coverage of high quality ECD programming has increased</li> <li>Policymakers can articulate specific contributions of UNICEF programming toward putting ECD on the national agenda</li> </ul>
3. What factors have supported or inhibited successful replication and scale-up of ECD interventions?		
<b>Planning, Implementation, and Coordination</b>		
1. To what extent have key elements of results-based planning and management been applied in ECD programming at the global and country levels?	Effective planning, coordination, and budgeting of UNICEF ECD programming	<ul style="list-style-type: none"> <li>UNICEF CO staff report that HQ and RO guidance and support have been received when needed</li> <li>UNICEF CO staff reports that HQ and RO guidance and support has been helpful/enhanced programme planning and implementation</li> <li>The rationale for allocation of GoN and other ECD funds across UNICEF sections and projects is clear</li> <li>A results framework provides clear guidance for steps that will lead to achievement of strategic results</li> <li>Monitoring and evaluation are used to track progress and promote continuous improvement</li> </ul>
2. How has ECD programming influenced partnerships among governments, nongovernmental organizations, civil society organizations, and others?		
3. How successful has coordination and support for ECD programming been among HQ, ROs, and COs?		
4. How systematically have funds been used to achieve ECD programming objectives?		

Table E.1. Summary Evaluation Matrix (Continued)

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
<b>Human-Rights-Based Approach and Gender Equity</b>		
1. How successfully have the key principles of a human-rights-based approach been applied in planning and implementing the ECD programming?	Human-rights-based approaches are fully applied in planning and implementing ECD programming	<ul style="list-style-type: none"> <li>• Parents, ECD service providers, and other stakeholders are involved in programme design and implementation</li> </ul>
2. In what ways do ECD strategies and interventions respond to the rights of the most disadvantaged families and children?	The most disadvantaged families and children have access to ECD services	<ul style="list-style-type: none"> <li>• National and local context (knowledge, beliefs, gender and cultural differences) are taken into account in programme planning and implementation</li> </ul>
3. To what extent do the most disadvantaged families and children have access to ECD services?	Gender equity exists in participation, decision-making, and access	<ul style="list-style-type: none"> <li>• National ECD policies address the most disadvantaged/less reached</li> <li>• Parents, policymakers, and other stakeholders report that access for disadvantaged/less reached has increased</li> <li>• Coverage data indicate access among the most disadvantaged to services has increased</li> <li>• Men and women are equally represented in policymaking positions related to ECD</li> </ul>
4. What factors support or inhibit access to ECD services among the most disadvantaged?		<ul style="list-style-type: none"> <li>• Boys and girls are served in equal numbers in ECD interventions</li> </ul>
5. To what extent has gender equity existed in participation, decision making and access to ECD-related programmes?		<ul style="list-style-type: none"> <li>• Policymakers and service providers monitor issues of gender equity in service provision and access</li> </ul>

Table E.2. Cambodia Case Study Matrix

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
<b>Alignment of ECD Programming with National Priorities and Needs</b>		
1. How closely does ECD programming in the UNICEF-Cambodia programme of cooperation relate to priorities and expected results expressed in development plans and strategic documents?	Programming is aligned with country priorities and policies Programming strategies expand holistic ECD	<ul style="list-style-type: none"> <li>ECD programming addresses priorities expressed in programmes of cooperation, Cambodia development plans and strategy documents, and UNICEF's Medium-Term Strategic Plan</li> </ul>
2. How appropriate are Cambodia's ECD programming strategies for expanding holistic ECD?		<ul style="list-style-type: none"> <li>Programming integrates multiple sectors to achieve holistic ECD</li> </ul>
<b>Planning, Management, and Coordination</b>		
1. To what extent have key elements of results-based planning and management been applied in ECD programming at the country level?	Effective planning, coordination, and budgeting of ECD programming	<ul style="list-style-type: none"> <li>A results framework provides clear guidance for steps that will lead to achievement of strategic results</li> </ul>
2. How has ECD programming influenced partnerships among government, donors, nongovernmental organizations, civil society organizations, and other key actors?	Outputs are produced in a timely fashion using least costly resources	<ul style="list-style-type: none"> <li>Monitoring and evaluation are used to track progress and promote continuous improvement</li> </ul>
3. How effective is intersectoral coordination on ECD in the government and within UNICEF Cambodia?		<ul style="list-style-type: none"> <li>Stakeholders report that intersectoral coordination on ECD coordination occurs and is effective</li> </ul>
4. How systematically and efficiently have resources been used to achieve ECD programming objectives?		<ul style="list-style-type: none"> <li>The rationale for allocation of GoN and other ECD funds across UNICEF country office sections and projects is clear</li> <li>Programme activities produce outputs on time and do not exceed budgeted expenditures</li> </ul>

Table E.2. Cambodia Case Study Matrix (Continued)

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
<b>Programme Effectiveness: Coverage of ECD Services</b>		
1. What are trends in coverage and participation in key ECD services, including community preschools, home-based programmes, parenting education, BFCI/BFHI, and C-IMCI?	30 percent of children ages 3 to 5 attend ECD programmes organized at home, in their community, or at school	<ul style="list-style-type: none"> <li>Percentage of children ages 3 to 5 attending ECD programmes</li> <li>Percentage of families or villages reached by parent-focused or two-generation ECD interventions that begin early (prenatal to age 3)</li> </ul>
2. How, if at all, have strategies to increase coverage contributed to changes in service availability and participation rates?	Expansion of services that begin during pregnancy and continue through school entry	
3. What are trends in services across the age span (prenatal through preschool)?		
<b>Programming Effectiveness: Building Capacity for ECD</b>		
1. What results have been achieved through programming to enhance ECD-related capacity of parents, service providers, decision makers, and institutions in Cambodia?	Ministries collaborate on ECD-related policy implementation and provide subnational implementation and support guidance	<ul style="list-style-type: none"> <li>Planned outputs related to ECD capacity building (training, infrastructure development) have been achieved</li> </ul>
2. What factors have promoted or inhibited development of capacity to develop policies and implement services for ECD?	Service providers demonstrate increased knowledge and skills	<ul style="list-style-type: none"> <li>Data on ECD activity outputs and outcomes are used for planning by country partners</li> <li>Service providers report and demonstrate improved practices related to ECD</li> </ul>
3. What results have been achieved through programming to enhance ECD-related capacity of UNICEF Cambodia country office staff? What new skills have these staff members developed, and how are these skills being used?	Parents demonstrate increased knowledge and parenting skills	<ul style="list-style-type: none"> <li>Parents report improved care-giving practices</li> <li>UNICEF country office staff report increased ability to articulate ECD programming and policy goals to partners</li> <li>UNICEF country office staff report increased ability to implement and/or support ECD programming</li> </ul>

Table E.2. Cambodia Case Study Matrix (Continued)

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
Programme Effectiveness: Knowledge Generation and Dissemination		
1. What results have been achieved through programming to promote knowledge generation and dissemination in support of ECD goals?	Stakeholders and decision makers increasingly use data and evidence about ECD service use, quality, and outcomes to guide policy and programme development	<ul style="list-style-type: none"><li>Evaluations/studies of ECD interventions have been completed</li></ul>
2. Are core indicators agreed upon by key stakeholders in Cambodia? What has facilitated or inhibited the collection of core ECD data at the national and subnational levels?		<ul style="list-style-type: none"><li>Results from evaluations/ studies of ECD programmes inform policy and planning</li><li>Data on ECD outcomes are available</li></ul>
3. Do country counterparts have the skills they need to use ECD data effectively for policy and programme development? What could strengthen these skills?		<ul style="list-style-type: none"><li>Data on ECD outcomes are used for planning by country partners</li></ul>
4. Do UNICEF CO staff members have the skills necessary to use ECD data effectively to support policy and programme development? What could strengthen these skills?		
Programming Effectiveness: Mainstreaming ECD in Policies, Plans, and Services		
1. What results have been achieved through programming to mainstream ECD in national policies and programmes in Cambodia?	Policies that support ECD exist and are disseminated  Governance at all levels supports equitable access to holistic ECD services  Existing community-based services and sectoral initiatives integrate early learning and early stimulation	<ul style="list-style-type: none"><li>ECD policies have been adopted at the national level</li></ul>
2. Have national and subnational engagement and ownership of ECD increased (including increased budgetary allocations)?		<ul style="list-style-type: none"><li>Roles and responsibilities on ECD are defined among government entities and sectors at the national and regional levels</li></ul>
3. Has ECD been integrated into community-based packages?		<ul style="list-style-type: none"><li>ECD-related allocations in national and subnational budgets have increased</li><li>Materials to integrate ECD into existing services and initiatives (e.g., C-IMCI) are prepared and rolled out</li></ul>



Table E.2. Cambodia Case Study Matrix (Continued)

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
<b>Quality and Efficiency of ECD Services</b>		
<ol style="list-style-type: none"> <li>Has ECD programming contributed to increases in service quality? If so, how?</li> <li>How useful and comprehensive are current methods of assessing service quality? What gaps exist, if any?</li> <li>What factors facilitate or inhibit the use of service quality information to inform and improve ECD programmes and policies?</li> <li>What is known regarding the per capita costs and efficiency of ECD services in Cambodia?</li> </ol>	<p>Increased quality of ECD services</p> <p>Increased use of ECD service quality information to inform programme improvement</p> <p>Services are provided in a cost-efficient manner</p>	<ul style="list-style-type: none"> <li>Proportion of sites/locations where ECD service quality meets or exceeds standards in the field (for staff-child or staff-parent ratio; content conveyed; child/family engagement)</li> <li>Service quality information is available and systems for feedback exist</li> <li>Per capita costs of services are measured and in proportion to stakeholder expectations and anticipated benefits</li> </ul>
<b>Sustainability and Scalability</b>		
<ol style="list-style-type: none"> <li>What successes or barriers have been encountered in costing policies, plans, and services related to ECD?</li> <li>How likely are current interventions with an ECD focus (CPS, HBP, C-IMCI) to be sustained without support from UNICEF and other development partners and donors? What factors influence sustainability of current interventions?</li> <li>How likely are current interventions with an ECD focus to be scaled up? What factors influence scalability of current interventions?</li> </ol>	<p>Policies, plans, coordinating structures, and funding mechanisms for ECD include provisions for sustaining and scaling up existing services</p>	<ul style="list-style-type: none"> <li>Methods to calculate and budget costs of ECD programming have been developed and applied</li> <li>Country, province, and local budgets include projections for maintaining or increasing allocations for ECD</li> <li>Stakeholders report willingness and ability to sustain services without donor support</li> </ul>

Table E.2. Cambodia Case Study Matrix (Continued)

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
<b>Human Rights Based Approach, Gender Equity, and Reaching the Disadvantaged and Marginalized</b>		
1. How successfully have the key principles of a human rights based approach been applied in planning and implementing the ECD programming?	Human rights based approaches are fully applied in planning and implementing ECD programming	<ul style="list-style-type: none"> <li>• Parents, ECD service providers, and other stakeholders are involved in programme design and implementation</li> </ul>
2. In what ways do ECD strategies and interventions respond to the rights of disadvantaged and marginalized families and children?	Disadvantaged and marginalized families and children have access to ECD services	<ul style="list-style-type: none"> <li>• National and local context (knowledge, beliefs, gender and cultural differences) are taken into account in programme planning and implementation</li> </ul>
3. To what extent do disadvantaged and marginalized families and children have access to ECD services?	Gender equity exists in participation, decision making, and access	<ul style="list-style-type: none"> <li>• National ECD policies address the disadvantaged and marginalized</li> </ul>
4. What factors support or inhibit access to ECD services among disadvantaged and marginalized children and families?		<ul style="list-style-type: none"> <li>• Parents, policymakers, and other stakeholders report that access for disadvantaged/marginalized has increased</li> </ul>
5. To what extent has gender equity existed in participation, decision making, and access to ECD-related programmes?		<ul style="list-style-type: none"> <li>• Coverage data indicate access to ECD services has increased among the disadvantaged and marginalized</li> <li>• Men and women are equally represented in policymaking positions related to ECD</li> <li>• Boys and girls are served in equal numbers in ECD interventions</li> <li>• Policymakers and service providers monitor issues of gender equity in service provision and access</li> </ul>

**Table E.3. Ghana Case Study Matrix**

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
<b>Alignment of ECD Programming with National Priorities and Needs</b>		
1. How closely does ECD programming in the Government of Ghana-UNICEF Programme of Cooperation relate to priorities and expected results expressed in development plans and strategic documents?	Programming is aligned with country priorities and policies	<ul style="list-style-type: none"> <li>ECD programming addresses priorities expressed in programmes of cooperation, development plans and strategy documents and UNICEF's Medium-Term Strategic Plan</li> </ul>
2. How appropriate are Ghana's ECD programming strategies for expanding holistic ECD?	Programming strategies expand holistic ECD	<ul style="list-style-type: none"> <li>Programming integrates multiple sectors to achieve holistic ECD</li> </ul>
<b>Planning, Management, and Coordination</b>		
1. To what extent have key elements of results-based planning and management been applied in ECD programming at the country level?	Effective planning, coordination, and budgeting of ECD programming	<ul style="list-style-type: none"> <li>A results framework provides clear guidance for steps that will lead to achievement of strategic results</li> </ul>
2. How has ECD programming influenced partnerships among government, donors, nongovernmental organizations, civil society organizations, and other key actors?	Outputs are produced in a timely fashion using least-costly resources	<ul style="list-style-type: none"> <li>Monitoring and evaluation are used to track progress and promote continuous improvement</li> </ul>
3. How effective is intersectoral coordination on ECD in the government and within the UNICEF Ghana CO?		<ul style="list-style-type: none"> <li>Stakeholders report that intersectoral coordination on ECD coordination occurs and is effective</li> </ul>
4. How systematically and efficiently have resources been used to achieve ECD programming objectives?		<ul style="list-style-type: none"> <li>The rationale for allocation of GoN and other ECD funds across UNICEF country office sections and projects is clear</li> <li>Programme activities produce outputs on time and do not exceed budgeted expenditures</li> </ul>

Table E.3. Ghana Case Study Matrix (Continued)

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
<b>Programme Effectiveness: Coverage of ECD Services</b>		
1. What are trends in coverage and participation in services and initiatives related to ECD, including KG, nutrition initiatives, WASH in schools, and birth registration?	Educational access and participation in KG level increased	<ul style="list-style-type: none"> <li>Gross enrollment rate/net enrollment rate for KG (70%/50% by 2010)</li> </ul>
2. How, if at all, have strategies to increase coverage contributed to changes in service availability and participation rates?	<p>School WASH implemented in deprived districts</p> <p>Increase in registered births</p>	<ul style="list-style-type: none"> <li>Percentage of primary schools with KGs attached to them (30% in 2005, 70% by 2010)</li> <li>Percentage of districts with school WASH interventions implemented</li> <li>Percentage of children registered during the first year of birth (to 90 percent by 2010)</li> </ul>
<b>Programming Effectiveness: Building Capacity for ECD</b>		
1. What results have been achieved through programming to enhance ECD-related capacity of parents, service providers, decision-makers, and institutions in Ghana?	Ministries collaborate on ECD-related policy implementation and provide subnational implementation support and guidance	<ul style="list-style-type: none"> <li>Planned outputs related to ECD capacity building (training, infrastructure development) have been achieved</li> </ul>
2. What factors have promoted or inhibited development of capacity to develop policies and implement services for ECD?	ECE service providers demonstrate increased knowledge and skills	<ul style="list-style-type: none"> <li>Data on ECD activity outputs and outcomes are used for planning by country partners</li> <li>Service providers report and demonstrate improved practices related to ECD</li> </ul>
3. What results have been achieved through programming to enhance ECD-related capacity of UNICEF Ghana country office staff? What new skills have these staff members developed, and how are these skills being used?	Parents demonstrate increased knowledge and parenting skills	<ul style="list-style-type: none"> <li>Parents report improved caregiving practices</li> <li>UNICEF country office staff report increased ability to articulate ECD programming and policy goals to partners</li> <li>UNICEF country office staff report increased ability to implement and/or support ECD programming</li> </ul>

Table E.3. Ghana Case Study Matrix (Continued)

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
Programme Effectiveness: Knowledge Generation and Dissemination		
1. What results have been achieved through programming to promote knowledge generation and dissemination in support of ECD goals?	Stakeholders and decision-makers increasingly use data and evidence about ECD service use, quality, and outcomes to guide policy and programme development	<ul style="list-style-type: none"><li>Evaluations/studies of ECD interventions have been completed</li></ul>
2. Are core indicators agreed upon by key stakeholders in Ghana? What has facilitated or inhibited the collection of core ECD data at the national and subnational levels?		<ul style="list-style-type: none"><li>Results from evaluations/ studies of ECD programmes inform policy and planning</li></ul>
3. Do country counterparts have the skills they need to use ECD data effectively for policy and programme development? What could strengthen these skills?		<ul style="list-style-type: none"><li>Data on ECD outcomes are available</li></ul>
4. Do UNICEF CO staff have the skills they need to use ECD data effectively to support policy and programme development? What could strengthen these skills?		<ul style="list-style-type: none"><li>Data on ECD outcomes are used for planning by country partners</li></ul>
Programming Effectiveness: Mainstreaming ECD in Policies, Plans, and Services		
1. What results have been achieved through programming to mainstream ECD in national policies and programmes in Ghana?	Policies that support ECD exist and are disseminated	<ul style="list-style-type: none"><li>ECD policies have been adopted at the national level</li><li>Roles and responsibilities on ECD are defined among government entities and sectors at the national and regional levels</li><li>ECD-related allocations in national and subnational budgets have increased</li><li>Materials to integrate ECD into existing services and initiatives are prepared and rolled out</li></ul>
2. Has national and subnational engagement and ownership of ECD increased (including increased budgetary allocations)?	Governance at all levels supports equitable access to holistic ECD services	
3. Has ECD been integrated into community-based packages?	Existing community-based services and sectoral initiatives integrate early learning and early stimulation	

**Table E.3. Ghana Case Study Matrix (Continued)**

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
<b>Quality and Efficiency of ECD Services</b>		
1. Has ECD programming contributed to increases in service quality? If so, how?	Increased quality of ECD services	<ul style="list-style-type: none"> <li>Proportion of sites/locations where ECD service quality meets or exceeds standards in the field (for staff-child or staff-parent ratio; content conveyed; child/family engagement)</li> </ul>
2. How useful and comprehensive are current methods of assessing service quality? What gaps exist, if any?	Increased use of ECD service quality information to inform programme improvement	<ul style="list-style-type: none"> <li>Service quality information is available and systems for feedback exist</li> </ul>
3. What factors facilitate or inhibit the use of service quality information used to inform and improve ECD programmes and policies?	Services are provided in a cost-efficient manner	<ul style="list-style-type: none"> <li>Per capita costs of services are measured and in proportion to stakeholder expectations and anticipated benefits</li> </ul>
4. What is known regarding the per capita costs and efficiency of ECD services in Ghana?		
<b>Sustainability and Scalability</b>		
1. What successes or barriers have been encountered in costing policies, plans and services related to ECD?	Policies, plans, coordinating structures, and funding mechanisms for ECD include provisions for sustaining and scaling up existing services	<ul style="list-style-type: none"> <li>Methods to calculate and budget costs of ECD programming have been developed and applied</li> </ul>
2. How likely are current interventions with an ECD focus, particularly KG, to be sustained without support from UNICEF and other development partners and donors support? What factors influence sustainability of current interventions?		<ul style="list-style-type: none"> <li>Country, province, and local budgets include projections for maintaining or increasing allocations for ECD</li> </ul>
3. How likely are current interventions with an ECD focus to be scaled up? What factors influence scalability of current interventions?		<ul style="list-style-type: none"> <li>Stakeholders report willingness and ability to sustain services without donor support</li> </ul>

Table E.3. Ghana Case Study Matrix (Continued)

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
<b>Human Rights-Based Approach, Gender Equity, and Reaching the Disadvantaged and Marginalized</b>		
1. How successfully have the key principles of a human rights-based approach been applied in planning and implementing the ECD programming?	Human rights-based approaches are fully applied in planning and implementing ECD programming	<ul style="list-style-type: none"> <li>• Parents, ECD service providers, and other stakeholders are involved in programme design and implementation</li> </ul>
2. In what ways do ECD strategies and interventions respond to the rights of disadvantaged and marginalized families and children?	Disadvantaged and marginalized families and children have access to ECD services	<ul style="list-style-type: none"> <li>• National and local context (knowledge, beliefs, gender, and cultural differences) are taken into account in programme planning and implementation</li> </ul>
3. To what extent do disadvantaged and marginalized families and children have access to ECD services?	Gender equity exists in participation, decision-making, and access	<ul style="list-style-type: none"> <li>• National ECD policies address the disadvantaged and marginalized</li> </ul>
4. What factors support or inhibit access to ECD services among disadvantaged and marginalized children and families?		<ul style="list-style-type: none"> <li>• Parents, policymakers, and other stakeholders report that access for disadvantaged/marginalized has increased</li> </ul>
5. To what extent has gender equity existed in participation, decision-making, and access to ECD-related programmes?		<ul style="list-style-type: none"> <li>• Coverage data indicate access to ECD services has increased among the disadvantaged and marginalized</li> <li>• Men and women are equally represented in policymaking positions related to ECD</li> <li>• Boys and girls are served in equal numbers in ECD interventions</li> <li>• Policymakers and service providers monitor issues of gender equity in service provision and access</li> </ul>

Table E.4. Nepal Case Study Matrix

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
Relevance and Appropriateness of ECD Programming		
1. How closely does Nepal's ECD programming relate to priorities and expected results expressed in country strategic documents?	Programming is aligned with country priorities and policies	<ul style="list-style-type: none"><li>ECD programming addresses priorities expressed in programmes of cooperation, Nepal development plans and strategy documents, and UNICEF's Medium-Term Strategic Plan</li></ul>
2. How appropriate are Nepal's ECD programming strategies for expanding holistic ECD?	Programming strategies expand holistic ECD	<ul style="list-style-type: none"><li>Programming integrates multiple sectors to achieve holistic ECD</li></ul>
ECD Programme Coverage		
1. What types of ECD services exist and what is the level of participation?	Increased availability and participation in ECD services	<ul style="list-style-type: none"><li>The ECD gross enrollment rate (GER) is on track to meet the SSRP 2015-16 target of 80 percent overall and at least 80 percent of grade 1 students having some ECD experience</li><li>By 2010, one ECD center exists in each of the category 3 and 4 VDC settlements for VDCs in 15 DACAW districts.</li><li>Eighty percent of parents of children 3 to 5 years old in UNICEF-supported districts receive parenting orientation and messages about the importance of ECD</li></ul>
2. What proportion of 3- and 4-year-old children attends ECD centers (school-based or community-based)? Has participation increased?		
3. What is known about participation of parents and children in parenting-orientation classes?		
4. What is known about participation of parents and children in health and nutrition programmes that include an ECD focus (micronutrient-powder-supplementation training)?		
5. What is known about the reach of the ECD-focused radio programme for parents?		
Quality and Efficiency of ECD Services		
1. What is the quality and efficiency of ECD services? Have quality and efficiency improved?	Increased monitoring of ECD programme quality and efficiency	<ul style="list-style-type: none"><li>Quality standards have been developed and disseminated</li><li>Regular monitoring is carried out to ensure quality standards are being met and services are provided efficiently.</li></ul>
2. How are service quality and efficiency monitored?	Increased use of ECD service quality and efficiency information to inform programme improvement (staff capacity development)	
3. How is service quality and efficiency information used to inform and improve ECD programmes and policies?		



**Table E.4. Nepal Case Study Matrix (Continued)**

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
Knowledge Generation and Dissemination		
1. What results have been achieved through programming to promote knowledge generation and dissemination in support of ECD goals?	Increased availability, understanding, and articulation of knowledge on ECD	<ul style="list-style-type: none"><li>Evaluations/studies of ECD interventions have been completed</li></ul>
2. How has this knowledge been used and by whom?		<ul style="list-style-type: none"><li>Results from evaluations/studies of ECD programmes inform policy and planning</li></ul>
3. What core ECD indicators are used to monitor outputs and outcomes? Are they agreed upon by key stakeholders in Nepal? Are the data adequate for planning and monitoring progress on ECD?		<ul style="list-style-type: none"><li>Data on ECD activity outputs and outcomes are used for planning by country partners</li><li>Methods to calculate and budget costs of ECD programming have been developed and disseminated</li></ul>
4. Are ECD data routinely collected and reported at the national and subnational levels? How are data disaggregated?		<ul style="list-style-type: none"><li>ELDS have been developed for use in generating information on child well-being and quality of ECD services</li></ul>
5. Do country counterparts have the skills they need to use ECD data effectively for policy and programme development? What could strengthen these skills?		
6. Do UNICEF CO staff members have the skills they need to use ECD data effectively to support policy and programme development? What could strengthen these skills?		
Capacity Building		
1. What results have been achieved through programming to enhance ECD-related capacity of parents, service providers, decision makers, and institutions in Nepal?	Increased ability to promote and provide high quality ECD policy and programme development	<ul style="list-style-type: none"><li>Planned outputs related to ECD capacity building (training, infrastructure development) have been achieved</li></ul>
2. What factors have promoted or inhibited capacity development?		<ul style="list-style-type: none"><li>Service providers report and demonstrate improved practices related to ECD</li></ul>
3. What results have been achieved through programming to enhance ECD-related capacity of UNICEF Nepal country office staff? What new skills have these staff members developed, and how are these skills being used?		<ul style="list-style-type: none"><li>Parents report improved caregiving practices</li><li>UNICEF country office staff report increased ability to articulate ECD programming and policy goals to partners</li><li>UNICEF country office staff report increased ability to implement and/or support ECD programming</li></ul>

Table E.4. Nepal Case Study Matrix (Continued)

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
<b>Mainstreaming and Scale-Up</b>		
1. What results have been achieved through programming to mainstream ECD in national policies and programmes in Nepal?	Policies, plans, coordinating structures, and funding mechanisms for ECD fully operative	<ul style="list-style-type: none"> <li>ECD policies have been adopted at the national level</li> <li>Roles and responsibilities on ECD are defined among government entities and sectors at the national and regional levels</li> </ul>
2. What is the evidence regarding national and subnational engagement and ownership of ECD (including increased budgetary allocations)?	Increased number of ECD programmes of high quality and coverage	<ul style="list-style-type: none"> <li>Stakeholders perceive that coordination among government entities and sectors is effective</li> <li>Policymakers can articulate specific contributions of UNICEF programming toward putting ECD on the national agenda</li> <li>ECD-related allocations in national and subnational budgets have increased</li> <li>Donor/NGO investments do not supplant existing government funding but rather support programme expansion and quality improvement</li> </ul>
3. What factors have supported or inhibited successful replication and scale-up of ECD interventions?		
<b>Sustainability</b>		
1. The national ECCD policy and other policies related to ECD have been costed	Policies, plans, coordinating structures, and funding mechanisms for ECD include provisions for sustaining existing services	<ul style="list-style-type: none"> <li>Country, province, and local budgets include projections for maintaining or increasing allocations for ECD</li> </ul>
2. How likely are current interventions with an ECD focus (state and community ECD centers, parenting orientation, and health-related programmes) to be sustained without UNICEF country office support?		
3. How likely are current interventions with an ECD focus (state and community ECD centers, parenting orientation, and health-related programmes) to be sustained without other donor/partner support?		
4. What are the main barriers and potential facilitators of ECD programme sustainability?		

**Table E.4. Nepal Case Study Matrix (Continued)**

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
<b>Planning, Implementation, and Coordination</b>		
1. To what extent have key elements of results-based planning and management been applied in ECD programming at the country level?	Effective planning, coordination, and budgeting of ECD programming	<ul style="list-style-type: none"> <li>Stakeholders report that ECD coordination is effective and intersectoral</li> </ul>
2. Who are the main partners/actors in ECD in Nepal?		<ul style="list-style-type: none"> <li>UNICEF CO staff report that HQ and RO guidance and support have been received when needed</li> </ul>
3. How effective is the intersectoral coordination on ECD in the government?		<ul style="list-style-type: none"> <li>UNICEF CO staff reports that HQ and RO guidance and support has been helpful/enhanced programme planning and implementation</li> </ul>
4. How has ECD programming influenced partnerships among government, nongovernmental organizations, civil society organizations, and others?		<ul style="list-style-type: none"> <li>The rationale for allocation of GoN and other ECD funds across UNICEF country office sections and projects is clear</li> </ul>
5. How effective is the intersectoral coordination within the Nepal CO?		<ul style="list-style-type: none"> <li>A results framework provides clear guidance for steps that will lead to achievement of strategic results</li> </ul>
6. How successful has coordination and support for ECD programming been among HQ, the RO, and the Nepal CO?		<ul style="list-style-type: none"> <li>Monitoring and evaluation are used to track progress and promote continuous improvement</li> </ul>
7. How systematically have funds been used to achieve ECD programming objectives?		

Table E.4. Nepal Case Study Matrix (Continued)

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
<b>Human Rights Based Approach, Gender Equity, and Reaching the Disadvantaged and Marginalized</b>		
1. How successfully have the key principles of a human rights based approach been applied in planning and implementing the ECD programming?	Human rights based approaches are fully applied in planning and implementing ECD programming	<ul style="list-style-type: none"> <li>• Parents, ECD service providers, and other stakeholders are involved in programme design and implementation</li> </ul>
2. In what ways do ECD strategies and interventions respond to the rights of disadvantaged and marginalized families and children?	Disadvantaged and marginalized families and children have access to ECD services	<ul style="list-style-type: none"> <li>• National and local context (knowledge, beliefs, gender and cultural differences) are taken into account in programme planning and implementation</li> </ul>
3. To what extent do disadvantaged and marginalized families and children have access to ECD services?	Gender equity exists in participation, decision-making, and access	<ul style="list-style-type: none"> <li>• National ECD policies address the disadvantaged and marginalized</li> <li>• Parents, policymakers, and other stakeholders report that access for disadvantaged/marginalized has increased</li> </ul>
4. What factors support or inhibit access to ECD services among disadvantaged and marginalized children and families?		<ul style="list-style-type: none"> <li>• Coverage data indicate access to ECD services has increased among the disadvantaged and marginalized</li> </ul>
5. To what extent has gender equity existed in participation, decision making, and access to ECD-related programmes?		<ul style="list-style-type: none"> <li>• Men and women are equally represented in policymaking positions related to ECD</li> <li>• Boys and girls are served in equal numbers in ECD interventions</li> <li>• Policymakers and service providers monitor issues of gender equity in service provision and access</li> </ul>

**Table E.5. Tanzania Case Study Matrix**

Case Study Questions	Key Objectives/ Outputs/Outcomes	Indicators
<b>Alignment of ECD Programming with National Priorities and Needs</b>		
1. How closely does ECD programming in the UNICEF-Tanzania programme of cooperation relate to priorities and expected results expressed in development plans and strategic documents?	Programming is aligned with country priorities and policies	<ul style="list-style-type: none"> <li>ECD programming addresses priorities expressed in programmes of cooperation, Tanzania development plans and strategy documents, and UNICEF's Medium-Term Strategic Plan</li> </ul>
<b>Programme Effectiveness: Coverage of ECD Services</b>		
1. Have the framework and early childhood development curriculum and integrated community models been implemented in selected wards in the seven learning districts?	Increased numbers of children accessing day care and preprimary education compared with baseline	<ul style="list-style-type: none"> <li>Number of the seven LDs in which the framework and early childhood development curriculum and integrated community models have been implemented</li> </ul>
2. What is the coverage of ECD services in the seven LDs?	Increased numbers of parents trained by CORPs in cognitive stimulation and psychosocial development	<ul style="list-style-type: none"> <li>NER in preprimary schools in the seven LDs</li> <li>NER in day care centers in the seven LDs</li> <li>Number of parents of children younger than 3 reached with c-IMCI training in cognitive stimulation and psychosocial development</li> </ul>
<b>Programming Effectiveness: Building Capacity for ECD</b>		
1. What factors have promoted or inhibited development of capacity of policymakers to develop policies and implement services for ECD?	Policymakers prepared to develop and implement policies and programmes related to ECD	<ul style="list-style-type: none"> <li>Ministry ECD focal persons increased ability to articulate ECD programming and policy goals to partners</li> </ul>
2. What results have been achieved through programming to enhance ECD-related capacity of UNICEF Tanzania CO staff? What new skills have these staff members developed, and how are these skills being used?	Preprimary teachers, day care providers, and CORPs prepared to deliver high quality services	<ul style="list-style-type: none"> <li>Ministry ECD focal persons report increased ability to implement and/or support ECD programming</li> <li>UNICEF CO staff report increased ability to implement and/or support ECD programming</li> </ul>
3. What results have been achieved through programming to enhance ECD-related capacity of preprimary teachers, day care providers, CORPs, and parents in Tanzania?	Improved service quality	<ul style="list-style-type: none"> <li>Service providers report and demonstrate improved practices related to ECD</li> <li>Parents report improved caregiving practices</li> </ul>

Table E.5. Tanzania Case Study Matrix (Continued)

Case Study Questions	Key Objectives/ Outputs/Outcomes	Indicators
<b>Programming Effectiveness: Knowledge Generation and Dissemination</b>		
1. What results have been achieved through programming to promote knowledge generation and dissemination in support of ECD goals?	Studies on best practices and situation of children in Tanzania completed	<ul style="list-style-type: none"> <li>Evaluations/studies of ECD interventions have been completed</li> </ul>
2. Have the results from these studies been used to influence programmes and policies? If so, how?	<p>Studies inform policy development and implementation of community-based models</p> <p>Operational guidelines and minimum standards completed and operationalized</p>	<ul style="list-style-type: none"> <li>Results from evaluations/studies of ECD programmes inform policy and planning</li> <li>Data on ECD outcomes are available</li> <li>Data on ECD outcomes are used for planning by country partners</li> </ul>
<b>Programming Effectiveness: Mainstreaming ECD in Policies, Plans, and Services</b>		
1. What results have been achieved through programming to mainstream ECD in national policies and programmes in Tanzania?	Key ministries working together to develop policies and intersectoral frameworks	<ul style="list-style-type: none"> <li>ECD policies have been adopted at the national level</li> </ul>
2. Has national and subnational engagement and ownership of ECD increased (including increased budgetary allocations)?	<p>Roles and responsibilities between ministries clearly defined</p> <p>Comprehensive ECD policies and programmes adopted and implemented</p>	<ul style="list-style-type: none"> <li>Roles and responsibilities on ECD are defined among government entities and sectors at the national and subnational levels</li> <li>ECD-related allocations in national and subnational budgets have increased</li> </ul>
<b>Quality and Efficiency of ECD Services</b>		
1. How useful and comprehensive are current methods of assessing service quality? What gaps exist, if any?	Increased quality of ECD services	<ul style="list-style-type: none"> <li>Service quality information is available and systems for feedback exist</li> </ul>
2. What factors facilitate or inhibit the use of service quality information used to inform and improve ECD programmes and policies?	Increased use of ECD service quality information to inform programme improvement (staff capacity development)	

**Table E.5. Tanzania Case Study Matrix (Continued)**

Case Study Questions	Key Objectives/ Outputs/Outcomes	Indicators
Planning, Management, and Coordination		
1. To what extent have key elements of results-based planning and management been applied in ECD programming at the country level?	Effective planning, coordination, and budgeting of ECD programming	<ul style="list-style-type: none"><li>• A results framework provides clear guidance for steps that will lead to achievement of strategic results</li><li>• Monitoring and evaluation are used to track progress and promote continuous improvement</li><li>• Stakeholders report that intersectoral coordination on ECD coordination occurs and is effective</li><li>• The rationale for allocation of GoN and other ECD funds across UNICEF CO sections and projects is clear</li></ul>
2. How has ECD programming influenced partnerships among government, donors, NGOs, CSOs, and other key actors?		
3. How effective is intersectoral coordination on ECD in the government and within UNICEF Tanzania?		
Sustainability and Scalability		
1. What successes or barriers have been encountered in costing policies, plans, and services related to ECD?	Policies, plans, coordinating structures, and funding mechanisms for ECD include provisions for sustaining and scaling up existing services	<ul style="list-style-type: none"><li>• Methods to calculate and budget costs of ECD programming have been developed and applied</li><li>• Country, province, and local budgets include projections for maintaining or increasing allocations for ECD</li></ul>
2. How likely are current interventions with an ECD focus (c-IMCI) to be sustained without support from UNICEF and other development partners and donors? What factors influence sustainability of current interventions?		
3. How likely are current interventions with an ECD focus to be scaled up? What factors influence scalability of current interventions?		

Table E.5. Tanzania Case Study Matrix (Continued)

Case Study Questions	Key Objectives/ Outputs/Outcomes	Indicators
<b>Human Rights-Based Approach, Gender Equity, and Reaching the Disadvantaged and Marginalized</b>		
1. How successfully have the key principles of a human rights-based approach been applied in planning and implementing the ECD programming?	Human rights-based approaches are fully applied in planning and implementing ECD programming	<ul style="list-style-type: none"> <li>• Parents, ECD service providers, and other stakeholders are involved in programme design and implementation</li> </ul>
2. In what ways do ECD strategies and interventions respond to the rights of disadvantaged and marginalized families and children?	Disadvantaged and marginalized families and children have access to ECD services	<ul style="list-style-type: none"> <li>• National and local contexts (knowledge, beliefs, and gender and cultural differences) are taken into account in programme planning and implementation</li> </ul>
3. To what extent do disadvantaged and marginalized families and children have access to ECD services?	Gender equity exists in participation, decision making, and access	<ul style="list-style-type: none"> <li>• National ECD policies address the disadvantaged and marginalized</li> <li>• Parents, policymakers, and other stakeholders report that access for the disadvantaged/marginalized has increased</li> </ul>
4. What factors support or inhibit access to ECD services among disadvantaged and marginalized children and families?		<ul style="list-style-type: none"> <li>• Coverage data indicate access to ECD services has increased among the disadvantaged and marginalized</li> </ul>
5. To what extent has gender equity existed in participation, decision making, and access to ECD-related programmes?		<ul style="list-style-type: none"> <li>• Men and women are equally represented in policymaking positions related to ECD</li> <li>• Boys and girls are served in equal numbers in ECD interventions</li> <li>• Policymakers and service providers monitor issues of gender equity in service provision and access</li> </ul>



## **APPENDIX F**

### **GLOBAL AND COUNTRY LIST OF INTERVIEW RESPONDENTS AND FOCUS GROUP DISCUSSIONS**



**Table F.1. List of Executive Interview Respondents**

Name	Position
<b>UNICEF Headquarters Staff</b>	
Sam Bickel	Senior Evaluation Specialist, UNICEF
Susan Bissell	Chief of Child Protection, UNICEF
Clarissa Brocklehurst	Chief of Water, Sanitation and Hygiene, UNICEF
Sally Burnheim	Senior Advisor, Public Sector Alliances and Resource Mobilization Office (PARMO), UNICEF
Attila Hancioglu	Global Multiple Indicator Cluster Survey (MICS) Coordinator, UNICEF
Abhiyan Jung Rana	Early Learning Specialist, UNICEF
Dan Seymour	Chief, Gender and Rights Unit, UNICEF
Rachel Yates	Senior Adviser, HIV and AIDS Section, UNICEF
Maniza Zaman	Deputy Programme Director of Young Child Survival & Development focus area, UNICEF
<b>UNICEF Regional Office Staff</b>	
Vanya Berrouet	Education Specialist, West and Central Africa (WCARO), resp. for DRC and Ghana, UNICEF
Susan Durston	Formerly Regional Advisor for Nepal, Former Early Childhood Development Focal Point UNICEF Regional Office for South Asia, UNICEF
Deepa Grover	Regional Early Childhood Development Advisor, Central and Eastern Europe and Commonwealth of Independent States (CEE/CIS), resp. for Tajikistan, UNICEF
Aster Haregot	UNGEI and ECD focal point, ESARO, resp. for Malawi, Swaziland and Tanzania, UNICEF
Cliff Meyers	Regional Education Advisor, East Asia and Pacific Regional Office (EAPRO), resp. for Cambodia, Mongolia, UNICEF
Maite Onochie	ECD Specialist, Regional Office for Latin America, and the Caribbean (TACRO), resp. for Latin America, UNICEF
Yumiko Yokozek	Regional Education Advisor, West and Central Africa (WCARO), resp. for DRC and Ghana, UNICEF
<b>Stakeholders</b>	
Pat Engle	Professor, Cal Poly State University (former Chief, Early Childhood Development Unit, UNICEF)
Sara Hommel	Associate Director, Wolfensohn Center for Development, Brookings Institute
Sarah Klaus	Director, Early Childhood Programme, Open Society Institute
Sonja Kuip	Senior Policy Officer, Ministry of Foreign Affairs, Government of the Netherlands
Cassie Landers	International Consultant
Chloe O'Gara	Officer, Global Development Program, Hewlett Foundation
Mary Young	Lead Child Development Specialist, World Bank Institute
Louise Zimanyi	Director, Early Childhood Programme, Consultative Group on Early Childhood Care and Development (CGECCD)

Table F.2. Cambodia List of Interview Respondents

<b>UNICEF Cambodia</b>
Representative
Deputy Representative
Monitoring and Evaluation Specialist
Chief of Education Section
Early Childhood Development Specialist, Education Section
Early Childhood Development Officer, Education Section
Water and Environment Sanitation Officers, Seth Koma Section
Senior Programme Assistant, Seth Koma Section
Child Protection Officer, Seth Koma Section
Chief of Child Survival Section
Mother Child Health Specialist, Child Survival Section
Social Policy Specialist, Child Survival Section
Child Protection Specialist, Child Protection Section
<b>National Ministries</b>
Director of Early Childhood Education Department and staff, Ministry of Education, Youth, and Sports
Director of Women and Children Education Department, Ministry of Women's Affairs
Director of Rehabilitation, Ministry of Social Affairs, Veterans, and Youth Rehabilitation
Prevention of Child Injuries, Department of Health Prevention, Ministry of Health
<b>Provincial Departments and Communes</b>
Director and Early Childhood Education staff, Education Department, Kampong Thom Province
Director and C-IMCI staff, Health Department, Kampong Thom Province
Director and staff, Women's Affairs Department, Kampong Thom Province
Director and staff, Local Administration Unit, Kampong Thom Province
Commune Council, Sankor Commune
Commune Council, Thoam Ta-Or Commune
Deputy Provincial Governor and Local Administration Unit staff, Kampong Speu Province
<b>Community Preschools, Home-Based Programmes, and C-IMCI Programs</b>
Community preschool teacher, school director, and Department of Education staff - Sampov Meas village, Kampong Thom province
Community preschool teacher, school director, and Department of Education staff - Prey Viev village, Kampong Speu province
Village health volunteers - Krasaing village, Kampong Thom province
Health Center staff - Sankor commune, Kampong Thom province
Village health volunteers, Samroung Tong District, Kampong Speu province
<b>NGOs</b>
Plan International representative
Krouser Yoeng representative
Save the Children Norway representative

**Table F.3. Cambodia Focus Group Discussions Conducted**

Locations	Participants	Estimated Number of Participants
Sampov Meas village, Sankor commune, Kampong Svay district	Parents of children enrolled in community preschool	15
	Parents of children not enrolled in community preschool	5
Krasaing village, Sankor commune, Kampong Svay district	Mother support group	12
Prey Viev village, Thoam Ta-Or commune, Samroung Tong district	Parents of children enrolled in community preschool	16
	Parents of children not enrolled in community preschool	3
Samroung Tong district	Mother support group	8

Table F.4. Ghana List of Interview Respondents

<b>UNICEF Ghana</b>
Education Specialist
Nutrition Specialist
Chief of Health Section
WASH Specialist
Chief of Child Protection Section
Chief of ACMA Section
Monitoring and Evaluation Specialist
<b>National Ministry Officials and Administrators</b>
Director, Department of Social Welfare, Ministry of Manpower, Development, and Employment
Director, Curriculum Research and Development Division, Ghana Education Service
Teacher Education Section, Ghana Education Service
National Coordinator for EMIS, Ministry of Education
National Coordinator, ECD Unit, Ghana Education Service
Director, Department of Children, Ministry of Women and Children's Affairs
Director of Secondary Education and Acting Director of Basic Education, Ghana Education Service
Representative of the Policy, Planning, Monitoring, and Evaluation Directorate, Ministry of Health
<b>Regional and District-Level Officials and Administrators</b>
Director, Ghana Education Service, Kwahu North District
Deputy Director, Ghana Education Service, Kwahu North District
District Chief Executive, Kwahu North District
Department of Children, Eastern Region
Department of Social Welfare, Eastern Region
Regional Coordinator for Kindergarten, Ghana Education Service, Eastern Region
Regional Coordinator for Basic Education, Ghana Education Service, Eastern Region
Administrators, Ghana Education Service, Kwahu North District
<b>Teachers and School Administrators</b>
Kindergarten teachers, head teachers, and administrators, Kofi Yeboah Memorial School, Asikasu Village
Kindergarten teachers, head teachers, and administrators, Maame Krobo School, Maame Krobo Village
Kindergarten teachers, head teachers, and administrators, Nana Badu School, Nana Badu Village
Kindergarten teachers, head teachers, and administrators, Ntonaboma School, Ntonaboma Village
<b>Other</b>
Head, Department of Early Childhood Care and Education, University of Winneba
Regional Chair, Association of Early Childhood Centers, Eastern Region
Lecturer, Department of Early Childhood Care and Education, University of Winneba
Director, National Nursery Teacher Training Center

**Table F.5. Ghana Focus Group Discussions and Meetings Conducted**

Locations	Participants	Approximate Number of Participants
Kofi Yeboah Memorial School, Asikasu Village	Parents of children enrolled in KG, PTA executives, school administrators	115
Ntonaboma Primary School, Ntonaboma Village	Parents of children enrolled in KG, PTA executives, school administrators, SMC members	9

**Table F.6. Nepal List of Interview Respondents**

<b>UNICEF Nepal</b>
Chief, Bharatpur Zonal Office and formerly ECD Specialist, UNICEF Nepal
Education Section Chief, UNICEF Nepal
Education Officer, UNICEF Nepal
Education Specialist, UNICEF Nepal
Programme Officer, Education, UNICEF Nepal
Chief, Health and Nutrition, UNICEF Nepal
Nutrition Specialist, UNICEF Nepal
Child Health Division Chief, Nutrition Section, Ministry of Health and Population
Representative, UNICEF Nepal
Deputy Representative, UNICEF Nepal
Chief - Planning Monitoring & Evaluation, UNICEF Nepal
Programme Specialist, Monitoring & Evaluation
OIC, Child Protection
Regional Director, ROSA
Education Officer - UNGEI, ROSA
Project Officer, UNICEF
<b>Representatives of National Ministries, Departments and Agencies</b>
Joint Secretaries, Ministry of Education (MOE)
Joint Secretary, Nepal Administrative Staff College (formerly Under Secretary in National Planning Commission)
Deputy Directors, Department of Education
<b>Representatives of District- and Local-Level Agencies and Committees</b>
Chairperson of District ECD Committee and Local Development Officer (LDO), District Development Committee (DDC)
Member of District ECD Committee and Chief District Officer (CDO)
Member of District ECD Committee and District Education Officer
School Supervisor (responsible for Pokharibhanjhyan VDC), DEO ECD Focal Person, DEO
Under Secretary, Planning Office
District Education Officer
Program Coordinator Seto Gurans Child Development Service Tanahun, Damauli
Secretary, Pokharibhanjyang VDC and Chairperson of VDC Level ECD Networking Group
<b>Representatives of Local NGOs</b>
Chairperson, Seto Gurans Child Development Service Tanahun
Program Coordinator, Seto Gurans Tanahun
Executive Director, Seto Gurans
Professor, Research Centre for Educational Innovation and Development (CERID), Tribhuvan University
Managing Director, Equal Access
Chairperson, Seto Gurans Child Development Service Tanahun
<b>Local ECD Managers and Service Providers</b>
ECD management committee members, head teacher, and ECD facilitators, Janajagriti Ganga school-based ECD center, Pokhribhanjyang, Tanahun District
ECD management committee members, VDC officials, and ECD facilitators, Kopila Bla Bikas Kendra, community-based ECD center Pokhribhanjyang, Tanahun District
ECD management committee members, DEO and VDC officials, and ECD facilitators, Sarbottam community-based ECD center, Bishwampur, Parsa District
ECD management committee members, DEO and VDC officials, and ECD facilitators, SODCC office, Mudli, Parsa District



**Table F.7. Nepal List of Focus Group Discussions**

FGD Locations	Participants	Estimated Number of Participants
Kopila Bla Bikas Kendra, community-based ECD center Pokhribhanjyang, Tanahun District	Mothers and grandmothers with children in the community-based ECD center, some of whom had participated in the PO classes in that district	15
SODCC office Mudli, Parsa District	Mothers and grandmothers who had participated in PO classes in the district	5

**Table F.8. Tanzania List of Interview Respondents**

<b>UNICEF Tanzania</b>
Deputy Representative
Chief -- Basic Education and Life Skills Programme (BELS)
Chief – Policy Advocacy and Analysis Programme (PAAP)
Chief – Child Protection and Participation Programme
Chief – Young Child Survival and Development (YCSD) Programme
Programme and Planning Specialist
Nutrition Manager
Monitoring and Evaluation Specialist
Early Childhood Development (ECD) Specialist
Education Specialists
Child Protection Specialist
Social and Economic Analysis Specialist
Data Analysis Dissemination Specialist
<b>Representatives of National Ministries, Departments, and Agencies</b>
ECD Focal Person – Ministry of Community Development, Gender and Children (MoCDGC)
Senior Community Development Officer SCDO[- ECD-(MoCDGC)
ECD Focal Person – Ministry of Education and Vocational Training (MoEVT)
Social Welfare Officer – ECD – Ministry of Health and Social Welfare (MoHSW)
Education Specialist – World Bank
Nutrition Specialist – World Bank
Country Director – Children in Crossfire – Tanzania Office
MoCDGC – ECD Virtual University Candidate
World Vision – Arusha – ECD Virtual University Candidate
<b>Representatives of District- and Local-Level Agencies and Committees</b>
District Commissioner – Makete District
District Executive Director – Makete District
District Planning Officer – Makete District
District Administrative Secretary – Makete District
Health Officer – c-IMCI – Makete District
District Home Economics Officer – Makete District
District Community Development and Social Welfare and Youth Officer – Makete District
District Preprimary Schools Coordinator – Makete District
District Social Welfare Officer (Protection) – Makete District
DCCO – Immunization Programme -Makete District
Community Development Officer (CDO) – Children Coordinator – Makete District
District Reproductive and Child Health Coordinator (DRCHCO) – YCSD coordinator - Makete District
District Special Needs Education Officer – Makete District
District Education Statistics Officer – Makete District
District Environmental Health Officer (DEHO), ECD ToT – Makete District
Economist – Planning Officer
Municipal Director – Temeke Municipality
Municipal Economist and Planning Officer – UNICEF Programme Coordinator – Temeke Municipality
Municipal Statistics and Planning Officer (MSPO) – Temeke Municipality
Health Research Coordinator – Temeke Municipality
Reproductive and Child Health Coordinator (RCHC) – Temeke Municipality
Social Welfare Officer (SWO) – Temeke Municipality
Municipal Adult Education Coordinator – Focal person – Education – Temeke Municipality
Ward Executive Officer – WEC Taifa Ward
Ward Executive Officer – WEC Sandali Ward
<b>Representatives of Local NGOs</b>
Chair person – TECDEN
National Coordinator – TECDEN
Programme Officer – TECDEN
Administration and Finance – TECDEN
TECDEN – Dar es Salaam Chapter
<b>Table F.8. Tanzania List of Interview Respondents (Continued)</b>
<b>Local ECD Managers and Service Providers</b>
Head Teacher – Lupalilo Primary School – Lupalilo Ward Makete
Preprimary School Teacher – Lupalilo
Preprimary School Teacher – Lupalilo (Volunteers)
Utsewa ECD Centre Advisor – Utsewa Ward – Makete

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Utsewa ECD Centre Committee Secretary  
Caregivers  
Teacher in Charge - Taifa ECD Centre - Temeke Municipality  
Assistant Teacher in Charge - Taifa ECD Centre - Temeke Municipality  
Teachers/caregivers

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**Table F.9. Tanzania List of Focus Group Discussions**

Locations	Participants	Estimated Number of Participants
Lupalilo Primary School – Lupalilo Ward	Parents of preschool children both in school- and community-based care	32 parents, both men and women
Lupalilo Village – at Lupalilo Primary School	Discussions with parents of children not enrolled	3
Lupalilo Primary School	Group interview with preschool teachers and caregivers for both school- and community-based care	4
Lupalilo Ward Office	Discussions with CORPs and ward-based facilitators	8
Lupalilo Ward Office	Discussions with parents and caregivers who had already been visited by CORPs and those not visited	15 (9 already visited and 6 not visited)
Sandali Ward Temeke Municipality	Discussions with parents of children in preprimary school including one school committee member	4
Sandali Ward Temeke Municipality	Discussions with preprimary school committee	4
Temeke Vocational Training Centre – Kituo cha ufundi Stadi Temeke	Discussions with preprimary school teachers – Temeke District	9
Temeke Vocational Training Centre – Kituo cha ufundi Stadi Temeke	Discussions with parents of children enrolled	3

## **APPENDIX G**

### **GLOBAL AND COUNTRY LIST OF DOCUMENTS REVIEWED**



**Table G.1. Global List of Documents Reviewed**

Document	Original Source <sup>a</sup>	Type of information
<b>Strategic Documents and Legal Frameworks</b>		
Convention on the Rights of the Child	United Nations	Standards and obligations related to child rights
Mid-Term Review of Medium-Term Strategic Plan 2006-2009	UNICEF Headquarters	Achievements, shortfalls, and modifications to current MTSP
Millennium Development Goals Reports	United Nations	Progress toward goals at national and global levels
UNICEF Education Strategy	UNICEF Headquarters	Goals, objectives, and priorities for UNICEF education programming
<b>Country Planning Documents and Statistical Reports</b>		
Country Programme Action Plan (various years)	UNICEF Country Office	Agreement between UNICEF and country government
Country Office Annual Report 2009 and Annex A	UNICEF Country Office	UNICEF country office annual report on 2008 activities
Demographic and Health Survey (DHS)	USAID	Country-specific demographic, socio-economic, health, gender, and child-related indicators
Multiple Indicator Cluster Survey (MICS)	Various (for example, country government, USAID, UNICEF)	Range of indicators in the areas of health, education, child protection and HIV/AIDS. Findings used as a basis for policy decisions and programme interventions, and for the purpose of influencing public opinion on the situation of children and women.
Program Communication for Early Childhood Development	UNICEF Headquarters	Methods of communication and ways to communicate with the community shown through field experience
Programming Experiences in Early Childhood Development	UNICEF Headquarters	Key interventions, reasons for using holistic interventions, field experiences, programming recommendations and strategies, and communication
School Readiness: A Means to Achieving Child, National, and International Development	UNICEF Headquarters	Definition, consequences, and issues of school readiness and consequences of inaction
State of the World's Children	UNICEF Headquarters	Relevance, perspectives, and challenges for children's rights at the 2010 Convention
State of the World's Children Statistical Tables	UNICEF Headquarters	Key statistics on child survival, development, and protection around the world
<b>Headquarters ECD Unit Documents and Reports</b>		
ECD Unit Workplans, 2008-2009 and 2010-2011	UNICEF Headquarters	Planned activities and indicators for HQ ECD programming
ECD GoN Donor Report 2008	UNICEF Headquarters	GoN Programme-wide ECD goals and progress; Country-specific summaries and work plans; GoN allocations for 2008 programme year

**Table G.1. Global List of Documents Reviewed (Continued)**

Document	Original Source <sup>a</sup>	Type of information
ECD GoN Specific Monitoring Questions 2008	UNICEF Headquarters	Country-specific responses to monitoring questions
ECD GoN Funding memo 2008	UNICEF Headquarters	UNICEF's allocation request to GoN for 2008 programme year
ECD GoN Funding memo 2009	UNICEF Headquarters	UNICEF's allocation request to GoN for 2009 programme year
ECD GoN Funding memo 2010	UNICEF Headquarters	UNICEF's allocation request to GoN for 2010 programme year
Reduce Inequalities by Investing in the Early Years	UNICEF Headquarters	Strategy, solutions, partnerships, monitoring and evaluation, progress, and challenges for ECD
<b>County and Regional Offices UNICEF-GoN Cooperation Programme Documents and Reports</b>		
County Office ECD Annual Reports and Annexes	UNICEF Country Office	Country-specific ECD mission, progress, and activities for 2009 programme year
Country Office ECD Progress Report 2008	UNICEF Country Office	Country-specific ECD mission, progress, and activities for 2008 programme year
Country Office Programme Action Plan	UNICEF Country Office	Country-specific ECD target population, past programming and lessons learned, proposed programme, partnerships, programme management, monitoring and evaluation, and UNICEF and country government commitments
ECD Multicountry Programme Report	UNICEF Regional Office	Region-specific ECD objectives and achievements, building of partnerships, challenges and opportunities, and 2010 activities
ECD Proposal 2008	UNICEF Headquarters	Programming approach, budget, and timeline for ECD mission
Regional Office Donor Reports 2008-2010	UNICEF Regional Office	Region specific objectives and achievements, partnerships and resource allocation, challenges and opportunities, and planned activities
Regional Office ECD Progress Report 2008	UNICEF Regional Office	Regional mission, progress, and activities for 2008 programme year
Regional Office ECD Progress Report 2009	UNICEF Regional Office	Regional mission, progress, and activities for 2009 programme year
<b>UNICEF-GoN ECD Annual Review Meeting 2009 Documents and Presentations</b>		
ECD GoN Annual Review Meeting Final Report 5.2009	UNICEF Headquarters	Key findings from Annual Review Meeting 2009, overall and country-specific profiles
Country Office Progress Report 2009 (PowerPoint presentation)	UNICEF Country Office	Presentation of Country-specific progress on ECD in programme year 2008 at Annual Review Meeting 2009
Regional Office Progress Report 2009 (PowerPoint presentation)	UNICEF Regional Office	Presentation of Regional progress on ECD in programme year 2008 at Annual Review Meeting 2009
Country Office Knowledge Generation Progress Report 2009 (Powerpoint Presentation)	UNICEF Country Office	Country-specific Knowledge Development activities in programme year 2008 presented at the Annual Review Meeting 2009



**Table G.1. Global List of Documents Reviewed (Continued)**

Document	Original Source <sup>a</sup>	Type of information
Country Office Capacity Building Progress Report 2009 (Powerpoint Presentation)	UNICEF Country Office	Country-specific Capacity Building activities in programme year 2008 presented at the Annual Review Meeting 2009
Country Office Mainstreaming Progress Report 2009 (Powerpoint Presentation)	UNICEF Country Office	Country-specific Mainstreaming activities in programme year 2008 presented at the Annual Review Meeting 2009
ECD Monitoring Framework	UNICEF Headquarters	Indicators to monitoring ECD development
ECD Programme Internal Review (Powerpoint Presentation)	UNICEF Headquarters	ECD's place in UNICEF, programming framework and goals, and benchmark activities
EAPRO Knowledge Generation, Dissemination and Management (Powerpoint Presentation)	UNICEF Regional Office	Knowledge generation, communication, and challenges in EAPR.
ESA KIE Capacity Building (Powerpoint Presentation)	UNICEF Regional Office	Technical assistance for curriculum development in ESA
How UNICEF Develops a Corporate Evaluation Approach 2009 (Powerpoint Presentation)	UNICEF Evaluation Office	Step-by-step approach to corporate evaluations and ECD network organization for evaluations
New York Headquarters Progress Report 2008 (Powerpoint Presentation)	UNICEF Headquarters	Achievements, challenges, and goals for 2009
Promoting Child Development Capacity in Sub-Saharan Africa	UNICEF Regional Office	Information on web based, virtual university
<b>UNICEF-Global Consultation on Early Childhood Development Research 2010 Documents and Presentations</b>		
Building Evidence on the Impact of Community-Based Pre-Schools in Mozambique	World Bank/Save the Children	Explanation of the study, evaluation design, dissemination, and next steps
Care for Child Development (Powerpoint Presentation)	UNICEF Headquarters/WHO	Interventions and skills used for care for child development
Child Count	UNICEF/Open Mobile Consortium/Millennium Villages/The Earth Institute at Columbia	Reports and statistics from registering children under 5, their mothers, and all births, record deaths, nutrition and disease screenings, and immunizations
Current Research Agenda within the Continuum of Care Concept (Powerpoint Presentaiton)	UNICEF Headquarters	Progress, gaps, and role of research in the continuum of care
Development of an International Guide to Monitor and Support Child Development	Yale University/Ankara University	Explanation of development and use of a standardized tool to assess child development
ECCD Programming	World Vision	At home and learning center child care and resource development
Evidence & Policy: Understanding the Relationship for ECD	Yale University School of Medicine	Community partnerships, building evidence framework for policy, and understanding governance and finance of the ECD system
Global Children's Initiative Early	Harvard University	Center on the Developing Child's mission

**Table G.1. Global List of Documents Reviewed (Continued)**

Document	Original Source <sup>a</sup>	Type of information
Childhood Development Research Agenda		and research agenda
Legacy for Children	CDC	Legacy development, methods, sample, findings, and next steps
Multi-country Evaluation of the Effectiveness of Early Childhood Care and Development (ECCD) Programming on Child Developmental and Health Status Outcomes	World Vision	Set up for and outcomes of research on ECCD
Multiple Indicator Cluster Surveys—MICS	MICS	Evolution and usages of MICS, new updates to MICS4, and examples of MICS data
Pakistan Early Child Development Scale Up (PEDS) Trial	UNICEF Country Office	Research protocol, intervention package, study population, emerging trends, training and support, community feedback, and lessons learned from PEDS
Results Based Planning, Costing, and Budgeting (MBB) to Strengthen Services, Systems, and Policies for MDG 1b, 4, 5, 6, 7 (Powerpoint Presentation)	UNICEF Headquarters	Conceptual framework, steps in results based planning, costing, and budgeting, and examples of applications
Young Children and “Emergency” Situations	Macquarie University	Overview of training, dissemination, and research on interventions

<sup>a</sup>UNICEF HQ provided most of these documents to the study team. The original source refers to the institution that originally prepared or published the document.

Table G.2. Cambodia List of Documents Reviewed

<b>UNICEF Reports and Presentations</b>
<p>A Combined Presentation on ECD in Cambodia, 2010 (slide presentation)  Cambodia ECD Progress Report (presentation at annual review meeting, May 2009)  Country Programme Action Plan, 2006-2010  First Progress Report to UNICEF on ECD Dutch Funding, 2008  Second Progress Report to UNICEF on ECD Dutch Funding, 2009  Mid-Term Review of UNICEF Education Pilots and ECD Initiatives, 2006-2008  Situation Analysis, 2009  UNICEF Cambodia Annual Report, 2009  UNDAF Cambodia 2011-2015 Results Matrix and M&amp;E Framework  Kampong Thom Provincial Profile  Kampong Speu Provincial Profile  Good Practice of the Home-Based Programme in Kampong Speu Province</p>
<b>Government Data and Documents</b>
<p>Ministry of Education, Youth, and Sports Early Childhood Education Department statistics  Ministry of Education, Youth, and Sports Education Indicators 2003-2007  School Readiness Standards, 2008; Early Learning Development Standards for 3- and 4-year-olds, 2010  Community Rehabilitation Guidelines, 2010  Observation and Monitoring Form for Early Childhood Education Services</p>
<b>National Laws, Strategies, and Plans</b>
<p>Education Strategic Plan and Education Sector Support Program, 2006-2010  Master Plan on Education of Children with Disabilities, 2009  Mid-Term Review Report of the Education Strategic Plan and Education Sector Support Program, 2006-2010  Implementation  National Programme for Subnational Democratic Development, 2010-2019  National Policy on Early Childhood Care and Development, 2010  Organic Law, 2008  Policy on Education of Children with Disabilities, 2008  Policy on Alternative Care for Children, 2006</p>

**Table G.2. Cambodia List of Documents Reviewed (Continued)**

<b>Studies and Evaluations</b>
Rao, Nirmala and Emma Pearson. "An Evaluation of Early Childhood Care and Education Programmes in Cambodia." Phnom Penh, Cambodia: UNICEF Cambodia, 2007.
Covar, Prospero. "Family Care Practices and Child Rearing in Cambodia." Phnom Penh, Cambodia: UNICEF Cambodia, 2006.
Ministry of the Interior, UNICEF Cambodia, and VBNK. "CCWC Capacity Assessment." Phnom Penh, Cambodia: UNICEF Cambodia, 2009
Miyahara, Junko. "Impact of Early Childhood Education Programmes in Cambodia: Summary Report on the First Preliminary Findings of a Longitudinal Study." Phnom Penh, Cambodia: UNICEF Cambodia, 2007.
Department of Curriculum development, MOEYS. "Report on Evaluation of Learning Achievement and Qualification Test of Early-Year Second Graders, 2009." Phnom Penh, Cambodia: MOEYS, 2009.
Losert, Lynn. "Social Service Delivery by the Commune/Sangkats as Part of the Decentralization Process in Cambodia: An Example of Community Preschool Provision." Phnom Penh, Cambodia: UNICEF Cambodia, 2005.
Yoshikawa, Hirozaku, Soojin Oh, and Richard Seder. "Review of Early Childhood Education and Linkages with Other Sectors in the Nation of Cambodia: Debriefing Document." Unpublished manuscript submitted to UNICEF Cambodia, June 2010.
<b>Other</b>
Trainer's Session Plan and Handout, Parenting Education Training for Local Facilitators, 2007.
Organization of Community Preschool Program Training Manual, 2004.

**Table G.3. Ghana List of Documents Reviewed**

<b>UNICEF Ghana Reports and Presentations</b>
Government of Ghana-UNICEF Country Programme Action Plan, 2006-2010
Early Childhood Development in Ghana: Overview, July 31, 2009 (presentation slides)
Ghana Country Profile: Maternal, Newborn and Child Survival, January 2009
ECD Annual Review Meeting, May 2009: Ghana Progress Report—Day 1 (presentation slides)
ECD Annual Review Meeting, May 2009: Ghana Progress Report—Capacity Building (presentation slides)
UNICEF Ghana 2009 Annual Report
ECD and Education Programme, Dutch Funding: Ghana Annual Report 2008-2009
Ghana ECD-Kindergarten Education, Dutch Funding Second Progress and Utilization Report, March 2010
<b>Government Data and Documents</b>
Report on Basic Statistics and Planning Parameters for Education in Ghana 2008-2009
Ghana Demographic and Health Survey, 2008
Ghana Multiple Indicator Cluster Survey, 2006
Ghana's ECCD Policy and Its Implementation, MOWAC Department of Children (presentation slides)
Ministry of Education Report on the Education Sector Annual Review, 2006
Ghana Education Service Report on the Development of Education in Ghana, 2008
Ghana Education Service: Education Reform 2007 at a Glance
<b>National Laws, Policies, Strategies, and Plans</b>
National Growth and Poverty Reduction Strategy II, 2006-2009
National ECCD Policy, August 2004
Education Strategic Plan 2003-2015
National Policy Guidelines on Orphans and Other Children Made Vulnerable by HIV/AIDS, 2005
National Plan of Action for Orphans and Vulnerable Children, 2010-2012
National Infant and Young Child Feeding for Ghana: Strategy Document
Draft Medium-Term National Development Framework, 2010-2013
Ghana Education for All National Action Plan 2003-2015
<b>Studies and Evaluations</b>
Child Rights Situational Analysis, Child Research and Resource Center
<b>Other</b>
Achieving Universal Primary Education in Ghana: A Reality or a Dream? (UNICEF Division of Policy and Planning Working Paper)
Curriculum for KG1 and KG2
Teacher's Guide for Assessment Tools for Kindergarten Schools in Ghana, September 2009

**Table G.4 Nepal List of Documents Reviewed**

<b>UNICEF Reports and Presentations</b>
UNICEF Statistics (website)
UNICEF in Nepal 2008-2010
UNICEF Nepal 2009 Annual Report (December 2009) and Annex A
Nepal Annual Progress report: SC/2008/0318
ECD: Second Annual Report to the GoN, April 2009-March 2010
Specific Monitoring Questions 2008
Nepal Knowledge Generation (PowerPoint Presentation)
Early Childhood Development in Nepal, Expansion, Inclusion, and Quality
Baseline Survey of the Knowledge, Attitude and Practice (KAP) of Parents/Guardians on ECD and Primary Education in Nepal
Annual Work Plans 2008 and 2009
Nepal Early Learning and Development Standards
Mobilizing Communities for Child Protection: A Resource Kit
Situation of Children and Women in Nepal 2006
Situation Analysis 2009
Mid-Term Review Report
Country Program Action Plan 2008-2010
A World Fit For Children
<b>Government Data and Documents</b>
Education Management Information System: Flash Reports (2007/2008/2009)
Early Learning and Development Framework
Education for All National Plan of Action
National Minimum Standards for ECD Centers
SSRP – JAR Aide Memoire
School Sector Reform Plan 2009-2015
Strategy Paper for Early Childhood Development in Nepal
Education for All National Plan of Action
<b>Other Reports and Information Sources</b>
The Dakar Framework for Action. Education for All: Meeting Our Collective Commitments
Early Childhood Policy in Nepal
Overcoming Barriers: Human Mobility and Development
What's the Difference? An Impact Study from Nepal
Nepal Demographic and Health Survey 2006

**Table G.5. Tanzania List of Documents Reviewed**

<b>UNICEF Reports and Presentations</b>
Tanzania UNICEF CP Action Plan 2007–2010
Integrated ECD in Tanzania
ECD Communication Framework and Some Suggestions for Consideration: Moving Beyond Messages; Building Confidence, Competence, and Partnerships
UNICEF Tanzania Integrated Early Childhood Development Concept Note
UNICEF Tanzania Progress and Utilization Report – Netherlands Government PBA SC/2008/0317 – Early Childhood
Development in Tanzania, Implementation of the Early Childhood Cognitive and Psychosocial Development Programme – Kibaha District Experience
Cost and Financing Scenarios to Support the Implementation of the Integrated Early Childhood Development Policy of Tanzania
Children and Women in Tanzania, 2010 – Volume I: Mainland
A Positioning Paper For Early Childhood Development Operational Targets for MKUKUTA II
Evaluation of the UNICEF–GoN Cooperation Programme on Early Childhood Development 2008–2010
Dutch Fund for ECD Tanzania
Early Childhood Development Proposal
<b>Government Data and Documents</b>
National Guidelines for Improving Quality of Care, Support, and Protection for Most Vulnerable Children in Tanzania
Operational Guidelines and Minimum Standards for Integrated Early Childhood Development in Tanzania
The Draft of the Policy on Early Childhood Development, Tanzania (Ages 0–8 Years)
Draft of the Implementation Plan for Early Childhood Development Policy 0–8 Years
<b>Other Reports</b>
Integrated Early Childhood Development (IECD) Policy Development Process in Tanzania – Phase 2 Report
Integrated Early Childhood Development (IECD) Policy Development Process in Tanzania – Progress Report
Report: Planning for the Development of the IECD Policy – Phase 1: Preparation – Planning Team Training and Way Forward
Profile of Early Childhood Development (IECD) Policy Development Process in Tanzania
Joint Intersectoral ECD Service Delivery Initiative – 2007
Early Childhood Service Delivery Mapping and Baseline Study in Bagamoyo, Hai, Magu, and Mtwara – Summary of Findings and Recommendations
Facilitators Manual for Training of IECD Service Providers
Formulation of Nationally Integrated Early Childhood Development Programme – Concept Note
National Strategy for Growth and Poverty Reduction (NSGPR) I/II
Profile of Early Childhood Development (IECD) Policy Development Process in Tanzania





## **APPENDIX H**

### **INTERNET SURVEY INSTRUMENT**



## **UNICEF Country Office Survey on Early Childhood Development (ECD)**

Mathematica Policy Research, Inc. and the UNICEF Evaluation Office (HQ/NY) request your participation in this survey as part of the evaluation of the “UNICEF-Government of Netherlands Cooperation Programme on Early Childhood Development, 2008-2010” that includes a three-year investment in ECD. As part of the evaluation methodology, we are taking advantage of this opportunity to get information on ECD progress on a global level.

Your participation in this survey is critical! Your responses will help inform the evaluation and provide input to future UNICEF HQ, RO, and partner initiatives and investments. All of the data presented in the evaluation reports will be at the aggregate level; nothing reported on the survey will be attributed to any individual, office, or country.

The survey period will close on the 14th September, 2010. We thank you for participating in this important evaluation. If you have questions about the survey or about the evaluation, please contact Krishna Belbase ([kbelbase@unicef.org](mailto:kbelbase@unicef.org)).

**Figure H.1. Internet Survey Instrument**

Background Information	
1. Please specify the titles of the UNICEF staff members who contributed to answering the survey questions.	<p><b>SELECT ALL THAT APPLY</b></p> <p><input type="checkbox"/> Representative</p> <p><input type="checkbox"/> Deputy Representative</p> <p><input type="checkbox"/> ECD Officer/ Specialist</p> <p><input type="checkbox"/> ECD Focal Point</p> <p><input type="checkbox"/> Other/s (<i>Specify</i>)</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> Other (<i>Specify</i>)</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> Other (<i>Specify</i>)</p> <p><input type="checkbox"/></p>
ECD Coordination	
2. How is ECD situated in your current Country Programme?	<p><input type="checkbox"/> ECD is mainstreamed into all programme components</p> <p><input type="checkbox"/> ECD is a stand-alone programme</p> <p><input type="checkbox"/> ECD does <u>not</u> feature in the current programme</p> <p><input type="checkbox"/> ECD is mainstreamed into select programme components.</p> <p><input type="checkbox"/> (If so, please specify all programme components into which ECD has been mainstreamed:)</p> <p><input type="checkbox"/></p>
3. How effective is the inter-sectoral coordination on ECD within this country office?	<p><input type="checkbox"/> Highly effective</p> <p><input type="checkbox"/> Effective</p> <p><input type="checkbox"/> Somewhat ineffective</p> <p><input type="checkbox"/> Ineffective</p> <p><input type="checkbox"/> 3b. If you selected Somewhat ineffective/ Ineffective, what can UNICEF do to improve internal inter-sectoral coordination?</p> <p><input type="checkbox"/></p>
4. What are the main strategies used to promote/deliver ECD interventions in your country programme?	<p><b>SELECT ALL THAT APPLY</b></p> <p><input type="checkbox"/> Capacity development of rights holders (parents/ young children /...)</p> <p><input type="checkbox"/> Capacity development of duty bearers (service providers/ policy makers /...)</p> <p><input type="checkbox"/> Service delivery</p> <p><input type="checkbox"/> Policy advocacy</p> <p><input type="checkbox"/> Strengthening evidence / research base and use</p> <p><input type="checkbox"/> Other/s (<i>Specify</i>)</p> <p><input type="checkbox"/></p>




Figure H.1. Internet Survey Instrument (Continued)

<p>5. Who are the main partners/actors in ECD in your country:</p>	<input type="text"/>	Government ministries <i>(Specify up to three)</i>
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	National and international NGOs/CSOs <i>(Specify up to three)</i>
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	Development organizations/donors <i>(Specify up to three)</i>
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	Other/s <i>(Specify up to three)</i>
	<input type="text"/>	
	<p>6. How effective is the inter-sectoral coordination on ECD in the government?</p>	<input type="radio"/>
<input type="radio"/>		Effective
<input type="radio"/>		Somewhat ineffective
<input type="radio"/>		Ineffective
<input type="text"/>		6b. If you chose Somewhat ineffective or Ineffective, what needs to be done to improve inter-sectoral coordination in the government?
<b>ECD Policy</b>		
<p>7. At what stage is <b>this country</b> with respect to ECD policy / strategy?</p>	<input type="radio"/>	No effort underway
	<input type="radio"/>	Policy / strategy in draft
	<input type="radio"/>	Policy / strategy approved but not yet implemented
	<input type="radio"/>	Policy / strategy approved and under implementation
	<input type="radio"/>	ECD policy elements are mainstreamed into other national policies / strategies
	<input type="text"/>	7b. If <b>mainstreamed</b> , please list the main policy / strategy areas where ECD resides
	<input type="text"/>	
<p>8. If national ECD policy / strategy exists, does it mention specific approaches for targeting disadvantaged and marginalized children in the provision of ECD services?</p>	<input type="radio"/>	Don't know
	<input type="radio"/>	Yes
	<input type="radio"/>	No
	<input type="text"/>	If NO, please explain:
<p>9. If national policy / strategy exists, has it been costed, either through the national plan of action or other mechanisms?</p>	<input type="radio"/>	Yes
	<input type="radio"/>	No
	<input type="text"/>	Please explain:
	<input type="text"/>	
<p>10. Are current levels of investment adequate for sustaining existing ECD services?</p>	<input type="radio"/>	Yes
	<input type="radio"/>	No
	<input type="text"/>	If NO, please list the top three most significant areas where there are funding gaps:
	<input type="text"/>	
	<input type="text"/>	

**Figure H.1. Internet Survey Instrument (Continued)**

<p>11. Please indicate whether you strongly agree, agree, disagree, or strongly disagree with the following statement:</p> <p><i>"Projected levels of investment from all sources are adequate for expansion of ECD services as planned."</i></p>	<input type="radio"/>	Strongly agree
	<input type="radio"/>	Agree
	<input type="radio"/>	Disagree
	<input type="radio"/>	Strongly disagree
	<input type="radio"/>	N/A, no expansion is planned
	<input type="text"/>	<p>11b. If you chose Disagree or Strongly disagree, please list the three main areas where there are significant gaps in future funding:</p>
<p><b>Need for ECD Capacity Building</b></p>		
<p>12. Please indicate whether you strongly agree, agree, disagree, or strongly disagree with the following statement:</p> <p><i>"The ability of UNICEF country office staff to articulate to partners or policy makers what ECD is and what needs to be done to meet country policy and programme goals has increased over the last four years"</i></p>	<input type="radio"/>	Strongly agree
	<input type="radio"/>	Agree
	<input type="radio"/>	Disagree
	<input type="radio"/>	Strongly disagree
<p>13. UNICEF technical support from the regional office on ECD in your country is:</p>	<input type="radio"/>	Adequate
	<input type="radio"/>	Somewhat adequate
	<input type="radio"/>	Not adequate
	<input type="text"/>	<p>13b. If you selected Somewhat adequate or Not adequate, please specify the type of technical support the regional office could provide that would be the most useful in your country:</p>
<p>14. UNICEF country office staff would benefit from additional training or technical guidance in the areas of (<i>select or list up to three</i>):</p>	<input type="text"/>	<b>SELECT UP TO THREE</b>
	<input type="checkbox"/>	Policy analysis/advocacy
	<input type="checkbox"/>	Costing and financing
	<input type="checkbox"/>	Targeting: Gender equity / reaching disadvantaged and marginalized children
	<input type="checkbox"/>	Planning, evaluation, and monitoring
	<input type="checkbox"/>	Technical knowledge on ECD programming, please specify

**Figure H.1. Internet Survey Instrument (Continued)**

<p>15. Country counterparts would benefit from additional training or technical guidance in the areas of:</p>	<p><b>SELECT UP TO THREE</b></p> <p><input type="checkbox"/> Development of national ECD policies</p> <p><input type="checkbox"/> Implementation of existing ECD policies (including early learning and development standards) and development standards)</p> <p><input type="checkbox"/> Costing and finance</p> <p><input type="checkbox"/> Improvement of access to ECD services (development, integration and scale-up)</p> <p><input type="checkbox"/> Improvement of ECD service quality</p> <p><input type="checkbox"/> Gender equity / Reaching disadvantaged and marginalized children</p> <p><input type="checkbox"/> Development or adaptation of ECD materials (curricula and teaching materials, children's books)</p> <p><input type="checkbox"/> Training of ECD service providers</p> <p><input type="checkbox"/> No additional training or technical guidance is needed at this time</p> <p><input type="checkbox"/> Other/s <i>(Specify)</i></p> <p></p>
<p><b>Knowledge Generation and Management</b></p>	
<p>16. Are core ECD indicators defined and agreed upon for use by key stakeholders <b>in your country</b>?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If YES, specify the core ECD indicators included in the national data collection / reporting system:</p> <p></p>
<p>17. Are data on ECD indicators routinely collected and reported at the sub-national and national levels?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>18. Is available data disaggregated by (Please select or specify as many as apply):</p>	<p><input type="checkbox"/> a. Gender</p> <p><input type="checkbox"/> b. Wealth/income</p> <p><input type="checkbox"/> c. Other/s <i>(Please specify)</i></p> <p></p>
<p>19. Please indicate whether you strongly agree, agree, disagree, or strongly disagree with the following statement: "Existing data are adequate for planning and monitoring progress on ECD."</p>	<p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree</p>
<p>20. Please indicate whether you strongly agree, agree, disagree, or strongly disagree with the following statement: "UNICEF's country office capacity to use data for planning and managing ECD activities has increased in the past four years."</p>	<p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree</p>

**Figure H.1. Internet Survey Instrument (Continued)**

<p>21. Please indicate whether you strongly agree, agree, disagree, or strongly disagree with the following statement:</p> <p><b>"Country counterparts' ability to use data for planning and managing ECD activities has increased in the past four years."</b></p>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<p>Strongly agree</p> <p>Agree</p> <p>Disagree</p> <p>Strongly disagree</p>
<p>22. Please indicate whether you strongly agree, agree, disagree, or strongly disagree with the following statement:</p> <p><b>"Overall UNICEF's knowledge acquisition and use regarding ECD programming has improved significantly in the past four years."</b></p>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<p>Strongly agree</p> <p>Agree</p> <p>Disagree</p> <p>Strongly disagree</p>
<p><b>Equity and Reaching the Disadvantaged and Marginalized</b></p>		
<p>23. Please provide three examples of what UNICEF and its partners have been doing to reach young children and families from disadvantaged and marginalized groups. (If your country is not addressing these issues at this time, please write N/A in the box below).</p>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<p>24. What are the three main challenges UNICEF and its partners face in expanding ECD services to reach disadvantaged and marginalized children and families?</p>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<p>25. Please list 3 to 5 areas in which UNICEF and partners could make the most significant contribution to extending services to disadvantaged and marginalized children and families?</p>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>26. Please indicate the country office to which you belong:</p>	<p><b>COUNTRY</b></p> <input type="text"/>	<input type="text"/>



## **APPENDIX I**

### **SUPPLEMENTAL TABLES**

- Part 1. Country Office Internet Survey Tables by Country Income and Region**
- Part 2. 10-Country Indicator Rating Table (Masked by Letter)**
- Part 3. Additional Tables by Chapter**



## **Part 1: Country Office Internet Survey Tables by Country Income and Region**

These tables, described on Chapter I and referred to throughout the report, provide the complete internet survey data by country income category (Tables I.1 through I.6) and by region (Tables I.7 through I.12).

**Table I.1. Background Information (Q1: Percentage Unless Otherwise Noted)**

	Total	Low Income <sup>a</sup>	Lower-Middle Income <sup>a</sup>	Upper-Middle Income <sup>a</sup>
Officials Participating in Survey <sup>b</sup> :				
ECD Officer/Specialist	51.4	51.9	60.9	41.7
ECD Focal Point	25.7	25.9	17.4	33.3
Deputy Representative	16.2	11.1	17.4	20.8
Representative	13.5	7.4	13.0	20.8
Chief of Education	14.9	29.6	13.0	0.0
PME Officer/Specialist/Team Member	9.5	7.4	4.3	16.7
Other	2.7	0.0	4.3	4.2
Average Number of Respondents to the Survey	1.3 (0.6)	1.3 (0.6)	1.3 (0.6)	1.4 (0.7)
<b>Sample Size</b>	<b>74</b>	<b>27</b>	<b>23</b>	<b>24</b>

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

Note: Standard deviations in parentheses. Because of rounding, categories do not always sum to 100.

<sup>a</sup>Income categories are based on the classifications of the World Bank (2010), which uses 2008 per capita GNI: lower income <\$975; lower-middle income \$976-\$3855; upper-middle income \$3866-\$11905. Oman was placed in the upper-middle category though its income is higher than the cutoff.

<sup>b</sup>Respondents could indicate more than one type of position.

ECD = early child development; GNI=gross national income; PME = planning, monitoring, and evaluation.

Table I.2. ECD Mainstreaming and Coordination (Q.2–Q.6: Percentage Unless Otherwise Noted)

	Total	Low Income <sup>a</sup>	Lower-Middle Income <sup>a</sup>	Upper-Middle Income <sup>a</sup>
ECD Mainstreaming Status:				
ECD is mainstreamed into select programme components	63.5	74.1	69.6	45.8
ECD is mainstreamed into all programme components	14.9	11.1	8.7	25.0
ECD is a stand-alone programme	20.3	11.1	21.7	29.2
ECD does <i>not</i> feature in the current programme	1.4	3.7	0.0	0.0
Number of Components into Which ECD Is Mainstreamed:				
None	21.6	14.8	21.7	29.2
1	18.9	22.2	21.7	12.5
2	31.1	37.0	39.1	20.8
3 or more	13.5	14.8	8.7	12.5
All	14.9	11.1	8.7	25.0
ECD is Mainstreamed into the Following Components <sup>b,c</sup> :				
Education	85.1	90.0	93.8	63.6
Health	48.9	35.0	62.5	54.5
Child survival	29.8	40.0	6.3	45.5
Child protection	25.5	25.0	12.5	45.5
Other	4.3	5.0	6.3	0.0
ECD Coordination in Country Office Is:				
Highly effective	4.1	0.0	4.3	8.3
Effective	59.5	40.7	73.9	66.7
Somewhat effective	32.4	51.9	21.7	20.8
Ineffective	4.1	7.4	0.0	4.2
Main Strategies Used to Promote/Deliver ECD Are <sup>c</sup> :				
Capacity development of duty bearers (service providers/policy makers/...)	94.7	96.4	91.3	95.8
Policy advocacy	84.0	78.6	91.3	83.3
Capacity development of rights holders (parents/young children/...)	72.0	57.1	82.6	79.2
Strengthening evidence/research base and use	72.0	53.6	82.6	83.3
Service delivery	66.7	85.7	69.6	41.7
Other	8.0	3.6	4.3	16.7
Number of Strategies Mentioned:				
1	4.0	7.1	4.3	0.0
2	5.3	3.6	4.3	8.3
3	22.7	28.6	13.0	25.0
4 or more	68.0	60.7	78.3	66.7
Average Number of Strategies Mentioned				
	4.0 (1.2)	3.8 (1.2)	4.2 (1.2)	4.0 (1.0)
Government Ministries <sup>c</sup> :				
Ministry of Education	90.7	85.7	91.3	95.8
Ministry of Health	77.3	60.7	78.3	95.8
Ministry of Social Affairs/Social Welfare/Social Development	29.3	28.6	13.0	45.8
Ministry of Family/Gender/Children	24.0	35.7	26.1	8.3
	1.5			

**Table I.2. ECD Coordination (Q.2–Q.6: Percentage Unless Otherwise Noted) (Continued)**

	Total	Low Income <sup>a</sup>	Lower-Middle Income <sup>a</sup>	Upper-Middle Income <sup>a</sup>
National commissions/agencies/ institutes	16.0	17.9	26.1	4.2
Ministry of Labor	10.7	14.3	8.7	8.3
Local government	9.3	17.9	4.3	4.2
Ministry of Planning	4.0	0.0	8.7	4.2
Other	22.7	21.4	34.8	12.5
NGOs/CSOs <sup>c</sup> :				
Local organizations	49.3	35.7	47.8	66.7
Save the Children	21.3	28.6	26.1	8.3
Plan	12.0	21.4	8.7	4.2
Step by Step	8.0	7.1	13.0	4.2
World Vision	5.3	7.1	4.3	4.2
Aga Khan Foundation	5.3	14.3	0.0	0.0
CARE	2.7	3.6	4.3	0.0
Other international NGO's	34.7	32.1	43.5	29.2
Development Organizations/Donors <sup>c</sup> :				
Bilateral donors (USAID, DFID, etc.)	34.7	50.0	17.4	33.3
World Bank	20.0	32.1	21.7	4.2
UNICEF	17.3	21.4	26.1	4.2
Other UN agencies	17.3	17.9	21.7	12.5
Private sector donors (corporations)	10.7	7.1	4.3	20.8
Other	22.7	17.9	21.7	29.2
Other Organizations <sup>c</sup> :				
Universities	12.0	7.1	13.0	16.7
Private sector organizations	8.0	10.7	8.7	4.2
Other	6.7	3.6	8.7	8.3
Intersectoral Coordination Within the Government Is <sup>d</sup> :				
Highly effective	5.4	7.4	8.7	0.0
Effective	27.0	11.1	30.4	41.7
Somewhat effective	36.5	44.4	26.1	37.5
Ineffective	31.1	37.0	34.8	20.8
<b>Sample Size</b>	<b>47–75</b>	<b>20–28</b>	<b>16–23</b>	<b>11–24</b>

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

Note: Standard deviations in parentheses. Because of rounding, categories do not always sum to 100.

<sup>a</sup>Income categories are based on the classifications of the World Bank (2010), which uses 2008 per capita GNI: lower income <\$975; lower-middle income \$976–\$3855; upper-middle income \$3866–\$11905. Oman was placed in the upper-middle category though its income is higher than the cutoff.

<sup>b</sup>For countries in which ECD is mainstreamed into selected components.

<sup>c</sup>Respondents were meant to enter up to three answers but some entered more than three.

<sup>d</sup>One country gave multiple responses and was not included in this table.

CARE = Cooperative for Assistance and Relief Everywhere; CSO = Civil Society Organization; DFID = United Kingdom Department for International Development; ECD = early child development; GNI = gross national income; NGO = non-governmental organization; UN = United Nations; USAID = United States Agency for International Development.

Table I.3. ECD Policy (Q.7–Q.11: Percentage Unless Otherwise Noted)

	Total	Low Income <sup>a</sup>	Lower-Middle Income <sup>a</sup>	Upper-Middle Income <sup>a</sup>
Current Stage of Policy/Strategy <sup>b</sup> :				
No effort underway	4.7	4.0	5.0	5.3
Policy/Strategy in draft	39.1	52.0	40.0	21.1
Policy/Strategy approved but not yet implemented	4.7	8.0	5.0	0.0
Policy/Strategy approved and under implementation	21.9	16.0	25.0	26.3
ECD policy elements are mainstreamed into other national policies/strategies	29.7	20.0	25.0	47.4
ECD Policy/Strategy Is Mainstreamed in: <sup>c,d</sup>				
Education	73.7	60.0	80.0	77.8
Health	57.9	20.0	40.0	88.9
Social welfare/development	21.1	0.0	40.0	22.2
Other	26.3	20.0	0.0	44.4
Specific Approaches Exist for Targeting Disadvantaged and Marginalized Children in Provision of ECD Services: <sup>e</sup>				
Yes	68.8	76.0	60.0	68.4
No	20.3	12.0	30.0	21.1
Currently underway	10.9	12.0	10.0	10.5
ECD Policy/Strategy Been Costed: <sup>e</sup>				
Yes	21.3	20.8	5.6	36.8
No	42.6	37.5	66.7	26.3
Partially costed/underway	36.1	41.7	27.8	36.8
Current Levels of Investment Adequate for Sustaining ECD Infrastructure:				
Yes	16.9	4.0	21.7	26.1
No	83.1	96.0	78.3	73.9
Areas Where There Are Current Funding Gaps: <sup>d</sup>				
Infrastructure/physical resources	23.9	40.0	21.7	8.7
Staff (number and training)	23.9	24.0	26.1	21.7
Nutrition and health	16.9	20.0	0.0	30.4
Reaching underserved/disadvantaged groups	15.5	4.0	21.7	21.7
Support/training for parents	14.1	20.0	13.0	8.7
Capacity and development	14.1	12.0	21.7	8.7
Community centers and services	9.9	4.0	17.4	8.7
Monitoring, evaluation, and research	8.5	16.0	4.3	4.3
Other	39.4	40.0	34.8	43.5
Projected Levels of Investment from All Sources Are Adequate for Expansion of ECD Services as Planned: <sup>f</sup>				
Strongly agree	1.4	0.0	4.3	0.0
Agree	16.2	14.3	13.0	21.7
Disagree	51.4	42.9	60.9	52.2
Strongly disagree	17.6	28.6	17.4	4.3
No expansion is planned	13.5	14.3	4.3	21.7

**Table I.3. ECD Policy (Q.7–Q.11: Percentage Unless Otherwise Noted) (Continued)**

	Total	Low Income <sup>a</sup>	Lower-Middle Income <sup>a</sup>	Upper-Middle Income <sup>a</sup>
Areas Where There Are Future Funding Gaps: <sup>d</sup>				
Infrastructure/physical resources	20.3	21.4	30.4	8.7
Staff (number and training)	20.3	25.0	17.4	17.4
Reaching underserved/disadvantaged groups	10.8	3.6	21.7	8.7
Support/training for parents	9.5	10.7	13.0	4.3
Capacity and development	8.1	7.1	13.0	4.3
Monitoring, evaluation, and research	8.1	7.1	8.7	8.7
Nutrition and health	2.7	3.6	0.0	4.3
Community centers and services	1.4	0.0	4.3	0.0
Other	27.0	28.6	30.4	21.7
<b>Sample Size</b>	<b>19–74</b>	<b>5–28</b>	<b>5–23</b>	<b>9–23</b>

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

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

<sup>a</sup>Income categories are based on the World Bank's classification (World Bank, 2010) which uses 2008 per-capita GNI: lower income <\$975, lower-middle income \$976-\$3855, upper-middle income \$3866-\$11905. Oman was placed in the upper-middle category although its income is higher than the cutoff.

<sup>b</sup>Eight countries gave multiple responses and were not included in this table.

<sup>c</sup>For countries who have mainstreamed ECD policy.

<sup>d</sup>Respondents could indicate more than one area.

<sup>e</sup>For countries who have a national ECD policy/strategy.

<sup>f</sup>One country gave multiple responses and was not included in this part of the table.

ECD= Early Child Development; GNI=Gross National Income.



**Table I.4. Need for ECD Capacity Building (Q.12–Q.15: Percentage Unless Otherwise Stated)**

	Total	Low-Income <sup>a</sup>	Lower-Middle Income <sup>a</sup>	Upper-Middle Income <sup>a</sup>
The Ability of UNICEF Country Office Staff to Articulate to Partners or Policy Makers What ECD Is and What Needs to Be Done to Meet Country Policy and Programme Goals Has Increased Over the Last Four Years:				
Strongly agree	30.7	21.4	43.5	29.2
Agree	50.7	57.1	43.5	50.0
Disagree	17.3	17.9	13.0	20.8
Strongly disagree	1.3	3.6	0.0	0.0
Technical Support from the Regional Office Is:				
Adequate	53.3	46.4	56.5	58.3
Somewhat adequate	32.0	35.7	26.1	33.3
Not adequate	14.7	17.9	17.4	8.3
Type of Technical Support Required: <sup>b</sup>				
Knowledge sharing	10.7	10.7	17.4	4.2
Policy design and evaluation	8.0	14.3	4.3	4.2
Staff training	6.7	7.1	4.3	8.3
Other	9.3	3.6	8.7	16.7
UNICEF Country Office Staff Would Benefit from Additional Training or Guidance in: <sup>b</sup>				
Costing and financing	77.0	75.0	86.4	70.8
Targeting	67.6	67.9	77.3	58.3
Policy analysis/advocacy	66.2	57.1	68.2	75.0
Planning, evaluation and monitoring	58.1	57.1	59.1	58.3
Technical knowledge on ECD programming	21.6	14.3	27.3	25.0
Number of Areas Mentioned:				
1	8.1	10.7	4.5	8.3
2	25.7	35.7	9.1	29.3
3 or more	66.2	53.6	86.4	62.5
	2.9	2.7	3.2	2.9
Average Number of Areas Mentioned	(1.0)	(1.0)	(0.9)	(1.1)
UNICEF Country Counterparts Would Benefit from Additional Training or Guidance in: <sup>b</sup>				
Improvement of ECD access/gender equity/reaching marginalized and disadvantaged children	93.3	89.3	95.7	95.8
Costing and finance	85.3	78.6	87.0	91.7
Improvement of ECD quality	72.0	78.6	73.9	62.5
Development of national ECD policies	58.7	50.0	69.6	58.3
Implementation of existing ECD policies	57.3	71.4	56.5	41.7
Training of ECD service providers	57.3	64.3	56.5	50.0
Development of ECD materials	42.7	60.7	30.4	33.3
Other	4.0	3.6	8.7	0.0

	Total	Low-Income <sup>a</sup>	Lower-Middle Income <sup>a</sup>	Upper-Middle Income <sup>a</sup>
Number of Areas Mentioned:				
1	1.3	3.6	0.0	0.0
2	1.3	0.0	4.3	0.0
3	9.3	10.7	4.3	12.5
4 or more	88.0	85.7	91.3	87.5
Average Number of Areas Mentioned	5.3 (1.6)	5.5 (1.8)	5.4 (1.4)	4.9 (1.3)
Sample Size	74-75	28	22-23	24

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

Note: Standard deviations in parentheses. Categories do not always add up to 100 because of rounding.

<sup>a</sup>Income categories are based on the World Bank's classification (World Bank, 2010) which uses 2008 per-capita GNI: lower income <\$975, lower-middle income \$976-\$3855, upper-middle income \$3866-\$11905. Oman was placed in the upper-middle category although its income is higher than the cutoff.

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

UNICEF=United Nations Children's Fund; ECD=Early Child Development; GNI=Gross National Income.

Table I.5. Knowledge Generation and Management (Q.16–Q.22: Percentage Unless Otherwise Noted)

	Total	Low-Income <sup>a</sup>	Lower-Middle Income <sup>a</sup>	Upper-Middle Income <sup>a</sup>
Core ECD Indicators Are Defined and Agreed Upon for Use by Key Stakeholders:				
Yes	32.0	32.1	39.1	25.0
No	68.0	67.9	60.9	75.0
Core Indicators Included in National Data System Are: <sup>b</sup>				
Enrollment/number of facilities	58.3	66.7	55.6	50.0
Child health indicators (e.g. stunting)	33.3	33.3	33.3	33.3
Child mortality	29.2	33.3	33.3	16.7
Other	16.7	11.1	33.3	0.0
Data on ECD Indicators Routinely Collected and Reported at Sub-National and National Levels				
Yes	44.4	46.4	43.5	41.7
No	56.0	53.6	56.5	58.3
Available Data on ECD Indicators Disaggregated by: <sup>cd</sup>				
Gender	72.0	78.6	73.9	62.5
Wealth/income	26.7	25.0	21.7	33.3
Geography	16.0	25.0	17.4	4.2
Other demographic characteristics (e.g. ethnicity)	9.3	14.3	8.7	4.2
Age	8.0	0.0	13.0	12.5
Health status	5.3	10.7	0.0	4.2
Other/Not specified	5.3	7.1	0.0	8.3
Existing Data Are Adequate for Planning and Monitoring ECD Progress:				
Strongly agree	4.0	7.1	0.0	4.2
Agree	17.3	7.1	26.1	20.8
Disagree	68.0	71.4	65.2	66.7
Strongly disagree	10.7	14.3	8.7	8.3
UNICEF's Country Office Capacity to Use Data for Planning and Managing ECD Activities Has Increased in the Past Four Years:				
Strongly agree	13.7	3.6	22.7	17.4
Agree	63.0	64.3	54.5	69.6
Disagree	20.5	28.6	22.7	8.7
Strongly disagree	2.7	3.6	0.0	4.3
Country Counterparts' Ability to Use Data for Planning and Managing ECD Activities Has Increased in the Past Four Years				
Strongly agree	4.1	3.6	8.7	0.0
Agree	51.4	32.1	52.2	73.9
Disagree	33.8	46.4	30.4	21.7
Strongly disagree	10.8	17.9	8.7	4.3

**Table I.5. Knowledge Generation and Management (Q.16–Q.22: Percentage Unless Otherwise Noted)  
(Continued)**

	Total	Low-Income <sup>a</sup>	Lower-Middle Income <sup>a</sup>	Upper-Middle Income <sup>a</sup>
Overall UNICEF's Knowledge Acquisition and Use Regarding ECD Programming Has Improved Significantly in the Past Four Years				
Strongly agree	17.3	10.7	30.4	12.5
Agree	62.7	67.9	56.5	62.5
Disagree	17.3	14.3	13.0	25.0
Strongly disagree	2.7	7.1	0.0	0.0
<b>Sample Size</b>	<b>24–75</b>	<b>9–28</b>	<b>9–23</b>	<b>6–24</b>

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

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

<sup>a</sup>Income categories are based on the World Bank's classification (World Bank, 2010) which uses 2008 per-capita GNI: lower income <\$975, lower-middle income \$976–\$3855, upper-middle income \$3866–\$11905. Oman was placed in the upper-middle category although its income is higher than the cutoff.

<sup>b</sup>For respondents who have defined and agreed upon core indicators.

<sup>c</sup>Respondents could indicate more than one option.

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

ECD=Early Child Development; UNICEF=United Nations Children's Fund; GNI=Gross National Income.

**Table I.6. Equity and Reaching the Disadvantaged Marginalized (Q.23-Q.25: Percentage Unless Otherwise Noted)**

	Total	Low-Income <sup>a</sup>	Lower-Middle Income <sup>a</sup>	Upper-Middle Income <sup>a</sup>
<b>Approaches to Targeting Disadvantaged and Marginalized Groups:<sup>b</sup></b>				
Developing new models and training	29.7	22.2	34.8	33.3
Target resources	29.7	22.2	39.1	29.2
Use community-based centers	18.9	18.5	30.4	8.3
Data collection/research	16.2	18.5	8.7	20.8
Parental education	14.9	11.1	17.4	16.7
Advocacy	12.2	14.8	4.3	16.7
Include in mainstream ECD programmes	6.8	11.1	0.0	8.3
Other	45.9	29.6	56.5	54.2
<b>Main Challenges in Expanding Services to Disadvantaged/Marginalized Groups:<sup>b</sup></b>				
Lack of funding	62.7	67.9	52.2	66.7
Lack of coordination	45.3	53.6	34.8	45.8
Lack of capacity/training	44.0	39.3	56.5	37.5
Lack of access and awareness	33.3	21.4	43.5	37.5
Lack of data	18.7	14.3	17.4	25.0
No policy in place	17.3	21.4	21.7	8.3
Not viewed as a priority	17.3	10.7	21.7	20.8
Other	20.0	10.7	17.4	33.3
<b>Areas in Which a Significant Contribution Can Be Made to Extending Services to Disadvantaged and Marginalized Children and Families:<sup>b</sup></b>				
Improved targeting of existing resources	50.7	57.1	43.5	45.8
Improved capacity/training	49.3	57.1	43.5	45.8
Improved advocacy	46.7	42.9	43.5	54.2
Clarification of policy/strategy	40.0	46.4	39.1	33.3
Improved data	34.7	25.0	30.4	50.0
Increased funding	29.3	35.7	26.1	25.0
Improved coordination	26.7	39.3	13.0	25.0
Other	13.3	14.3	13.0	12.5
<b>Sample Size</b>	<b>74-75</b>	<b>27-28</b>	<b>23</b>	<b>24</b>

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

<sup>a</sup>Income categories are based on the World Bank's classification (World Bank, 2010) which uses 2008 per-capita GNI: lower income <\$975, lower-middle income \$976-\$3855, upper-middle income \$3866-\$11905. Oman was placed in the upper-middle category although its income is higher than the cutoff.

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

ECD=Early Child Development, GNI=Gross National Income.

**Table I.7. Background Information (Q1: Percentage Unless Otherwise Noted)**

	Total	CEECIS <sup>a</sup>	EAPR <sup>a</sup>	ESAR <sup>a</sup>	MENA <sup>a</sup>	ROSA <sup>a</sup>	TACR <sup>a</sup>	WCAR <sup>a</sup>
Officials Participating in Survey: <sup>b</sup>								
ECD Officer/Specialist	51.4	20.0	33.3	66.7	33.3	60.0	61.5	50.0
ECD Focal Point	25.7	26.7	22.2	16.7	0.0	40.0	38.5	42.9
Deputy Representative	16.2	46.7	11.1	16.7	16.7	0.0	15.4	14.3
Representative	13.5	13.3	22.2	8.3	33.3	0.0	7.7	7.1
Chief of Education	14.9	6.7	22.2	16.7	16.7	40.0	0.0	21.4
PME Officer/Specialist/Team Member	9.5	6.7	22.2	0.0	0.0	0.0	7.7	21.4
Other	2.7	6.7	0.0	0.0	0.0	0.0	7.7	0.0
Average Number of Respondents to the Survey	1.3 (0.6)	1.3 (0.8)	1.3 (0.5)	1.3 (0.5)	1.0 (0.0)	1.4 (0.9)	1.4 (0.5)	1.6 (0.8)
<b>Sample Size</b>	<b>74</b>	<b>15</b>	<b>9</b>	<b>12</b>	<b>6</b>	<b>5</b>	<b>13</b>	<b>14</b>

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

Note: Standard deviations in parentheses. Categories do not always add up to 100 because of rounding.

<sup>a</sup>Regions are based on UNICEF definitions.

<sup>b</sup>Respondents could indicate more than one type of position.

CEECIS=Central and Eastern Europe and the Commonwealth of Independent States; EAPR=East Asia and the Pacific Region; ESAR=Eastern and Southern Africa Region; MENA=Middle East and North Africa; ROSA=Regional Office of South Asia; TACR=the Americas and Caribbean Region; WCAR=West and Central Africa Region; ECD=Early Childhood Development; PME=Planning, Monitoring, and Evaluation; UNICEF=United Nations Children's Fund.

**Table I.8. ECD Coordination (Q.2–Q.6: Percentage Unless Otherwise Noted)**

	Total	CEECIS <sup>a</sup>	EAPR <sup>a</sup>	ESAR <sup>a</sup>	MENA <sup>a</sup>	ROSA <sup>a</sup>	TACR <sup>a</sup>	WCAR <sup>a</sup>
Percentage of Countries Where:								
ECD is mainstreamed into all programme components	14.9	26.7	0.0	8.3	16.7	20.0	15.4	14.3
ECD is a stand-alone programme	20.3	26.7	22.2	8.3	50.0	0.0	30.8	7.1
ECD does not feature in the current programme	1.4	0.0	0.0	8.3	0.0	0.0	0.0	0.0
ECD is mainstreamed into select programme components	63.5	46.7	77.8	75.0	33.3	80.0	53.8	78.6
Number of Components into Which ECD Is Mainstreamed:								
None	21.6	26.7	22.2	16.7	50.0	0.0	30.8	7.1
1	18.9	13.3	22.2	33.3	16.7	20.0	7.7	21.4
2	31.1	33.3	44.4	25.0	16.7	60.0	23.1	35.7
3 or more	13.5	0.0	11.1	16.7	0.0	0.0	23.1	21.4
All	14.9	26.7	0.0	8.3	16.7	20.0	15.4	14.3
ECD Is Mainstreamed into the Following Components: <sup>b,c</sup>								
Education	85.1	71.4	85.7	66.7	100.0	100.0	100.0	90.9
Health	48.9	85.7	28.6	66.7	0.0	0.0	85.7	81.8
Child survival	29.8	0.0	14.3	22.2	0.0	0.0	57.1	63.6
Child protection	25.5	14.3	14.3	44.4	0.0	0.0	42.9	27.3
Other	4.3	0.0	28.6	0.0	0.0	0.0	0.0	0.0
ECD Coordination in Country Office Is:								
Highly effective	4.1	6.7	11.1	0.0	0.0	0.0	7.7	0.0
Effective	59.5	73.3	66.7	50.0	66.7	80.0	61.5	35.7
Somewhat effective	32.4	20.0	22.2	50.0	33.3	20.0	23.1	50.0
Ineffective	4.1	0.0	0.0	0.0	0.0	0.0	7.7	14.3
Main Strategies Used to Promote/Deliver ECD Are:								
Capacity development of duty bearers (service providers/policy makers/...)	94.7	93.3	100.0	92.3	83.3	100.0	100.0	92.9
Policy advocacy	84.0	80.0	88.9	84.6	66.7	100.0	92.3	78.6
Capacity development of rights holders (parents/young children/...)	72.0	73.3	66.7	69.2	50.0	100.0	84.6	64.3
Strengthening evidence/research base and use	72.0	86.7	88.9	61.5	50.0	100.0	69.2	57.1
Service delivery	66.7	53.3	66.7	61.5	66.7	80.0	53.8	92.9
Other	8.0	6.7	0.0	7.7	0.0	40.0	15.4	0.0
Number of Strategies Mentioned:								
1	4.0	6.7	0.0	7.7	16.7	0.0	0.0	0.0
2	5.3	0.0	11.1	7.7	16.7	0.0	0.0	7.1
3	22.7	20.0	22.2	15.4	33.3	0.0	30.8	28.6
4 or more	68.0	73.3	66.7	69.2	33.3	100.0	69.2	64.3
Average Number of Strategies Mentioned								
	4.0 (1.2)	3.9 (1.1)	4.1 (1.2)	3.8 (1.2)	3.2 (0.6)	5.2 (0.8)	4.2 (0.9)	3.9 (0.9)
Government Ministries: <sup>c</sup>								
Ministry of Education	90.7	93.3	88.9	92.3	100.0	80.0	100.0	78.6
Ministry of Health	77.3	93.3	66.7	69.2	66.7	20.0	92.3	85.7
Ministry of Social Affairs/Social Welfare/Social Development	29.3	20.0	11.1	23.1	33.3	0.0	46.2	50.0
Ministry of Family/Gender/Children	24.0	0.0	0.0	46.2	33.3	60.0	7.7	42.9
National commissions/agencies/institutes	16.0	20.0	33.3	0.0	50.0	0.0	7.7	14.3
Ministry of Labor	10.7	20.0	22.2	15.4	0.0	0.0	0.0	7.1
Local government	9.3	6.7	22.2	30.8	0.0	0.0	0.0	0.0
Ministry of Planning	4.0	0.0	11.1	0.0	0.0	0.0	7.7	7.1
Other	22.7	26.7	22.2	15.4	16.7	20.0	23.1	28.6

Table I.8. ECD Coordination (Q.2–Q.6: Percentage Unless Otherwise Noted) (Continued)

	Total	CEECIS <sup>a</sup>	EAPR <sup>a</sup>	ESAR <sup>a</sup>	MENA <sup>a</sup>	ROSA <sup>a</sup>	TACR <sup>a</sup>	WCAR <sup>a</sup>
<b>NGOs/CSOs:<sup>c</sup></b>								
Local organizations	49.3	60.0	33.3	53.8	33.3	80.0	53.8	35.7
Save the Children	21.3	13.3	33.3	38.5	16.7	40.0	15.4	7.1
Plan	12.0	0.0	22.2	7.7	0.0	20.0	7.7	28.6
Step by Step	8.0	33.3	0.0	0.0	0.0	0.0	7.7	0.0
World Vision	5.3	0.0	11.1	7.7	0.0	0.0	7.7	7.1
Aga Khan Foundation	5.3	6.7	0.0	15.4	0.0	0.0	0.0	7.1
CARE	2.7	0.0	11.1	7.7	0.0	0.0	0.0	0.0
Other international NGO's	34.7	46.7	33.3	38.5	33.3	20.0	15.4	42.9
<b>Development Organizations/Donors:<sup>c</sup></b>								
Bilateral donors (USAID, DFID, etc)	34.7	40.0	0.0	46.2	16.7	40.0	30.8	50.0
World Bank	20.0	40.0	33.3	15.4	0.0	20.0	0.0	21.4
UNICEF	17.3	6.7	11.1	7.7	33.3	60.0	0.0	35.7
Other UN agencies	17.3	13.3	0.0	7.7	16.7	40.0	30.8	21.4
Private sector donors (corporations)	10.7	13.3	11.1	15.4	0.0	0.0	23.1	0.0
Other	22.7	20.0	11.1	23.1	16.7	20.0	38.5	21.4
<b>Other Organizations:<sup>c</sup></b>								
Universities	12.0	6.7	11.1	0.0	33.3	20.0	23.1	7.1
Private sector organizations	8.0	6.7	0.0	0.0	16.7	40.0	0.0	14.3
Other	6.7	6.7	0.0	7.7	16.7	0.0	7.7	7.1
<b>Intersectoral Coordination Within the Government Is:<sup>g</sup></b>								
Highly effective	5.4	0.0	12.5	15.4	0.0	20.0	0.0	0.0
Effective	27.0	33.3	50.0	7.7	16.7	20.0	38.5	21.4
Somewhat effective	36.5	40.0	37.5	46.2	16.7	60.0	30.8	28.6
Ineffective	31.1	26.7	0.0	30.8	66.7	0.0	30.8	50.0
<b>Sample Size</b>	<b>47–75</b>	<b>7–15</b>	<b>7–9</b>	<b>9–13</b>	<b>2–6</b>	<b>4–5</b>	<b>7–13</b>	<b>11–14</b>

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

Note: Standard deviations in parentheses. Categories do not always add up to 100 because of rounding.

<sup>a</sup>Regions are based on UNICEF definitions.

<sup>b</sup>For countries in which ECD is mainstreamed into selected components.

<sup>c</sup>Respondents were meant to enter up to three answers but some entered more than three.

<sup>d</sup>One country gave multiple responses and was not included in this table.

CEECIS=Central and Eastern Europe and the Commonwealth of Independent States; EAPR=East Asia and the Pacific Region; ESAR=Eastern and Southern Africa Region; MENA=Middle East and North Africa; ROSA=Regional Office of South Asia; TACR=the Americas and Caribbean Region; WCAR=West and Central Africa Region; ECD=Early Childhood Development; NGO=Non-Governmental Organization; CSO=Civil Society Organization; CARE=Cooperative for Assistance and Relief Everywhere; USAID=United States Agency for International Development; DFID= United Kingdom Department for International Development; UNICEF=United Nations Children's Fund; UN=United Nations.



**Table I.9. ECD Policy (Q.7–Q.11: Percentage Unless Otherwise Noted)**

	Total	CEECIS <sup>a</sup>	EAPR <sup>a</sup>	ESAR <sup>a</sup>	MENA <sup>a</sup>	ROSA <sup>a</sup>	TACR <sup>a</sup>	WCAR <sup>a</sup>
<b>Current Stage of Policy/Strategy:<sup>b</sup></b>								
No effort underway	4.7	0.0	0.0	0.0	0.0	25.0	0.0	16.7
Policy/strategy in draft	39.1	33.3	28.6	41.7	33.3	25.0	50.0	50.0
Policy/strategy approved but not yet implemented	4.7	6.7	14.3	0.0	0.0	0.0	0.0	8.3
Policy/strategy approved and under implementation	21.9	6.7	28.6	33.3	16.7	50.0	37.5	8.3
ECD policy elements are mainstreamed into other national policies/strategies	29.7	53.3	28.6	25.0	50.0	0.0	12.5	16.7
<b>ECD Policy/Strategy Is Mainstreamed in:<sup>c,d</sup></b>								
Education	73.7	87.5	50.0	66.7	66.7	N/A	0.0	100.0
Health	57.9	75.0	0.0	33.3	66.7	N/A	100.0	50.0
Social welfare/development	21.1	12.5	0.0	0.0	100.0	N/A	0.0	0.0
Other	26.3	37.5	0.0	33.3	0.0	N/A	0.0	50.0
<b>Specific Approaches Exist for Targeting Disadvantaged and Marginalized Children in Provision of ECD Services:<sup>e</sup></b>								
Yes	68.8	61.5	71.4	75.0	75.0	75.0	75.0	58.3
No	20.3	30.8	28.6	25.0	25.0	0.0	8.3	16.7
Currently underway	10.9	7.7	0.0	0.0	0.0	25.0	16.7	25.0
<b>ECD Policy/Strategy, Has Been Costed:<sup>e</sup></b>								
Yes	21.3	9.1	14.3	18.2	25.0	0.0	53.8	9.1
No	42.6	63.6	42.9	27.3	75.0	25.0	15.4	63.6
Partially costed/underway	36.1	27.3	42.9	54.5	0.0	75.0	30.8	27.3
<b>Current Levels of Investment Adequate for Sustaining ECD Infrastructure:</b>								
Yes	16.9	28.6	25.0	0.0	0.0	20.0	23.1	16.7
No	83.1	71.4	75.0	100.0	100.0	80.0	76.9	83.3
<b>Areas Where There Are Current Funding Gaps:<sup>d</sup></b>								
Infrastructure/physical resources	23.9	7.1	25.0	53.8	33.3	0.0	15.4	25.0
Staff (number and training)	23.9	7.1	37.5	38.5	16.7	0.0	38.5	16.7
Nutrition and health	16.9	14.3	0.0	23.1	16.7	20.0	23.1	16.7
Reaching underserved/disadvantaged groups	15.5	21.4	12.5	0.0	33.3	20.0	30.8	0.0
Support/training for parents	14.1	0.0	12.5	15.4	33.3	0.0	7.7	33.3
Capacity and development	14.1	28.6	12.5	15.4	16.7	40.0	0.0	0.0
Community centers and services	9.9	0.0	25.0	15.4	33.3	0.0	0.0	8.3
Monitoring, evaluation, and research	8.5	7.1	0.0	15.4	0.0	20.0	7.7	8.3
Other	39.4	50.0	37.5	69.2	33.3	0.0	30.8	25.0
<b>Projected Levels of Investment from All Sources Are Adequate for Expansion of ECD Services as Planned:<sup>f</sup></b>								
Strongly agree	1.4	0.0	0.0	0.0	0.0	20.0	0.0	0.0
Agree	16.2	20.0	33.3	7.7	16.7	0.0	16.7	14.3
Disagree	51.4	66.7	55.6	46.2	66.7	40.0	58.3	28.6
Strongly disagree	17.6	0.0	11.1	23.1	0.0	40.0	8.3	42.9
No expansion is planned	13.5	13.3	0.0	23.1	16.7	0.0	16.7	14.3

**Table I.9. ECD Policy (Q.7–Q.11: Percentage Unless Otherwise Noted) (Continued)**

	Total	CEECIS <sup>a</sup>	EAPR <sup>a</sup>	ESAR <sup>a</sup>	MENA <sup>a</sup>	ROSA <sup>a</sup>	TACR <sup>a</sup>	WCAR <sup>a</sup>
<b>Areas Where There Are Future Funding Gaps:<sup>d</sup></b>								
Infrastructure/physical resources	20.3	13.3	11.1	30.8	33.3	40.0	8.3	21.4
Staff (number and training)	20.3	0.0	11.1	38.5	33.3	40.0	33.3	7.1
Reaching underserved/ disadvantaged groups	10.8	20.0	22.2	0.0	16.7	20.0	8.3	0.0
Support/training for parents	9.5	6.7	11.1	7.7	0.0	0.0	0.0	28.6
Capacity and development	8.1	6.7	0.0	7.7	16.7	40.0	8.3	0.0
Monitoring, evaluation, and research	8.1	0.0	0.0	7.7	0.0	20.0	25.0	7.1
Nutrition and health	2.7	0.0	0.0	0.0	0.0	0.0	8.3	7.1
Community centers and services	1.4	0.0	11.1	0.0	0.0	0.0	0.0	0.0
Other	27.0	6.7	33.3	23.1	50.0	40.0	41.7	21.4
<b>Sample Size</b>	<b>19–74</b>	<b>8–15</b>	<b>2–8</b>	<b>3–13</b>	<b>3–6</b>	<b>0–5</b>	<b>1–13</b>	<b>2–14</b>

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

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

<sup>a</sup>Regions are based on UNICEF definitions.

<sup>b</sup>Eight countries gave multiple responses and were not included in this table.

<sup>c</sup>For countries who have mainstreamed ECD policy. No ROSA countries mainstreamed ECD policy, hence the table shows “N/A” (Not Applicable).

<sup>d</sup>Respondents could indicate more than one area.

<sup>e</sup>For countries who have a national ECD policy/strategy.

<sup>f</sup>One country gave multiple responses and was not included in this part of the table.

CEECIS=Central and Eastern Europe and the Commonwealth of Independent States; EAPR=East Asia and the Pacific Region; ESAR=Eastern and Southern Africa Region; MENA=Middle East and North Africa; ROSA=Regional Office of South Asia; TACR=the Americas and Caribbean Region; WCAR=West and Central Africa Region; ECD= Early Child Development; UNICEF=United Nations Children’s Fund.

**Table I.10. Need for ECD Capacity Building (Q.12–Q.15: Percentage Unless Otherwise Stated)**

	Total	CEECIS <sup>a</sup>	EAPR <sup>a</sup>	ESAR <sup>a</sup>	MENA <sup>a</sup>	ROSA <sup>a</sup>	TACR <sup>a</sup>	WCAR <sup>a</sup>
The Ability of UNICEF Country Office Staff to Articulate to Partners or Policy Makers What ECD Is and What Needs to Be Done to Meet Country Policy and Programme Goals Has Increased Over the Last Four Years:								
Strongly agree	30.7	33.3	55.6	23.1	16.7	20.0	30.8	28.6
Agree	50.7	53.3	33.3	46.2	50.0	80.0	69.2	35.7
Disagree	17.3	13.3	11.1	30.8	33.3	0.0	0.0	28.6
Strongly disagree	1.3	0.0	0.0	0.0	0.0	0.0	0.0	7.1
Technical Support from the Regional Office Is:								
Adequate	53.3	80.0	55.6	53.8	50.0	0.0	53.8	42.9
Somewhat adequate	32.0	20.0	33.3	30.8	33.3	40.0	38.5	35.7
Not adequate	14.7	0.0	11.1	15.4	16.7	60.0	7.7	21.4
Type of Technical Support Required: <sup>b</sup>								
Knowledge sharing	10.7	0.0	22.2	7.7	50.0	40.0	0.0	0.0
Policy design and evaluation	8.0	6.7	0.0	15.4	0.0	0.0	7.7	14.3
Staff training	6.7	6.7	0.0	0.0	0.0	20.0	7.7	14.3
Other	9.3	6.7	11.1	15.4	0.0	20.0	7.7	7.1
UNICEF Country Office Staff Would Benefit from Additional Training or Guidance in: <sup>b</sup>								
Costing and financing	77.0	100.0	55.6	61.5	80.0	100.0	76.9	71.4
Targeting	67.6	73.3	55.6	69.2	80.0	80.0	46.2	78.6
Policy analysis/advocacy	66.2	80.0	44.4	61.5	60.0	80.0	69.2	64.3
Planning, evaluation and monitoring	58.1	53.3	66.7	46.2	80.0	60.0	69.2	50.0
Technical knowledge on ECD programming	21.6	13.3	22.2	23.1	40.0	40.0	15.4	21.4
Number of Areas Mentioned:								
1	8.1	0.0	33.3	7.7	0.0	0.0	7.7	7.1
2	25.7	13.3	22.2	46.2	20.0	0.0	38.5	21.4
3 or more	66.2	86.7	44.4	46.2	80.0	100.0	53.8	71.4
Average Number of Areas Mentioned	2.9 (1.0)	3.2 (0.8)	2.4 (1.4)	2.6 (1.0)	3.4 (1.1)	3.6 (0.9)	2.8 (1.1)	2.9 (0.9)
UNICEF Country Counterparts Would Benefit from Additional Training or Guidance in: <sup>b</sup>								
Costing and finance	85.3	100.0	77.8	76.9	83.3	80.0	84.6	85.7
Improvement of ECD access	80.0	66.7	44.4	100.0	100.0	80.0	84.6	85.7
Improvement of ECD quality	72.0	53.3	66.7	92.3	83.3	60.0	69.2	78.6
Gender equity/reaching marginalized and disadvantaged children	69.3	66.7	77.8	76.9	83.3	60.0	53.8	71.4
Development of national ECD policies	58.7	80.0	22.2	38.5	83.3	40.0	61.5	71.4
Implementation of existing ECD policies	57.3	66.7	44.4	69.2	66.7	60.0	46.2	50.0
Training of ECD service providers	57.3	40.0	55.6	61.5	50.0	40.0	61.5	78.6
Development of ECD materials	42.7	20.0	22.2	76.9	50.0	40.0	30.8	57.1
Other	4.0	0.0	22.2	0.0	0.0	0.0	0.0	7.1
Number of Areas Mentioned:								
1	1.3	0.0	11.1	0.0	0.0	0.0	0.0	0.0
2	1.3	0.0	0.0	0.0	0.0	20.0	0.0	0.0
3	9.3	6.7	22.2	0.0	0.0	0.0	23.1	7.1
4 or more	88.0	93.3	66.7	100.0	100.0	80.0	76.9	92.9

**Table I.10. Need for ECD Capacity Building (Q.12–Q.15: Percentage Unless Otherwise Stated)  
(Continued)**

	Total	CEECIS <sup>a</sup>	EAPR <sup>a</sup>	ESAR <sup>a</sup>	MENA <sup>a</sup>	ROSA <sup>a</sup>	TACR <sup>a</sup>	WCAR <sup>a</sup>
Average Number of Areas Mentioned	5.3 (1.6)	4.9 (1.1)	4.3 (1.8)	5.9 (1.6)	6.0 (1.3)	4.6 (1.8)	4.9 (1.5)	5.9 (1.5)
Sample Size	74–75	15	9	13	5–6	5	13	14

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

Note: Standard deviations in parentheses. Categories do not always add up to 100 because of rounding.

<sup>a</sup>Regions are based on UNICEF definitions.

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

CEECIS=Central and Eastern Europe and the Commonwealth of Independent States; EAPR=East Asia and the Pacific Region; ESAR=Eastern and Southern Africa Region; MENA=Middle East and North Africa; ROSA=Regional Office of South Asia; TACR=the Americas and Caribbean Region; WCAR=West and Central Africa Region; UNICEF=United Nations Children's Fund; ECD=Early Childhood Development.

**Table I.11. Knowledge Generation and Management (Q.16–Q.22: Percentage Unless Otherwise Noted)**

	Total	CEECIS <sup>a</sup>	EAPR <sup>a</sup>	ESAR <sup>a</sup>	MENA <sup>a</sup>	ROSA <sup>a</sup>	TACR <sup>a</sup>	WCAR <sup>a</sup>
Core ECD Indicators Are Defined and Agreed Upon for Use by Key Stakeholders in Your Country:								
Yes	32.0	26.7	55.6	38.5	0.0	40.0	15.4	42.9
No	68.0	73.3	44.4	61.5	100.0	60.0	84.6	57.1
Core Indicators Included in National Data System: <sup>b</sup>								
Enrollment/number of facilities	58.3	50.0	60.0	40.0	N/A	50.0	50.0	83.3
Child health indicators (e.g. stunting)	33.3	50.0	0.0	20.0	N/A	50.0	50.0	50.0
Child mortality	29.2	50.0	0.0	40.0	N/A	50.0	0.0	33.3
Other	16.7	0.0	40.0	0.0	N/A	0.0	0.0	33.3
Data on ECD Indicators Routinely Collected and Reported at Sub-National and National Levels								
Yes	44.4	40.0	55.6	53.8	16.7	80.0	30.8	42.9
No	56.0	60.0	44.4	46.2	83.3	20.0	69.2	57.1
Available Data on ECD Indicators Disaggregated by: <sup>cd</sup>								
Gender	72.0	73.3	77.8	92.3	50.0	100.0	53.8	64.3
Wealth/income	26.7	20.0	22.2	30.8	0.0	40.0	38.5	28.6
Geography	16.0	6.7	33.3	23.1	16.7	0.0	7.7	21.4
Other demographic characteristics (e.g. ethnicity)	9.3	13.3	11.1	0.0	0.0	40.0	0.0	14.3
Age	8.0	20.0	11.1	0.0	0.0	0.0	7.7	7.1
Health status	5.3	6.7	0.0	0.0	0.0	20.0	0.0	14.3
Other/not specified	5.3	6.7	0.0	7.7	0.0	0.0	15.4	0.0
Existing Data Are Adequate for Planning and Monitoring ECD Progress:								
Strongly agree	4.0	0.0	0.0	0.0	0.0	0.0	7.7	14.3
Agree	17.3	26.7	33.3	7.7	0.0	20.0	7.7	21.4
Disagree	68.0	60.0	66.7	84.6	100.0	80.0	76.9	35.7
Strongly disagree	10.7	13.3	0.0	7.7	0.0	0.0	7.7	28.6
UNICEF's Country Office Capacity to Use Data for Planning and Managing ECD Activities Has Increased in the Past Four Years								
Strongly agree	13.7	13.3	33.3	15.4	0.0	20.0	8.3	7.1
Agree	63.0	86.7	44.4	53.8	20.0	80.0	66.7	64.3
Disagree	20.5	0.0	22.2	30.8	80.0	0.0	16.7	21.4
Strongly disagree	2.7	0.0	0.0	0.0	0.0	0.0	8.3	7.1
Country Counterparts' Ability to Use Data for Planning and Managing ECD Activities Has Increased in the Past Four Years								
Strongly agree	4.1	0.0	11.1	7.7	0.0	20.0	0.0	0.0
Agree	51.4	66.7	66.7	38.5	16.7	60.0	58.3	42.9
Disagree	33.8	33.3	22.2	38.5	66.7	20.0	16.7	42.9
Strongly disagree	10.8	0.0	0.0	15.4	16.7	0.0	25.0	14.3
Overall UNICEF's Knowledge Acquisition and Use Regarding ECD Programming Has Improved Significantly in the Past Four Years								
Strongly agree	17.3	20.0	22.2	15.4	0.0	20.0	15.4	21.4
Agree	62.7	73.3	66.7	53.8	50.0	60.0	69.2	57.1
Disagree	17.3	6.7	11.1	30.8	50.0	0.0	15.4	14.3
Strongly disagree	2.7	0.0	0.0	0.0	0.0	20.0	0.0	7.1
<b>Sample Size</b>	<b>24–75</b>	<b>4–15</b>	<b>5–9</b>	<b>5–13</b>	<b>0–6</b>	<b>2–5</b>	<b>2–13</b>	<b>6–14</b>

**Table I.11. Knowledge Generation and Management (Q.16–Q.22: Percentage Unless Otherwise Noted)  
(Continued)**

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

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

<sup>a</sup>Regions are based on UNICEF definitions.

<sup>b</sup>For respondents who have defined and agreed upon core indicators. No MENA countries agreed on these indicators, hence the table shows “N/A” (Not Applicable).

<sup>c</sup>Respondents could indicate more than one option.

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

CEECIS=Central and Eastern Europe and the Commonwealth of Independent States; EAPR=East Asia and the Pacific Region; ESAR=Eastern and Southern Africa Region; MENA=Middle East and North Africa; ROSA=Regional Office of South Asia; TACR=the Americas and Caribbean Region; WCAR=West and Central Africa Region; ECD=Early Childhood Development; UNICEF=United Nations Children’s Fund.

**Table I.12. Equity and Reaching the Disadvantaged Marginalized (Q.23-Q.25: Percentage Unless Otherwise Noted)**

	Total	CEECIS	EAPR	ESAR	MENA	ROSA	TACR	WCAR
<b>Approaches to Targeting Disadvantaged and Marginalized Groups:<sup>b</sup></b>								
Developing new models and training	29.7	20.0	55.6	23.1	33.3	40.0	38.5	15.4
Target resources	29.7	33.3	22.2	30.8	33.3	80.0	23.1	15.4
Use community-based centers	18.9	20.0	11.1	30.8	33.3	20.0	0.0	23.1
Data collection/research	16.2	20.0	22.2	15.4	50.0	0.0	7.7	7.7
Parental education	14.9	20.0	11.1	0.0	0.0	0.0	7.7	46.2
Advocacy	12.2	6.7	11.1	0.0	33.3	20.0	23.1	7.7
Include in mainstream ECD programmes	6.8	13.3	0.0	7.7	0.0	20.0	7.7	0.0
Other	45.9	46.7	55.6	46.2	33.3	40.0	53.8	38.5
<b>Main Challenges in Expanding Services to Disadvantaged/ Marginalized Groups:<sup>b</sup></b>								
Lack of funding	62.7	60.0	44.4	69.2	83.3	40.0	69.2	64.3
Lack of coordination	45.3	73.3	22.2	46.2	50.0	40.0	30.8	42.9
Lack of capacity/training	44.0	26.7	44.4	30.8	50.0	60.0	53.8	57.1
Lack of access and awareness	33.3	20.0	22.2	30.8	33.3	80.0	46.2	28.6
Lack of data	18.7	26.7	11.1	23.1	0.0	0.0	23.1	21.4
No policy in place	17.3	20.0	22.2	30.8	16.7	0.0	15.4	7.1
Not viewed as a priority	17.3	33.3	11.1	0.0	0.0	0.0	15.4	35.7
Other	20.0	6.7	22.2	15.4	0.0	40.0	38.5	21.4
<b>Areas in Which a Significant Contribution Can Be Made to Extending Services to Disadvantaged and Marginalized Children and Families:<sup>b</sup></b>								
Improved targeting of existing resources	50.7	53.3	44.4	38.5	66.7	60.0	30.8	71.4
Improved capacity/training	49.3	53.3	44.4	46.2	66.7	40.0	46.2	50.0
Improved advocacy	46.7	46.7	44.4	53.8	33.3	80.0	53.8	28.6
Clarification of policy/strategy	40.0	0.0	22.2	53.8	50.0	40.0	38.5	42.9
Improved data	34.7	37.5	22.2	38.5	50.0	0.0	53.8	28.6
Increased funding	29.3	50.0	22.2	30.8	50.0	40.0	38.5	42.9
Improved coordination	26.7	12.5	11.1	38.5	16.7	40.0	30.8	35.7
Other	13.3	12.5	11.1	23.1	16.7	20.0	0.0	14.3
<b>Sample Size</b>	<b>74-75</b>	<b>15</b>	<b>9</b>	<b>13</b>	<b>6</b>	<b>5</b>	<b>13</b>	<b>13-14</b>

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

<sup>a</sup>Regions based on UNICEF definitions.

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

CEECIS=Central and Eastern Europe and the Commonwealth of Independent States; EAPR=East Asia and the Pacific Region; ESAR=Eastern and Southern Africa Region; MENA=Middle East and North Africa; ROSA=Regional Office of South Asia; TACR=the Americas and Caribbean Region; WCAR=West and Central Africa Region; ECD=Early Childhood Development; UNICEF=United Nations Children's Fund.





## **Part 2. 10-Country Indicator Ratings (Masked by Letter)**

As described in Chapter I and Appendix B, Table I.13 provides the evaluation ratings of each of the 10 countries on the indicators that address the research questions. The key to the rating for each indicator is provided in the same row as the indicator. The data sources used by the evaluation team to make the ratings are identified for each indicator. The data from this table were used throughout the report.

Table I.13. 10–Country Indicator Rating Table (Masked by Letter)

Indicators	Indicator Rating	A	B	C	D	E <sup>1</sup>	F	G	H	I <sup>2</sup>	J
<b>A. ALIGNMENT OF ECD PROGRAMMING WITH NATIONAL PRIORITIES AND GOALS</b>											
<b>1. ECD programming addresses priorities expressed in the Country Program Action Plan (CPAP)</b> Source <sup>3</sup> : CS	<u>x</u> : ECD programming does not align with the CPAP program strategy or program components.  <u>√</u> : ECD programming aligns with some, but not all of the CPAP program strategies or program components or some activities align, while others do not.  <u>√+</u> (Case study only): ECD programming aligns with all CPAP program strategies and program components.	√+	√+	√	√						
<b>2. UNICEF programming integrates multiple sectors to achieve holistic ECD</b> Source: CS, IS, DR	<u>x</u> : Programming focuses on a single sector/ is a stand alone programme  <u>√</u> : Programming focuses on more than 1 sector  <u>√+</u> (Case study only): Programming focuses on more than one 1 sector and the sectors coordinate/collaborate to promote holistic/comprehensive ECD.	√	√	X	√+	X	X	X	√	√	X
<b>3. Multiple partners/actors are involved in ECD</b> Source: CS, IS, DR	<u>x</u> : Only one government ministry is involved in ECD programming, one national and international NGOS, and one donor /development organization  <u>√</u> : Multiple government ministries are involved in ECD programming, as well as several national and international NGOS and donors  <u>√+</u> (Case study only): All relevant government ministries are involved in ECD implementation, as well as several national and international NGOS and donors	√	√+	√	√+	√	X	√	√	√	√

1 No response to internet survey. Ratings from document review only.

2 No response to internet survey. Ratings from document review only.

3 Sources: CS: Case studies; IS: Internet Survey; DR: Document Review.

Indicators	Indicator Rating	A	B	C	D	E <sup>1</sup>	F	G	H	I <sup>2</sup>	J
<b>B. PLANNING, MANAGEMENT, AND COORDINATION</b>											
<b>1. An ECD results framework provides clear guidance for steps that will lead to achievement of strategic results</b> Source: CS	<u>X</u> : No results framework exists for ECD <u>√</u> : A results framework exists and lists steps for achieving strategic results <u>√+ (Case study only)</u> : A results framework exists and provides clear and detailed guidance on steps for achieving strategic results	X	X	X	X						
<b>2. ECD-related monitoring and evaluation activities are used to track progress and promote continuous improvement</b> Source: CS	<u>X</u> : In the past four years, few or no ECD monitoring activities and evaluations have been conducted <u>√</u> : ECD monitoring and evaluation are conducted <u>√+ (Case study only)</u> : Monitoring and evaluation are routinely conducted and results are used to improve programming	√	√	X	X						
<b>3. Stakeholders report that intersectoral coordination on ECD occurs and is effective</b> Source: CS, IS	<u>X</u> : Stakeholders perceive intersectoral coordination to be ineffective (somewhat ineffective or ineffective) and/or program documents cite coordination as a challenge <u>√</u> : Stakeholders perceive intersectoral coordination to be effective (effective or highly effective) and/or program documents cite coordination as a success <u>√+ (Case study only)</u> : Stakeholders perceive that coordination is effective among <i>all</i> relevant entities	X	X	X	√+		X	√	X		X
<b>4. An interagency coordination network has been established</b> Source: CS, DR	<u>X</u> : An interagency coordination network has not been established <u>√</u> : An interagency coordination network has been established <u>√+ (Case study only)</u> : An interagency coordination network has been established and is very effective in coordinating programming and planning in ECD	√	√	√	X	X	√	√	√	X	X
<b>5. The rationale for allocation of GoN and other ECD funds across UNICEF country office sections and projects is clear</b> Source: CS	<u>X</u> : No clear rationale is provided <u>√</u> : A fairly clear rationale for allocation of GoN funds is provided <u>√+ (Case study only)</u> : A clear rationale for allocation of GoN funds is provided and is understood by all stakeholders	√+	√	√	X						

Indicators	Indicator Rating	A	B	C	D	E <sup>1</sup>	F	G	H	I <sup>2</sup>	J
<b>6. Programme activities produce outputs on time and do not exceed budgeted expenditures</b> Source: CS	<u>x</u> : Few (less than 30%) programme activities produce outputs on time and/or exceed budgeted expenditures <u>√</u> : Most programme activities (30-80%) produce outputs on time and do not exceed budgeted expenditures <u>√+</u> (Case study only): Almost all (more than 80%) programme activities produce outputs on time and do not exceed budgeted expenditures	√	√	N/A	√						
<b>C. PROGRAMME EFFECTIVENESS: COVERAGE OF ECD SERVICES</b>											
<b>1. Percentage of pre-primary children/children ages 3 to 5 attending early childhood development programmes is low*</b> Source: CS, DR	<u>x</u> : Less than 30% of preprimary/3-to-5-year olds attend early childhood development programs <u>√</u> : 30-80% of 3-to-5-year olds attend early childhood development programs <u>√+</u> : Over 80% of 3-to-5-year olds attend early childhood development programs	X	√	√	X	X	X	√	N/A	X	X
<b>2. Percentage of families reached by parent-focused or two-generation ECD interventions that begin early (prenatal to age 3) is high</b> Source: CS	<u>x</u> : Less than 30% of families reached by parent-focused or two-generation ECD interventions that begin early (prenatal to age 3) <u>√</u> : 30-80% of families reached by parent-focused or two-generation ECD interventions that begin early (prenatal to age 3) <u>√+</u> (Case study only): Over 80% of families reached by parent-focused or two-generation ECD interventions that begin early (prenatal to age 3)	X	X	N/A	X						
<b>D. PROGRAMMING EFFECTIVENESS: KNOWLEDGE GENERATION AND DISSEMINATION</b>											
<b>1. Evaluations/studies of ECD interventions have been completed</b> Source: CS, DR	<u>x</u> : Very few (0-2) evaluations or studies of ECD interventions have been completed <u>√</u> : Several (3-7) evaluations or studies of ECD interventions have been completed <u>√+</u> (Case study only): A large number (8 or more) high quality evaluations and studies related to relevant ECD issues, have been completed	√	X	√	√	X	N/A	X	X	N/A	X
<b>2. Results from evaluations/ studies of ECD programmes inform policy and planning</b>	<u>x</u> : Stakeholders indicate that evaluations and studies are not used for decisionmaking and/or mention a lack of information as a challenge for planning	√	X	√	√+						

Indicators	Indicator Rating	A	B	C	D	E <sup>1</sup>	F	G	H	I <sup>2</sup>	J
Source: CS	<p><u>√</u>: Stakeholders indicate that evaluations and studies are used for decisionmaking and/or mention availability of information as a facilitating factor for planning</p> <p><u>√</u>+ (Case study only): Results from evaluations and studies are explicitly cited in policy and programming documents, and/or form the basis of specific decisions (according to documented evidence)</p>										
<b>3. Core ECD indicators are defined and agreed upon for use by key stakeholders</b> Source: CS, IS	<p><u>x</u>: Core indicators are not defined or agreed upon for use by key stakeholders</p> <p><u>√</u>: Core ECD indicators are defined and agreed upon for use by key stakeholders</p> <p><u>√</u>+ (Case study only): A large number of core ECD indicators are defined and regularly used by key stakeholders</p>	X	√	√/X	X		√	√	√		X
<b>4. Data on ECD indicators are available (i.e. indicators related to children's wellbeing, school readiness, and other MICS types indicators)</b> Source: CS, IS, DR	<p><u>x</u>: Little data is collected on ECD indicators and/or program documents cite lack of data on ECD indicators as a challenge</p> <p><u>√</u>: Data on ECD indicators are available and/or program documents do not cite availability of data on ECD indicators as a challenge</p> <p><u>√</u>+ (Case study only): High quality data are regularly and systematically collected, and reported</p>	X	√	√	X	√	√	√	√	N/A	X
<b>5. Baseline data on ECD indicators have been collected in the country/region</b> Source: CS, DR	<p><u>x</u>: Baseline data on ECD indicators have not been collected in the country/region</p> <p><u>√</u>: Baseline data on ECD indicators have been collected in the country/region</p> <p><u>√</u>+ (Case study only): High quality baseline data on ECD indicators have been collected in the country/region and can be easily accessed by stakeholders</p>	X	√		X	X	N/A	X/√	X	X	
<b>6. Data on ECD outcomes are used for planning by country partners</b> <b>[REPEATED LATER]</b> Source: CS, IS	<p><u>x</u>: Little or no data on ECD outcomes are collected, or sufficient data exist, but are only rarely or minimally used in planning purposes</p> <p><u>√</u>: Existing data are sometimes analyzed and used for planning purposes. Mechanisms for data collection and analysis may exist, but are not entirely clear or standardized.</p>	X	X	X	X		√	√	X		X

Indicators	Indicator Rating	A	B	C	D	E <sup>1</sup>	F	G	H	I <sup>2</sup>	J
	<u>√+</u> (Case study only): Sufficient, good quality data are collected, analyzed, and used in planning, as evidenced by formal mechanisms for data feedback and analysis.										
7. The country has completed an evaluation study on parenting programmes Source: CS, DR	<u>x</u> : The country has not completed an evaluation study on parenting programmes <u>√</u> : The country has completed at least one evaluation study on parenting programmes <u>√+</u> (Case study only): One or more high quality evaluation study on parenting programmes have been completed and results have been widely disseminated	√	X	X	X	X	N/A	X	√	X	X
8. The country has completed an evaluation study on community-based ECD centres Source: CS, DR	<u>x</u> : The country has not completed an evaluation study on community-based ECD centres <u>√</u> : The country has completed at least one evaluation study on community-based ECD centres <u>√+</u> (Case study only): One or more high quality evaluation studies on community-based ECD centers have been completed and results have been widely disseminated	√	X	X	X	X	N/A	X	√/X	X	X
<b>E. PROGRAMMING EFFECTIVENESS: BUILDING CAPACITY FOR ECD</b>											
1. Planned outputs related to ECD capacity building (training, infrastructure development) have been achieved in the last four years Source: CS	<u>x</u> : Less than half of the planned capacity building activities have been carried out, or have been completed in the last four years <u>√</u> : More than half of the planned capacity building activities have been completed in the last four years <u>√+</u> (Case study only): All planned capacity building activities were carried out and completed as planned in the last four years	√	√	√	√						
2. Data on ECD outcomes are used for planning by country partners [REPETITION] Source: CS, IS	<u>x</u> : Little or no data on ECD outcomes are collected, or sufficient data exist, but are only rarely or minimally used in planning purposes <u>√</u> : Existing data is sometimes analyzed and used for planning purposes. Mechanisms for data collection and analysis exist <u>√+</u> (Case study only): Sufficient, good quality data are collected, analyzed, and used in planning, as evidenced by formal mechanisms for data feedback and analysis.	X	X	X	X		√	√	X		X

Indicators	Indicator Rating	A	B	C	D	E <sup>1</sup>	F	G	H	I <sup>2</sup>	J
<b>3. Service providers report and demonstrate improved practices related to ECD over the last four years</b>  Source: CS	<u>x</u> : Service providers do not report or demonstrate improved practices related to ECD, or report or demonstrate only slight improvement in capacity over the last four years  <u>√</u> : Some service providers report or demonstrate improved practices while others do not, or providers all report or demonstrate improved practices in some areas, but not in others over the last four years  <u>√+</u> (Case study only): Service providers from most or all relevant programs or levels report and demonstrate improved practices in key areas related to ECD over the last four years	√	√	√	√+						
<b>4. Parents report improved caregiving practices over the last four years</b>  Source: CS	<u>x</u> : Parents do not report improved caregiving practices, or do not know about key caregiving practices in the last four years  <u>√</u> : Parents report improved practices in some areas, but not in other important areas (i.e. in health, but not in cognitive stimulation) in the last four years  <u>√+</u> (Case study only): Parents report improved caregiving practices related to most or all key areas of ECD in the last four years	√	X	X	√+						
<b>5. UNICEF country office staff report increased ability to articulate ECD programming and policy goals to partners over the last four years</b>  Source: CS, IS	<u>x</u> : UNICEF staff indicate that there has been little improvement over the last four years in their ability to articulate to partners or policy makers what ECD is and what needs to be done to meet country policy and programme goals  <u>√</u> : UNICEF staff indicate that there have been improvements over the last four years in their ability to articulate to partners or policy makers what ECD is and what needs to be done to meet country policy and programme goals  <u>√+</u> (Case study only): UNICEF staff indicate and provide concrete and substantive examples of improvements in their ability to articulate ECD programming and policy goals to partners	√	√	√	√+		√	√	√		√
<b>6. UNICEF staff report increased ability to implement and/or support ECD programming over the</b>	<u>x</u> : UNICEF staff do not report improvements in their ability to implement or support ECD programming over the last four years  <u>√</u> : UNICEF staff report improvement in their ability to	√+	√	X	√+						

Indicators	Indicator Rating	A	B	C	D	E <sup>1</sup>	F	G	H	I <sup>2</sup>	J
<b>last four years</b> Source: CS	implement or support ECD programming over the last four years  <u>√+</u> (Case study only): UNICEF staff report improvements in their ability to implement or support ECD programming over the last four years and provide concrete and substantive examples of these improvements										
<b>7. A capacity development plan for the country/region has been developed</b>  Source: CS, DR	<u>x</u> : A capacity development plan for the country/region has not been developed  <u>√</u> : A capacity development plan for the country/region has been developed  <u>√+</u> (Case study only): A comprehensive capacity development plan for the country/region has been developed which specifies detailed implementation steps	X	√	X	X	√	X	√	√	X	X
<b>8. A training of trainers workshop has been completed in country/region</b>  Source: CS, DR	<u>x</u> : A training of trainers workshop has not been completed in country/region  <u>√</u> : A training of trainers workshop has been completed in country/region  <u>√+</u> (Case study only): Several training of trainers workshops have been completed in country/region	√+	√	X	X	√	N/A	√	X	√	√
<b>9. Family/community ECD communication packages have been completed and are ready for use in the country</b>  Source: CS, DR	<u>x</u> : Family/community ECD communication packages have been not been completed or have been completed and are not ready for use in the country  <u>√</u> : Family/community ECD communication packages have been completed and are ready for use in country  <u>√+</u> (Case study only): Family/community ECD communication packages have been completed and are being used in country	√+	X	√	√+	√	N/A	√	X	X	X
<b>F. PROGRAMMING EFFECTIVENESS: MAINSTREAMING ECD IN NATIONAL POLICIES AND PLANS</b>											
<b>1. ECD policies have been adopted at the national level (prior to 2008)</b>  Source: CS, IS, DR	<u>x</u> : There is no effort underway to adopt ECD policies, or ECD policy strategy is not yet in draft.  <u>√</u> : ECD policy strategy is in draft  OR  ECD policy/strategy is approved but not yet implemented  <u>√+</u> : ECD policy/strategy approved and under implementation or ECD policy elements are mainstreamed	X	√+	√+	X	X	√+	√+	√+	X	X



Indicators	Indicator Rating	A	B	C	D	E <sup>1</sup>	F	G	H	I <sup>2</sup>	J
	into other national policies strategies										
<b>2. ECD policies have been adopted at the national level (September 2010)</b> Source: CS, IS, DR	<u>X</u> : There is no effort underway to adopt ECD policies, or ECD policy strategy is not yet in draft. <u>√</u> : ECD policy strategy is in draft OR ECD policy/strategy is approved but not yet implemented <u>√+</u> : ECD policy/strategy approved and under implementation or ECD policy elements are mainstreamed into other national policies strategies	√	√+	√+	√	X	√+	√+	√+	√	√
<b>3. Roles and responsibilities on ECD are defined among government entities and sectors at the national and regional levels</b> Source: CS	<u>X</u> : Roles and responsibilities for ECD are not well defined at any level, or are defined for only one sector <u>√</u> : Roles and responsibilities are defined for all sectors, but not at all levels, or at all levels but not all sectors <u>√+</u> (Case study only): Roles and responsibilities are clearly defined for all levels and sectors Intersectoral coordination is reported to be highly effective	√	√+	√	√+						
<b>4. ECD-related allocations in national and sub-national budgets have increased over the last four years</b> Source: CS	<u>X</u> : ECD related allocations in national budgets and sub-national budgets have either remained stable or declined over the last four years <u>√</u> : ECD related allocations in national budgets and sub-national budgets have increased over the last four years <u>√+</u> (Case study only): ECD related allocations in national budgets and sub-national budgets have increased substantially over the last four years (by more than 30%)	√	√	X	√						
<b>G. QUALITY AND EFFICIENCY OF ECD SERVICES</b>											
<b>1. Proportion of sites/locations where ECD service quality meets or exceeds standards in the field (for staff-child or staff-parent ratio; content conveyed; child/family</b>	<u>X</u> : Less than half of the sites/locations meet ECD service quality standards <u>√</u> : More than half of the sites/locations meet ECD service quality standards <u>√+</u> (Case study only): Almost all sites meet ECD service quality standards	N/A	X	N/A	N/A						

Indicators	Indicator Rating	A	B	C	D	E <sup>1</sup>	F	G	H	I <sup>2</sup>	J
engagement) is high Source: CS											
2. Service quality information is available and systems for feedback exist Source: CS	<u>x</u> : Service quality information is not available and systems for feedback do not exist and/ or program documents cite lack of information about quality as a challenge  <u>√</u> : Service quality information is available and systems for feedback exist and/or program documents cite availability of information about quality as a success  <u>√+</u> (Case study only): Accurate service quality information is available and systems for feedback exist and are used by stakeholders for decisionmaking	X	X	X	X						
3. Service quality standards have been developed or efforts to develop them are underway Source: CS	<u>x</u> : Service quality standards have not been developed and there are no efforts underway to develop them  <u>√</u> : Service quality standards have been developed or efforts to develop them are underway  <u>√+</u> (Case study only): Service quality standards have been developed and are being implemented	X	√	X	√+						
4. Per capita costs of ECD services are low Source: CS	<u>x</u> : Stakeholders/ Program documents cite costs or per capita costs of ECD provision as being high  <u>√</u> : Stakeholders/program documents cite costs or per capita costs of ECD provision as low/efficient for what children/families receive  <u>√+</u> (Case study only): Stakeholders cite costs or per capita costs of ECD provision as low and decreasing with time	X	N/A	N/A	N/A						
<b>H. SUSTAINABILITY AND SCALABILITY</b>											
1. Methods to calculate and budget costs of ECD programming have been developed and applied Source: CS	<u>x</u> : Methods to calculate and budget costs of ECD programming have not been developed or have been developed but no efforts are underway to apply them  <u>√</u> : Methods to calculate and budget costs of ECD programming have not been developed or have been developed and applied  <u>√+</u> (Case study only): Methods to calculate and budget costs of ECD programming are being applied by all relevant sectors	X	X	N/A	X						

Indicators	Indicator Rating	A	B	C	D	E <sup>1</sup>	F	G	H	I <sup>2</sup>	J
<b>2. National Plan of Action/ECD strategies, or proposed ECD programming have been costed</b> Source: CS, IS	<u>X</u> : National Plan of Action/Strategies, or proposed ECD programming have not been costed <u>√</u> : National Plan of Action/Strategies, or proposed ECD programming have been costed (includes single sector costing efforts) <u>√+ (Case study only)</u> : National Plan of Action/Strategies, or proposed ECD programming have been costed and budgets secured	X	√	√	X		√	√	X		X
<b>3. Country, province, and local budgets include projections for maintaining or increasing allocations for ECD</b> Source: CS	<u>X</u> : Country, province, and local budgets do not include projections for maintaining or increasing allocations for ECD <u>√</u> : Country, province, and local budgets include projections for maintaining or increasing allocations for ECD <u>√+ (Case study only)</u> : Country, province, and local budgets include projections for substantial increases in allocations for ECD	√	√	N/A	X						
<b>4. Stakeholders report ability to sustain existing services</b> Source: CS, IS	<u>X</u> : Stakeholders report that existing resources are not adequate for sustaining existing services or express concerns about the sufficiency of funding in program documents <u>√</u> : Stakeholders report that existing resources are adequate for sustaining existing services or express confidence about the sufficiency of funding in program documents <u>√+ (Case study only)</u> : Stakeholders are very confident that existing resources are more than adequate for sustaining existing services and that funding streams will remain secure in the future	X	X	X	X		X	√	X		X
<b>5. There are adequate resources for scaling up of ECD services</b> Source: CS, IS	<u>X</u> : UNICEF staff/program documents indicated that projected levels of investments from all sources are not adequate for planned expansions of ECD services. <u>√</u> : UNICEF staff/program documents agree that projected levels of investments from all sources are adequate for planned expansions. <u>√+ (Case study only)</u> : UNICEF staff/program documents agree that projected levels of investments from all sources are more than adequate for substantial expansions and	X	X	X	√/X		X	√	X		X

Indicators	Indicator Rating	A	B	C	D	E <sup>1</sup>	F	G	H	I <sup>2</sup>	J
	that funding streams will remain secure in the future										
<b>6. Parenting programs have been taken to scale/are available throughout the country</b> Source: CS, DR	<u>x</u> : Parent programs have not been taken to scale/are not available throughout the country <u>√</u> : Parent programs have been taken to scale/are available throughout the country <u>√+ (Case study only)</u> : High quality parent programs have been taken to scale/are available throughout the country in a sustainable manner	X	X	√	X	X	X	√	X	X	X
<b>7. Community-based ECD centres have been taken to scale</b> Source: CS, DR	<u>x</u> : Community-based ECD centres have not been taken to scale <u>√</u> : Community-based ECD centres have been taken to scale <u>√+ (Case study only)</u> : High quality community-based ECD centres have been taken to scale in a sustainable manner	X	X	√	X	X	X	√	X	X	X
<b>8. Programming for ECD in emergencies has been taken to scale</b> Source: CS, DR	<u>x</u> : Programming for ECD in emergencies has not been taken to scale <u>√</u> : Programming for ECD in emergencies has been taken to scale <u>√+ (Case study only)</u> : High quality programming for ECD in emergencies has been taken to scale in a sustainable manner	N/A	X	X	X	X	N/A	X	X	X	X
<b>I. HUMAN RIGHTS-BASED APPROACH AND GENDER EQUITY</b>											
<b>1. Both rights bearers and duty holders provide input in program design and/or implementation</b> Parents, ECD service providers, and other stakeholders are involved in programme design and implementation Source: CS, DR	<u>x</u> : The input of both rights bearers and duty holders is not solicited or secured in program design and/or implementation <u>√</u> : The input of both rights bearers and duty holders is solicited and secured in aspects of program design and implementation <u>√+ (Case study only)</u> : The input of both rights bearers and duty holders is very actively solicited and provided in program design and implementation and influences program decisionmaking	√	√	√	√+	N/A	N/A	√	N/A	N/A	N/A

Indicators	Indicator Rating	A	B	C	D	E <sup>1</sup>	F	G	H	I <sup>2</sup>	J
<b>2. National and local context (knowledge, beliefs, gender and cultural differences) are taken into account in programme planning and implementation</b> Source: CS	<u>X</u> : Program planning and implementation pay insufficient attention to the national and local context <u>√</u> : Program planning and implementation pay sufficient attention to the national and local context <u>√+</u> (Case study only): Program planning and implementation pay a great deal of attention to the national and local context	√	√+	√	√+						
<b>3. National ECD policies and programming mentions targeting marginalized groups as a priority</b> Source: CS, IS, DR	<u>X</u> : National ECD policies and programming do not mention targeting disadvantaged/marginalized groups <u>√</u> : National ECD policies and programming mention targeting disadvantaged/marginalized groups as priority <u>√+</u> (Case study only): National ECD policies and programming mention targeting disadvantaged/marginalized groups as a priority and discuss issues related to them in detail	√	√	√	√	N/A	√	√	√/X	N/A	√
<b>4. National ECD policies mention specific approaches for targeting disadvantaged/marginalized groups</b> Source: CS, DR	<u>X</u> : National ECD policies do not mention specific approaches for targeting disadvantaged/marginalized groups and/or country offices are unable to provide any examples of efforts to reach disadvantaged and marginalized groups <u>√</u> : National ECD policies mention specific approaches for targeting disadvantaged/marginalized groups and country offices are able to offer only a few examples of effort to reach disadvantaged and marginalized groups (one to three) <u>√+</u> (Case study only): National ECD policies mention specific approaches for targeting disadvantaged/marginalized groups and country offices are able to offer several concrete examples of efforts to reach disadvantaged and marginalized groups (more than three)	X	X	X	X						
<b>5. Parents, policymakers, and other stakeholders report that access for disadvantaged/less reached has increased over the last four years</b> Source: CS	<u>X</u> : Parents, policymakers, and other stakeholders report that access for disadvantaged/less reached has decreased or remained stable <u>√</u> : Parents, policymakers, and other stakeholders report that access for disadvantaged/less reached has increased <u>√+</u> (Case study only): Parents, policymakers, and other stakeholders report that access for disadvantaged/less	X	√	√	X						

Indicators	Indicator Rating	A	B	C	D	E <sup>1</sup>	F	G	H	I <sup>2</sup>	J
	reached has increased by more than 30%										
<b>6. Coverage data indicate access among the most disadvantaged to services has increased over the last four years</b> Source: CS, DR	<u>X</u> : Coverage data indicate access among the most disadvantaged to services has decreased or remained stable <u>√</u> : Coverage data indicate access among the most disadvantaged to services has increased <u>√+ (Case study only)</u> : Coverage data indicate access among the most disadvantaged to services has increased by more than 30%	X	N/A	√	N/A			√			
<b>7. Men and women are equally represented in policymaking positions related to ECD</b> Source: CS	<u>X</u> : Representation of men and women in policymaking positions related to ECD is very unequal and little effort is made to promote gender parity <u>√</u> : Representation of men and women in policymaking positions related to ECD is fairly equal and efforts are made to promote gender parity <u>√+ (Case study only)</u> : Representation of men and women in policymaking positions related to ECD is fairly equal and vigorous efforts are made to promote and sustain gender parity	√	√	N/A	√+						
<b>8. Boys and girls are served in equal numbers in ECD interventions</b> Source: CS	<u>X</u> : There is little gender equity in ECD service provision (4 or more percentage point difference) <u>√</u> : There is a fair amount of gender equity in ECD service provision (no more than 1 to 3 percentage point difference) <u>√+ (Case study only)</u> : There is complete gender equity in ECD service provision (less than 1 percentage point difference)	√	√+	√	√+						
<b>9. Policymakers and service providers monitor issues of gender equity in service provision and access</b> Source: CS	<u>X</u> : Policymakers and service providers do not monitor issues of gender equity in service provision and access <u>√</u> : Policymakers and service providers monitor issues of gender equity in service provision and access <u>√+ (Case study only)</u> : Policymakers and service providers actively monitor issues of gender equity in service provision and access and use data to promote gender parity	√+	√	√+	X						

Indicators	Indicator Rating	A	B	C	D	E <sup>1</sup>	F	G	H	I <sup>2</sup>	J
<b>10. Policymakers and service providers monitor issues of equity in service provision and access for disadvantaged and marginalized groups</b> Source: CS	<u>X</u> : Policymakers and service providers do not monitor issues of equity in service provision and access for disadvantaged and marginalized groups <u>√</u> : Policymakers and service providers monitor issues of gender equity in service provision and access for disadvantaged and marginalized groups <u>√+ (Case study only)</u> : Policymakers and service providers actively monitor issues of gender equity in service provision and access and use data to promote gender parity for disadvantaged and marginalized groups	X	√	√	X						
<b>11. ECD indicators currently monitored are disaggregated by gender</b> Source: CS, IS	<u>X</u> : ECD indicators currently monitored are not disaggregated by gender <u>√</u> : ECD indicators currently monitored are disaggregated by gender <u>√+ (Case study only)</u> : ECD indicators currently monitored are disaggregated by gender and these data are used to promote gender equity	√	√+	√	X		√	√	√		X
<b>12. ECD indicators are disaggregated by wealth/income</b> Source: CS, IS	<u>X</u> : ECD indicators are not disaggregated by wealth/income <u>√</u> : ECD indicators are disaggregated by wealth/income <u>√+ (Case study only)</u> : ECD indicators are disaggregated by wealth/income and these data are used to promote equity in provision of service to lower income groups	√	√	X	X		X	X	√		X

N/A = Not available.

## **Part 3:     Additional Tables by Chapter**





**Table I.14. Timeline of Key ECD-Related Milestones and Activities Influencing UNICEF's Work**

Year	Milestone/Activity
1970s	Executive Board provides UNICEF with ECD country programme guidance
1974	<i>The Young Child: Approaches to Action in Developing Countries</i> draft report and recommendations articulates the association between psychosocial development and child survival
1984	Consultative Group on Early Childhood Care and Development established
1989	United Nations (UN) adopts <i>Convention on the Rights of the Child</i>
1990	World Summit for Children held at the UN (New York City, USA)— <i>Declaration on the Survival, Protection, and Development of Children</i> adopted World Conference on Education (Jomtien, Thailand)— <i>World Declaration on Education for All</i> adopted Jung Chen Conference: ECD role in education highlighted
1994	Early Childhood Development Network for Africa established (by 2000, merges with the Association for the Development of Education in Africa's Working Group on ECD)
1996	UNICEF Mission Statement promotes ECD
1998	UNICEF adopts <i>Human Rights-based Approach to Programming</i>
2000	World Education Forum (Dakar, Senegal)— <i>Dakar Framework for Action</i> adopted
2001	UNICEF's <i>State of the World's Children</i> report published UN General Assembly endorses the <i>Millennium Development Goals</i>
2002	United Nations Special Session on Children—ratification of <i>A World Fit for Children</i>
2002-2004	UNICEF receives funding from the GoN for ECD
2002-2005	First Medium-Term Strategic Plan adopted by UNICEF prioritizes IECD
2003-2004	UNICEF develops the <i>UNICEF Early Childhood Resource Pack</i>
2004	<i>IECD Task Manager's Thematic Report</i> and <i>Executive Director's Annual Report to the Executive Board</i> summarize progress on 5 IECD targets
2005	UNICEF and partners sponsor publication of <i>Planning Policies for Early Childhood Development: Guidelines for Action</i>
2005-2006	MICS3 includes ECD module
2006	Global Consultation on ECD drafts action plan for ECD in emergencies and in transition EFA Global Monitoring Report on ECD Global Conference on Acquired Immune Deficiency Syndrome (AIDS) has strong ECD presence UNICEF's ECD Unit publishes "Programming Experiences in Early Childhood Development"
2006-2013	Second Medium-Term Strategic Plan adopted by UNICEF mentions ECD as part of key focus areas aligned with the MDGs; extension through 2013 retains the same structure
2007	Global Monitoring Report published: <i>Strong Foundations: Early Childhood Care and Education</i>
2008-2010	UNICEF-GoN Cooperation Programme on ECD funded
2008	UNICEF CEE/CIS RO publishes <i>Early Childhood Development in the CEE/CIS Region: Situation and Guidance</i> UNICEF EAPRO supports launch of the Asia-Pacific Regional Network for Early Childhood (ARNEC)
2009-2011	MICS4 includes revised ECD module
2009	UNICEF HQ NY hosts the ECD Dutch-Funded Programme First Annual Progress and Review Seminar UNICEF publishes <i>State of the World's Children 2010: Celebrating 20 Years of the Convention on the Rights of the Child</i>
2010	UNICEF HQ NY hosts the Global Consultation on the Early Childhood Development Research Agenda UNICEF HQ Brussels hosts the Global ECD Network Meeting

Source: UNICEF ECD Unit 2006, 2008, 2009. ECD Evaluation Executive Interviews.

Table I.15. ECD Framework in the 2006–2013 MTSP

**A. Priority ECD Interventions**

<i>MTSP Result Area</i>	<i>MTSP Reference</i>	<i>Key ECD Interventions</i>
Increase the proportion of families with <b>caring practices which improve young child</b> survival, protection, growth and <b>development</b> , with emphasis on disadvantaged groups	FA1/KRA2/ <u><b>OT8</b></u>	<ul style="list-style-type: none"> <li>To scale-up effective, integrated parenting programmes for marginalized families</li> </ul>
<b>Increase the number of countries with sectoral policies</b> that support maternal, newborn and CSGD (health, nutrition, <b>ECD</b> and WASH)	FA1/KRA2/ <u><b>OT10</b></u>	<ul style="list-style-type: none"> <li>To scale-up development, implementation, budgeting and monitoring of comprehensive ECD policies</li> <li>To support social protection measures for deprived families with young children</li> <li>Support/conduct cost effectiveness and cost-benefit analysis of ECD interventions</li> <li>Support assessment of essential ECD programmes commodities</li> </ul>
Support national capacity to <b>increase children's access to quality early childhood care and education</b> in order to improve children's developmental readiness and to ensure that children start primary school on time, especially marginalized children	FA2/ <u><b>KRA1</b></u> (OT1 & OT2)	<ul style="list-style-type: none"> <li>Advocate for increased investment in universal school readiness</li> <li>Scale-up quality community based ECD interventions</li> <li>Develop and support national standards and assessment tools to monitor school and developmental readiness in ECD programmes</li> <li>Support developmental readiness interventions, including appropriate health, hygiene promotion, nutrition and other early interventions with primary school</li> <li>Encourage teaching/learning processes to ease transition from home to school</li> </ul>

**B. Supportive ECD Interventions**

<i>MTSP Result Area</i>	<i>MTSP Reference</i>	<i>Key ECD Interventions</i>
Improve complementary feeding practices with emphasis on disadvantaged populations groups	FA1/KRA1/ <u><b>OT1</b></u>	<ul style="list-style-type: none"> <li>Advocacy and technical support to integrated IYCF/Early stimulation, responsive and sensitive care interventions</li> </ul>

<i>MTSP Result Area</i>	<i>MTSP Reference</i>	<i>Key ECD Interventions</i>
Increase coverage of high-impact preventive and outreach interventions for women, girls and boys, with focus on reaching population groups with low coverage levels	FA1/KRA2/ <b><u>OT4</u></b>	<ul style="list-style-type: none"> <li>• To scale-up Care for Child Development Intervention by mainstreaming it into high-impact interventions</li> <li>• Inclusion of psychosocial care into growth monitoring and promotion programmes</li> <li>• Support alternative strategies for reaching marginalized/unreached children with health, nutrition, WASH and ECD interventions</li> </ul>
Increase coverage and quality of clinical services, including pneumonia, diarrhea and acute malnutrition, for women, girls and boys, at facility and community level, with focus on reaching population groups with low coverage levels	FA1/KRA2/ <b><u>OT6</u></b>	<ul style="list-style-type: none"> <li>• Support district health systems and delivery strategies using integrated campaigns and other similar approaches combining health, nutrition, WASH and ECD interventions</li> <li>• Provide comprehensive counseling services which include core health, nutrition, WASH and ECD messages</li> </ul>
Increase coverage and quality of maternal and newborn intervention packages, including maternal and neonatal tetanus immunization, <b>early childhood development</b> , antenatal care, skilled birth attendance and emergency obstetric care, with emphasis on population groups with low coverage levels	FA1/KRA2/ <b><u>OT7</u></b>	<ul style="list-style-type: none"> <li>• To scale-up new WHO package on Early Stimulation of pre-term newborns</li> <li>• Inclusion of Early Stimulation, responsive and sensitive care into Home visiting projects</li> </ul>
Ensure that poverty reduction strategy papers (PRSP), national budgets, United Nations Development Assistance Frameworks (UNDAF), <b>government sectoral policies, plans and budgets</b> (in health, nutrition, WASH and <b>ECD</b> ) are evidence-based and support high-impact, measurable and synergistic interventions to achieve the MDGs	FA1/KRA2/ <b><u>OT11</u></b>	<ul style="list-style-type: none"> <li>• To ensure that national development policies, plans and other similar document address key ECD issues identified</li> </ul>
In all programme countries, scale up water and sanitation services in a sustainable and equitable fashion	FA1/KRA3/ <b><u>OT12</u></b>	<ul style="list-style-type: none"> <li>• To incorporate early childhood habit formation (hand washing and personal hygiene) into relevant WASH promotional interventions</li> </ul>
In humanitarian situations (both acute and protracted), every child is covered with life-saving interventions	FA1/ <b><u>KRA4</u></b> /OT13	<ul style="list-style-type: none"> <li>• To incorporate Early stimulation, responsive and sensitive care into relevant health, nutrition and WASH interventions in emergencies</li> </ul>
Restore education after emergencies and in post-crisis situations following sudden onset humanitarian crisis and/or during protracted crisis	FA2/ <b><u>KRA4</u></b> /OT9	<ul style="list-style-type: none"> <li>• Support the establishment of safe learning and play spaces in emergency settings</li> <li>• Provide ECD kits and ECD learning materials</li> </ul>

<i><b>MTSP Result Area</b></i>	<i><b>MTSP Reference</b></i>	<i><b>Key ECD Interventions</b></i>
In high prevalence countries, increase to at least 30% the proportion of vulnerable children whose households received external care and support from nonfamily sources that supplement existing family-based activities	FA3/ <u>KRA2/OT5</u>	<ul style="list-style-type: none"> <li>To incorporate Early stimulation, responsive and sensitive care into PMTCT and relevant family and community based interventions for OVC</li> </ul>
<ul style="list-style-type: none"> <li>Better child protection systems that include national laws, policies and services across sectors, in particular justice and social protection, to protect all children from violence, exploitation and abuse</li> <li>Reduce social acceptance of practices harmful to children</li> </ul>	<ul style="list-style-type: none"> <li>FA4/<u>KRA1</u> (OT3 &amp; OT4)</li> <li>KRA2/<u>OT5</u></li> </ul>	<ul style="list-style-type: none"> <li>To include positive child rearing and disciplining practices into child protection interventions and systems</li> <li>To include prevention of violence /CAN and promote birth registration in ECD family and community based interventions</li> </ul>
Girls' and boys' right to protection from violence, abuse and exploitation is sustained and promoted including psychosocial support to children and families, as well as prevent sexual and gender-based violence	FA4/ <u>KRA3/OT7</u>	<ul style="list-style-type: none"> <li>Support the establishment of a mental health and psychosocial support especially for young children and their caregivers</li> </ul>
<ul style="list-style-type: none"> <li>Support national capacity to collect, analyse and disseminate strategic information on the situation of children and women</li> <li>With partners, generate and disseminate high-quality research and analysis, addressing the implications of international policy frameworks, national legislation and public policies for the rights of women and children</li> </ul>	<ul style="list-style-type: none"> <li>FA5/<u>KRA1</u>/OT1, OT2 &amp; OT3</li> <li>KRA2/<u>OT5</u></li> </ul>	<ul style="list-style-type: none"> <li>Support generation, use and dissemination of data defining child's holistic development, wellbeing as well as home and policy environment</li> </ul>

<i>MTSP Result Area</i>	<i>MTSP Reference</i>	<i>Key ECD Interventions</i>
Policy advocacy, dialogue and leveraging	FA5/ <b>KRA3</b> /OT6 & OT7	<ul style="list-style-type: none"> <li>• Provide evidence-gathering, research, analysis and good practices on ECD interventions to international and national forums</li> <li>• Monitor coverage of ECD interventions with particular focus on poor, marginalized and vulnerable groups</li> <li>• Contribute to evidence base on ECD programming</li> <li>• Support ECD module in MICS and other data collection systems</li> <li>• Support action research to analyse risks and potential impact of changing family environment and dynamics due to urbanization, migration and climate change</li> <li>• Policy advocacy to promote, monitor and document young child's rights and increase resource allocation to early childhood development</li> </ul>

*C. Other ECD Interventions*

<i>Area</i>	<i>MTSP Reference</i>	<i>Key ECD Interventions</i>
Promote gender equality	Cross-sectoral	<ul style="list-style-type: none"> <li>• Policy advocacy to promote <i>quality and affordable child care</i> as part of women empowerment and gender equality interventions</li> </ul>

Source: UNICEF Headquarters ECD Unit (2011).

**Table I.16. Overview of Planned ECD Service Delivery Strategies, Target Outcomes, and Indicators in the Case Study Countries<sup>a</sup>**

Service Delivery Strategies	Outcomes/Targets	Indicators
<b>Cambodia</b>		
Provide pre-primary education through three publicly-supported programmes: (1) state preschools for children ages 3 to 5, (2) community preschools for children ages 3 to 5, and (3) a home-based programme for parents and children from birth to age 5.	30 percent of children from 3 to age 5 attend ECD programmes organized at home, in their community, or at school	Percentage of children ages 3 to 5 attending the three publicly supported ECD programmes
Offer community-level services to promote health and nutrition including immunizations, micronutrient supplementation, breastfeeding promotion, and education on childhood illnesses and stimulation of children's development.	Expansion of services that include ECD messages and begin during pregnancy and continue through school entry	Percentage of families or villages reached by parent-focused or two generation ECD interventions that begin early (prenatal to age 3)
Provide parenting support sessions at the village level in UNICEF-supported districts that includes stages of development, activities to do with children, and health and safety advice.		
Through NGO partners, provide community-based rehabilitation (CBR) services for a small proportion of children with disabilities.	None specified	None specified
<b>Ghana</b>		
Provide pre-primary education via kindergarten for children ages 4 and 5 through Ghana's free and compulsory basic education system.	An increase in educational access and participation in kindergarten; GER and NER of 70 and 50 percent by 2010; 70 percent of primary schools have kindergartens attached to them by 2010	School enrollment rates  Percent of primary schools with kindergartens attached to them
Offer a range of maternal, infant, and children health and nutrition services through the High Impact Rapid Delivery (HIRD) package, the Roll Back Malaria campaign, the National Health Insurance Scheme, a school-focused WASH initiative, and the Ghana School Feeding Programme.	Implementation of school WASH in deprived districts	Percentage of districts with school WASH interventions implemented
Offer social protection through birth registration and the Livelihood Empowerment Against Poverty (LEAP) cash transfer initiative for extremely poor households, targeting caregivers of OVCs, the elderly, and the severely disabled.	Increase in registered births to 90 percent of children registered within a year of their birth by 2010	Percent of children registered within a year of their birth
<b>Nepal</b>		
Provide center-based ECD services for children ages 3 and 4. Centers may be school-based or community-based.	Increased availability and participation in ECD services; 80 percent GER in ECD centers and 80 percent of grade 1 students having some ECD experience by 2015-2016; One ECD center in each of the category 3 and 4 Village Development Committee (VDC) settlements in UNICEF-supported districts by 2010	ECD center GER and percent of grade 1 students having some ECD experience  Number of ECD centers in each Village Development Committee (VDC) settlement in UNICEF-supported districts

Service Delivery Strategies	Outcomes/Targets	Indicators
<p>Offer parent orientation (PO) classes to improve parents' knowledge, attitudes, and practices about child health and nutrition, early learning, prenatal and postnatal care, birth registration, gender discrimination, and importance of early childhood education.</p> <p>Launch awareness raising campaigns such as radio programmes, to raise awareness of ECD issues among parents and community members.</p> <p>Provide health services for infants and young children through a network of Female Community Health Volunteers (FCHVs) who link rural communities to the health care system.</p> <p>Provide integrated messages about the importance of cognitive stimulation and play for young children into a micronutrient-powder-supplement programme carried out by FCHVs.</p>	<p>Increased availability and participation in ECD services; 80 percent of parents of children ages 3 to 5 in UNICEF-supported districts receive parenting orientation and messages about the importance of ECD by 2010</p>	<p>Percent of parents of children ages 3 to 5 in UNICEF-supported districts receive parenting orientation and messages about the importance of ECD</p>
<b>Tanzania</b>		
<p>Offer center-based care for children ages 3 and 4 through community-based day care centers.</p>	<p>Increased numbers of children accessing day care and preprimary education compared with baseline; ECD framework and curriculum and integrated community models implemented in selected wards in UNICEF-supported districts by 2010</p>	<p>Implementation of community models and integration of ECD curriculum in UNICEF-supported districts</p>
<p>Provide pre-primary education for children ages 5 and 6 by establishing preprimary classrooms within each primary school and providing capitation grants for preprimary students.</p>	<p>None specified</p>	<p>NER in primary schools in UNICEF-supported districts</p>
<p>Provide C-IMCI services through trained volunteer health workers in 107 mainland districts. Workers typically receive five days of training. In UNICEF-supported districts, workers receive an additional five days of training on psychosocial development and cognitive stimulation for young children.</p>	<p>Increased numbers of parents trained by community health workers in psychosocial development and cognitive stimulation; at least 30 percent of children under age 3 have access to community-based ECD services, defined by one of the following: receipt of at least one C-IMCI visit in the previous three months, attendance at a day care center, caregiver has knowledge of ECD, caregiver has an ECD card for monitoring children's developmental milestones, or the village has two volunteer health workers trained to orient parents of children under age 3 about ECD</p>	<p>Percent of children under age 3 who have access to community-based ECD services</p>

Source: ECD Country Case Study Reports.

<sup>a</sup> Not all strategies have target outcomes and indicators linked to them. In some cases it is because the data are not available to track the outcomes and indicators, and in other cases they have not yet been specified. This is noted as "none specified" in the appropriate cells.

C-IMCI = Community-Integrated Management of Childhood Illness ; ECD = early childhood development; GER = gross enrollment rate; NER = net enrollment rate; NGO = non-governmental organization; OVC = orphans and vulnerable children; WASH = water, sanitation, and hygiene.



## **APPENDIX A**

### **EVALUATION TERMS OF REFERENCE**



## **Terms of Reference**

# **EVALUATION OF THE UNICEF-Government of Netherlands COOPERATION Programme on Early Childhood Development 2008-2010**

## **Background**

The Early Childhood Development programme, supported by the Government of the Netherlands (GoN) aims to promote comprehensive programming approaches to early childhood development in selected countries with a focus on sustainable policy development and partnership to scale up successful interventions. In consultation with Regional Offices and the GoN Ministry of Foreign Affairs representative, ten countries from Asia and Africa have been selected: Cambodia, Ghana, Democratic Republic of the Congo (DRC), Malawi, Mongolia, Nepal, Sri Lanka, Tajikistan, Tanzania, and Swaziland. In addition, all seven of UNICEF's Regional Offices and Headquarters receive funds to strategically support the scaling-up of ECD activities and specific support to those countries listed here.

The detailed programme design can be found in the Early Childhood Development Proposal document which covers the period April 2008 – December 2010 with a funding support of 13.5 million USD by the Government of the Netherlands. The overall goal of the programme is to expand holistic early childhood development, especially for the most vulnerable and disadvantaged children in the ten selected countries from Asia and Africa:

The three strategic objectives of the programme are to:

1. Generate, manage and disseminate new knowledge in support of ECD interventions, essential to inform decision makers on investing in ECD;
2. Increase capacity of service providers and decision makers on ECD and improve behaviour, practices, skills, choices and decision-making powers of caregivers;
3. Mainstream ECD in national development policies and programmes.

Following UNICEF's organizational structure, the Programme has been implemented through UNICEF's support at three levels: (1) at the country level (where the programme is guided by agreements between UNICEF, the government departments and identified NGOs in the key documents called Country Program Action Plans and the annual work plans) with UNICEF ECD Officers or focal points responsible for managing programme planning and implementation; (2) at the regional level, with ECD Advisors or focal points for ECD, playing a key role in providing technical support, capacity building, networking as well as monitoring quality at the country level and (3) at New York Headquarters, with the ECD Unit providing overall coordination, guidance and technical support to the Regions and Countries. Programme achievement, challenges and the way forward were the subject of the Annual meeting of all implementing countries, donors and extended ECD network held in New York, in May 2009. Apart from the meeting report, a comprehensive donor report for programme progress in 2008 is available. Country programme progress reports will be available in March.

## Evaluation Purpose

An independent evaluation of the programme in 2010 was planned as part of the programme proposal. The purpose of the proposed evaluation is to strengthen on-going and upcoming ECD programmes and policies by systematically generating and disseminating evidence on the latest ECD programme performance and experience including identification of good practices. The lessons and recommendations will be used by UNICEF, donor countries and a variety of partners to advocate for leveraging of resources for appropriate and effective ECD strategies and interventions to help realise the MDGs and child rights. The specific **objectives** of the evaluation are as follows:

- a) To provide an analytical review of the progress achieved in implementing the ECD programme, identify key successes, good practices and gaps and constraints that need to be addressed.
- b) To assess the programme's performance using standard evaluation criteria of relevance/appropriateness, effectiveness, efficiency, impact (potential) and sustainability.
- c) To examine the use of cross-cutting issues/strategies including human rights-based approaches, results-based planning and gender equality/mainstreaming.
- d) To generate evidence based lessons, recommendations to guide the way forward to further strengthen on-going efforts, new initiatives including possible programme replication and scaling up.

The timing of the evaluation is scheduled to inform the UNICEF planning process, to share the sample of good practices globally, but also to perform corrective measures and make necessary programmatic shifts when needed.

At the global level, the findings and recommendations will be used for developing new/revised ECD policy documents, technical guidance and for further advocacy and fundraising efforts. At the country level, the country specific recommendations will be used in designing, planning and implementing effective ECD programmes at the national level with a clear focus on disadvantaged and difficult to reach children.

## Evaluation scope and focus

The evaluation will assess programme achievement and performance at two levels, at the overall ECD strategy level and at the level of the 3 main programme pillars namely: capacity development; knowledge generation and management and mainstreaming ECD in programmes and policies (see the basic programme logic on page A.10).

The primary focus of the evaluation is to examine overall ECD programme results and processes at the country level, as well as NYHQ and regional level efforts/support. In addition, the evaluation will intensely examine achievements and performance in **four** selected countries. More specifically, the evaluation will provide evidence-based analysis in order to answer the following questions:

### ***Programme relevance /appropriateness***

The key questions (to be answered at HQ, RO and CO levels) are:

- How appropriate is the programme strategy as regards to the overall need and objective to expand holistic early childhood development in general and in various country contexts?
- How does the programme relate to other UNICEF supported initiatives which are key to realising ECD goals?

At the Country level, more specific questions will be asked. How relevant and appropriate are the country specific programme strategies and interventions in responding to:

- Country specific needs related to ECD issues of all young children, covering key health, nutrition, early learning, and protection elements?
- Demand and needs of the disadvantaged and less reached young children and families?
- ECD related priorities set forth in the National Development Plans and Policies?
- Demand and needs of service providers?

### *Programme effectiveness*

The key questions are:

- To what extent was the Programme successful in generating, processing and disseminating useful knowledge in support of ECD interventions in COs, ROs and NYHQ?
- To what extent did the Programme increase capacity of service providers, caregivers and decision makers on ECD in the 10 countries?
- To what extent did the Programme mainstream ECD in national development policies and programmes in the 10 countries?
- How successful was the programme in addressing particular needs of and targeting/reaching the disadvantaged and less reached young children and families?
- To what extent and in what ways did it influence/change partnerships amongst various parties including the Governments, NGOs, CSOs and others?

In addition, at the country level:

- What are the major achievements in ECD that are attributable to the ECD programme; which strategies have yielded good results? Where are the gaps that need to be addressed?
- What are the key successes in generating new knowledge by the programme? Is it well documented and disseminated within the country and outside? What are the knowledge gaps which still prevent bigger investment in ECD?
- Were capacity building interventions designed to meet the learning needs assessment? What is the contribution of the programme to national capacity-building efforts among ECD and health professionals, policy makers and civil society and/or the private sector?
- To what extent did programme contribute to increasing knowledge and service providers' practices in promoting and supporting ECD? What is the estimated coverage of service providers and caregivers with these interventions? Is there any evidence of increased knowledge and improved caregivers/service providers' practices after those interventions (e. g. follow-up visits)? What is the programme role in capacity-building of UNICEF staff? Policy makers? Service delivery providers? Institutions? What the new capacities consist of and how they are being used including for policy/programme development?
- To what extent has the programme contributed to policy dialogue and development of new ECD policies and programmes in the 10 countries participating in the programme? How holistic and comprehensive are those policies? Are they focusing on the most marginalized children? What are still the critical policy/programmatic gaps (if any)? How successfully have links been made between sectors/policies key for young child survival and development?

- Are there any particular good practices and lessons? If yes, please describe.

### ***Programme efficiency***

- How systematically have the funds been allocated/utilised at each level (across administrative levels and programme strategies/activities) to realise programme objectives? If there are delays/deviations in fund allocation/utilisation, how were these justified and what are the implications for attaining programme objectives? What lessons and recommendations can be drawn for the future?
- How effectively have the programme resources been used to deliver outputs in a timely fashion in order to achieve programme objectives? To what extent were funds used in a cost efficient manner in order to optimise programme outcomes? What conclusions can be drawn regarding sustainability and expansion/replicability of the approaches used?
- How effective and efficient were the coordination mechanisms at the country level (i.e. coordination with Government, including different ministries and other implementing partners, other stakeholders (other UN agencies, NGOs, donors, etc.)? If noticeable gaps are evident, how can they be addressed?
- How timely and effective was UNICEF RO's and HQ's guidance and support in achieving overall goals and objectives of the programme? How successful was the coordination between NYHQ, RO and COs within UNICEF? To what extent did the Programme influence internal structures and processes and goals within UNICEF?

### ***Programme sustainability (country level)***

The evaluation will examine administrative, institutional, technical and financial sustainability and explore possible opportunities for expansion of effective ECD interventions (partly drawing from questions under efficiency above):

- How appropriate are the current interventions in terms of the ability to sustain without direct UNICEF/ Government of Netherlands technical/financial support?
- What level of progress has been achieved to build ECD programme's sustainability in its current form?
- What are the issues and options related to the feasibility for replication and expansion?

### ***Programme Impact (outcomes / potential impact)***

The programme has been implemented for less than two years and in most cases programme intensity may not be sufficient to examine impact. However, the evaluation will address to the best extent possible the following questions some of which relate to outcome level changes and potential impact:

- To what extent did the programme contribute to a supportive environment of young children (at the family, community and policy level)?
- What is the evidence regarding national and sub-national engagement and ownership of the ECD programme initiative? To what extent has national ownership of ECD programme increased? What are the success factors and lessons learned? Where this has not occurred fully, what are the constraints and consequent lessons for the future? Is there any evidence of increased budgetary allocations?
- What was the programme contribution in creation of strategic partnership (do we know the indicators or do we leave it open to the evaluators? Towards joint ECD goals at the global, regional and national level?

- How significantly has the programme contributed to either revitalize or put ECD high on the national policy and developmental agenda?

### ***Additional Evaluation Questions (Cross-cutting issues)***

Human rights-based approach in programming (HRBAP) and gender equality:

How successfully were the key principles of HRBAP applied in planning and implementing the programmes? In particular:

- To what extent and how did the programme involve parents and ECD service providers and other stakeholders in programme design and implementation?
- Was the programme informed by capacity assessment at all levels? How adequately?
- To what extent were the national and local context (knowledge, beliefs, gender and cultural differences) taken into account when programmes were designed at the country level? Were the underlying/root causes of problems/challenges identified and to what extent was the programme able to address them including through appropriate (incl. advocacy and communication) strategies?
- To what extent has the programme contributed to an equitable access to basic ECD services of all population groups? Has the programme made special provisions to reach disadvantaged/marginalised population groups (i.e. ethnic minorities, poorest families, children affected by disabilities)?

To what extent gender equity existed in participation, decision making and access throughout the program cycle?

Result-based approach in programme planning and management:

- To what extent was the programme successful in using key elements of result-based planning and management? More specifically;
- Were the objectives SMART and monitoring reporting indicators/plans developed adequately using internationally agreed indicators in a timely manner?
- How often were outcomes and outputs measured? Was data sufficiently disaggregated to identify excluded groups? To what extent was data/information generated through the Information and monitoring system used in decision-making (i.e., adjusting the planned results/targets, shifting programme focus)?

## **Evaluation approach and methods**

The evaluation will be conducted in two phases. The first phase will involve an extensive inception phase which is based on secondary information sources, gathering of some basic information and visit to one country, a detailed inception report will be prepared. The report which will include draft findings from the first phase of the evaluation will be presented at a meeting planned for early June. The second phase will involve further investigation and preparation of the evaluation report to be delivered by end September, 2010.

Given the multi-dimensional focus of the evaluation, a multitude of methods will be used combining documentary review, interviews, field observation visits, and surveys as follows.

- a) Review of secondary data and documents: A list of relevant documents has been prepared and the documents are readily accessible. In addition, programme managers will provide data that are readily available from various sources. The data will be reviewed and analysed during the inception phase to determine the need for additional information and finalisation of the detailed evaluation methodology.
- b) Interviews with key informants: Subjects include members of the Steering Committee, programme coordinators in the countries involved including sub-national level, UNICEF Representatives or deputies, ECD focal points/programme managers, selected project officers at the country office, selected regional and HQ level.
- c) Field observation and focus group discussions with service providers, participants/beneficiaries in the programme (ECD service providers, ECD decision/policy makers/NGOs, parents). When organising field visits, gender balance, equal geographical distribution, representation of all population groups, representation of the stakeholders/duty bearers at all levels (policy/service providers/parents/community) to be represented in the interview. It is proposed that four countries are selected (based on criteria to be developed in consultation with the evaluators) for field visit. No major survey at the level of the beneficiaries is envisaged.

Key data collection methods/sources include:

- Baseline information. Each country office will be responsible to compile baseline information on the situation in the country before the intervention and later phases based on secondary data and information that is readily available.
- Internet-based Survey of all parties involved in the programme (UNICEF HQ, ROs, COs, selected donor representatives). Country offices will be responsible to include the local counterparts accordingly and to compile the data at the country level. In-depth, structured interviews and focus group discussions with the selected stakeholders mentioned above.
- In depth interview with selected key informants at the country level (in selected countries which will be visited).
- There is no field level survey envisaged unless the inception phase recommends the need for a survey is essential for the evaluation. If a survey is justified, it will be budgeted separately.

The evaluation is expected to draw out relevant comparisons where possible. This will require comparing ECD programmes across various settings both in terms of institutional processes and performance. For such comparisons, the evaluators must be clear of what is to be considered as a “good” standard. Where possible the evaluation should identify good practices that will form the basis for quality design and assessment efforts in future ECD programming.

## **Evaluation management and stakeholder participation**

The evaluation will be managed as an independent evaluation by UNICEF's Evaluation Office under the leadership of a Senior Evaluation Specialist. A Reference Group, chaired by UNICEF Evaluation Office and comprising of The Ministry of Foreign Affairs, Government of Netherlands, UNICEF ECD Unit and UNICEF Evaluation Office will provide guidance to the evaluation and will comment on all products of the evaluation including the inception report and draft reports.



As the main counterpart, ECD Unit in Programme Division will be responsible for information sharing and arranging meetings of the Reference Group. The ECD Unit will also set up an advisory group representing UNICEF Regional Offices and participating country offices to establishing links between evaluators and UNICEF RO/COs and to facilitate their full participation in the evaluation.

UNICEF ROs/COs will be responsible for providing relevant information at the regional and country level, providing access to relevant reports/statistics, organizing field visits, logistical support, organizing meeting with different stakeholders at the country and regional level. UNICEF COs will also be responsible in assisting in the recruitment of a part-time national consultant in the 4 case study countries.

## **Evaluation team composition**

The evaluation is planned to be conducted by an institution or by a registered consultancy group/firm. It is proposed that the team consist of two international evaluation experts (a leader and a technical expert), one of whom must have significant research/evaluation background in ECD. The exact division of work will be decided by the institution/team, but in general, the team leader will have the responsibility for all negotiations, decisions, and deliverables. The technical work is to be divided between the team leader and the team member. Either the team leader or the member must be a woman. In addition, a third consultant (data processing/information specialist) who would help gather information, undertake data analysis will be involved on a part time basis. For each of the 4 participating countries, a national consultant, one per case study country is also envisaged.

The qualifications and experience required are as follows:

### **Team Leader:**

- Extensive evaluation expertise and experience and a strong commitment to undertake the evaluation
- Knowledgeable of institutional issues related to development programming (including funding, administration, the role of the UN system, partnerships, human rights, sustainable development issues)
- Familiarity with ECD policy and programme issues either as researcher/evaluator or programme manager
- Team leadership and management, interpersonal/communication skills

### **Team Member (technical expert):**

- Extensive evaluation expertise and experience, including methodological and data collection skills;
- Demonstrated skill in conducting evaluations of ECD or related programmes
- Team work and inter-personal communication

### **Team Leader and Member:**

- Language proficiency: English (mandatory), French and/or Russian are an advantage (depending on the countries selected for the field visits). Excellent writing skills in English.
- Significant international exposure and experience in working with UN agencies (desirable).
- Advanced university degree in social science, preferably in a topic related to ECD.
- Good communication, advocacy and people skills. Ability to communicate with various stakeholders. Ability to express concisely and clearly ideas and concepts in written and oral form.

**GUIDING PRINCIPLES**

The evaluation process will adhere to the United Nations norms and standards and ethical guidelines for evaluation available at:

[http://www.uneval.org/currentwork/currentworklist.jsp?currentworkid=100&doc\\_cat\\_source\\_id=2&doc\\_source\\_id=100](http://www.uneval.org/currentwork/currentworklist.jsp?currentworkid=100&doc_cat_source_id=2&doc_source_id=100)

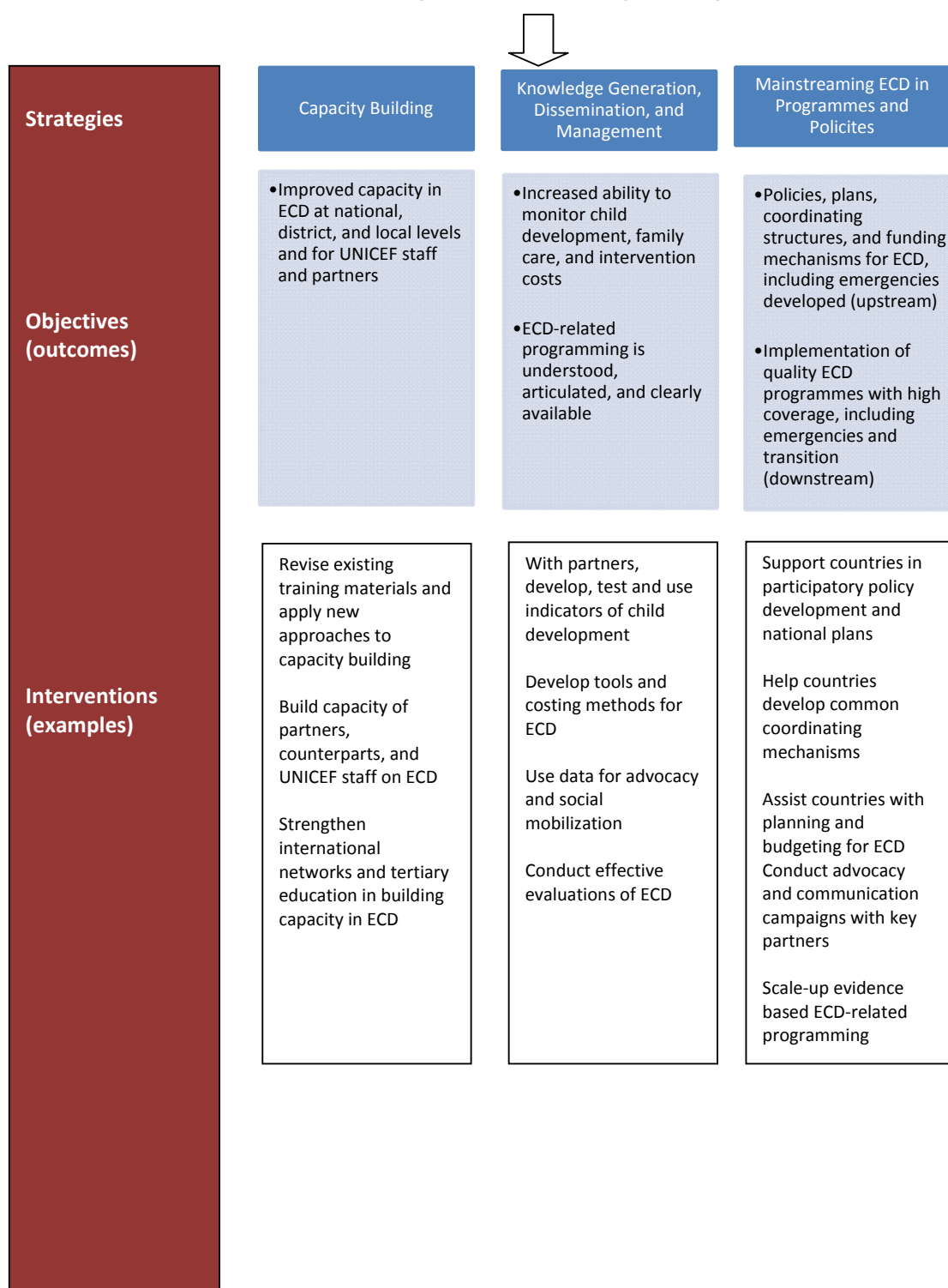
**TIMING and DELIVERABLES**

The evaluation is expected to commence in April and completed in September 2010. It is planned that the contract will be signed by early April and the work on the evaluation will commence by April. The key deliverables are as follows:

- Evaluation plan outlining detailed scope, evaluation framework; methodology; field visit timing and data collection methods (within 2 weeks of signing of the contract).
- Detailed Inception Report, based on the first country visit and secondary data and documentary review, providing findings based on the work completed during the inception phase and final evaluation design/plan. A draft will be shared in advance for comments.
- Presentation of inception report findings and recommendations at early June 2010 meeting.
- Case study reports for 4 countries (drafts to be shared in advance).
- First draft of the evaluation report for review by the reference group.
- Second draft with an executive summary.
- Final edited report (end September 2010).

**Figure A.1. ECD Programme LOGIC (Summary)**

**Operational Goal:** Sustainable and effective programmes delivered at scale and quality to all disadvantaged children including in emergencies





## **APPENDIX B**

### **METHODOLOGICAL DETAILS**



This appendix augments the description of the evaluation scope and methodology presented in Chapter I.

## A. Multi-Level Assessment

The overall aim of the evaluation was to provide a multi-level assessment of the UNICEF-GoN Programme of Cooperation. There are two main reasons why it was difficult to investigate the UNICEF-GoN programme in isolation. First, although it is aimed at specific countries, the programme operates more generally by strengthening and mobilizing all levels within UNICEF (HQ/RO/CO). Second, GoN funding tends to be combined with other funding sources to support existing and ongoing ECD programmes, which makes it difficult to attribute any outcomes to GoN funding alone. Therefore, the approach was to use data from multiple levels and sources and a variety of methodologies to obtain a consistent picture and broad understanding of the overall state of ECD within UNICEF, while maintaining a focus on the 10 GoN-funded countries.

### 1. Data Sources

This section presents the methodological and data collection details for each of the four sources used in this evaluation: (1) document review, (2) executive interviews with key informants, (3) country case studies, and (4) the internet survey of UNICEF COs.

To the extent possible, the evaluation report combines data from the various sources in an attempt to obtain a consistent picture of the state of ECD at the CO, RO, and HQ levels. The approach included triangulating information from these different sources into broad analytic themes. A second approach was to focus more narrowly on specific key indicators. The evaluation team rated the 10 GoN-funded countries based on these indicators, which were developed to align with the evaluation questions and matrix. The indicator ratings (discussed below, masked data for each country are included in the Appendix I supplementary tables) offer the advantage of an easily accessible common metric that provides a snapshot of the state of key dimensions of ECD in the GoN-funded countries.

### Limitations

The findings and recommendations arising from the analysis should be viewed in the context of several important limitations in regard to the data sources that were combined for the evaluation analyses.

- **Document review.** The abstraction and analyses were necessarily limited by the information contained in the documents that UNICEF provided and that were accessible from public sources. The 2008 and 2009 CO and RO reports to HQ on the ECD programme activities, the summary reports to the GoN, and the publications and guiding UNICEF documents UNICEF provided were the main sources for the document review. This information was incomplete for some countries. Even though each country was to complete specific monitoring questions provided by HQ in their reports, the detail provided was variable and seemed not always to reflect the full range of activities going on in the countries. In addition, the focus of the reporting was on what was accomplished using the GoN funds, not all of what was happening around ECD in the countries and regions. The information in the reports was of variable quality and consistency across countries and regions which made aligning the information challenging and in some cases, there were gaps. In addition, because of the timing of the evaluation, the reports on the final year of funding were not available for analysis (these reports are due to HQ in spring 2011).
- **Country case studies.** The case studies included a mix of evaluation respondents, but overall they were ECD policy and programme stakeholders. This may have provided a biased view of the role and positioning of ECD in the four countries. In addition, sites for the ECD field visits were selected purposively to accommodate the visit schedule and provide the Mathematica team with a view of the activities funded with the UNICEF-GoN programme investment. Again, the factors mean that the field visits may not have been representative of the true situation of ECD in each country (for example, the highest quality preschool programmes may have been selected for the visits). In addition, UNICEF staff served as

translators in most of the interviews conducted in country which may have led to a positive bias in respondent answers to the questions. As described in Chapter I, almost all of the case study data was self-reported. Finally, the secondary data sources that were used as part of the background information and to assess key topics, such as ECD service coverage, were sometimes of questionable quality.

- **Executive interviews.** Respondents were affiliated with UNICEF or global ECD programming and may have presented skewed answers with a positive bias.
- **Internet survey of COs.** The response rate, although reported by UNICEF Evaluation Office staff as high for such surveys, was 61 percent, raising concerns that the respondents may not be representative of the full sample of COs. It is also unclear whether some respondents fully understood all the questions (as evidenced by responses to the open-ended questions in particular) or devoted enough time to completing the survey, as COs occasionally provided contradictory responses to some questions. The evaluation did not have the resources to contact COs to verify conflicting data or fill in missing information. In cases where there was a conflict the overall approach was to delete the response to those questions from the analysis. Although the survey was also sent to ROs, their responses were not included in the analysis because they were so different from the CO responses and often the questions did not apply to their work.

The evaluation team's approach to triangulating data from these various sources was motivated in part by a desire to mitigate the impact of the limitations of any single data source on the conclusions. Of course, combining data from various sources has its own set of limitations. First, the team did not always have information from all sources for all countries and sometimes had to rely on only a single source. Second, there was inevitably some degree of subjectivity in combining the data from various sources (for example for the indicator ratings) although the team attempted to minimize this by resolving discrepancies as a group. Finally, the evaluation was retrospective and included only one round of data collection that occurred well into the final year of the three-year funding cycle. This limited the evaluation team's ability to assess changes over time and did not allow for analysis of the full funding period, which ended in December 2010. Indeed, data collection ended by October 1, 2010, reflecting the state of ECD as of the end of September. Although the team did interact with representatives from the 10 COs and the ROs at the October Global Network meeting in Brussels, those conversations were focused on verifying information and checking facts. To address the lack of a baseline, the evaluation team attempted to include questions about past conditions in the case study interviews, secondary data reviews, and the internet survey. Retrospective questions, especially when asking about events more than three years ago, are always subject to bias and lead to concerns about the validity and the reliability of the information provided. Again, triangulation of information across data sources was the primary approach the team took to addressing these issues.

Overall, the Mathematica approach was to mitigate the impact of these various limitations to the degree possible and, within this scope, to provide the most accurate findings and logical recommendations possible.

### **Document review methodology**

The evaluation conducted a thorough desk review of all CO, RO, and HQ documents provided by UNICEF, with a particular focus on the CO documents. This review was designed to supplement information from the case studies and internet survey and to gain a broader understanding of the state of ECD in the GoN-sponsored country context. Documents included the ECD GoN Donor Reports for 2008 and 2009; funding memos; ECD progress reports; country-specific responses to monitoring questions; country programme action plans; regional progress reports; country and regional presentations at the 2009 global UNICEF-GoN conference on capacity building, knowledge generation and mainstreaming; and when relevant, country Demographic and Health Survey (DHS) and Multiple Indicator Cluster Survey (MICS) data. In addition HQ provided their most recent work plans, as well as a range of key documents that served as background for the document review. Appendix G provides a list of the documents that the evaluation team used for the review and for background on relevant ECD activities and the broader context for the UNICEF's ECD activities.



While information from the document review is necessarily limited by what the documents contain, the extraction provided details on country-level activities and plans. This was especially valuable for the six countries that were not visited. For the case-study countries, the document review served as an additional source of data and information triangulation.

**Information extraction.** General context information from the document review included country and regional contact information, social context, UNICEF country-level activities, government ECD-related activities, cross-cutting issues, and a summary of the GoN-funded programme. The ECD Programme summary included information on implementing agencies, ECD organization in UNICEF office structure, mission statement/objectives, budgeting and funding, major achievements/key results, major challenges, measures needed for further progress, partners and contracting agencies, resources leveraged, research and evaluation studies conducted, progress on collection of baseline data on ECD indicators, progress in development of Early Learning and Development Standards (ELDS), monitoring and evaluation activities, and results measurement. In addition, ECD project activity analysis included information on strategic objective, budget, timeline, targeted population groups, partnerships and leveraged resources, project strategy/main activities, project outputs, and results for each planned or completed activity.

The document review analysis team further reviewed the sources in order to conduct cross-country analyses. These focused on characteristics identified as most relevant for review and analysis and included sectors; and stages of ECD programme development strategic objectives, challenges, and successes. The analysis also provided insight into what types of information could be extracted and analyzed for the purpose of indicator ratings and triangulating information received from case study visits and the internet survey.

A final round of information review was conducted for the purpose of assigning indicator ratings. These indicators included:

- Alignment of ECD programming with national priorities and goals
- Planning, management, and coordination
- Programme effectiveness: coverage of ECD services
- Programming effectiveness: knowledge generation and dissemination
- Programming effectiveness: building capacity for ECD
- Programming effectiveness: mainstreaming ECD in national policies and plans
- Sustainability and scalability
- Human rights-based approaches and gender equity

**Indicator ratings.** Ratings for each indicator were developed to categorize progress made by the 10 countries that received the UNICEF-GoN programme funds. Ratings were set such that an X, or low rating, indicated very little or no progress on a particular indicator, whereas a check-plus, or high rating, indicated substantial progress. Ratings of a “check” were defined to capture moderate progress. Moderate progress may mean that the country has done a moderate amount of work in the area, or that a good deal of work has taken place; however, the impacts of the work are unclear, or the methods were rated as not particularly effective.

The definitions of each ratings level were based on the evaluation team’s experience in case study site visits and expertise in ECD. These experiences informed decisions about the degrees of progress expected. “High” ratings were only possible for the four case study countries because the evaluation team did not have the fine-grained information required to rate the other six countries as high. All process below the highest rating was separated into “low” and “medium” categories.

Indicators were rated first based upon the internet survey and the case study information. The document review was then used as a source of triangulation. In cases where information from the document review supported other sources of information, the initial rating was confirmed. In cases where there was a contradiction between information provided from case studies or the internet survey and document

review, these contradictions were highlighted for further review. Since not all information was available from the documents, greater reliance was placed on case study and internet survey data. In cases for which there was no case study or internet survey information (the Democratic Republic of the Congo and Swaziland), the indicators were rated based solely upon the document review.

The evaluation team implemented a check on the reliability of the ratings. Following the independent ratings conducted by two team members who did not participate in the case study visits, the visitors for each country completed the indicator ratings. For only approximately 10 percent of the indicators did the site visitor rating result in a change to the indicator rating. Overall this is a good level of inter-rater agreements and verifies the reliability of the ratings.

### **Case study methodology**

Details about the methods are included in each of the case study reports (Buek et al. 2010; Burwick et al. 2010b; Burwick et al. 2010c; and Chatterji et al. 2010). This section provides a brief overview of the methods. Four GoN-funded countries were selected for site visits and in-depth case studies in consultation with ECD staff at UNICEF HQ. Countries were selected to provide regional diversity and based on their ability to accommodate the evaluation team during the study period. The four countries selected were Cambodia (East Asia and Pacific Region), Nepal (South Asian Region), Tanzania (Eastern and Southern African Region) and Ghana (West and Central African Region). Initial site visit protocols (semi-structured discussion guides) and procedures were developed and tested during a pilot site visit to Cambodia. The protocols aimed to investigate the context, design, operations, outputs, and progress toward outcomes of the UNICEF-GoN Programme. They were refined for subsequent site visits based on the site visit team's experience during the Cambodia inception visit and in order to better align them with a broadening of the initial evaluation approach beyond a narrow focus on the GoN investment and with the indicators.

Site visits were conducted in the summer of 2010 and ranged from five to nine days in duration, during which data was collected from a range of stakeholders. Case study respondents are listed in Appendix F. A major component of the data collection involved interviews with key UNICEF CO staff, national and local government representatives (including various ministries, departments and agencies), NGO partners and ECD service providers among others. Further data collection activities involved observations of ECD programming through field visits to ECD sites and focus group discussions held with parents of young children. In addition to this primary data collection effort, site visitors also reviewed a range of secondary sources available in each country. Typically these included reports and strategic plans, data from surveys and management information systems and the results of external studies. The documents that served as part of the data sources for each country case study are summarized in Appendix G.

### **Executive interview methodology**

In order to gain a better understanding of the UNICEF-GoN Programme, the team leader conducted executive interviews (usually one-on-one) interviews to obtain the perspective of UNICEF HQ and RO staff as well as that of key stakeholders. Stakeholders included representatives of the GoN, INGOs, and private consultants/specialists. Each interview was approximately 45-60 minutes in duration and was conducted over the telephone. A Mathematica note taker was present to document the discussion.

Interview questions were tailored for each category of respondent and to what the team knew from the UNICEF ECD Unit about the respondent's role in working on ECD issues. Exhibit I.1 provides a list of the main topics each type of interview addressed (detailed questions were included in the protocols under each topic). The list of interview respondents is available in Appendix F. Some of the interviews, particularly of RO staff, included more than one person. In addition to the individuals who participated in formal executive interviews, the team leader conducted a number of formal and informal interviews and discussions with HQ ECD Unit staff over the course of the evaluation period. These types of discussions with some of the reference group members and other stakeholders also occurred at the two HQ-sponsored global network meetings in 2009 and 2010 and in other professional settings (for example the Head Start Research Conference in June of 2010). The topics of the interviews by type of respondent were developed based on the gaps the evaluation team identified in the other data sources in regard to some of the research questions and indicators in the evaluation matrix. The interview topics are described

in the exhibit below. In preparation for the interviews, the team leader reviewed the relevant documents, for example, the RO progress reports to HQ on the ECD programme activities conducted in 2008 and 2009.

Analysis topics. Following the completion of the formal interviews and the preparation of detailed notes, the interviews were analyzed for common themes. Responses were sorted by the three types of interviewees and common themes identified in the following areas:

- Headquarters/Regional Office/Country office structure
- ECD plans and activities
- What UNICEF is doing well
- What UNICEF can improve
- Partnerships/collaboration
- ECD Unit capacity
- Role of the GoN funding
- ECD evaluation/evidence base
- Scale up
- Impact/approach

These areas were selected for the analysis due to their relevance to the evaluation and due to the completeness of the information provided by respondents to the interview questions.

### **Internet-based survey methodology**

The Mathematica team worked with the UNICEF evaluation office and the ECD Unit to conduct a global internet-based survey of the UNICEF COs in countries that have a programme of cooperation. The internet survey was designed to supplement information from the case studies and document reviews and to gain a broader understanding of the state of ECD in the global context.

The survey questions were organized into five main sections, each addressing a different aspect of ECD. These sections covered ECD coordination, policy, capacity building, knowledge generation and management as well as issues around reaching the disadvantaged and marginalized. Each section consisted of several questions in which respondents were required to select responses from a list, express the extent of their agreement or disagreement with certain statements, or fill in a response to an open-ended question. The internet survey instrument can be found in Appendix H.

### **Box I.1. Executive Interview Topics by Respondent**

#### **UNICEF HQ staff**

- Current Position and Responsibilities
- ECD in UNICEF
- ECD in Relation to Other Sections within UNICEF HQ
- ECD Moving Forward
- Other Comments

#### **UNICEF RO staff**

- Position and Responsibilities
- Regional Context
- ECD in the RO Organization
- Planning and Coordination of UNICEF ECD Programming
- Programme Effectiveness: Knowledge Generation
- Programme Effectiveness: Capacity Building
- Programme Effectiveness: Mainstreaming
- Cross-Cutting Issues: Human-Rights-Based Approach, Reaching the Most Disadvantaged, and Gender Equity
- Budgeting and Resource Use
- Other Comments

#### **Stakeholders**

- Respondent Position and Responsibilities
- Programme Effectiveness: Goals & Implementation
- Programme Effectiveness: Support & Sustainability
- Programme Effectiveness: Replication of This Funding Approach
- Other Comments

After an initial pilot of the questions with a few COs, the survey was administered by UNICEF using the Zoomerang online survey tool. UNICEF sent all COs with a country cooperation programme an initial email with a link to the online survey and a request for participation. The initial survey was available from September 2 through September 22, 2010. Of the 123 COs surveyed, 61.0 percent (75 countries) responded to the survey. The response rates broken down by country income and region are presented in Table B.1. The evaluation used the World Bank's country income classification (World Bank 2010), which classifies countries into three categories based on per-capita gross national income (GNI). The regions were defined as per UNICEF's classification. Table B.2 shows that the response rate was slightly lower for lower-middle income countries (50.0 percent) compared to low (66.7 percent) and upper-middle income countries (68.6 percent). There was also some variation in response rates across regions, with these rates ranging from 46.2 percent to 68.2 percent.

The raw data obtained from the internet survey were analyzed in STATA. Data were corrected for any inconsistencies and open responses were coded into categories to the extent possible. Variables were constructed as needed (for example if two categories had to be combined). These cleaned data were used to construct the survey data tables in the main report, while the full set of tables for all survey questions is available in Appendix I by country income and region. The disaggregation of responses by country income and region allowed the evaluation team to investigate patterns in the data along these dimensions. However, since the sample size results in only a small number of countries in each region, the analyses for this report focused on the overall responses and disaggregation by country income.

Then evaluation team did not attempt to weight the analysis to account for survey non-response and make the overall analysis representative of the full set of 123 countries surveyed. First, weighting by income and region response rates would be problematic because of low income and region cell counts.

Second, the observed variation in response rates is unlikely to be sufficient to substantially affect the conclusions.

**Table B.1. ECD Internet Survey Response Rates, by Region and Income**

Income	Total		Low Income <sup>a</sup>		Lower-Middle Income <sup>a</sup>		Upper-Middle Income <sup>a</sup>	
Region <sup>b</sup>	Sample Size	Response Rate (Percentage)	Sample Size	Response Rate (Percentage)	Sample Size	Response Rate (Percentage)	Sample Size	Response Rate (Percentage)
CEECIS	15	68.2	2	100.0	6	66.7	7	70.0
EAPRO	9	60.0	3	60.0	5	62.5	1	50.0
ESARO	13	65.0	9	69.2	1	25.0	3	100.0
MENA	6	46.2	1	100.0	4	44.4	1	33.3
ROSA	5	62.5	2	66.7	3	60.0	0	n.a. <sup>c</sup>
TACRO	13	56.5	1	100.0	1	16.7	11	68.8
WCARO	14	63.6	10	58.8	3	60.0	1	100.0
<b>Total</b>	<b>75</b>	<b>61.0</b>	<b>28</b>	<b>66.7</b>	<b>23</b>	<b>50.0</b>	<b>24</b>	<b>68.6</b>

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

Note: The UNICEF Evaluation Office sent the survey to 123 COs, 75 responded and their data are included in the analysis.

<sup>a</sup>Income categories are based on the classifications of the World Bank (2010), which uses 2008 per capita GNI: lower income <\$975; lower-middle income \$976-\$3855; upper-middle income \$3866-\$11905. Oman was placed in the upper-middle category though its income is higher than the cutoff.

<sup>b</sup>Regions are based on UNICEF definitions.

<sup>c</sup>n.a. = not applicable. There are no upper-middle income countries in ROSA so the response rate could not be computed.

CEECIS = Central and Eastern Europe and the Commonwealth of Independent States; EAPRO = East Asia and the Pacific Region; ECD = early childhood development; ESARO = Eastern and Southern Africa Region; GNI = gross national income; MENA = Middle East and North Africa; ROSA = South Asia; TACRO = The Americas and Caribbean Region; WCAR = West and Central Africa Region.

**Table B.2. Countries Responding to Internet Survey, by Name, Region, and Income**

Region <sup>b</sup>	Low Income <sup>a</sup>		Lower-Middle Income <sup>a</sup>		Upper-Middle Income <sup>a</sup>	
	Respondents	Non-Respondents	Respondents	Non-Respondents	Respondents	Non-Respondents
CEECIS	Tajikistan Uzbekistan		Armenia Croatia  Kosovo Republic Of Moldova Turkmenistan Ukraine	Albania Azerbaijan  Georgia	Belarus Bosnia & Herzegovina Bulgaria Kazakhstan  Romania Serbia Turkey	Macedonia Montenegro  Russia
EAPRO	Cambodia DR Korea  Viet Nam	Laos Myanmar	China Indonesia  Mongolia Thailand Timor-Leste	Kiribati Papua New Guinea Philippines	Malaysia	Fiji
ESARO	Burundi Comores Eritrea Kenya Malawi Somalia Tanzania Uganda Zambia	Ethiopia Madagascar Rwanda Zimbabwe	Lesotho	Angola Sudan Swaziland	Botswana Namibia South Africa	
MENA	Yemen		Djibouti Iran Syria Tunisia	Egypt Iraq Jordan Morocco Occupied Palestinian Territory	Oman	Algeria Lebanon
ROSA	Bangladesh Nepal	Afghanistan	India Pakistan Sri Lanka	Bhutan Maldives	n.a <sup>c</sup>	n.a <sup>c</sup>
TACRO	Haiti		Guyana	Ecuador  Guatemala  Honduras Nicaragua Paraguay	Argentina  Barbados and Eastern Caribbean Islands Bolivia Brazil Chile Colombia Costa Rica Cuba Peru Suriname Uruguay	Dominican Republic  Jamaica Mexico Panama Venezuela

**Table B.2. Countries Responding to Internet Survey, by Name, Region, and Income (Continued)**

Region <sup>b</sup>	Low Income <sup>a</sup>		Lower-Middle Income <sup>a</sup>		Upper-Middle Income <sup>a</sup>	
	Respondents	Non-Respondents	Respondents	Non-Respondents	Respondents	Non-Respondents
WCARO	Central African Republic Equatorial Guinea Ghana Guinea Mali Mauritania Senegal Sierra-Leone The Gambia Togo	Benin  Burkina Faso  Chad DR Congo Guinea-Bissau Liberia Niger	Cape Verde  Cote D'Ivoire  Nigeria	Cameroon  Congo	Gabon	
<b>Total</b>	<b>28</b>	<b>14</b>	<b>23</b>	<b>23</b>	<b>24</b>	<b>11</b>
<b>Response Rate (Percentage)</b>	<b>66.7</b>		<b>50.0</b>		<b>68.6</b>	

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

Note: The UNICEF Evaluation Office sent the survey to 123 COs, 75 responded and their data are included in the analysis.

<sup>a</sup>Income categories are based on the classifications of the World Bank (2010), which uses 2008 per capita GNI: lower income <\$975; lower-middle income \$976-\$3855; upper-middle income \$3866-\$11905. Oman was placed in the upper-middle category though its income is higher than the cutoff.

<sup>b</sup>Regions are based on UNICEF definitions.

<sup>c</sup>n.a= not applicable. There are no upper-middle income countries in ROSA so the response rate could not be computed.

CEECIS = Central and Eastern Europe and the Commonwealth of Independent States; EAPRO = East Asia and the Pacific Region; ECD = early childhood development; ESARO = Eastern and Southern Africa Region; GNI = gross national income; MENA = Middle East and North Africa; ROSA = South Asia; TACRO = The Americas and Caribbean Region; WCAR = West and Central Africa Region.



## **APPENDIX C**

### **EVALUATOR BIOGRAPHICAL INFORMATION**



**Kimberly Boller** (Ph.D., Cognitive and Developmental Psychology, Rutgers University), a senior research psychologist at Mathematica, was the evaluation team leader. In that role she participated in the country case study visit to Cambodia, led the evaluation design and reporting tasks, and conducted the executive interviews. She is an expert in child outcomes and child care quality measurement, assessing the implementation and impact of early intervention programme and policy initiatives, and determining the factors that contribute to effective education and training for parents and early childhood professionals.

As a senior advisor and consultant, Dr. Boller has provided input to early childhood programmes and studies in Brazil, Chile, Mongolia, and countries in Central/Eastern Europe and Central Asia. In 2010, she co-convened an international meeting of experts on developing a framework for studying ECD programme quality in the majority world. Dr. Boller has led a number of studies in the ECD area to support implementation, programme replication, and systems change. She co-directs the Supporting Evidence-Based Home Visitation to Prevent Child Maltreatment cross-site evaluation, a study of 17 grants awarded by DHHS to support development of systems needed to implement and sustain early childhood home visiting programme models with a demonstrated record of effectiveness. She leads a team of 15 research and survey staff members who engaged in a participatory, utilization-focused planning year to develop the evaluation design and provide technical assistance to grantees (states, counties, and local service organizations).

As principal investigator for the Early Learning Initiative Evaluation, Dr. Boller designed and conducted a formative study of prenatal through age 2 home-visiting programmes, including development of a home-visiting logic model, alignment of home-visit content and quality observation tools, and design of qualitative and quantitative approaches to documenting implementation successes and challenges. Dr. Boller's work has included studies of Early Head Start, Head Start's training and technical assistance system, workshops for parents and early childhood education professionals on using television more wisely with children, Head Start programme enhancements designed to reduce childhood obesity, the role of low-income fathers and father figures in children's lives, community-wide investments in early childhood care and education systems, and preschool education in Chile.

Dr. Boller's expertise includes designing, selecting, and analyzing measures of ECD systems change, child care quality, home-visiting quality, and child and family outcomes for large-scale research and evaluation projects. She serves as principal investigator for the Early Head Start Family and Child Experiences Survey (Baby FACES), a study of 89 representative Early Head Start programmes across the country that annually assesses the development of more than 1,400 infants and toddlers until they are 3 years old.

**Andrew Burwick** (M.P.A., Princeton University), a senior researcher at Mathematica, worked with the team leader on the design of the evaluation and led the country case study task, including conducting country case study visits to Cambodia and Ghana. He is an expert in assessing implementation of programmes for early childhood education and development. Mr. Burwick's work in this area has included evaluation of programme management practices, service individualization, service dosage and content, relationships with community partners, and implementation of programme performance standards in the context of Early Head Start. He has also assessed efforts to promote father involvement in early childhood programmes and conducted cost and cost-benefit analyses of family support interventions.

**Diane Paulsell** (M.P.A., New York University), is an associate director of human services research at Mathematica with expertise in evidence-based home visiting models, early childhood systems, evaluation design, prevention research, and program implementation. She has played a leading role in major studies of Head Start, Early Head Start, and child care programs. Ms. Paulsell directed the Early Head Start Enhanced Home Visiting Pilot Evaluation, as well as Supporting Quality in Home-Based Child Care, an OPRE-funded project to synthesize existing research and lessons from field on support home-based child care providers and identify promising strategies for improving quality in this type of care. Ms. Paulsell is currently directing the Home Visiting Evidence of Effectiveness (HomVEE) project, funded by OPRE/ACF, and the Early Learning Initiative Evaluation, funded by the Bill & Melinda Gates Foundation, which includes a process and impact study of a pilot quality rating and improvement systems that provides intensive coaching to child care center staff and family child care providers. Ms. Paulsell's evaluation design experience includes serving as task leader for the Design Options for Studying Head Start Quality Enhancements project and the Atlantic Philanthropies' Children and Youth project, which provided design

support for a number of evaluations of underway in Ireland. Ms. Paulsell has extensive experience as a project director, has lead expert panels and technical working groups, and has presented at the Secretary's Advisory Committee on Accountability and Educational Performance Measures. She has authored numerous reports and briefs on home visiting and early childhood research and made presentations to a range of policy, practitioner, and research audiences.

## **APPENDIX D**

### **GLOBAL AND COUNTRY LOGICAL FRAMEWORKS FOR UNICEF ECD PROGRAMMING**



Figure D.1. Global Logical Framework for UNICEF ECD Programming

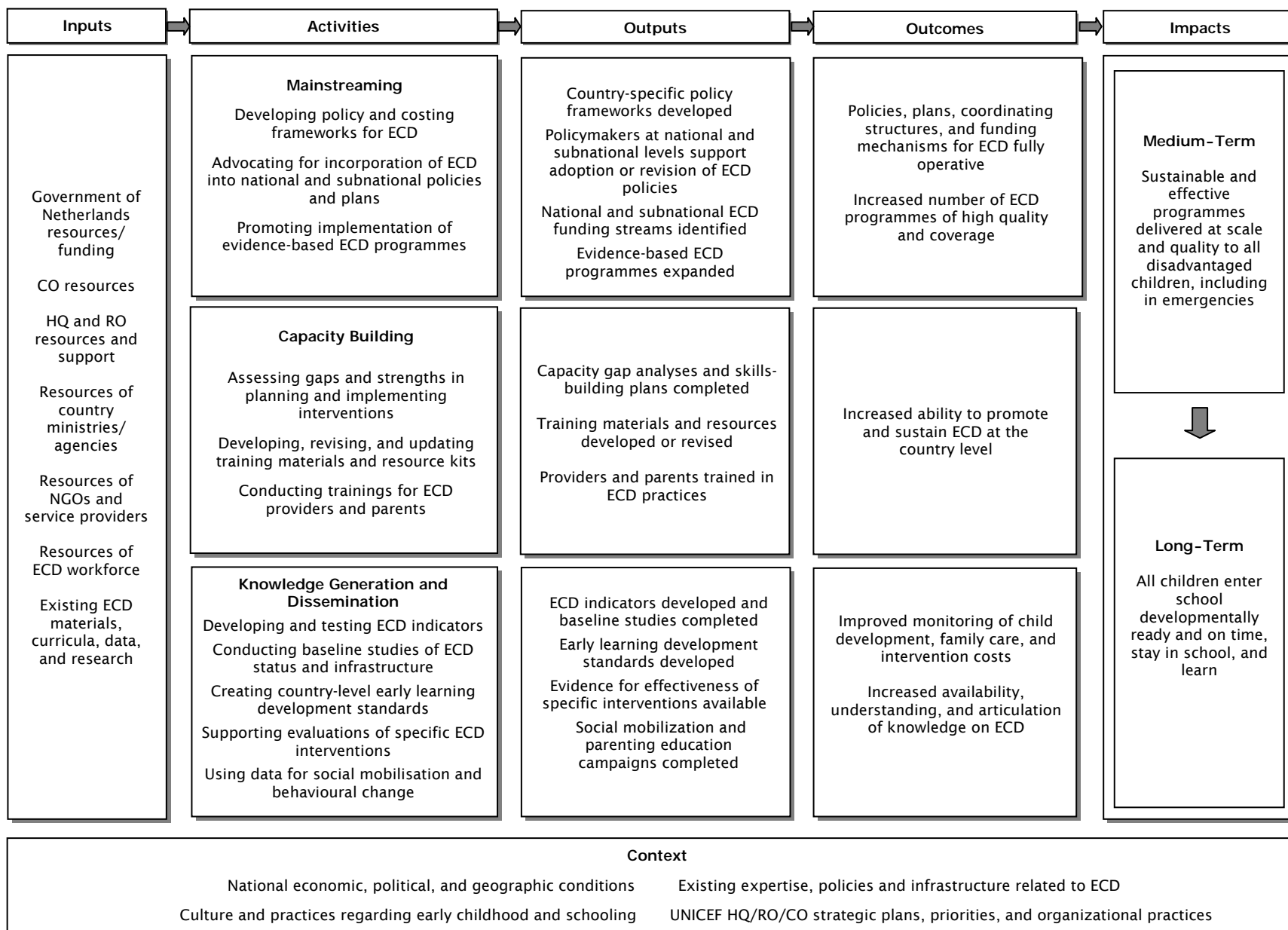


Figure D.2. Logical Framework for ECD Programming in the UNICEF–Royal Government of Cambodia Cooperation Programme

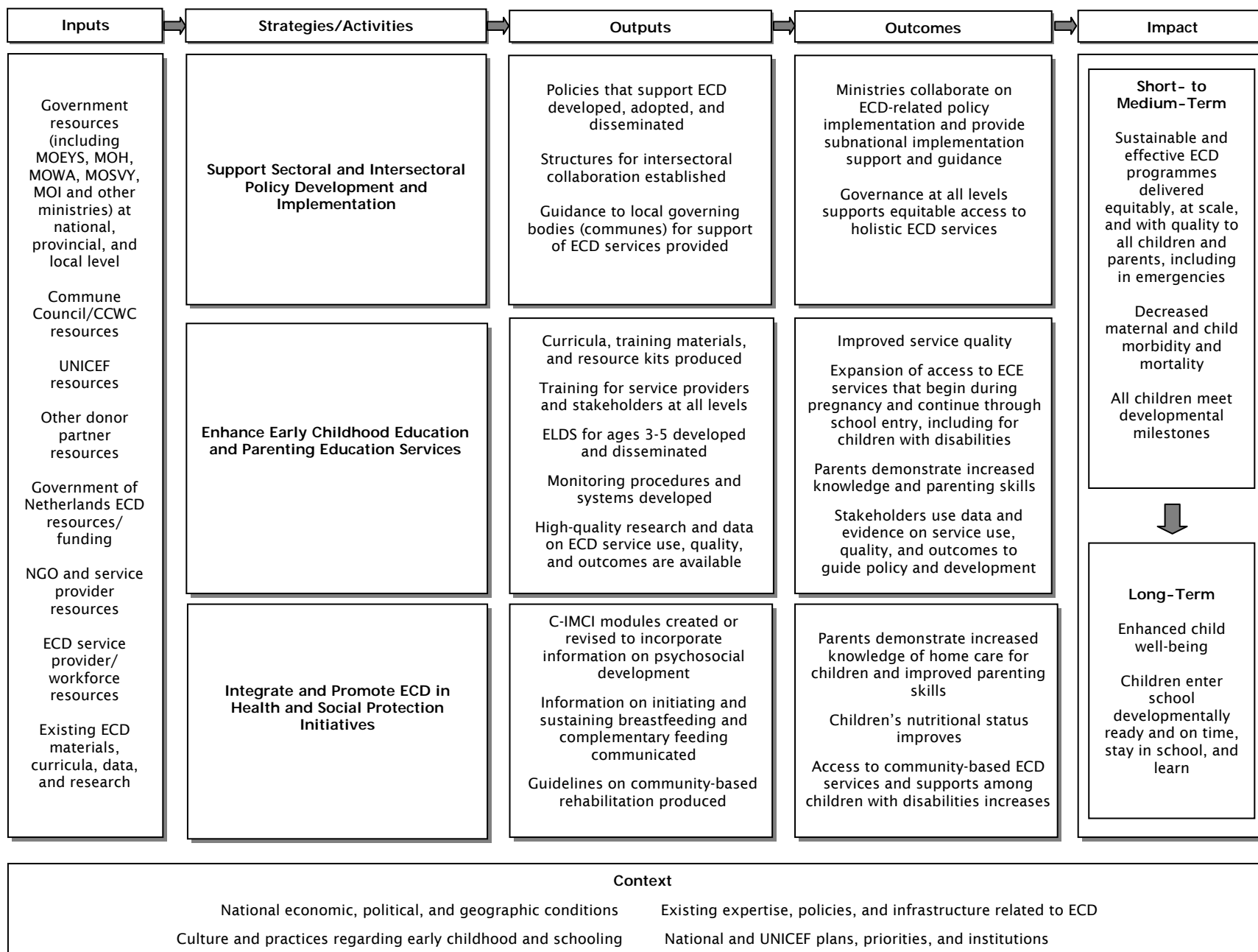




Figure D.3. Logical Framework for ECD Programming in the Government of Ghana-UNICEF Programme of Cooperation

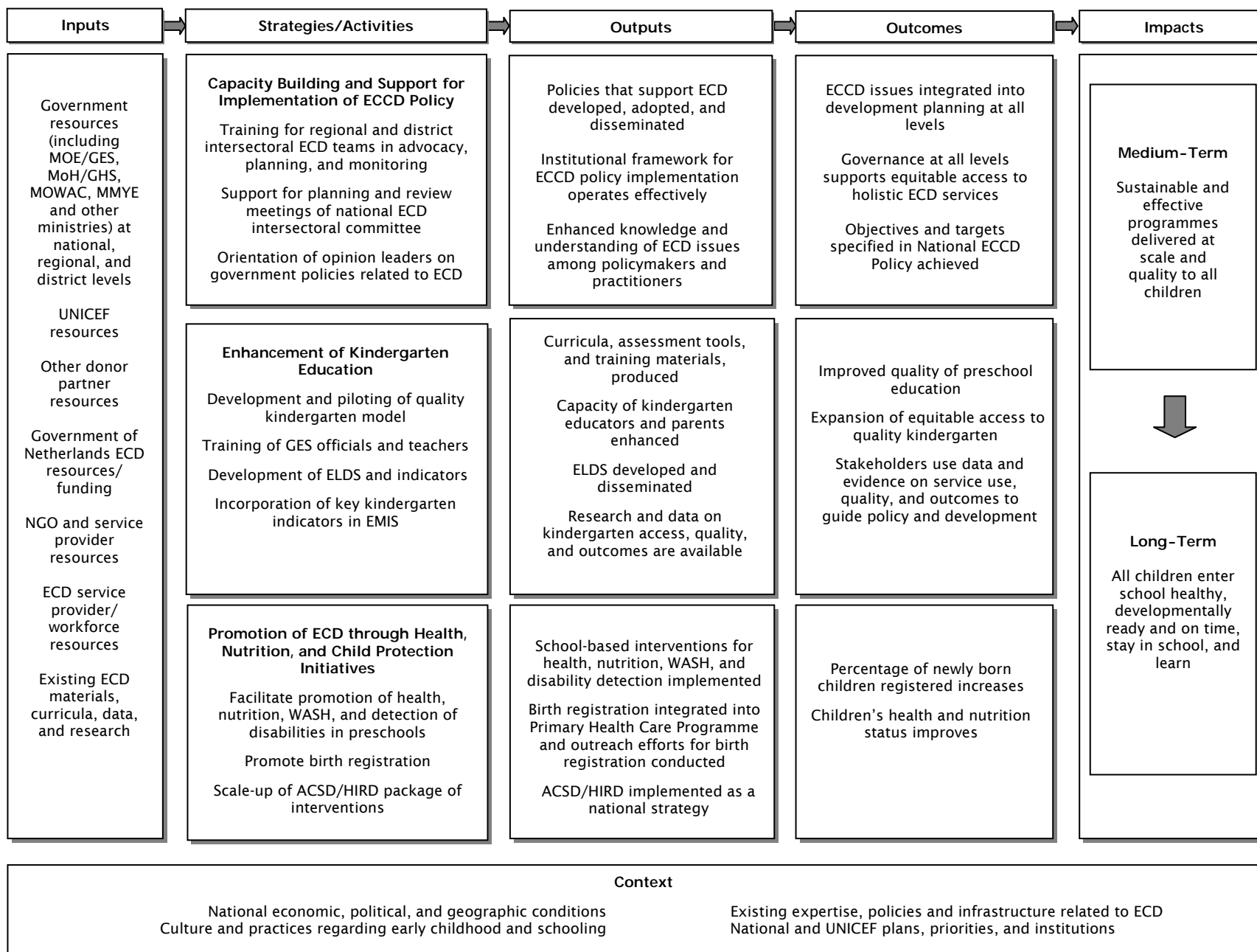


Figure D.4. Logical Framework for ECD Programming in the UNICEF–Nepal Programme of Cooperation

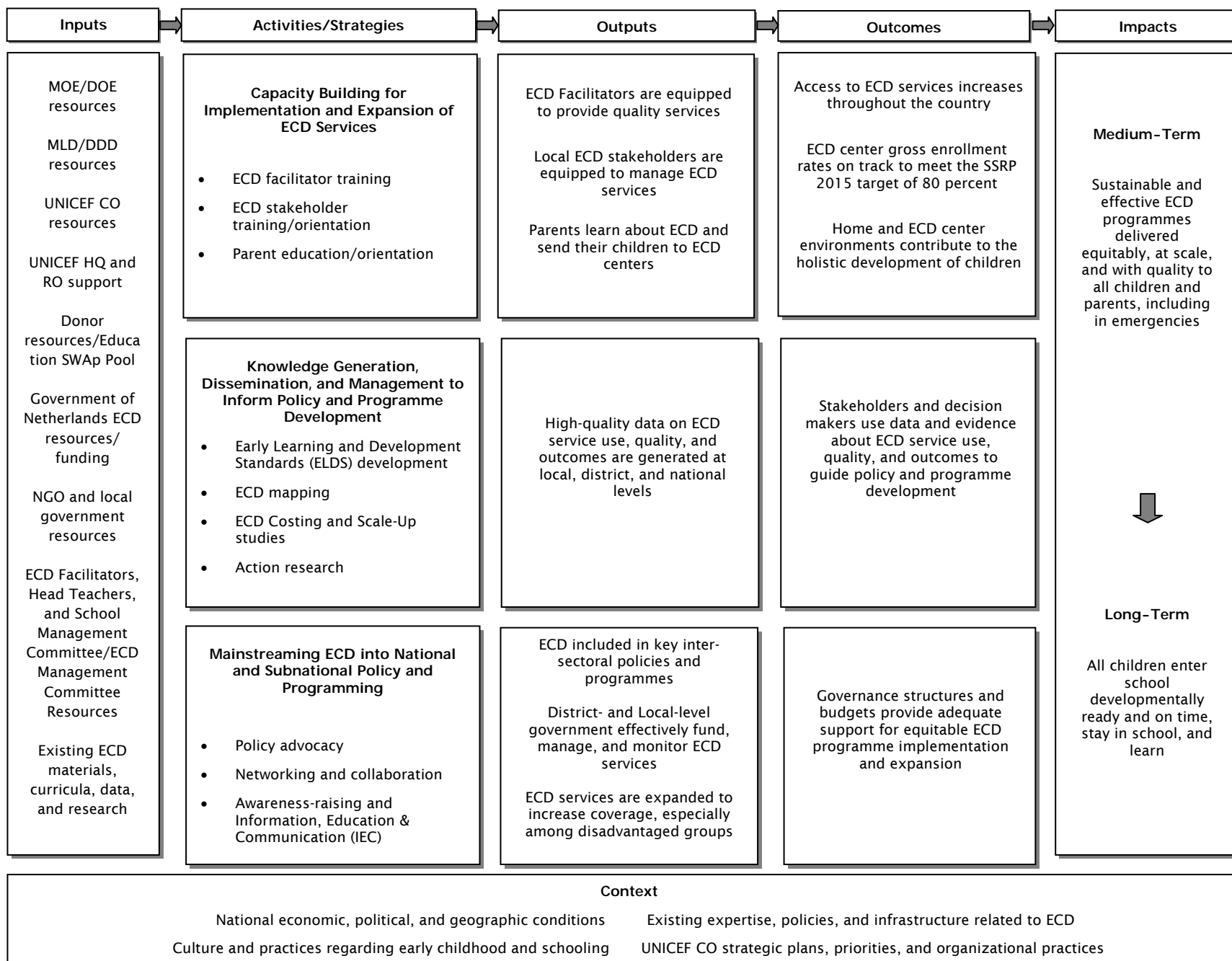
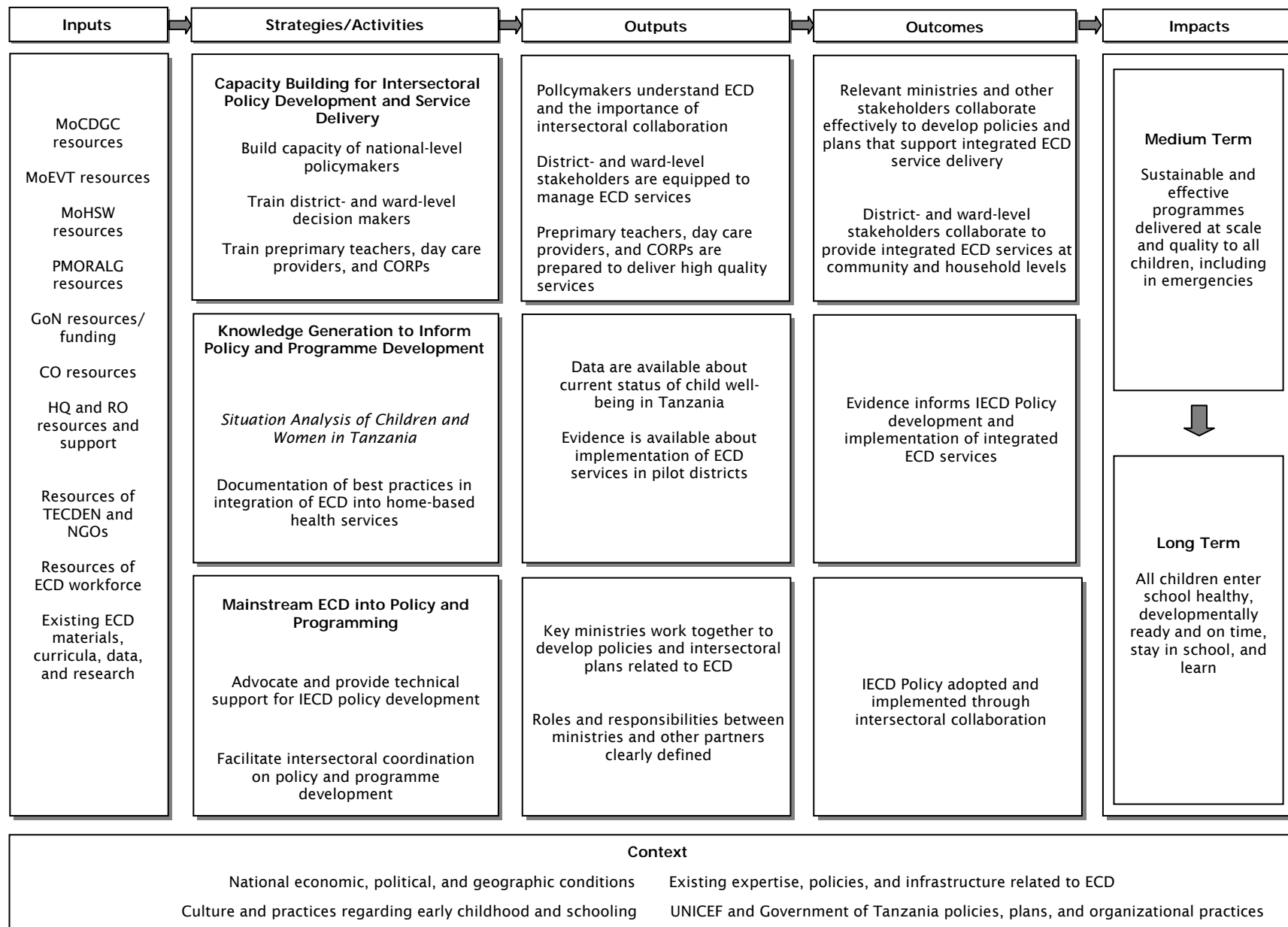


Figure D.5. Logical Framework for ECD Programming for the Government of Tanzania and UNICEF Programme of Cooperation





## **APPENDIX E**

### **GLOBAL AND COUNTRY CASE STUDY MATRICES FOR UNICEF ECD PROGRAMMING**



**Table E.1. Summary Evaluation Matrix (Global and Generic Country Case Study Matrix)**

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
<b>Relevance and Appropriateness of ECD Programming</b>		
1. How closely does UNICEF ECD programming relate to priorities and expected results expressed in strategic documents at the global and country levels?	Programming is aligned with priorities and policies of target group, recipient, and donor	<ul style="list-style-type: none"> <li>ECD programming addresses priorities expressed in programmes of cooperation, national development plans and strategy documents and UNICEF Medium-Term Strategic Plan</li> </ul>
2. How appropriate are UNICEF ECD programming strategies for expanding holistic ECD in general and in various country contexts	Programming strategies expand holistic ECD	<ul style="list-style-type: none"> <li>Programming integrates multiple sectors to achieve holistic ECD</li> </ul>
<b>Knowledge Generation</b>		
1. What results have been achieved through programming to promote knowledge generation and dissemination in support of ECD goals?	Increased availability, understanding and articulation of knowledge on ECD	<ul style="list-style-type: none"> <li>Evaluations/studies of ECD interventions have been completed</li> <li>Results from evaluations/ studies of ECD programmes inform policy and planning</li> </ul>
2. How has this knowledge been used and by whom?		<ul style="list-style-type: none"> <li>Data on ECD activity outputs and outcomes are used for planning by country partners</li> <li>Methods to calculate and budget costs of ECD programming have been developed and disseminated</li> </ul>
<b>Capacity Building</b>		
1. What results have been achieved through programming to enhance ECD-related capacity of caregivers, service providers, decision makers, and institutions in the 10 GoN-funded countries?	Increased ability to promote and sustain ECD	<ul style="list-style-type: none"> <li>Planned outputs related to ECD capacity building (training, infrastructure development) have been achieved</li> <li>Service providers report and demonstrate improved practices related to ECD</li> </ul>
2. What factors have promoted or inhibited capacity development?		<ul style="list-style-type: none"> <li>Quality standards for ECD services are established and implemented</li> </ul>
3. How likely are current interventions to be sustained without UNICEF support?		<ul style="list-style-type: none"> <li>Parents report improved caregiving practices</li> </ul>
4. What results have been achieved through programming to enhance ECD-related capacity of UNICEF staff at the HQ, RO, and CO levels? What new skills have these staff members developed, and how are these skills being used?		<ul style="list-style-type: none"> <li>UNICEF staff report increased ability to articulate ECD programming and policy goals to partners</li> <li>UNICEF staff report increased ability to implement and/or support ECD programming</li> </ul>

**Table E.1. Summary Evaluation Matrix (Continued)**

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
<b>Mainstreaming</b>		
1. What results have been achieved through programming to mainstream ECD in national policies and programmes in the 10 GoN-funded countries?	Policies, plans, coordinating structures, and funding mechanisms for ECD fully operative	<ul style="list-style-type: none"> <li>ECD policies have been adopted at the national level</li> <li>Roles and responsibilities on ECD are defined among government entities and sectors at the national and regional levels</li> </ul>
2. What is the evidence regarding national and sub-national engagement and ownership of ECD (including increased budgetary allocations)?	Increased number of ECD programmes of high quality and coverage, including in emergencies and transition	<ul style="list-style-type: none"> <li>Stakeholders perceive that coordination among government entities and sectors is effective</li> <li>ECD-related allocations in national and sub-national budgets have increased</li> <li>Coverage of high quality ECD programming has increased</li> <li>Policymakers can articulate specific contributions of UNICEF programming toward putting ECD on the national agenda</li> </ul>
3. What factors have supported or inhibited successful replication and scale-up of ECD interventions?		
<b>Planning, Implementation, and Coordination</b>		
1. To what extent have key elements of results-based planning and management been applied in ECD programming at the global and country levels?	Effective planning, coordination, and budgeting of UNICEF ECD programming	<ul style="list-style-type: none"> <li>UNICEF CO staff report that HQ and RO guidance and support have been received when needed</li> <li>UNICEF CO staff reports that HQ and RO guidance and support has been helpful/enhanced programme planning and implementation</li> <li>The rationale for allocation of GoN and other ECD funds across UNICEF sections and projects is clear</li> <li>A results framework provides clear guidance for steps that will lead to achievement of strategic results</li> <li>Monitoring and evaluation are used to track progress and promote continuous improvement</li> </ul>
2. How has ECD programming influenced partnerships among governments, nongovernmental organizations, civil society organizations, and others?		
3. How successful has coordination and support for ECD programming been among HQ, ROs, and COs?		
4. How systematically have funds been used to achieve ECD programming objectives?		



Table E.1. Summary Evaluation Matrix (Continued)

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
<b>Human-Rights-Based Approach and Gender Equity</b>		
1. How successfully have the key principles of a human-rights-based approach been applied in planning and implementing the ECD programming?	Human-rights-based approaches are fully applied in planning and implementing ECD programming	<ul style="list-style-type: none"> <li>• Parents, ECD service providers, and other stakeholders are involved in programme design and implementation</li> </ul>
2. In what ways do ECD strategies and interventions respond to the rights of the most disadvantaged families and children?	The most disadvantaged families and children have access to ECD services	<ul style="list-style-type: none"> <li>• National and local context (knowledge, beliefs, gender and cultural differences) are taken into account in programme planning and implementation</li> </ul>
3. To what extent do the most disadvantaged families and children have access to ECD services?	Gender equity exists in participation, decision-making, and access	<ul style="list-style-type: none"> <li>• National ECD policies address the most disadvantaged/less reached</li> <li>• Parents, policymakers, and other stakeholders report that access for disadvantaged/less reached has increased</li> <li>• Coverage data indicate access among the most disadvantaged to services has increased</li> <li>• Men and women are equally represented in policymaking positions related to ECD</li> </ul>
4. What factors support or inhibit access to ECD services among the most disadvantaged?		<ul style="list-style-type: none"> <li>• Boys and girls are served in equal numbers in ECD interventions</li> </ul>
5. To what extent has gender equity existed in participation, decision making and access to ECD-related programmes?		<ul style="list-style-type: none"> <li>• Policymakers and service providers monitor issues of gender equity in service provision and access</li> </ul>

Table E.2. Cambodia Case Study Matrix

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
<b>Alignment of ECD Programming with National Priorities and Needs</b>		
1. How closely does ECD programming in the UNICEF-Cambodia programme of cooperation relate to priorities and expected results expressed in development plans and strategic documents?	Programming is aligned with country priorities and policies Programming strategies expand holistic ECD	<ul style="list-style-type: none"> <li>ECD programming addresses priorities expressed in programmes of cooperation, Cambodia development plans and strategy documents, and UNICEF's Medium-Term Strategic Plan</li> </ul>
2. How appropriate are Cambodia's ECD programming strategies for expanding holistic ECD?		<ul style="list-style-type: none"> <li>Programming integrates multiple sectors to achieve holistic ECD</li> </ul>
<b>Planning, Management, and Coordination</b>		
1. To what extent have key elements of results-based planning and management been applied in ECD programming at the country level?	Effective planning, coordination, and budgeting of ECD programming	<ul style="list-style-type: none"> <li>A results framework provides clear guidance for steps that will lead to achievement of strategic results</li> </ul>
2. How has ECD programming influenced partnerships among government, donors, nongovernmental organizations, civil society organizations, and other key actors?	Outputs are produced in a timely fashion using least costly resources	<ul style="list-style-type: none"> <li>Monitoring and evaluation are used to track progress and promote continuous improvement</li> </ul>
3. How effective is intersectoral coordination on ECD in the government and within UNICEF Cambodia?		<ul style="list-style-type: none"> <li>Stakeholders report that intersectoral coordination on ECD coordination occurs and is effective</li> </ul>
4. How systematically and efficiently have resources been used to achieve ECD programming objectives?		<ul style="list-style-type: none"> <li>The rationale for allocation of GoN and other ECD funds across UNICEF country office sections and projects is clear</li> <li>Programme activities produce outputs on time and do not exceed budgeted expenditures</li> </ul>

Table E.2. Cambodia Case Study Matrix (Continued)

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
<b>Programme Effectiveness: Coverage of ECD Services</b>		
1. What are trends in coverage and participation in key ECD services, including community preschools, home-based programmes, parenting education, BFCI/BFHI, and C-IMCI?	30 percent of children ages 3 to 5 attend ECD programmes organized at home, in their community, or at school	<ul style="list-style-type: none"> <li>Percentage of children ages 3 to 5 attending ECD programmes</li> <li>Percentage of families or villages reached by parent-focused or two-generation ECD interventions that begin early (prenatal to age 3)</li> </ul>
2. How, if at all, have strategies to increase coverage contributed to changes in service availability and participation rates?	Expansion of services that begin during pregnancy and continue through school entry	
3. What are trends in services across the age span (prenatal through preschool)?		
<b>Programming Effectiveness: Building Capacity for ECD</b>		
1. What results have been achieved through programming to enhance ECD-related capacity of parents, service providers, decision makers, and institutions in Cambodia?	Ministries collaborate on ECD-related policy implementation and provide subnational implementation and support guidance	<ul style="list-style-type: none"> <li>Planned outputs related to ECD capacity building (training, infrastructure development) have been achieved</li> </ul>
2. What factors have promoted or inhibited development of capacity to develop policies and implement services for ECD?	Service providers demonstrate increased knowledge and skills	<ul style="list-style-type: none"> <li>Data on ECD activity outputs and outcomes are used for planning by country partners</li> <li>Service providers report and demonstrate improved practices related to ECD</li> </ul>
3. What results have been achieved through programming to enhance ECD-related capacity of UNICEF Cambodia country office staff? What new skills have these staff members developed, and how are these skills being used?	Parents demonstrate increased knowledge and parenting skills	<ul style="list-style-type: none"> <li>Parents report improved care-giving practices</li> <li>UNICEF country office staff report increased ability to articulate ECD programming and policy goals to partners</li> <li>UNICEF country office staff report increased ability to implement and/or support ECD programming</li> </ul>

Table E.2. Cambodia Case Study Matrix (Continued)

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
Programme Effectiveness: Knowledge Generation and Dissemination		
1. What results have been achieved through programming to promote knowledge generation and dissemination in support of ECD goals?	Stakeholders and decision makers increasingly use data and evidence about ECD service use, quality, and outcomes to guide policy and programme development	<ul style="list-style-type: none"><li>Evaluations/studies of ECD interventions have been completed</li></ul>
2. Are core indicators agreed upon by key stakeholders in Cambodia? What has facilitated or inhibited the collection of core ECD data at the national and subnational levels?		<ul style="list-style-type: none"><li>Results from evaluations/ studies of ECD programmes inform policy and planning</li><li>Data on ECD outcomes are available</li></ul>
3. Do country counterparts have the skills they need to use ECD data effectively for policy and programme development? What could strengthen these skills?		<ul style="list-style-type: none"><li>Data on ECD outcomes are used for planning by country partners</li></ul>
4. Do UNICEF CO staff members have the skills necessary to use ECD data effectively to support policy and programme development? What could strengthen these skills?		
Programming Effectiveness: Mainstreaming ECD in Policies, Plans, and Services		
1. What results have been achieved through programming to mainstream ECD in national policies and programmes in Cambodia?	Policies that support ECD exist and are disseminated  Governance at all levels supports equitable access to holistic ECD services  Existing community-based services and sectoral initiatives integrate early learning and early stimulation	<ul style="list-style-type: none"><li>ECD policies have been adopted at the national level</li></ul>
2. Have national and subnational engagement and ownership of ECD increased (including increased budgetary allocations)?		<ul style="list-style-type: none"><li>Roles and responsibilities on ECD are defined among government entities and sectors at the national and regional levels</li></ul>
3. Has ECD been integrated into community-based packages?		<ul style="list-style-type: none"><li>ECD-related allocations in national and subnational budgets have increased</li><li>Materials to integrate ECD into existing services and initiatives (e.g., C-IMCI) are prepared and rolled out</li></ul>

Table E.2. Cambodia Case Study Matrix (Continued)

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
<b>Quality and Efficiency of ECD Services</b>		
<ol style="list-style-type: none"> <li>Has ECD programming contributed to increases in service quality? If so, how?</li> <li>How useful and comprehensive are current methods of assessing service quality? What gaps exist, if any?</li> <li>What factors facilitate or inhibit the use of service quality information to inform and improve ECD programmes and policies?</li> <li>What is known regarding the per capita costs and efficiency of ECD services in Cambodia?</li> </ol>	<p>Increased quality of ECD services</p> <p>Increased use of ECD service quality information to inform programme improvement</p> <p>Services are provided in a cost-efficient manner</p>	<ul style="list-style-type: none"> <li>Proportion of sites/locations where ECD service quality meets or exceeds standards in the field (for staff-child or staff-parent ratio; content conveyed; child/family engagement)</li> <li>Service quality information is available and systems for feedback exist</li> <li>Per capita costs of services are measured and in proportion to stakeholder expectations and anticipated benefits</li> </ul>
<b>Sustainability and Scalability</b>		
<ol style="list-style-type: none"> <li>What successes or barriers have been encountered in costing policies, plans, and services related to ECD?</li> <li>How likely are current interventions with an ECD focus (CPS, HBP, C-IMCI) to be sustained without support from UNICEF and other development partners and donors? What factors influence sustainability of current interventions?</li> <li>How likely are current interventions with an ECD focus to be scaled up? What factors influence scalability of current interventions?</li> </ol>	<p>Policies, plans, coordinating structures, and funding mechanisms for ECD include provisions for sustaining and scaling up existing services</p>	<ul style="list-style-type: none"> <li>Methods to calculate and budget costs of ECD programming have been developed and applied</li> <li>Country, province, and local budgets include projections for maintaining or increasing allocations for ECD</li> <li>Stakeholders report willingness and ability to sustain services without donor support</li> </ul>

Table E.2. Cambodia Case Study Matrix (Continued)

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
<b>Human Rights Based Approach, Gender Equity, and Reaching the Disadvantaged and Marginalized</b>		
1. How successfully have the key principles of a human rights based approach been applied in planning and implementing the ECD programming?	Human rights based approaches are fully applied in planning and implementing ECD programming	<ul style="list-style-type: none"> <li>• Parents, ECD service providers, and other stakeholders are involved in programme design and implementation</li> </ul>
2. In what ways do ECD strategies and interventions respond to the rights of disadvantaged and marginalized families and children?	Disadvantaged and marginalized families and children have access to ECD services	<ul style="list-style-type: none"> <li>• National and local context (knowledge, beliefs, gender and cultural differences) are taken into account in programme planning and implementation</li> </ul>
3. To what extent do disadvantaged and marginalized families and children have access to ECD services?	Gender equity exists in participation, decision making, and access	<ul style="list-style-type: none"> <li>• National ECD policies address the disadvantaged and marginalized</li> </ul>
4. What factors support or inhibit access to ECD services among disadvantaged and marginalized children and families?		<ul style="list-style-type: none"> <li>• Parents, policymakers, and other stakeholders report that access for disadvantaged/marginalized has increased</li> </ul>
5. To what extent has gender equity existed in participation, decision making, and access to ECD-related programmes?		<ul style="list-style-type: none"> <li>• Coverage data indicate access to ECD services has increased among the disadvantaged and marginalized</li> <li>• Men and women are equally represented in policymaking positions related to ECD</li> <li>• Boys and girls are served in equal numbers in ECD interventions</li> <li>• Policymakers and service providers monitor issues of gender equity in service provision and access</li> </ul>

Table E.3. Ghana Case Study Matrix

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
Alignment of ECD Programming with National Priorities and Needs		
1. How closely does ECD programming in the Government of Ghana-UNICEF Programme of Cooperation relate to priorities and expected results expressed in development plans and strategic documents?	Programming is aligned with country priorities and policies  Programming strategies expand holistic ECD	<ul style="list-style-type: none"><li>ECD programming addresses priorities expressed in programmes of cooperation, development plans and strategy documents and UNICEF’s Medium-Term Strategic Plan</li><li>Programming integrates multiple sectors to achieve holistic ECD</li></ul>
2. How appropriate are Ghana’s ECD programming strategies for expanding holistic ECD?		
Planning, Management, and Coordination		
1. To what extent have key elements of results-based planning and management been applied in ECD programming at the country level?	Effective planning, coordination, and budgeting of ECD programming	<ul style="list-style-type: none"><li>A results framework provides clear guidance for steps that will lead to achievement of strategic results</li><li>Monitoring and evaluation are used to track progress and promote continuous improvement</li><li>Stakeholders report that intersectoral coordination on ECD coordination occurs and is effective</li><li>The rationale for allocation of GoN and other ECD funds across UNICEF country office sections and projects is clear</li><li>Programme activities produce outputs on time and do not exceed budgeted expenditures</li></ul>
2. How has ECD programming influenced partnerships among government, donors, nongovernmental organizations, civil society organizations, and other key actors?	Outputs are produced in a timely fashion using least-costly resources	
3. How effective is intersectoral coordination on ECD in the government and within the UNICEF Ghana CO?		
4. How systematically and efficiently have resources been used to achieve ECD programming objectives?		

**Table E.3. Ghana Case Study Matrix (Continued)**

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
<b>Programme Effectiveness: Coverage of ECD Services</b>		
1. What are trends in coverage and participation in services and initiatives related to ECD, including KG, nutrition initiatives, WASH in schools, and birth registration?	Educational access and participation in KG level increased	<ul style="list-style-type: none"> <li>Gross enrollment rate/net enrollment rate for KG (70%/50% by 2010)</li> </ul>
2. How, if at all, have strategies to increase coverage contributed to changes in service availability and participation rates?	<p>School WASH implemented in deprived districts</p> <p>Increase in registered births</p>	<ul style="list-style-type: none"> <li>Percentage of primary schools with KGs attached to them (30% in 2005, 70% by 2010)</li> <li>Percentage of districts with school WASH interventions implemented</li> <li>Percentage of children registered during the first year of birth (to 90 percent by 2010)</li> </ul>
<b>Programming Effectiveness: Building Capacity for ECD</b>		
1. What results have been achieved through programming to enhance ECD-related capacity of parents, service providers, decision-makers, and institutions in Ghana?	Ministries collaborate on ECD-related policy implementation and provide subnational implementation support and guidance	<ul style="list-style-type: none"> <li>Planned outputs related to ECD capacity building (training, infrastructure development) have been achieved</li> </ul>
2. What factors have promoted or inhibited development of capacity to develop policies and implement services for ECD?	ECE service providers demonstrate increased knowledge and skills	<ul style="list-style-type: none"> <li>Data on ECD activity outputs and outcomes are used for planning by country partners</li> <li>Service providers report and demonstrate improved practices related to ECD</li> </ul>
3. What results have been achieved through programming to enhance ECD-related capacity of UNICEF Ghana country office staff? What new skills have these staff members developed, and how are these skills being used?	Parents demonstrate increased knowledge and parenting skills	<ul style="list-style-type: none"> <li>Parents report improved caregiving practices</li> <li>UNICEF country office staff report increased ability to articulate ECD programming and policy goals to partners</li> <li>UNICEF country office staff report increased ability to implement and/or support ECD programming</li> </ul>



Table E.3. Ghana Case Study Matrix (Continued)

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
Programme Effectiveness: Knowledge Generation and Dissemination		
1. What results have been achieved through programming to promote knowledge generation and dissemination in support of ECD goals?	Stakeholders and decision-makers increasingly use data and evidence about ECD service use, quality, and outcomes to guide policy and programme development	<ul style="list-style-type: none"><li>Evaluations/studies of ECD interventions have been completed</li></ul>
2. Are core indicators agreed upon by key stakeholders in Ghana? What has facilitated or inhibited the collection of core ECD data at the national and subnational levels?		<ul style="list-style-type: none"><li>Results from evaluations/ studies of ECD programmes inform policy and planning</li></ul>
3. Do country counterparts have the skills they need to use ECD data effectively for policy and programme development? What could strengthen these skills?		<ul style="list-style-type: none"><li>Data on ECD outcomes are available</li></ul>
4. Do UNICEF CO staff have the skills they need to use ECD data effectively to support policy and programme development? What could strengthen these skills?		<ul style="list-style-type: none"><li>Data on ECD outcomes are used for planning by country partners</li></ul>
Programming Effectiveness: Mainstreaming ECD in Policies, Plans, and Services		
1. What results have been achieved through programming to mainstream ECD in national policies and programmes in Ghana?	Policies that support ECD exist and are disseminated	<ul style="list-style-type: none"><li>ECD policies have been adopted at the national level</li><li>Roles and responsibilities on ECD are defined among government entities and sectors at the national and regional levels</li><li>ECD-related allocations in national and subnational budgets have increased</li><li>Materials to integrate ECD into existing services and initiatives are prepared and rolled out</li></ul>
2. Has national and subnational engagement and ownership of ECD increased (including increased budgetary allocations)?	Governance at all levels supports equitable access to holistic ECD services	
3. Has ECD been integrated into community-based packages?	Existing community-based services and sectoral initiatives integrate early learning and early stimulation	

**Table E.3. Ghana Case Study Matrix (Continued)**

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
<b>Quality and Efficiency of ECD Services</b>		
1. Has ECD programming contributed to increases in service quality? If so, how?	Increased quality of ECD services	<ul style="list-style-type: none"> <li>Proportion of sites/locations where ECD service quality meets or exceeds standards in the field (for staff-child or staff-parent ratio; content conveyed; child/family engagement)</li> </ul>
2. How useful and comprehensive are current methods of assessing service quality? What gaps exist, if any?	Increased use of ECD service quality information to inform programme improvement	<ul style="list-style-type: none"> <li>Service quality information is available and systems for feedback exist</li> </ul>
3. What factors facilitate or inhibit the use of service quality information used to inform and improve ECD programmes and policies?	Services are provided in a cost-efficient manner	<ul style="list-style-type: none"> <li>Per capita costs of services are measured and in proportion to stakeholder expectations and anticipated benefits</li> </ul>
4. What is known regarding the per capita costs and efficiency of ECD services in Ghana?		
<b>Sustainability and Scalability</b>		
1. What successes or barriers have been encountered in costing policies, plans and services related to ECD?	Policies, plans, coordinating structures, and funding mechanisms for ECD include provisions for sustaining and scaling up existing services	<ul style="list-style-type: none"> <li>Methods to calculate and budget costs of ECD programming have been developed and applied</li> </ul>
2. How likely are current interventions with an ECD focus, particularly KG, to be sustained without support from UNICEF and other development partners and donors support? What factors influence sustainability of current interventions?		<ul style="list-style-type: none"> <li>Country, province, and local budgets include projections for maintaining or increasing allocations for ECD</li> </ul>
3. How likely are current interventions with an ECD focus to be scaled up? What factors influence scalability of current interventions?		<ul style="list-style-type: none"> <li>Stakeholders report willingness and ability to sustain services without donor support</li> </ul>

Table E.3. Ghana Case Study Matrix (Continued)

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
<b>Human Rights-Based Approach, Gender Equity, and Reaching the Disadvantaged and Marginalized</b>		
1. How successfully have the key principles of a human rights-based approach been applied in planning and implementing the ECD programming?	Human rights-based approaches are fully applied in planning and implementing ECD programming	<ul style="list-style-type: none"> <li>• Parents, ECD service providers, and other stakeholders are involved in programme design and implementation</li> </ul>
2. In what ways do ECD strategies and interventions respond to the rights of disadvantaged and marginalized families and children?	Disadvantaged and marginalized families and children have access to ECD services	<ul style="list-style-type: none"> <li>• National and local context (knowledge, beliefs, gender, and cultural differences) are taken into account in programme planning and implementation</li> </ul>
3. To what extent do disadvantaged and marginalized families and children have access to ECD services?	Gender equity exists in participation, decision-making, and access	<ul style="list-style-type: none"> <li>• National ECD policies address the disadvantaged and marginalized</li> </ul>
4. What factors support or inhibit access to ECD services among disadvantaged and marginalized children and families?		<ul style="list-style-type: none"> <li>• Parents, policymakers, and other stakeholders report that access for disadvantaged/marginalized has increased</li> </ul>
5. To what extent has gender equity existed in participation, decision-making, and access to ECD-related programmes?		<ul style="list-style-type: none"> <li>• Coverage data indicate access to ECD services has increased among the disadvantaged and marginalized</li> <li>• Men and women are equally represented in policymaking positions related to ECD</li> <li>• Boys and girls are served in equal numbers in ECD interventions</li> <li>• Policymakers and service providers monitor issues of gender equity in service provision and access</li> </ul>

Table E.4. Nepal Case Study Matrix

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
Relevance and Appropriateness of ECD Programming		
1. How closely does Nepal's ECD programming relate to priorities and expected results expressed in country strategic documents?	Programming is aligned with country priorities and policies	<ul style="list-style-type: none"><li>ECD programming addresses priorities expressed in programmes of cooperation, Nepal development plans and strategy documents, and UNICEF's Medium-Term Strategic Plan</li></ul>
2. How appropriate are Nepal's ECD programming strategies for expanding holistic ECD?	Programming strategies expand holistic ECD	<ul style="list-style-type: none"><li>Programming integrates multiple sectors to achieve holistic ECD</li></ul>
ECD Programme Coverage		
1. What types of ECD services exist and what is the level of participation?	Increased availability and participation in ECD services	<ul style="list-style-type: none"><li>The ECD gross enrollment rate (GER) is on track to meet the SSRP 2015-16 target of 80 percent overall and at least 80 percent of grade 1 students having some ECD experience</li><li>By 2010, one ECD center exists in each of the category 3 and 4 VDC settlements for VDCs in 15 DACAW districts.</li><li>Eighty percent of parents of children 3 to 5 years old in UNICEF-supported districts receive parenting orientation and messages about the importance of ECD</li></ul>
2. What proportion of 3- and 4-year-old children attends ECD centers (school-based or community-based)? Has participation increased?		
3. What is known about participation of parents and children in parenting-orientation classes?		
4. What is known about participation of parents and children in health and nutrition programmes that include an ECD focus (micronutrient-powder-supplementation training)?		
5. What is known about the reach of the ECD-focused radio programme for parents?		
Quality and Efficiency of ECD Services		
1. What is the quality and efficiency of ECD services? Have quality and efficiency improved?	Increased monitoring of ECD programme quality and efficiency	<ul style="list-style-type: none"><li>Quality standards have been developed and disseminated</li><li>Regular monitoring is carried out to ensure quality standards are being met and services are provided efficiently.</li></ul>
2. How are service quality and efficiency monitored?	Increased use of ECD service quality and efficiency information to inform programme improvement (staff capacity development)	
3. How is service quality and efficiency information used to inform and improve ECD programmes and policies?		

**Table E.4. Nepal Case Study Matrix (Continued)**

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
Knowledge Generation and Dissemination		
1. What results have been achieved through programming to promote knowledge generation and dissemination in support of ECD goals?	Increased availability, understanding, and articulation of knowledge on ECD	<ul style="list-style-type: none"><li>Evaluations/studies of ECD interventions have been completed</li></ul>
2. How has this knowledge been used and by whom?		<ul style="list-style-type: none"><li>Results from evaluations/ studies of ECD programmes inform policy and planning</li></ul>
3. What core ECD indicators are used to monitor outputs and outcomes? Are they agreed upon by key stakeholders in Nepal? Are the data adequate for planning and monitoring progress on ECD?		<ul style="list-style-type: none"><li>Data on ECD activity outputs and outcomes are used for planning by country partners</li><li>Methods to calculate and budget costs of ECD programming have been developed and disseminated</li></ul>
4. Are ECD data routinely collected and reported at the national and subnational levels? How are data disaggregated?		<ul style="list-style-type: none"><li>ELDS have been developed for use in generating information on child well-being and quality of ECD services</li></ul>
5. Do country counterparts have the skills they need to use ECD data effectively for policy and programme development? What could strengthen these skills?		
6. Do UNICEF CO staff members have the skills they need to use ECD data effectively to support policy and programme development? What could strengthen these skills?		
Capacity Building		
1. What results have been achieved through programming to enhance ECD-related capacity of parents, service providers, decision makers, and institutions in Nepal?	Increased ability to promote and provide high quality ECD policy and programme development	<ul style="list-style-type: none"><li>Planned outputs related to ECD capacity building (training, infrastructure development) have been achieved</li></ul>
2. What factors have promoted or inhibited capacity development?		<ul style="list-style-type: none"><li>Service providers report and demonstrate improved practices related to ECD</li></ul>
3. What results have been achieved through programming to enhance ECD-related capacity of UNICEF Nepal country office staff? What new skills have these staff members developed, and how are these skills being used?		<ul style="list-style-type: none"><li>Parents report improved caregiving practices</li><li>UNICEF country office staff report increased ability to articulate ECD programming and policy goals to partners</li><li>UNICEF country office staff report increased ability to implement and/or support ECD programming</li></ul>

Table E.4. Nepal Case Study Matrix (Continued)

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
<b>Mainstreaming and Scale-Up</b>		
1. What results have been achieved through programming to mainstream ECD in national policies and programmes in Nepal?	Policies, plans, coordinating structures, and funding mechanisms for ECD fully operative	<ul style="list-style-type: none"> <li>ECD policies have been adopted at the national level</li> <li>Roles and responsibilities on ECD are defined among government entities and sectors at the national and regional levels</li> </ul>
2. What is the evidence regarding national and subnational engagement and ownership of ECD (including increased budgetary allocations)?	Increased number of ECD programmes of high quality and coverage	<ul style="list-style-type: none"> <li>Stakeholders perceive that coordination among government entities and sectors is effective</li> <li>Policymakers can articulate specific contributions of UNICEF programming toward putting ECD on the national agenda</li> <li>ECD-related allocations in national and subnational budgets have increased</li> <li>Donor/NGO investments do not supplant existing government funding but rather support programme expansion and quality improvement</li> </ul>
3. What factors have supported or inhibited successful replication and scale-up of ECD interventions?		
<b>Sustainability</b>		
1. The national ECCD policy and other policies related to ECD have been costed	Policies, plans, coordinating structures, and funding mechanisms for ECD include provisions for sustaining existing services	<ul style="list-style-type: none"> <li>Country, province, and local budgets include projections for maintaining or increasing allocations for ECD</li> </ul>
2. How likely are current interventions with an ECD focus (state and community ECD centers, parenting orientation, and health-related programmes) to be sustained without UNICEF country office support?		
3. How likely are current interventions with an ECD focus (state and community ECD centers, parenting orientation, and health-related programmes) to be sustained without other donor/partner support?		
4. What are the main barriers and potential facilitators of ECD programme sustainability?		

Table E.4. Nepal Case Study Matrix (Continued)

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
<b>Planning, Implementation, and Coordination</b>		
1. To what extent have key elements of results-based planning and management been applied in ECD programming at the country level?	Effective planning, coordination, and budgeting of ECD programming	<ul style="list-style-type: none"> <li>Stakeholders report that ECD coordination is effective and intersectoral</li> </ul>
2. Who are the main partners/actors in ECD in Nepal?		<ul style="list-style-type: none"> <li>UNICEF CO staff report that HQ and RO guidance and support have been received when needed</li> </ul>
3. How effective is the intersectoral coordination on ECD in the government?		<ul style="list-style-type: none"> <li>UNICEF CO staff reports that HQ and RO guidance and support has been helpful/enhanced programme planning and implementation</li> </ul>
4. How has ECD programming influenced partnerships among government, nongovernmental organizations, civil society organizations, and others?		<ul style="list-style-type: none"> <li>The rationale for allocation of GoN and other ECD funds across UNICEF country office sections and projects is clear</li> </ul>
5. How effective is the intersectoral coordination within the Nepal CO?		<ul style="list-style-type: none"> <li>A results framework provides clear guidance for steps that will lead to achievement of strategic results</li> </ul>
6. How successful has coordination and support for ECD programming been among HQ, the RO, and the Nepal CO?		<ul style="list-style-type: none"> <li>Monitoring and evaluation are used to track progress and promote continuous improvement</li> </ul>
7. How systematically have funds been used to achieve ECD programming objectives?		

Table E.4. Nepal Case Study Matrix (Continued)

Research Questions	Key Objectives/ Outputs/ Outcomes	Indicators
<b>Human Rights Based Approach, Gender Equity, and Reaching the Disadvantaged and Marginalized</b>		
1. How successfully have the key principles of a human rights based approach been applied in planning and implementing the ECD programming?	Human rights based approaches are fully applied in planning and implementing ECD programming	<ul style="list-style-type: none"> <li>• Parents, ECD service providers, and other stakeholders are involved in programme design and implementation</li> </ul>
2. In what ways do ECD strategies and interventions respond to the rights of disadvantaged and marginalized families and children?	Disadvantaged and marginalized families and children have access to ECD services	<ul style="list-style-type: none"> <li>• National and local context (knowledge, beliefs, gender and cultural differences) are taken into account in programme planning and implementation</li> </ul>
3. To what extent do disadvantaged and marginalized families and children have access to ECD services?	Gender equity exists in participation, decision-making, and access	<ul style="list-style-type: none"> <li>• National ECD policies address the disadvantaged and marginalized</li> <li>• Parents, policymakers, and other stakeholders report that access for disadvantaged/marginalized has increased</li> </ul>
4. What factors support or inhibit access to ECD services among disadvantaged and marginalized children and families?		<ul style="list-style-type: none"> <li>• Coverage data indicate access to ECD services has increased among the disadvantaged and marginalized</li> </ul>
5. To what extent has gender equity existed in participation, decision making, and access to ECD-related programmes?		<ul style="list-style-type: none"> <li>• Men and women are equally represented in policymaking positions related to ECD</li> <li>• Boys and girls are served in equal numbers in ECD interventions</li> <li>• Policymakers and service providers monitor issues of gender equity in service provision and access</li> </ul>



Table E.5. Tanzania Case Study Matrix

Case Study Questions	Key Objectives/ Outputs/Outcomes	Indicators
<b>Alignment of ECD Programming with National Priorities and Needs</b>		
1. How closely does ECD programming in the UNICEF-Tanzania programme of cooperation relate to priorities and expected results expressed in development plans and strategic documents?	Programming is aligned with country priorities and policies	<ul style="list-style-type: none"> <li>ECD programming addresses priorities expressed in programmes of cooperation, Tanzania development plans and strategy documents, and UNICEF's Medium-Term Strategic Plan</li> </ul>
<b>Programme Effectiveness: Coverage of ECD Services</b>		
1. Have the framework and early childhood development curriculum and integrated community models been implemented in selected wards in the seven learning districts?	Increased numbers of children accessing day care and preprimary education compared with baseline	<ul style="list-style-type: none"> <li>Number of the seven LDs in which the framework and early childhood development curriculum and integrated community models have been implemented</li> </ul>
2. What is the coverage of ECD services in the seven LDs?	Increased numbers of parents trained by CORPs in cognitive stimulation and psychosocial development	<ul style="list-style-type: none"> <li>NER in preprimary schools in the seven LDs</li> <li>NER in day care centers in the seven LDs</li> <li>Number of parents of children younger than 3 reached with c-IMCI training in cognitive stimulation and psychosocial development</li> </ul>
<b>Programming Effectiveness: Building Capacity for ECD</b>		
1. What factors have promoted or inhibited development of capacity of policymakers to develop policies and implement services for ECD?	Policymakers prepared to develop and implement policies and programmes related to ECD	<ul style="list-style-type: none"> <li>Ministry ECD focal persons increased ability to articulate ECD programming and policy goals to partners</li> </ul>
2. What results have been achieved through programming to enhance ECD-related capacity of UNICEF Tanzania CO staff? What new skills have these staff members developed, and how are these skills being used?	Preprimary teachers, day care providers, and CORPs prepared to deliver high quality services	<ul style="list-style-type: none"> <li>Ministry ECD focal persons report increased ability to implement and/or support ECD programming</li> <li>UNICEF CO staff report increased ability to implement and/or support ECD programming</li> </ul>
3. What results have been achieved through programming to enhance ECD-related capacity of preprimary teachers, day care providers, CORPs, and parents in Tanzania?	Improved service quality	<ul style="list-style-type: none"> <li>Service providers report and demonstrate improved practices related to ECD</li> <li>Parents report improved caregiving practices</li> </ul>

Table E.5. Tanzania Case Study Matrix (Continued)

Case Study Questions	Key Objectives/ Outputs/Outcomes	Indicators
<b>Programming Effectiveness: Knowledge Generation and Dissemination</b>		
1. What results have been achieved through programming to promote knowledge generation and dissemination in support of ECD goals?	Studies on best practices and situation of children in Tanzania completed	<ul style="list-style-type: none"> <li>Evaluations/studies of ECD interventions have been completed</li> </ul>
2. Have the results from these studies been used to influence programmes and policies? If so, how?	<p>Studies inform policy development and implementation of community-based models</p> <p>Operational guidelines and minimum standards completed and operationalized</p>	<ul style="list-style-type: none"> <li>Results from evaluations/studies of ECD programmes inform policy and planning</li> <li>Data on ECD outcomes are available</li> <li>Data on ECD outcomes are used for planning by country partners</li> </ul>
<b>Programming Effectiveness: Mainstreaming ECD in Policies, Plans, and Services</b>		
1. What results have been achieved through programming to mainstream ECD in national policies and programmes in Tanzania?	Key ministries working together to develop policies and intersectoral frameworks	<ul style="list-style-type: none"> <li>ECD policies have been adopted at the national level</li> </ul>
2. Has national and subnational engagement and ownership of ECD increased (including increased budgetary allocations)?	<p>Roles and responsibilities between ministries clearly defined</p> <p>Comprehensive ECD policies and programmes adopted and implemented</p>	<ul style="list-style-type: none"> <li>Roles and responsibilities on ECD are defined among government entities and sectors at the national and subnational levels</li> <li>ECD-related allocations in national and subnational budgets have increased</li> </ul>
<b>Quality and Efficiency of ECD Services</b>		
1. How useful and comprehensive are current methods of assessing service quality? What gaps exist, if any?	Increased quality of ECD services	<ul style="list-style-type: none"> <li>Service quality information is available and systems for feedback exist</li> </ul>
2. What factors facilitate or inhibit the use of service quality information used to inform and improve ECD programmes and policies?	Increased use of ECD service quality information to inform programme improvement (staff capacity development)	

Table E.5. Tanzania Case Study Matrix (Continued)

Case Study Questions	Key Objectives/ Outputs/Outcomes	Indicators
Planning, Management, and Coordination		
1. To what extent have key elements of results-based planning and management been applied in ECD programming at the country level?	Effective planning, coordination, and budgeting of ECD programming	<ul style="list-style-type: none"><li>• A results framework provides clear guidance for steps that will lead to achievement of strategic results</li><li>• Monitoring and evaluation are used to track progress and promote continuous improvement</li><li>• Stakeholders report that intersectoral coordination on ECD coordination occurs and is effective</li><li>• The rationale for allocation of GoN and other ECD funds across UNICEF CO sections and projects is clear</li></ul>
2. How has ECD programming influenced partnerships among government, donors, NGOs, CSOs, and other key actors?		
3. How effective is intersectoral coordination on ECD in the government and within UNICEF Tanzania?		
Sustainability and Scalability		
1. What successes or barriers have been encountered in costing policies, plans, and services related to ECD?	Policies, plans, coordinating structures, and funding mechanisms for ECD include provisions for sustaining and scaling up existing services	<ul style="list-style-type: none"><li>• Methods to calculate and budget costs of ECD programming have been developed and applied</li><li>• Country, province, and local budgets include projections for maintaining or increasing allocations for ECD</li></ul>
2. How likely are current interventions with an ECD focus (c-IMCI) to be sustained without support from UNICEF and other development partners and donors? What factors influence sustainability of current interventions?		
3. How likely are current interventions with an ECD focus to be scaled up? What factors influence scalability of current interventions?		

Table E.5. Tanzania Case Study Matrix (Continued)

Case Study Questions	Key Objectives/ Outputs/Outcomes	Indicators
<b>Human Rights-Based Approach, Gender Equity, and Reaching the Disadvantaged and Marginalized</b>		
1. How successfully have the key principles of a human rights-based approach been applied in planning and implementing the ECD programming?	Human rights-based approaches are fully applied in planning and implementing ECD programming	<ul style="list-style-type: none"> <li>• Parents, ECD service providers, and other stakeholders are involved in programme design and implementation</li> </ul>
2. In what ways do ECD strategies and interventions respond to the rights of disadvantaged and marginalized families and children?	Disadvantaged and marginalized families and children have access to ECD services	<ul style="list-style-type: none"> <li>• National and local contexts (knowledge, beliefs, and gender and cultural differences) are taken into account in programme planning and implementation</li> </ul>
3. To what extent do disadvantaged and marginalized families and children have access to ECD services?	Gender equity exists in participation, decision making, and access	<ul style="list-style-type: none"> <li>• National ECD policies address the disadvantaged and marginalized</li> <li>• Parents, policymakers, and other stakeholders report that access for the disadvantaged/marginalized has increased</li> </ul>
4. What factors support or inhibit access to ECD services among disadvantaged and marginalized children and families?		<ul style="list-style-type: none"> <li>• Coverage data indicate access to ECD services has increased among the disadvantaged and marginalized</li> </ul>
5. To what extent has gender equity existed in participation, decision making, and access to ECD-related programmes?		<ul style="list-style-type: none"> <li>• Men and women are equally represented in policymaking positions related to ECD</li> <li>• Boys and girls are served in equal numbers in ECD interventions</li> <li>• Policymakers and service providers monitor issues of gender equity in service provision and access</li> </ul>

## **APPENDIX F**

### **GLOBAL AND COUNTRY LIST OF INTERVIEW RESPONDENTS AND FOCUS GROUP DISCUSSIONS**



**Table F.1. List of Executive Interview Respondents**

Name	Position
<b>UNICEF Headquarters Staff</b>	
Sam Bickel	Senior Evaluation Specialist, UNICEF
Susan Bissell	Chief of Child Protection, UNICEF
Clarissa Brocklehurst	Chief of Water, Sanitation and Hygiene, UNICEF
Sally Burnheim	Senior Advisor, Public Sector Alliances and Resource Mobilization Office (PARMO), UNICEF
Attila Hancioglu	Global Multiple Indicator Cluster Survey (MICS) Coordinator, UNICEF
Abhiyan Jung Rana	Early Learning Specialist, UNICEF
Dan Seymour	Chief, Gender and Rights Unit, UNICEF
Rachel Yates	Senior Adviser, HIV and AIDS Section, UNICEF
Maniza Zaman	Deputy Programme Director of Young Child Survival & Development focus area, UNICEF
<b>UNICEF Regional Office Staff</b>	
Vanya Berrouet	Education Specialist, West and Central Africa (WCARO), resp. for DRC and Ghana, UNICEF
Susan Durston	Formerly Regional Advisor for Nepal, Former Early Childhood Development Focal Point UNICEF Regional Office for South Asia, UNICEF
Deepa Grover	Regional Early Childhood Development Advisor, Central and Eastern Europe and Commonwealth of Independent States (CEE/CIS), resp. for Tajikistan, UNICEF
Aster Haregot	UNGEI and ECD focal point, ESARO, resp. for Malawi, Swaziland and Tanzania, UNICEF
Cliff Meyers	Regional Education Advisor, East Asia and Pacific Regional Office (EAPRO), resp. for Cambodia, Mongolia, UNICEF
Maite Onochie	ECD Specialist, Regional Office for Latin America, and the Caribbean (TACRO), resp. for Latin America, UNICEF
Yumiko Yokozek	Regional Education Advisor, West and Central Africa (WCARO), resp. for DRC and Ghana, UNICEF
<b>Stakeholders</b>	
Pat Engle	Professor, Cal Poly State University (former Chief, Early Childhood Development Unit, UNICEF
Sara Hommel	Associate Director, Wolfensohn Center for Development, Brookings Institute
Sarah Klaus	Director, Early Childhood Programme, Open Society Institute
Sonja Kuip	Senior Policy Officer, Ministry of Foreign Affairs, Government of the Netherlands
Cassie Landers	International Consultant
Chloe O'Gara	Officer, Global Development Program, Hewlett Foundation
Mary Young	Lead Child Development Specialist, World Bank Institute
Louise Zimanyi	Director, Early Childhood Programme, Consultative Group on Early Childhood Care and Development (CGECCD)

Table F.2. Cambodia List of Interview Respondents

<b>UNICEF Cambodia</b>
Representative
Deputy Representative
Monitoring and Evaluation Specialist
Chief of Education Section
Early Childhood Development Specialist, Education Section
Early Childhood Development Officer, Education Section
Water and Environment Sanitation Officers, Seth Koma Section
Senior Programme Assistant, Seth Koma Section
Child Protection Officer, Seth Koma Section
Chief of Child Survival Section
Mother Child Health Specialist, Child Survival Section
Social Policy Specialist, Child Survival Section
Child Protection Specialist, Child Protection Section
<b>National Ministries</b>
Director of Early Childhood Education Department and staff, Ministry of Education, Youth, and Sports
Director of Women and Children Education Department, Ministry of Women's Affairs
Director of Rehabilitation, Ministry of Social Affairs, Veterans, and Youth Rehabilitation
Prevention of Child Injuries, Department of Health Prevention, Ministry of Health
<b>Provincial Departments and Communes</b>
Director and Early Childhood Education staff, Education Department, Kampong Thom Province
Director and C-IMCI staff, Health Department, Kampong Thom Province
Director and staff, Women's Affairs Department, Kampong Thom Province
Director and staff, Local Administration Unit, Kampong Thom Province
Commune Council, Sankor Commune
Commune Council, Thoam Ta-Or Commune
Deputy Provincial Governor and Local Administration Unit staff, Kampong Speu Province
<b>Community Preschools, Home-Based Programmes, and C-IMCI Programs</b>
Community preschool teacher, school director, and Department of Education staff - Sampov Meas village, Kampong Thom province
Community preschool teacher, school director, and Department of Education staff - Prey Viev village, Kampong Speu province
Village health volunteers - Krasaing village, Kampong Thom province
Health Center staff - Sankor commune, Kampong Thom province
Village health volunteers, Samroung Tong District, Kampong Speu province
<b>NGOs</b>
Plan International representative
Krouser Yoeng representative
Save the Children Norway representative



**Table F.3. Cambodia Focus Group Discussions Conducted**

Locations	Participants	Estimated Number of Participants
Sampov Meas village, Sankor commune, Kampong Svay district	Parents of children enrolled in community preschool	15
	Parents of children not enrolled in community preschool	5
Krasaing village, Sankor commune, Kampong Svay district	Mother support group	12
Prey Viev village, Thoam Ta-Or commune, Samroung Tong district	Parents of children enrolled in community preschool	16
	Parents of children not enrolled in community preschool	3
Samroung Tong district	Mother support group	8

**Table F.4. Ghana List of Interview Respondents**

<b>UNICEF Ghana</b>
Education Specialist
Nutrition Specialist
Chief of Health Section
WASH Specialist
Chief of Child Protection Section
Chief of ACMA Section
Monitoring and Evaluation Specialist
<b>National Ministry Officials and Administrators</b>
Director, Department of Social Welfare, Ministry of Manpower, Development, and Employment
Director, Curriculum Research and Development Division, Ghana Education Service
Teacher Education Section, Ghana Education Service
National Coordinator for EMIS, Ministry of Education
National Coordinator, ECD Unit, Ghana Education Service
Director, Department of Children, Ministry of Women and Children's Affairs
Director of Secondary Education and Acting Director of Basic Education, Ghana Education Service
Representative of the Policy, Planning, Monitoring, and Evaluation Directorate, Ministry of Health
<b>Regional and District-Level Officials and Administrators</b>
Director, Ghana Education Service, Kwahu North District
Deputy Director, Ghana Education Service, Kwahu North District
District Chief Executive, Kwahu North District
Department of Children, Eastern Region
Department of Social Welfare, Eastern Region
Regional Coordinator for Kindergarten, Ghana Education Service, Eastern Region
Regional Coordinator for Basic Education, Ghana Education Service, Eastern Region
Administrators, Ghana Education Service, Kwahu North District
<b>Teachers and School Administrators</b>
Kindergarten teachers, head teachers, and administrators, Kofi Yeboah Memorial School, Asikasu Village
Kindergarten teachers, head teachers, and administrators, Maame Krobo School, Maame Krobo Village
Kindergarten teachers, head teachers, and administrators, Nana Badu School, Nana Badu Village
Kindergarten teachers, head teachers, and administrators, Ntonaboma School, Ntonaboma Village
<b>Other</b>
Head, Department of Early Childhood Care and Education, University of Winneba
Regional Chair, Association of Early Childhood Centers, Eastern Region
Lecturer, Department of Early Childhood Care and Education, University of Winneba
Director, National Nursery Teacher Training Center

**Table F.5. Ghana Focus Group Discussions and Meetings Conducted**

Locations	Participants	Approximate Number of Participants
Kofi Yeboah Memorial School, Asikasu Village	Parents of children enrolled in KG, PTA executives, school administrators	115
Ntonaboma Primary School, Ntonaboma Village	Parents of children enrolled in KG, PTA executives, school administrators, SMC members	9

**Table F.6. Nepal List of Interview Respondents**

<b>UNICEF Nepal</b>
Chief, Bharatpur Zonal Office and formerly ECD Specialist, UNICEF Nepal
Education Section Chief, UNICEF Nepal
Education Officer, UNICEF Nepal
Education Specialist, UNICEF Nepal
Programme Officer, Education, UNICEF Nepal
Chief, Health and Nutrition, UNICEF Nepal
Nutrition Specialist, UNICEF Nepal
Child Health Division Chief, Nutrition Section, Ministry of Health and Population
Representative, UNICEF Nepal
Deputy Representative, UNICEF Nepal
Chief - Planning Monitoring & Evaluation, UNICEF Nepal
Programme Specialist, Monitoring & Evaluation
OIC, Child Protection
Regional Director, ROSA
Education Officer - UNGEI, ROSA
Project Officer, UNICEF
<b>Representatives of National Ministries, Departments and Agencies</b>
Joint Secretaries, Ministry of Education (MOE)
Joint Secretary, Nepal Administrative Staff College (formerly Under Secretary in National Planning Commission)
Deputy Directors, Department of Education
<b>Representatives of District- and Local-Level Agencies and Committees</b>
Chairperson of District ECD Committee and Local Development Officer (LDO), District Development Committee (DDC)
Member of District ECD Committee and Chief District Officer (CDO)
Member of District ECD Committee and District Education Officer
School Supervisor (responsible for Pokharibhanjhyan VDC), DEO ECD Focal Person, DEO
Under Secretary, Planning Office
District Education Officer
Program Coordinator Seto Gurans Child Development Service Tanahun, Damauli
Secretary, Pokharibhanjyang VDC and Chairperson of VDC Level ECD Networking Group
<b>Representatives of Local NGOs</b>
Chairperson, Seto Gurans Child Development Service Tanahun
Program Coordinator, Seto Gurans Tanahun
Executive Director, Seto Gurans
Professor, Research Centre for Educational Innovation and Development (CERID), Tribhuvan University
Managing Director, Equal Access
Chairperson, Seto Gurans Child Development Service Tanahun
<b>Local ECD Managers and Service Providers</b>
ECD management committee members, head teacher, and ECD facilitators, Janajagriti Ganga school-based ECD center, Pokhribhanjyang, Tanahun District
ECD management committee members, VDC officials, and ECD facilitators, Kopila Bla Bikas Kendra, community-based ECD center Pokhribhanjyang, Tanahun District
ECD management committee members, DEO and VDC officials, and ECD facilitators, Sarbottam community-based ECD center, Bishwampur, Parsa District
ECD management committee members, DEO and VDC officials, and ECD facilitators, SODCC office, Mudli, Parsa District

**Table F.7. Nepal List of Focus Group Discussions**

FGD Locations	Participants	Estimated Number of Participants
Kopila Bla Bikas Kendra, community-based ECD center Pokhribhanjyang, Tanahun District	Mothers and grandmothers with children in the community-based ECD center, some of whom had participated in the PO classes in that district	15
SODCC office Mudli, Parsa District	Mothers and grandmothers who had participated in PO classes in the district	5

**Table F.8. Tanzania List of Interview Respondents**

<b>UNICEF Tanzania</b>
Deputy Representative
Chief -- Basic Education and Life Skills Programme (BELS)
Chief – Policy Advocacy and Analysis Programme (PAAP)
Chief – Child Protection and Participation Programme
Chief – Young Child Survival and Development (YCSD) Programme
Programme and Planning Specialist
Nutrition Manager
Monitoring and Evaluation Specialist
Early Childhood Development (ECD) Specialist
Education Specialists
Child Protection Specialist
Social and Economic Analysis Specialist
Data Analysis Dissemination Specialist
<b>Representatives of National Ministries, Departments, and Agencies</b>
ECD Focal Person – Ministry of Community Development, Gender and Children (MoCDGC)
Senior Community Development Officer SCDO[- ECD-(MoCDGC)
ECD Focal Person – Ministry of Education and Vocational Training (MoEVT)
Social Welfare Officer – ECD – Ministry of Health and Social Welfare (MoHSW)
Education Specialist – World Bank
Nutrition Specialist – World Bank
Country Director – Children in Crossfire – Tanzania Office
MoCDGC – ECD Virtual University Candidate
World Vision – Arusha – ECD Virtual University Candidate
<b>Representatives of District- and Local-Level Agencies and Committees</b>
District Commissioner – Makete District
District Executive Director – Makete District
District Planning Officer – Makete District
District Administrative Secretary – Makete District
Health Officer – c-IMCI – Makete District
District Home Economics Officer – Makete District
District Community Development and Social Welfare and Youth Officer – Makete District
District Preprimary Schools Coordinator – Makete District
District Social Welfare Officer (Protection) – Makete District
DCCO – Immunization Programme -Makete District
Community Development Officer (CDO) – Children Coordinator – Makete District
District Reproductive and Child Health Coordinator (DRCHCO) – YCSD coordinator - Makete District
District Special Needs Education Officer – Makete District
District Education Statistics Officer – Makete District
District Environmental Health Officer (DEHO), ECD ToT – Makete District
Economist – Planning Officer
Municipal Director – Temeke Municipality
Municipal Economist and Planning Officer – UNICEF Programme Coordinator – Temeke Municipality
Municipal Statistics and Planning Officer (MSPO) – Temeke Municipality
Health Research Coordinator – Temeke Municipality
Reproductive and Child Health Coordinator (RCHC) – Temeke Municipality
Social Welfare Officer (SWO) – Temeke Municipality
Municipal Adult Education Coordinator – Focal person – Education – Temeke Municipality
Ward Executive Officer – WEC Taifa Ward
Ward Executive Officer – WEC Sandali Ward
<b>Representatives of Local NGOs</b>
Chair person – TECDEN
National Coordinator – TECDEN
Programme Officer – TECDEN
Administration and Finance – TECDEN
TECDEN – Dar es Salaam Chapter
<b>Table F.8. Tanzania List of Interview Respondents (Continued)</b>
<b>Local ECD Managers and Service Providers</b>
Head Teacher – Lupalilo Primary School – Lupalilo Ward Makete
Preprimary School Teacher – Lupalilo
Preprimary School Teacher – Lupalilo (Volunteers)
Utsewa ECD Centre Advisor – Utsewa Ward – Makete

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Utsewa ECD Centre Committee Secretary  
Caregivers  
Teacher in Charge - Taifa ECD Centre - Temeke Municipality  
Assistant Teacher in Charge - Taifa ECD Centre - Temeke Municipality  
Teachers/caregivers

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**Table F.9. Tanzania List of Focus Group Discussions**

Locations	Participants	Estimated Number of Participants
Lupalilo Primary School – Lupalilo Ward	Parents of preschool children both in school- and community-based care	32 parents, both men and women
Lupalilo Village – at Lupalilo Primary School	Discussions with parents of children not enrolled	3
Lupalilo Primary School	Group interview with preschool teachers and caregivers for both school- and community-based care	4
Lupalilo Ward Office	Discussions with CORPs and ward-based facilitators	8
Lupalilo Ward Office	Discussions with parents and caregivers who had already been visited by CORPs and those not visited	15 (9 already visited and 6 not visited)
Sandali Ward Temeke Municipality	Discussions with parents of children in preprimary school including one school committee member	4
Sandali Ward Temeke Municipality	Discussions with preprimary school committee	4
Temeke Vocational Training Centre – Kituo cha ufundi Stadi Temeke	Discussions with preprimary school teachers – Temeke District	9
Temeke Vocational Training Centre – Kituo cha ufundi Stadi Temeke	Discussions with parents of children enrolled	3



## **APPENDIX G**

### **GLOBAL AND COUNTRY LIST OF DOCUMENTS REVIEWED**



**Table G.1. Global List of Documents Reviewed**

Document	Original Source <sup>a</sup>	Type of information
<b>Strategic Documents and Legal Frameworks</b>		
Convention on the Rights of the Child	United Nations	Standards and obligations related to child rights
Mid-Term Review of Medium-Term Strategic Plan 2006-2009	UNICEF Headquarters	Achievements, shortfalls, and modifications to current MTSP
Millennium Development Goals Reports	United Nations	Progress toward goals at national and global levels
UNICEF Education Strategy	UNICEF Headquarters	Goals, objectives, and priorities for UNICEF education programming
<b>Country Planning Documents and Statistical Reports</b>		
Country Programme Action Plan (various years)	UNICEF Country Office	Agreement between UNICEF and country government
Country Office Annual Report 2009 and Annex A	UNICEF Country Office	UNICEF country office annual report on 2008 activities
Demographic and Health Survey (DHS)	USAID	Country-specific demographic, socio-economic, health, gender, and child-related indicators
Multiple Indicator Cluster Survey (MICS)	Various (for example, country government, USAID, UNICEF)	Range of indicators in the areas of health, education, child protection and HIV/AIDS. Findings used as a basis for policy decisions and programme interventions, and for the purpose of influencing public opinion on the situation of children and women.
Program Communication for Early Childhood Development	UNICEF Headquarters	Methods of communication and ways to communicate with the community shown through field experience
Programming Experiences in Early Childhood Development	UNICEF Headquarters	Key interventions, reasons for using holistic interventions, field experiences, programming recommendations and strategies, and communication
School Readiness: A Means to Achieving Child, National, and International Development	UNICEF Headquarters	Definition, consequences, and issues of school readiness and consequences of inaction
State of the World's Children	UNICEF Headquarters	Relevance, perspectives, and challenges for children's rights at the 2010 Convention
State of the World's Children Statistical Tables	UNICEF Headquarters	Key statistics on child survival, development, and protection around the world
<b>Headquarters ECD Unit Documents and Reports</b>		
ECD Unit Workplans, 2008-2009 and 2010-2011	UNICEF Headquarters	Planned activities and indicators for HQ ECD programming
ECD GoN Donor Report 2008	UNICEF Headquarters	GoN Programme-wide ECD goals and progress; Country-specific summaries and work plans; GoN allocations for 2008 programme year

**Table G.1. Global List of Documents Reviewed (Continued)**

Document	Original Source <sup>a</sup>	Type of information
ECD GoN Specific Monitoring Questions 2008	UNICEF Headquarters	Country-specific responses to monitoring questions
ECD GoN Funding memo 2008	UNICEF Headquarters	UNICEF's allocation request to GoN for 2008 programme year
ECD GoN Funding memo 2009	UNICEF Headquarters	UNICEF's allocation request to GoN for 2009 programme year
ECD GoN Funding memo 2010	UNICEF Headquarters	UNICEF's allocation request to GoN for 2010 programme year
Reduce Inequalities by Investing in the Early Years	UNICEF Headquarters	Strategy, solutions, partnerships, monitoring and evaluation, progress, and challenges for ECD
<b>County and Regional Offices UNICEF-GoN Cooperation Programme Documents and Reports</b>		
County Office ECD Annual Reports and Annexes	UNICEF Country Office	Country-specific ECD mission, progress, and activities for 2009 programme year
Country Office ECD Progress Report 2008	UNICEF Country Office	Country-specific ECD mission, progress, and activities for 2008 programme year
Country Office Programme Action Plan	UNICEF Country Office	Country-specific ECD target population, past programming and lessons learned, proposed programme, partnerships, programme management, monitoring and evaluation, and UNICEF and country government commitments
ECD Multicountry Programme Report	UNICEF Regional Office	Region-specific ECD objectives and achievements, building of partnerships, challenges and opportunities, and 2010 activities
ECD Proposal 2008	UNICEF Headquarters	Programming approach, budget, and timeline for ECD mission
Regional Office Donor Reports 2008-2010	UNICEF Regional Office	Region specific objectives and achievements, partnerships and resource allocation, challenges and opportunities, and planned activities
Regional Office ECD Progress Report 2008	UNICEF Regional Office	Regional mission, progress, and activities for 2008 programme year
Regional Office ECD Progress Report 2009	UNICEF Regional Office	Regional mission, progress, and activities for 2009 programme year
<b>UNICEF-GoN ECD Annual Review Meeting 2009 Documents and Presentations</b>		
ECD GoN Annual Review Meeting Final Report 5.2009	UNICEF Headquarters	Key findings from Annual Review Meeting 2009, overall and country-specific profiles
Country Office Progress Report 2009 (PowerPoint presentation)	UNICEF Country Office	Presentation of Country-specific progress on ECD in programme year 2008 at Annual Review Meeting 2009
Regional Office Progress Report 2009 (PowerPoint presentation)	UNICEF Regional Office	Presentation of Regional progress on ECD in programme year 2008 at Annual Review Meeting 2009
Country Office Knowledge Generation Progress Report 2009 (Powerpoint Presentation)	UNICEF Country Office	Country-specific Knowledge Development activities in programme year 2008 presented at the Annual Review Meeting 2009

**Table G.1. Global List of Documents Reviewed (Continued)**

Document	Original Source <sup>a</sup>	Type of information
Country Office Capacity Building Progress Report 2009 (Powerpoint Presentation)	UNICEF Country Office	Country-specific Capacity Building activities in programme year 2008 presented at the Annual Review Meeting 2009
Country Office Mainstreaming Progress Report 2009 (Powerpoint Presentation)	UNICEF Country Office	Country-specific Mainstreaming activities in programme year 2008 presented at the Annual Review Meeting 2009
ECD Monitoring Framework	UNICEF Headquarters	Indicators to monitoring ECD development
ECD Programme Internal Review (Powerpoint Presentation)	UNICEF Headquarters	ECD's place in UNICEF, programming framework and goals, and benchmark activities
EAPRO Knowledge Generation, Dissemination and Management (Powerpoint Presentation)	UNICEF Regional Office	Knowledge generation, communication, and challenges in EAPR.
ESA KIE Capacity Building (Powerpoint Presentation)	UNICEF Regional Office	Technical assistance for curriculum development in ESA
How UNICEF Develops a Corporate Evaluation Approach 2009 (Powerpoint Presentation)	UNICEF Evaluation Office	Step-by-step approach to corporate evaluations and ECD network organization for evaluations
New York Headquarters Progress Report 2008 (Powerpoint Presentation)	UNICEF Headquarters	Achievements, challenges, and goals for 2009
Promoting Child Development Capacity in Sub-Saharan Africa	UNICEF Regional Office	Information on web based, virtual university
<b>UNICEF-Global Consultation on Early Childhood Development Research 2010 Documents and Presentations</b>		
Building Evidence on the Impact of Community-Based Pre-Schools in Mozambique	World Bank/Save the Children	Explanation of the study, evaluation design, dissemination, and next steps
Care for Child Development (Powerpoint Presentation)	UNICEF Headquarters/WHO	Interventions and skills used for care for child development
Child Count	UNICEF/Open Mobile Consortium/Millennium Villages/The Earth Institute at Columbia	Reports and statistics from registering children under 5, their mothers, and all births, record deaths, nutrition and disease screenings, and immunizations
Current Research Agenda within the Continuum of Care Concept (Powerpoint Presentaiton)	UNICEF Headquarters	Progress, gaps, and role of research in the continuum of care
Development of an International Guide to Monitor and Support Child Development	Yale University/Ankara University	Explanation of development and use of a standardized tool to assess child development
ECCD Programming	World Vision	At home and learning center child care and resource development
Evidence & Policy: Understanding the Relationship for ECD	Yale University School of Medicine	Community partnerships, building evidence framework for policy, and understanding governance and finance of the ECD system
Global Children's Initiative Early	Harvard University	Center on the Developing Child's mission

**Table G.1. Global List of Documents Reviewed (Continued)**

Document	Original Source <sup>a</sup>	Type of information
Childhood Development Research Agenda		and research agenda
Legacy for Children	CDC	Legacy development, methods, sample, findings, and next steps
Multi-country Evaluation of the Effectiveness of Early Childhood Care and Development (ECCD) Programming on Child Developmental and Health Status Outcomes	World Vision	Set up for and outcomes of research on ECCD
Multiple Indicator Cluster Surveys—MICS	MICS	Evolution and usages of MICS, new updates to MICS4, and examples of MICS data
Pakistan Early Child Development Scale Up (PEDS) Trial	UNICEF Country Office	Research protocol, intervention package, study population, emerging trends, training and support, community feedback, and lessons learned from PEDS
Results Based Planning, Costing, and Budgeting (MBB) to Strengthen Services, Systems, and Policies for MDG 1b, 4, 5, 6, 7 (Powerpoint Presentation)	UNICEF Headquarters	Conceptual framework, steps in results based planning, costing, and budgeting, and examples of applications
Young Children and “Emergency” Situations	Macquarie University	Overview of training, dissemination, and research on interventions

<sup>a</sup>UNICEF HQ provided most of these documents to the study team. The original source refers to the institution that originally prepared or published the document.

Table G.2. Cambodia List of Documents Reviewed

<b>UNICEF Reports and Presentations</b>
<p>A Combined Presentation on ECD in Cambodia, 2010 (slide presentation)  Cambodia ECD Progress Report (presentation at annual review meeting, May 2009)  Country Programme Action Plan, 2006-2010  First Progress Report to UNICEF on ECD Dutch Funding, 2008  Second Progress Report to UNICEF on ECD Dutch Funding, 2009  Mid-Term Review of UNICEF Education Pilots and ECD Initiatives, 2006-2008  Situation Analysis, 2009  UNICEF Cambodia Annual Report, 2009  UNDAF Cambodia 2011-2015 Results Matrix and M&amp;E Framework  Kampong Thom Provincial Profile  Kampong Speu Provincial Profile  Good Practice of the Home-Based Programme in Kampong Speu Province</p>
<b>Government Data and Documents</b>
<p>Ministry of Education, Youth, and Sports Early Childhood Education Department statistics  Ministry of Education, Youth, and Sports Education Indicators 2003-2007  School Readiness Standards, 2008; Early Learning Development Standards for 3- and 4-year-olds, 2010  Community Rehabilitation Guidelines, 2010  Observation and Monitoring Form for Early Childhood Education Services</p>
<b>National Laws, Strategies, and Plans</b>
<p>Education Strategic Plan and Education Sector Support Program, 2006-2010  Master Plan on Education of Children with Disabilities, 2009  Mid-Term Review Report of the Education Strategic Plan and Education Sector Support Program, 2006-2010  Implementation  National Programme for Subnational Democratic Development, 2010-2019  National Policy on Early Childhood Care and Development, 2010  Organic Law, 2008  Policy on Education of Children with Disabilities, 2008  Policy on Alternative Care for Children, 2006</p>

**Table G.2. Cambodia List of Documents Reviewed (Continued)**

<b>Studies and Evaluations</b>
Rao, Nirmala and Emma Pearson. "An Evaluation of Early Childhood Care and Education Programmes in Cambodia." Phnom Penh, Cambodia: UNICEF Cambodia, 2007.
Covar, Prospero. "Family Care Practices and Child Rearing in Cambodia." Phnom Penh, Cambodia: UNICEF Cambodia, 2006.
Ministry of the Interior, UNICEF Cambodia, and VBNK. "CCWC Capacity Assessment." Phnom Penh, Cambodia: UNICEF Cambodia, 2009
Miyahara, Junko. "Impact of Early Childhood Education Programmes in Cambodia: Summary Report on the First Preliminary Findings of a Longitudinal Study." Phnom Penh, Cambodia: UNICEF Cambodia, 2007.
Department of Curriculum development, MOEYS. "Report on Evaluation of Learning Achievement and Qualification Test of Early-Year Second Graders, 2009." Phnom Penh, Cambodia: MOEYS, 2009.
Losert, Lynn. "Social Service Delivery by the Commune/Sangkats as Part of the Decentralization Process in Cambodia: An Example of Community Preschool Provision." Phnom Penh, Cambodia: UNICEF Cambodia, 2005.
Yoshikawa, Hirozaku, Soojin Oh, and Richard Seder. "Review of Early Childhood Education and Linkages with Other Sectors in the Nation of Cambodia: Debriefing Document." Unpublished manuscript submitted to UNICEF Cambodia, June 2010.
<b>Other</b>
Trainer's Session Plan and Handout, Parenting Education Training for Local Facilitators, 2007.
Organization of Community Preschool Program Training Manual, 2004.



**Table G.3. Ghana List of Documents Reviewed**

<b>UNICEF Ghana Reports and Presentations</b>
Government of Ghana-UNICEF Country Programme Action Plan, 2006-2010
Early Childhood Development in Ghana: Overview, July 31, 2009 (presentation slides)
Ghana Country Profile: Maternal, Newborn and Child Survival, January 2009
ECD Annual Review Meeting, May 2009: Ghana Progress Report—Day 1 (presentation slides)
ECD Annual Review Meeting, May 2009: Ghana Progress Report—Capacity Building (presentation slides)
UNICEF Ghana 2009 Annual Report
ECD and Education Programme, Dutch Funding: Ghana Annual Report 2008-2009
Ghana ECD-Kindergarten Education, Dutch Funding Second Progress and Utilization Report, March 2010
<b>Government Data and Documents</b>
Report on Basic Statistics and Planning Parameters for Education in Ghana 2008-2009
Ghana Demographic and Health Survey, 2008
Ghana Multiple Indicator Cluster Survey, 2006
Ghana's ECCD Policy and Its Implementation, MOWAC Department of Children (presentation slides)
Ministry of Education Report on the Education Sector Annual Review, 2006
Ghana Education Service Report on the Development of Education in Ghana, 2008
Ghana Education Service: Education Reform 2007 at a Glance
<b>National Laws, Policies, Strategies, and Plans</b>
National Growth and Poverty Reduction Strategy II, 2006-2009
National ECCD Policy, August 2004
Education Strategic Plan 2003-2015
National Policy Guidelines on Orphans and Other Children Made Vulnerable by HIV/AIDS, 2005
National Plan of Action for Orphans and Vulnerable Children, 2010-2012
National Infant and Young Child Feeding for Ghana: Strategy Document
Draft Medium-Term National Development Framework, 2010-2013
Ghana Education for All National Action Plan 2003-2015
<b>Studies and Evaluations</b>
Child Rights Situational Analysis, Child Research and Resource Center
<b>Other</b>
Achieving Universal Primary Education in Ghana: A Reality or a Dream? (UNICEF Division of Policy and Planning Working Paper)
Curriculum for KG1 and KG2
Teacher's Guide for Assessment Tools for Kindergarten Schools in Ghana, September 2009

**Table G.4 Nepal List of Documents Reviewed**

<b>UNICEF Reports and Presentations</b>
UNICEF Statistics (website)
UNICEF in Nepal 2008-2010
UNICEF Nepal 2009 Annual Report (December 2009) and Annex A
Nepal Annual Progress report: SC/2008/0318
ECD: Second Annual Report to the GoN, April 2009-March 2010
Specific Monitoring Questions 2008
Nepal Knowledge Generation (PowerPoint Presentation)
Early Childhood Development in Nepal, Expansion, Inclusion, and Quality
Baseline Survey of the Knowledge, Attitude and Practice (KAP) of Parents/Guardians on ECD and Primary Education in Nepal
Annual Work Plans 2008 and 2009
Nepal Early Learning and Development Standards
Mobilizing Communities for Child Protection: A Resource Kit
Situation of Children and Women in Nepal 2006
Situation Analysis 2009
Mid-Term Review Report
Country Program Action Plan 2008-2010
A World Fit For Children
<b>Government Data and Documents</b>
Education Management Information System: Flash Reports (2007/2008/2009)
Early Learning and Development Framework
Education for All National Plan of Action
National Minimum Standards for ECD Centers
SSRP – JAR Aide Memoire
School Sector Reform Plan 2009-2015
Strategy Paper for Early Childhood Development in Nepal
Education for All National Plan of Action
<b>Other Reports and Information Sources</b>
The Dakar Framework for Action. Education for All: Meeting Our Collective Commitments
Early Childhood Policy in Nepal
Overcoming Barriers: Human Mobility and Development
What's the Difference? An Impact Study from Nepal
Nepal Demographic and Health Survey 2006

**Table G.5. Tanzania List of Documents Reviewed**

<b>UNICEF Reports and Presentations</b>
Tanzania UNICEF CP Action Plan 2007–2010
Integrated ECD in Tanzania
ECD Communication Framework and Some Suggestions for Consideration: Moving Beyond Messages; Building Confidence, Competence, and Partnerships
UNICEF Tanzania Integrated Early Childhood Development Concept Note
UNICEF Tanzania Progress and Utilization Report – Netherlands Government PBA SC/2008/0317 – Early Childhood
Development in Tanzania, Implementation of the Early Childhood Cognitive and Psychosocial Development Programme – Kibaha District Experience
Cost and Financing Scenarios to Support the Implementation of the Integrated Early Childhood Development Policy of Tanzania
Children and Women in Tanzania, 2010 – Volume I: Mainland
A Positioning Paper For Early Childhood Development Operational Targets for MKUKUTA II
Evaluation of the UNICEF–GoN Cooperation Programme on Early Childhood Development 2008–2010
Dutch Fund for ECD Tanzania
Early Childhood Development Proposal
<b>Government Data and Documents</b>
National Guidelines for Improving Quality of Care, Support, and Protection for Most Vulnerable Children in Tanzania
Operational Guidelines and Minimum Standards for Integrated Early Childhood Development in Tanzania
The Draft of the Policy on Early Childhood Development, Tanzania (Ages 0–8 Years)
Draft of the Implementation Plan for Early Childhood Development Policy 0–8 Years
<b>Other Reports</b>
Integrated Early Childhood Development (IECD) Policy Development Process in Tanzania – Phase 2 Report
Integrated Early Childhood Development (IECD) Policy Development Process in Tanzania – Progress Report
Report: Planning for the Development of the IECD Policy – Phase 1: Preparation – Planning Team Training and Way Forward
Profile of Early Childhood Development (IECD) Policy Development Process in Tanzania
Joint Intersectoral ECD Service Delivery Initiative – 2007
Early Childhood Service Delivery Mapping and Baseline Study in Bagamoyo, Hai, Magu, and Mtwara – Summary of Findings and Recommendations
Facilitators Manual for Training of IECD Service Providers
Formulation of Nationally Integrated Early Childhood Development Programme – Concept Note
National Strategy for Growth and Poverty Reduction (NSGPR) I/II
Profile of Early Childhood Development (IECD) Policy Development Process in Tanzania



## **APPENDIX H**

### **INTERNET SURVEY INSTRUMENT**



## **UNICEF Country Office Survey on Early Childhood Development (ECD)**

Mathematica Policy Research, Inc. and the UNICEF Evaluation Office (HQ/NY) request your participation in this survey as part of the evaluation of the “UNICEF-Government of Netherlands Cooperation Programme on Early Childhood Development, 2008-2010” that includes a three-year investment in ECD. As part of the evaluation methodology, we are taking advantage of this opportunity to get information on ECD progress on a global level.

Your participation in this survey is critical! Your responses will help inform the evaluation and provide input to future UNICEF HQ, RO, and partner initiatives and investments. All of the data presented in the evaluation reports will be at the aggregate level; nothing reported on the survey will be attributed to any individual, office, or country.

The survey period will close on the 14th September, 2010. We thank you for participating in this important evaluation. If you have questions about the survey or about the evaluation, please contact Krishna Belbase ([kbelbase@unicef.org](mailto:kbelbase@unicef.org)).

**Figure H.1. Internet Survey Instrument**

Background Information	
1. Please specify the titles of the UNICEF staff members who contributed to answering the survey questions.	<p><b>SELECT ALL THAT APPLY</b></p> <p><input type="checkbox"/> Representative</p> <p><input type="checkbox"/> Deputy Representative</p> <p><input type="checkbox"/> ECD Officer/ Specialist</p> <p><input type="checkbox"/> ECD Focal Point</p> <p><input type="checkbox"/> Other/s (<i>Specify</i>)</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> Other (<i>Specify</i>)</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> Other (<i>Specify</i>)</p> <p><input type="checkbox"/></p>
ECD Coordination	
2. How is ECD situated in your current Country Programme?	<p><input type="checkbox"/> ECD is mainstreamed into all programme components</p> <p><input type="checkbox"/> ECD is a stand-alone programme</p> <p><input type="checkbox"/> ECD does <u>not</u> feature in the current programme</p> <p><input type="checkbox"/> ECD is mainstreamed into select programme components.</p> <p><input type="checkbox"/> (If so, please specify all programme components into which ECD has been mainstreamed:)</p> <p><input type="checkbox"/></p>
3. How effective is the inter-sectoral coordination on ECD within this country office?	<p><input type="checkbox"/> Highly effective</p> <p><input type="checkbox"/> Effective</p> <p><input type="checkbox"/> Somewhat ineffective</p> <p><input type="checkbox"/> Ineffective</p> <p><input type="checkbox"/> 3b. If you selected Somewhat ineffective/ Ineffective, what can UNICEF do to improve internal inter-sectoral coordination?</p> <p><input type="checkbox"/></p>
4. What are the main strategies used to promote/deliver ECD interventions in your country programme?	<p><b>SELECT ALL THAT APPLY</b></p> <p><input type="checkbox"/> Capacity development of rights holders (parents/ young children /...)</p> <p><input type="checkbox"/> Capacity development of duty bearers (service providers/ policy makers /...)</p> <p><input type="checkbox"/> Service delivery</p> <p><input type="checkbox"/> Policy advocacy</p> <p><input type="checkbox"/> Strengthening evidence / research base and use</p> <p><input type="checkbox"/> Other/s (<i>Specify</i>)</p> <p><input type="checkbox"/></p>






Figure H.1. Internet Survey Instrument (Continued)

<p>5. Who are the main partners/actors in ECD in your country:</p>	<input type="text"/>	Government ministries <i>(Specify up to three)</i>
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	National and international NGOs/CSOs <i>(Specify up to three)</i>
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	Development organizations/donors <i>(Specify up to three)</i>
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	Other/s <i>(Specify up to three)</i>
	<input type="text"/>	
	<p>6. How effective is the inter-sectoral coordination on ECD in the government?</p>	<input type="radio"/>
<input type="radio"/>		Effective
<input type="radio"/>		Somewhat ineffective
<input type="radio"/>		Ineffective
<input type="text"/>		6b. If you chose Somewhat ineffective or Ineffective, what needs to be done to improve inter-sectoral coordination in the government?
<b>ECD Policy</b>		
<p>7. At what stage is <b>this country</b> with respect to ECD policy / strategy?</p>	<input type="radio"/>	No effort underway
	<input type="radio"/>	Policy / strategy in draft
	<input type="radio"/>	Policy / strategy approved but not yet implemented
	<input type="radio"/>	Policy / strategy approved and under implementation
	<input type="radio"/>	ECD policy elements are mainstreamed into other national policies / strategies
	<input type="text"/>	7b. If <b>mainstreamed</b> , please list the main policy / strategy areas where ECD resides
	<input type="text"/>	
<p>8. If national ECD policy / strategy exists, does it mention specific approaches for targeting disadvantaged and marginalized children in the provision of ECD services?</p>	<input type="radio"/>	Don't know
	<input type="radio"/>	Yes
	<input type="radio"/>	No
	<input type="text"/>	If NO, please explain:
<p>9. If national policy / strategy exists, has it been costed, either through the national plan of action or other mechanisms?</p>	<input type="radio"/>	Yes
	<input type="radio"/>	No
	<input type="text"/>	Please explain:
	<input type="text"/>	
<p>10. Are current levels of investment adequate for sustaining existing ECD services?</p>	<input type="radio"/>	Yes
	<input type="radio"/>	No
	<input type="text"/>	If NO, please list the top three most significant areas where there are funding gaps:
	<input type="text"/>	
	<input type="text"/>	

**Figure H.1. Internet Survey Instrument (Continued)**

<p>11. Please indicate whether you strongly agree, agree, disagree, or strongly disagree with the following statement:</p> <p><i>"Projected levels of investment from all sources are adequate for expansion of ECD services as planned."</i></p>	<input type="radio"/>	Strongly agree
	<input type="radio"/>	Agree
	<input type="radio"/>	Disagree
	<input type="radio"/>	Strongly disagree
	<input type="radio"/>	N/A, no expansion is planned
	<input type="text"/>	<p>11b. If you chose Disagree or Strongly disagree, please list the three main areas where there are significant gaps in future funding:</p>
<p><b>Need for ECD Capacity Building</b></p>		
<p>12. Please indicate whether you strongly agree, agree, disagree, or strongly disagree with the following statement:</p> <p><i>"The ability of UNICEF country office staff to articulate to partners or policy makers what ECD is and what needs to be done to meet country policy and programme goals has increased over the last four years"</i></p>	<input type="radio"/>	Strongly agree
	<input type="radio"/>	Agree
	<input type="radio"/>	Disagree
	<input type="radio"/>	Strongly disagree
<p>13. UNICEF technical support from the regional office on ECD in your country is:</p>	<input type="radio"/>	Adequate
	<input type="radio"/>	Somewhat adequate
	<input type="radio"/>	Not adequate
	<input type="text"/>	<p>13b. If you selected Somewhat adequate or Not adequate, please specify the type of technical support the regional office could provide that would be the most useful in your country:</p>
<p>14. UNICEF country office staff would benefit from additional training or technical guidance in the areas of (<i>select or list up to three</i>):</p>	<input type="text"/>	<b>SELECT UP TO THREE</b>
	<input type="checkbox"/>	Policy analysis/advocacy
	<input type="checkbox"/>	Costing and financing
	<input type="checkbox"/>	Targeting: Gender equity / reaching disadvantaged and marginalized children
	<input type="checkbox"/>	Planning, evaluation, and monitoring
	<input type="checkbox"/>	Technical knowledge on ECD programming, please specify

**Figure H.1. Internet Survey Instrument (Continued)**

<p>15. Country counterparts would benefit from additional training or technical guidance in the areas of:</p>	<p><b>SELECT UP TO THREE</b></p> <p><input type="checkbox"/> Development of national ECD policies</p> <p><input type="checkbox"/> Implementation of existing ECD policies (including early learning and development standards) and development standards)</p> <p><input type="checkbox"/> Costing and finance</p> <p><input type="checkbox"/> Improvement of access to ECD services (development, integration and scale-up)</p> <p><input type="checkbox"/> Improvement of ECD service quality</p> <p><input type="checkbox"/> Gender equity / Reaching disadvantaged and marginalized children</p> <p><input type="checkbox"/> Development or adaptation of ECD materials (curricula and teaching materials, children's books)</p> <p><input type="checkbox"/> Training of ECD service providers</p> <p><input type="checkbox"/> No additional training or technical guidance is needed at this time</p> <p><input type="checkbox"/> Other/s <i>(Specify)</i></p> <p></p>
<p><b>Knowledge Generation and Management</b></p>	
<p>16. Are core ECD indicators defined and agreed upon for use by key stakeholders <b>in your country</b>?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If YES, specify the core ECD indicators included in the national data collection / reporting system:</p> <p></p>
<p>17. Are data on ECD indicators routinely collected and reported at the sub-national and national levels?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>18. Is available data disaggregated by (Please select or specify as many as apply):</p>	<p><input type="checkbox"/> a. Gender</p> <p><input type="checkbox"/> b. Wealth/income</p> <p><input type="checkbox"/> c. Other/s <i>(Please specify)</i></p> <p></p>
<p>19. Please indicate whether you strongly agree, agree, disagree, or strongly disagree with the following statement: "Existing data are adequate for planning and monitoring progress on ECD."</p>	<p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree</p>
<p>20. Please indicate whether you strongly agree, agree, disagree, or strongly disagree with the following statement: "UNICEF's country office capacity to use data for planning and managing ECD activities has increased in the past four years."</p>	<p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree</p>

**Figure H.1. Internet Survey Instrument (Continued)**

<p>21. Please indicate whether you strongly agree, agree, disagree, or strongly disagree with the following statement:</p> <p><b>"Country counterparts' ability to use data for planning and managing ECD activities has increased in the past four years."</b></p>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<p>Strongly agree</p> <p>Agree</p> <p>Disagree</p> <p>Strongly disagree</p>
<p>22. Please indicate whether you strongly agree, agree, disagree, or strongly disagree with the following statement:</p> <p><b>"Overall UNICEF's knowledge acquisition and use regarding ECD programming has improved significantly in the past four years."</b></p>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<p>Strongly agree</p> <p>Agree</p> <p>Disagree</p> <p>Strongly disagree</p>
<p><b>Equity and Reaching the Disadvantaged and Marginalized</b></p>		
<p>23. Please provide three examples of what UNICEF and its partners have been doing to reach young children and families from disadvantaged and marginalized groups. (If your country is not addressing these issues at this time, please write N/A in the box below).</p>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<p>24. What are the three main challenges UNICEF and its partners face in expanding ECD services to reach disadvantaged and marginalized children and families?</p>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<p>25. Please list 3 to 5 areas in which UNICEF and partners could make the most significant contribution to extending services to disadvantaged and marginalized children and families?</p>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>26. Please indicate the country office to which you belong:</p>	<p><b>COUNTRY</b></p> <input type="text"/>	<input type="text"/>

## **APPENDIX I**

### **SUPPLEMENTAL TABLES**

- Part 1. Country Office Internet Survey Tables by Country Income and Region**
- Part 2. 10-Country Indicator Rating Table (Masked by Letter)**
- Part 3. Additional Tables by Chapter**



## **Part 1: Country Office Internet Survey Tables by Country Income and Region**

These tables, described on Chapter I and referred to throughout the report, provide the complete internet survey data by country income category (Tables I.1 through I.6) and by region (Tables I.7 through I.12).

**Table I.1. Background Information (Q1: Percentage Unless Otherwise Noted)**

	Total	Low Income <sup>a</sup>	Lower-Middle Income <sup>a</sup>	Upper-Middle Income <sup>a</sup>
Officials Participating in Survey <sup>b</sup> :				
ECD Officer/Specialist	51.4	51.9	60.9	41.7
ECD Focal Point	25.7	25.9	17.4	33.3
Deputy Representative	16.2	11.1	17.4	20.8
Representative	13.5	7.4	13.0	20.8
Chief of Education	14.9	29.6	13.0	0.0
PME Officer/Specialist/Team Member	9.5	7.4	4.3	16.7
Other	2.7	0.0	4.3	4.2
Average Number of Respondents to the Survey	1.3 (0.6)	1.3 (0.6)	1.3 (0.6)	1.4 (0.7)
<b>Sample Size</b>	<b>74</b>	<b>27</b>	<b>23</b>	<b>24</b>

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

Note: Standard deviations in parentheses. Because of rounding, categories do not always sum to 100.

<sup>a</sup>Income categories are based on the classifications of the World Bank (2010), which uses 2008 per capita GNI: lower income <\$975; lower-middle income \$976-\$3855; upper-middle income \$3866-\$11905. Oman was placed in the upper-middle category though its income is higher than the cutoff.

<sup>b</sup>Respondents could indicate more than one type of position.

ECD = early child development; GNI=gross national income; PME = planning, monitoring, and evaluation.



Table I.2. ECD Mainstreaming and Coordination (Q.2–Q.6: Percentage Unless Otherwise Noted)

	Total	Low Income <sup>a</sup>	Lower-Middle Income <sup>a</sup>	Upper-Middle Income <sup>a</sup>
ECD Mainstreaming Status:				
ECD is mainstreamed into select programme components	63.5	74.1	69.6	45.8
ECD is mainstreamed into all programme components	14.9	11.1	8.7	25.0
ECD is a stand-alone programme	20.3	11.1	21.7	29.2
ECD does <i>not</i> feature in the current programme	1.4	3.7	0.0	0.0
Number of Components into Which ECD Is Mainstreamed:				
None	21.6	14.8	21.7	29.2
1	18.9	22.2	21.7	12.5
2	31.1	37.0	39.1	20.8
3 or more	13.5	14.8	8.7	12.5
All	14.9	11.1	8.7	25.0
ECD is Mainstreamed into the Following Components <sup>b,c</sup> :				
Education	85.1	90.0	93.8	63.6
Health	48.9	35.0	62.5	54.5
Child survival	29.8	40.0	6.3	45.5
Child protection	25.5	25.0	12.5	45.5
Other	4.3	5.0	6.3	0.0
ECD Coordination in Country Office Is:				
Highly effective	4.1	0.0	4.3	8.3
Effective	59.5	40.7	73.9	66.7
Somewhat effective	32.4	51.9	21.7	20.8
Ineffective	4.1	7.4	0.0	4.2
Main Strategies Used to Promote/Deliver ECD Are <sup>c</sup> :				
Capacity development of duty bearers (service providers/policy makers/...)	94.7	96.4	91.3	95.8
Policy advocacy	84.0	78.6	91.3	83.3
Capacity development of rights holders (parents/young children/...)	72.0	57.1	82.6	79.2
Strengthening evidence/research base and use	72.0	53.6	82.6	83.3
Service delivery	66.7	85.7	69.6	41.7
Other	8.0	3.6	4.3	16.7
Number of Strategies Mentioned:				
1	4.0	7.1	4.3	0.0
2	5.3	3.6	4.3	8.3
3	22.7	28.6	13.0	25.0
4 or more	68.0	60.7	78.3	66.7
Average Number of Strategies Mentioned				
	4.0 (1.2)	3.8 (1.2)	4.2 (1.2)	4.0 (1.0)
Government Ministries <sup>c</sup> :				
Ministry of Education	90.7	85.7	91.3	95.8
Ministry of Health	77.3	60.7	78.3	95.8
Ministry of Social Affairs/Social Welfare/Social Development	29.3	28.6	13.0	45.8
Ministry of Family/Gender/Children	24.0	35.7	26.1	8.3
	1.5			

Table I.2. ECD Coordination (Q.2–Q.6: Percentage Unless Otherwise Noted) (Continued)

	Total	Low Income <sup>a</sup>	Lower-Middle Income <sup>a</sup>	Upper-Middle Income <sup>a</sup>
National commissions/agencies/ institutes	16.0	17.9	26.1	4.2
Ministry of Labor	10.7	14.3	8.7	8.3
Local government	9.3	17.9	4.3	4.2
Ministry of Planning	4.0	0.0	8.7	4.2
Other	22.7	21.4	34.8	12.5
NGOs/CSOs <sup>c</sup> :				
Local organizations	49.3	35.7	47.8	66.7
Save the Children	21.3	28.6	26.1	8.3
Plan	12.0	21.4	8.7	4.2
Step by Step	8.0	7.1	13.0	4.2
World Vision	5.3	7.1	4.3	4.2
Aga Khan Foundation	5.3	14.3	0.0	0.0
CARE	2.7	3.6	4.3	0.0
Other international NGO's	34.7	32.1	43.5	29.2
Development Organizations/Donors <sup>c</sup> :				
Bilateral donors (USAID, DFID, etc.)	34.7	50.0	17.4	33.3
World Bank	20.0	32.1	21.7	4.2
UNICEF	17.3	21.4	26.1	4.2
Other UN agencies	17.3	17.9	21.7	12.5
Private sector donors (corporations)	10.7	7.1	4.3	20.8
Other	22.7	17.9	21.7	29.2
Other Organizations <sup>c</sup> :				
Universities	12.0	7.1	13.0	16.7
Private sector organizations	8.0	10.7	8.7	4.2
Other	6.7	3.6	8.7	8.3
Intersectoral Coordination Within the Government Is <sup>d</sup> :				
Highly effective	5.4	7.4	8.7	0.0
Effective	27.0	11.1	30.4	41.7
Somewhat effective	36.5	44.4	26.1	37.5
Ineffective	31.1	37.0	34.8	20.8
<b>Sample Size</b>	<b>47–75</b>	<b>20–28</b>	<b>16–23</b>	<b>11–24</b>

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

Note: Standard deviations in parentheses. Because of rounding, categories do not always sum to 100.

<sup>a</sup>Income categories are based on the classifications of the World Bank (2010), which uses 2008 per capita GNI: lower income <\$975; lower-middle income \$976–\$3855; upper-middle income \$3866–\$11905. Oman was placed in the upper-middle category though its income is higher than the cutoff.

<sup>b</sup>For countries in which ECD is mainstreamed into selected components.

<sup>c</sup>Respondents were meant to enter up to three answers but some entered more than three.

<sup>d</sup>One country gave multiple responses and was not included in this table.

CARE = Cooperative for Assistance and Relief Everywhere; CSO = Civil Society Organization; DFID = United Kingdom Department for International Development; ECD = early child development; GNI = gross national income; NGO = non-governmental organization; UN = United Nations; USAID = United States Agency for International Development.

Table I.3. ECD Policy (Q.7–Q.11: Percentage Unless Otherwise Noted)

	Total	Low Income <sup>a</sup>	Lower-Middle Income <sup>a</sup>	Upper-Middle Income <sup>a</sup>
Current Stage of Policy/Strategy <sup>b</sup> :				
No effort underway	4.7	4.0	5.0	5.3
Policy/Strategy in draft	39.1	52.0	40.0	21.1
Policy/Strategy approved but not yet implemented	4.7	8.0	5.0	0.0
Policy/Strategy approved and under implementation	21.9	16.0	25.0	26.3
ECD policy elements are mainstreamed into other national policies/strategies	29.7	20.0	25.0	47.4
ECD Policy/Strategy Is Mainstreamed in: <sup>c,d</sup>				
Education	73.7	60.0	80.0	77.8
Health	57.9	20.0	40.0	88.9
Social welfare/development	21.1	0.0	40.0	22.2
Other	26.3	20.0	0.0	44.4
Specific Approaches Exist for Targeting Disadvantaged and Marginalized Children in Provision of ECD Services: <sup>e</sup>				
Yes	68.8	76.0	60.0	68.4
No	20.3	12.0	30.0	21.1
Currently underway	10.9	12.0	10.0	10.5
ECD Policy/Strategy Been Costed: <sup>e</sup>				
Yes	21.3	20.8	5.6	36.8
No	42.6	37.5	66.7	26.3
Partially costed/underway	36.1	41.7	27.8	36.8
Current Levels of Investment Adequate for Sustaining ECD Infrastructure:				
Yes	16.9	4.0	21.7	26.1
No	83.1	96.0	78.3	73.9
Areas Where There Are Current Funding Gaps: <sup>d</sup>				
Infrastructure/physical resources	23.9	40.0	21.7	8.7
Staff (number and training)	23.9	24.0	26.1	21.7
Nutrition and health	16.9	20.0	0.0	30.4
Reaching underserved/disadvantaged groups	15.5	4.0	21.7	21.7
Support/training for parents	14.1	20.0	13.0	8.7
Capacity and development	14.1	12.0	21.7	8.7
Community centers and services	9.9	4.0	17.4	8.7
Monitoring, evaluation, and research	8.5	16.0	4.3	4.3
Other	39.4	40.0	34.8	43.5
Projected Levels of Investment from All Sources Are Adequate for Expansion of ECD Services as Planned: <sup>f</sup>				
Strongly agree	1.4	0.0	4.3	0.0
Agree	16.2	14.3	13.0	21.7
Disagree	51.4	42.9	60.9	52.2
Strongly disagree	17.6	28.6	17.4	4.3
No expansion is planned	13.5	14.3	4.3	21.7

**Table I.3. ECD Policy (Q.7–Q.11: Percentage Unless Otherwise Noted) (Continued)**

	Total	Low Income <sup>a</sup>	Lower-Middle Income <sup>a</sup>	Upper-Middle Income <sup>a</sup>
Areas Where There Are Future Funding Gaps: <sup>d</sup>				
Infrastructure/physical resources	20.3	21.4	30.4	8.7
Staff (number and training)	20.3	25.0	17.4	17.4
Reaching underserved/disadvantaged groups	10.8	3.6	21.7	8.7
Support/training for parents	9.5	10.7	13.0	4.3
Capacity and development	8.1	7.1	13.0	4.3
Monitoring, evaluation, and research	8.1	7.1	8.7	8.7
Nutrition and health	2.7	3.6	0.0	4.3
Community centers and services	1.4	0.0	4.3	0.0
Other	27.0	28.6	30.4	21.7
<b>Sample Size</b>	<b>19–74</b>	<b>5–28</b>	<b>5–23</b>	<b>9–23</b>

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

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

<sup>a</sup>Income categories are based on the World Bank's classification (World Bank, 2010) which uses 2008 per-capita GNI: lower income <\$975, lower-middle income \$976-\$3855, upper-middle income \$3866-\$11905. Oman was placed in the upper-middle category although its income is higher than the cutoff.

<sup>b</sup>Eight countries gave multiple responses and were not included in this table.

<sup>c</sup>For countries who have mainstreamed ECD policy.

<sup>d</sup>Respondents could indicate more than one area.

<sup>e</sup>For countries who have a national ECD policy/strategy.

<sup>f</sup>One country gave multiple responses and was not included in this part of the table.

ECD= Early Child Development; GNI=Gross National Income.

Table I.4. Need for ECD Capacity Building (Q.12–Q.15: Percentage Unless Otherwise Stated)

	Total	Low-Income <sup>a</sup>	Lower-Middle Income <sup>a</sup>	Upper-Middle Income <sup>a</sup>
The Ability of UNICEF Country Office Staff to Articulate to Partners or Policy Makers What ECD Is and What Needs to Be Done to Meet Country Policy and Programme Goals Has Increased Over the Last Four Years:				
Strongly agree	30.7	21.4	43.5	29.2
Agree	50.7	57.1	43.5	50.0
Disagree	17.3	17.9	13.0	20.8
Strongly disagree	1.3	3.6	0.0	0.0
Technical Support from the Regional Office Is:				
Adequate	53.3	46.4	56.5	58.3
Somewhat adequate	32.0	35.7	26.1	33.3
Not adequate	14.7	17.9	17.4	8.3
Type of Technical Support Required: <sup>b</sup>				
Knowledge sharing	10.7	10.7	17.4	4.2
Policy design and evaluation	8.0	14.3	4.3	4.2
Staff training	6.7	7.1	4.3	8.3
Other	9.3	3.6	8.7	16.7
UNICEF Country Office Staff Would Benefit from Additional Training or Guidance in: <sup>b</sup>				
Costing and financing	77.0	75.0	86.4	70.8
Targeting	67.6	67.9	77.3	58.3
Policy analysis/advocacy	66.2	57.1	68.2	75.0
Planning, evaluation and monitoring	58.1	57.1	59.1	58.3
Technical knowledge on ECD programming	21.6	14.3	27.3	25.0
Number of Areas Mentioned:				
1	8.1	10.7	4.5	8.3
2	25.7	35.7	9.1	29.3
3 or more	66.2	53.6	86.4	62.5
	2.9	2.7	3.2	2.9
Average Number of Areas Mentioned	(1.0)	(1.0)	(0.9)	(1.1)
UNICEF Country Counterparts Would Benefit from Additional Training or Guidance in: <sup>b</sup>				
Improvement of ECD access/gender equity/reaching marginalized and disadvantaged children	93.3	89.3	95.7	95.8
Costing and finance	85.3	78.6	87.0	91.7
Improvement of ECD quality	72.0	78.6	73.9	62.5
Development of national ECD policies	58.7	50.0	69.6	58.3
Implementation of existing ECD policies	57.3	71.4	56.5	41.7
Training of ECD service providers	57.3	64.3	56.5	50.0
Development of ECD materials	42.7	60.7	30.4	33.3
Other	4.0	3.6	8.7	0.0

	Total	Low-Income <sup>a</sup>	Lower-Middle Income <sup>a</sup>	Upper-Middle Income <sup>a</sup>
Number of Areas Mentioned:				
1	1.3	3.6	0.0	0.0
2	1.3	0.0	4.3	0.0
3	9.3	10.7	4.3	12.5
4 or more	88.0	85.7	91.3	87.5
Average Number of Areas Mentioned	5.3 (1.6)	5.5 (1.8)	5.4 (1.4)	4.9 (1.3)
Sample Size	74-75	28	22-23	24

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

Note: Standard deviations in parentheses. Categories do not always add up to 100 because of rounding.

<sup>a</sup>Income categories are based on the World Bank's classification (World Bank, 2010) which uses 2008 per-capita GNI: lower income <\$975, lower-middle income \$976-\$3855, upper-middle income \$3866-\$11905. Oman was placed in the upper-middle category although its income is higher than the cutoff.

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

UNICEF=United Nations Children's Fund; ECD=Early Child Development; GNI=Gross National Income.

Table I.5. Knowledge Generation and Management (Q.16–Q.22: Percentage Unless Otherwise Noted)

	Total	Low-Income <sup>a</sup>	Lower-Middle Income <sup>a</sup>	Upper-Middle Income <sup>a</sup>
Core ECD Indicators Are Defined and Agreed Upon for Use by Key Stakeholders:				
Yes	32.0	32.1	39.1	25.0
No	68.0	67.9	60.9	75.0
Core Indicators Included in National Data System Are: <sup>b</sup>				
Enrollment/number of facilities	58.3	66.7	55.6	50.0
Child health indicators (e.g. stunting)	33.3	33.3	33.3	33.3
Child mortality	29.2	33.3	33.3	16.7
Other	16.7	11.1	33.3	0.0
Data on ECD Indicators Routinely Collected and Reported at Sub-National and National Levels				
Yes	44.4	46.4	43.5	41.7
No	56.0	53.6	56.5	58.3
Available Data on ECD Indicators Disaggregated by: <sup>cd</sup>				
Gender	72.0	78.6	73.9	62.5
Wealth/income	26.7	25.0	21.7	33.3
Geography	16.0	25.0	17.4	4.2
Other demographic characteristics (e.g. ethnicity)	9.3	14.3	8.7	4.2
Age	8.0	0.0	13.0	12.5
Health status	5.3	10.7	0.0	4.2
Other/Not specified	5.3	7.1	0.0	8.3
Existing Data Are Adequate for Planning and Monitoring ECD Progress:				
Strongly agree	4.0	7.1	0.0	4.2
Agree	17.3	7.1	26.1	20.8
Disagree	68.0	71.4	65.2	66.7
Strongly disagree	10.7	14.3	8.7	8.3
UNICEF's Country Office Capacity to Use Data for Planning and Managing ECD Activities Has Increased in the Past Four Years:				
Strongly agree	13.7	3.6	22.7	17.4
Agree	63.0	64.3	54.5	69.6
Disagree	20.5	28.6	22.7	8.7
Strongly disagree	2.7	3.6	0.0	4.3
Country Counterparts' Ability to Use Data for Planning and Managing ECD Activities Has Increased in the Past Four Years				
Strongly agree	4.1	3.6	8.7	0.0
Agree	51.4	32.1	52.2	73.9
Disagree	33.8	46.4	30.4	21.7
Strongly disagree	10.8	17.9	8.7	4.3

**Table I.5. Knowledge Generation and Management (Q.16–Q.22: Percentage Unless Otherwise Noted)  
(Continued)**

	Total	Low-Income <sup>a</sup>	Lower-Middle Income <sup>a</sup>	Upper-Middle Income <sup>a</sup>
Overall UNICEF's Knowledge Acquisition and Use Regarding ECD Programming Has Improved Significantly in the Past Four Years				
Strongly agree	17.3	10.7	30.4	12.5
Agree	62.7	67.9	56.5	62.5
Disagree	17.3	14.3	13.0	25.0
Strongly disagree	2.7	7.1	0.0	0.0
<b>Sample Size</b>	<b>24–75</b>	<b>9–28</b>	<b>9–23</b>	<b>6–24</b>

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

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

<sup>a</sup>Income categories are based on the World Bank's classification (World Bank, 2010) which uses 2008 per-capita GNI: lower income <\$975, lower-middle income \$976–\$3855, upper-middle income \$3866–\$11905. Oman was placed in the upper-middle category although its income is higher than the cutoff.

<sup>b</sup>For respondents who have defined and agreed upon core indicators.

<sup>c</sup>Respondents could indicate more than one option.

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

ECD=Early Child Development; UNICEF=United Nations Children's Fund; GNI=Gross National Income.



**Table I.6. Equity and Reaching the Disadvantaged Marginalized (Q.23-Q.25: Percentage Unless Otherwise Noted)**

	Total	Low-Income <sup>a</sup>	Lower-Middle Income <sup>a</sup>	Upper-Middle Income <sup>a</sup>
<b>Approaches to Targeting Disadvantaged and Marginalized Groups:<sup>b</sup></b>				
Developing new models and training	29.7	22.2	34.8	33.3
Target resources	29.7	22.2	39.1	29.2
Use community-based centers	18.9	18.5	30.4	8.3
Data collection/research	16.2	18.5	8.7	20.8
Parental education	14.9	11.1	17.4	16.7
Advocacy	12.2	14.8	4.3	16.7
Include in mainstream ECD programmes	6.8	11.1	0.0	8.3
Other	45.9	29.6	56.5	54.2
<b>Main Challenges in Expanding Services to Disadvantaged/Marginalized Groups:<sup>b</sup></b>				
Lack of funding	62.7	67.9	52.2	66.7
Lack of coordination	45.3	53.6	34.8	45.8
Lack of capacity/training	44.0	39.3	56.5	37.5
Lack of access and awareness	33.3	21.4	43.5	37.5
Lack of data	18.7	14.3	17.4	25.0
No policy in place	17.3	21.4	21.7	8.3
Not viewed as a priority	17.3	10.7	21.7	20.8
Other	20.0	10.7	17.4	33.3
<b>Areas in Which a Significant Contribution Can Be Made to Extending Services to Disadvantaged and Marginalized Children and Families:<sup>b</sup></b>				
Improved targeting of existing resources	50.7	57.1	43.5	45.8
Improved capacity/training	49.3	57.1	43.5	45.8
Improved advocacy	46.7	42.9	43.5	54.2
Clarification of policy/strategy	40.0	46.4	39.1	33.3
Improved data	34.7	25.0	30.4	50.0
Increased funding	29.3	35.7	26.1	25.0
Improved coordination	26.7	39.3	13.0	25.0
Other	13.3	14.3	13.0	12.5
<b>Sample Size</b>	<b>74-75</b>	<b>27-28</b>	<b>23</b>	<b>24</b>

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

<sup>a</sup>Income categories are based on the World Bank's classification (World Bank, 2010) which uses 2008 per-capita GNI: lower income <\$975, lower-middle income \$976-\$3855, upper-middle income \$3866-\$11905. Oman was placed in the upper-middle category although its income is higher than the cutoff.

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

ECD=Early Child Development, GNI=Gross National Income.

**Table I.7. Background Information (Q1: Percentage Unless Otherwise Noted)**

	Total	CEECIS <sup>a</sup>	EAPR <sup>a</sup>	ESAR <sup>a</sup>	MENA <sup>a</sup>	ROSA <sup>a</sup>	TACR <sup>a</sup>	WCAR <sup>a</sup>
Officials Participating in Survey: <sup>b</sup>								
ECD Officer/Specialist	51.4	20.0	33.3	66.7	33.3	60.0	61.5	50.0
ECD Focal Point	25.7	26.7	22.2	16.7	0.0	40.0	38.5	42.9
Deputy Representative	16.2	46.7	11.1	16.7	16.7	0.0	15.4	14.3
Representative	13.5	13.3	22.2	8.3	33.3	0.0	7.7	7.1
Chief of Education	14.9	6.7	22.2	16.7	16.7	40.0	0.0	21.4
PME Officer/Specialist/Team Member	9.5	6.7	22.2	0.0	0.0	0.0	7.7	21.4
Other	2.7	6.7	0.0	0.0	0.0	0.0	7.7	0.0
Average Number of Respondents to the Survey	1.3 (0.6)	1.3 (0.8)	1.3 (0.5)	1.3 (0.5)	1.0 (0.0)	1.4 (0.9)	1.4 (0.5)	1.6 (0.8)
<b>Sample Size</b>	<b>74</b>	<b>15</b>	<b>9</b>	<b>12</b>	<b>6</b>	<b>5</b>	<b>13</b>	<b>14</b>

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

Note: Standard deviations in parentheses. Categories do not always add up to 100 because of rounding.

<sup>a</sup>Regions are based on UNICEF definitions.

<sup>b</sup>Respondents could indicate more than one type of position.

CEECIS=Central and Eastern Europe and the Commonwealth of Independent States; EAPR=East Asia and the Pacific Region; ESAR=Eastern and Southern Africa Region; MENA=Middle East and North Africa; ROSA=Regional Office of South Asia; TACR=the Americas and Caribbean Region; WCAR=West and Central Africa Region; ECD=Early Childhood Development; PME=Planning, Monitoring, and Evaluation; UNICEF=United Nations Children's Fund.

**Table I.8. ECD Coordination (Q.2–Q.6: Percentage Unless Otherwise Noted)**

	Total	CEECIS <sup>a</sup>	EAPR <sup>a</sup>	ESAR <sup>a</sup>	MENA <sup>a</sup>	ROSA <sup>a</sup>	TACR <sup>a</sup>	WCAR <sup>a</sup>
Percentage of Countries Where:								
ECD is mainstreamed into all programme components	14.9	26.7	0.0	8.3	16.7	20.0	15.4	14.3
ECD is a stand-alone programme	20.3	26.7	22.2	8.3	50.0	0.0	30.8	7.1
ECD does not feature in the current programme	1.4	0.0	0.0	8.3	0.0	0.0	0.0	0.0
ECD is mainstreamed into select programme components	63.5	46.7	77.8	75.0	33.3	80.0	53.8	78.6
Number of Components into Which ECD Is Mainstreamed:								
None	21.6	26.7	22.2	16.7	50.0	0.0	30.8	7.1
1	18.9	13.3	22.2	33.3	16.7	20.0	7.7	21.4
2	31.1	33.3	44.4	25.0	16.7	60.0	23.1	35.7
3 or more	13.5	0.0	11.1	16.7	0.0	0.0	23.1	21.4
All	14.9	26.7	0.0	8.3	16.7	20.0	15.4	14.3
ECD Is Mainstreamed into the Following Components: <sup>b,c</sup>								
Education	85.1	71.4	85.7	66.7	100.0	100.0	100.0	90.9
Health	48.9	85.7	28.6	66.7	0.0	0.0	85.7	81.8
Child survival	29.8	0.0	14.3	22.2	0.0	0.0	57.1	63.6
Child protection	25.5	14.3	14.3	44.4	0.0	0.0	42.9	27.3
Other	4.3	0.0	28.6	0.0	0.0	0.0	0.0	0.0
ECD Coordination in Country Office Is:								
Highly effective	4.1	6.7	11.1	0.0	0.0	0.0	7.7	0.0
Effective	59.5	73.3	66.7	50.0	66.7	80.0	61.5	35.7
Somewhat effective	32.4	20.0	22.2	50.0	33.3	20.0	23.1	50.0
Ineffective	4.1	0.0	0.0	0.0	0.0	0.0	7.7	14.3
Main Strategies Used to Promote/Deliver ECD Are:								
Capacity development of duty bearers (service providers/policy makers/...)	94.7	93.3	100.0	92.3	83.3	100.0	100.0	92.9
Policy advocacy	84.0	80.0	88.9	84.6	66.7	100.0	92.3	78.6
Capacity development of rights holders (parents/young children/...)	72.0	73.3	66.7	69.2	50.0	100.0	84.6	64.3
Strengthening evidence/research base and use	72.0	86.7	88.9	61.5	50.0	100.0	69.2	57.1
Service delivery	66.7	53.3	66.7	61.5	66.7	80.0	53.8	92.9
Other	8.0	6.7	0.0	7.7	0.0	40.0	15.4	0.0
Number of Strategies Mentioned:								
1	4.0	6.7	0.0	7.7	16.7	0.0	0.0	0.0
2	5.3	0.0	11.1	7.7	16.7	0.0	0.0	7.1
3	22.7	20.0	22.2	15.4	33.3	0.0	30.8	28.6
4 or more	68.0	73.3	66.7	69.2	33.3	100.0	69.2	64.3
Average Number of Strategies Mentioned								
	4.0 (1.2)	3.9 (1.1)	4.1 (1.2)	3.8 (1.2)	3.2 (0.6)	5.2 (0.8)	4.2 (0.9)	3.9 (0.9)
Government Ministries: <sup>c</sup>								
Ministry of Education	90.7	93.3	88.9	92.3	100.0	80.0	100.0	78.6
Ministry of Health	77.3	93.3	66.7	69.2	66.7	20.0	92.3	85.7
Ministry of Social Affairs/Social Welfare/Social Development	29.3	20.0	11.1	23.1	33.3	0.0	46.2	50.0
Ministry of Family/Gender/Children	24.0	0.0	0.0	46.2	33.3	60.0	7.7	42.9
National commissions/agencies/institutes	16.0	20.0	33.3	0.0	50.0	0.0	7.7	14.3
Ministry of Labor	10.7	20.0	22.2	15.4	0.0	0.0	0.0	7.1
Local government	9.3	6.7	22.2	30.8	0.0	0.0	0.0	0.0
Ministry of Planning	4.0	0.0	11.1	0.0	0.0	0.0	7.7	7.1
Other	22.7	26.7	22.2	15.4	16.7	20.0	23.1	28.6

Table I.8. ECD Coordination (Q.2–Q.6: Percentage Unless Otherwise Noted) (Continued)

	Total	CEECIS <sup>a</sup>	EAPR <sup>a</sup>	ESAR <sup>a</sup>	MENA <sup>a</sup>	ROSA <sup>a</sup>	TACR <sup>a</sup>	WCAR <sup>a</sup>
NGOs/CSOs: <sup>c</sup>								
Local organizations	49.3	60.0	33.3	53.8	33.3	80.0	53.8	35.7
Save the Children	21.3	13.3	33.3	38.5	16.7	40.0	15.4	7.1
Plan	12.0	0.0	22.2	7.7	0.0	20.0	7.7	28.6
Step by Step	8.0	33.3	0.0	0.0	0.0	0.0	7.7	0.0
World Vision	5.3	0.0	11.1	7.7	0.0	0.0	7.7	7.1
Aga Khan Foundation	5.3	6.7	0.0	15.4	0.0	0.0	0.0	7.1
CARE	2.7	0.0	11.1	7.7	0.0	0.0	0.0	0.0
Other international NGO's	34.7	46.7	33.3	38.5	33.3	20.0	15.4	42.9
Development Organizations/Donors: <sup>c</sup>								
Bilateral donors (USAID, DFID, etc)	34.7	40.0	0.0	46.2	16.7	40.0	30.8	50.0
World Bank	20.0	40.0	33.3	15.4	0.0	20.0	0.0	21.4
UNICEF	17.3	6.7	11.1	7.7	33.3	60.0	0.0	35.7
Other UN agencies	17.3	13.3	0.0	7.7	16.7	40.0	30.8	21.4
Private sector donors (corporations)	10.7	13.3	11.1	15.4	0.0	0.0	23.1	0.0
Other	22.7	20.0	11.1	23.1	16.7	20.0	38.5	21.4
Other Organizations: <sup>c</sup>								
Universities	12.0	6.7	11.1	0.0	33.3	20.0	23.1	7.1
Private sector organizations	8.0	6.7	0.0	0.0	16.7	40.0	0.0	14.3
Other	6.7	6.7	0.0	7.7	16.7	0.0	7.7	7.1
Intersectoral Coordination Within the Government Is: <sup>g</sup>								
Highly effective	5.4	0.0	12.5	15.4	0.0	20.0	0.0	0.0
Effective	27.0	33.3	50.0	7.7	16.7	20.0	38.5	21.4
Somewhat effective	36.5	40.0	37.5	46.2	16.7	60.0	30.8	28.6
Ineffective	31.1	26.7	0.0	30.8	66.7	0.0	30.8	50.0
Sample Size	47–75	7–15	7–9	9–13	2–6	4–5	7–13	11–14

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

Note: Standard deviations in parentheses. Categories do not always add up to 100 because of rounding.

<sup>a</sup>Regions are based on UNICEF definitions.

<sup>b</sup>For countries in which ECD is mainstreamed into selected components.

<sup>c</sup>Respondents were meant to enter up to three answers but some entered more than three.

<sup>d</sup>One country gave multiple responses and was not included in this table.

CEECIS=Central and Eastern Europe and the Commonwealth of Independent States; EAPR=East Asia and the Pacific Region; ESAR=Eastern and Southern Africa Region; MENA=Middle East and North Africa; ROSA=Regional Office of South Asia; TACR=the Americas and Caribbean Region; WCAR=West and Central Africa Region; ECD=Early Childhood Development; NGO=Non-Governmental Organization; CSO=Civil Society Organization; CARE=Cooperative for Assistance and Relief Everywhere; USAID=United States Agency for International Development; DFID= United Kingdom Department for International Development; UNICEF=United Nations Children's Fund; UN=United Nations.

**Table I.9. ECD Policy (Q.7–Q.11: Percentage Unless Otherwise Noted)**

	Total	CEECIS <sup>a</sup>	EAPR <sup>a</sup>	ESAR <sup>a</sup>	MENA <sup>a</sup>	ROSA <sup>a</sup>	TACR <sup>a</sup>	WCAR <sup>a</sup>
<b>Current Stage of Policy/Strategy:<sup>b</sup></b>								
No effort underway	4.7	0.0	0.0	0.0	0.0	25.0	0.0	16.7
Policy/strategy in draft	39.1	33.3	28.6	41.7	33.3	25.0	50.0	50.0
Policy/strategy approved but not yet implemented	4.7	6.7	14.3	0.0	0.0	0.0	0.0	8.3
Policy/strategy approved and under implementation	21.9	6.7	28.6	33.3	16.7	50.0	37.5	8.3
ECD policy elements are mainstreamed into other national policies/strategies	29.7	53.3	28.6	25.0	50.0	0.0	12.5	16.7
<b>ECD Policy/Strategy Is Mainstreamed in:<sup>c,d</sup></b>								
Education	73.7	87.5	50.0	66.7	66.7	N/A	0.0	100.0
Health	57.9	75.0	0.0	33.3	66.7	N/A	100.0	50.0
Social welfare/development	21.1	12.5	0.0	0.0	100.0	N/A	0.0	0.0
Other	26.3	37.5	0.0	33.3	0.0	N/A	0.0	50.0
<b>Specific Approaches Exist for Targeting Disadvantaged and Marginalized Children in Provision of ECD Services:<sup>e</sup></b>								
Yes	68.8	61.5	71.4	75.0	75.0	75.0	75.0	58.3
No	20.3	30.8	28.6	25.0	25.0	0.0	8.3	16.7
Currently underway	10.9	7.7	0.0	0.0	0.0	25.0	16.7	25.0
<b>ECD Policy/Strategy, Has Been Costed:<sup>e</sup></b>								
Yes	21.3	9.1	14.3	18.2	25.0	0.0	53.8	9.1
No	42.6	63.6	42.9	27.3	75.0	25.0	15.4	63.6
Partially costed/underway	36.1	27.3	42.9	54.5	0.0	75.0	30.8	27.3
<b>Current Levels of Investment Adequate for Sustaining ECD Infrastructure:</b>								
Yes	16.9	28.6	25.0	0.0	0.0	20.0	23.1	16.7
No	83.1	71.4	75.0	100.0	100.0	80.0	76.9	83.3
<b>Areas Where There Are Current Funding Gaps:<sup>d</sup></b>								
Infrastructure/physical resources	23.9	7.1	25.0	53.8	33.3	0.0	15.4	25.0
Staff (number and training)	23.9	7.1	37.5	38.5	16.7	0.0	38.5	16.7
Nutrition and health	16.9	14.3	0.0	23.1	16.7	20.0	23.1	16.7
Reaching underserved/disadvantaged groups	15.5	21.4	12.5	0.0	33.3	20.0	30.8	0.0
Support/training for parents	14.1	0.0	12.5	15.4	33.3	0.0	7.7	33.3
Capacity and development	14.1	28.6	12.5	15.4	16.7	40.0	0.0	0.0
Community centers and services	9.9	0.0	25.0	15.4	33.3	0.0	0.0	8.3
Monitoring, evaluation, and research	8.5	7.1	0.0	15.4	0.0	20.0	7.7	8.3
Other	39.4	50.0	37.5	69.2	33.3	0.0	30.8	25.0
<b>Projected Levels of Investment from All Sources Are Adequate for Expansion of ECD Services as Planned:<sup>f</sup></b>								
Strongly agree	1.4	0.0	0.0	0.0	0.0	20.0	0.0	0.0
Agree	16.2	20.0	33.3	7.7	16.7	0.0	16.7	14.3
Disagree	51.4	66.7	55.6	46.2	66.7	40.0	58.3	28.6
Strongly disagree	17.6	0.0	11.1	23.1	0.0	40.0	8.3	42.9
No expansion is planned	13.5	13.3	0.0	23.1	16.7	0.0	16.7	14.3

**Table I.9. ECD Policy (Q.7–Q.11: Percentage Unless Otherwise Noted) (Continued)**

	Total	CEECIS <sup>a</sup>	EAPR <sup>a</sup>	ESAR <sup>a</sup>	MENA <sup>a</sup>	ROSA <sup>a</sup>	TACR <sup>a</sup>	WCAR <sup>a</sup>
Areas Where There Are Future Funding Gaps: <sup>d</sup>								
Infrastructure/physical resources	20.3	13.3	11.1	30.8	33.3	40.0	8.3	21.4
Staff (number and training)	20.3	0.0	11.1	38.5	33.3	40.0	33.3	7.1
Reaching underserved/ disadvantaged groups	10.8	20.0	22.2	0.0	16.7	20.0	8.3	0.0
Support/training for parents	9.5	6.7	11.1	7.7	0.0	0.0	0.0	28.6
Capacity and development	8.1	6.7	0.0	7.7	16.7	40.0	8.3	0.0
Monitoring, evaluation, and research	8.1	0.0	0.0	7.7	0.0	20.0	25.0	7.1
Nutrition and health	2.7	0.0	0.0	0.0	0.0	0.0	8.3	7.1
Community centers and services	1.4	0.0	11.1	0.0	0.0	0.0	0.0	0.0
Other	27.0	6.7	33.3	23.1	50.0	40.0	41.7	21.4
<b>Sample Size</b>	<b>19–74</b>	<b>8–15</b>	<b>2–8</b>	<b>3–13</b>	<b>3–6</b>	<b>0–5</b>	<b>1–13</b>	<b>2–14</b>

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

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

<sup>a</sup>Regions are based on UNICEF definitions.

<sup>b</sup>Eight countries gave multiple responses and were not included in this table.

<sup>c</sup>For countries who have mainstreamed ECD policy. No ROSA countries mainstreamed ECD policy, hence the table shows “N/A” (Not Applicable).

<sup>d</sup>Respondents could indicate more than one area.

<sup>e</sup>For countries who have a national ECD policy/strategy.

<sup>f</sup>One country gave multiple responses and was not included in this part of the table.

CEECIS=Central and Eastern Europe and the Commonwealth of Independent States; EAPR=East Asia and the Pacific Region; ESAR=Eastern and Southern Africa Region; MENA=Middle East and North Africa; ROSA=Regional Office of South Asia; TACR=the Americas and Caribbean Region; WCAR=West and Central Africa Region; ECD= Early Child Development; UNICEF=United Nations Children’s Fund.

**Table I.10. Need for ECD Capacity Building (Q.12–Q.15: Percentage Unless Otherwise Stated)**

	Total	CEECIS <sup>a</sup>	EAPR <sup>a</sup>	ESAR <sup>a</sup>	MENA <sup>a</sup>	ROSA <sup>a</sup>	TACR <sup>a</sup>	WCAR <sup>a</sup>
The Ability of UNICEF Country Office Staff to Articulate to Partners or Policy Makers What ECD Is and What Needs to Be Done to Meet Country Policy and Programme Goals Has Increased Over the Last Four Years:								
Strongly agree	30.7	33.3	55.6	23.1	16.7	20.0	30.8	28.6
Agree	50.7	53.3	33.3	46.2	50.0	80.0	69.2	35.7
Disagree	17.3	13.3	11.1	30.8	33.3	0.0	0.0	28.6
Strongly disagree	1.3	0.0	0.0	0.0	0.0	0.0	0.0	7.1
Technical Support from the Regional Office Is:								
Adequate	53.3	80.0	55.6	53.8	50.0	0.0	53.8	42.9
Somewhat adequate	32.0	20.0	33.3	30.8	33.3	40.0	38.5	35.7
Not adequate	14.7	0.0	11.1	15.4	16.7	60.0	7.7	21.4
Type of Technical Support Required: <sup>b</sup>								
Knowledge sharing	10.7	0.0	22.2	7.7	50.0	40.0	0.0	0.0
Policy design and evaluation	8.0	6.7	0.0	15.4	0.0	0.0	7.7	14.3
Staff training	6.7	6.7	0.0	0.0	0.0	20.0	7.7	14.3
Other	9.3	6.7	11.1	15.4	0.0	20.0	7.7	7.1
UNICEF Country Office Staff Would Benefit from Additional Training or Guidance in: <sup>b</sup>								
Costing and financing	77.0	100.0	55.6	61.5	80.0	100.0	76.9	71.4
Targeting	67.6	73.3	55.6	69.2	80.0	80.0	46.2	78.6
Policy analysis/advocacy	66.2	80.0	44.4	61.5	60.0	80.0	69.2	64.3
Planning, evaluation and monitoring	58.1	53.3	66.7	46.2	80.0	60.0	69.2	50.0
Technical knowledge on ECD programming	21.6	13.3	22.2	23.1	40.0	40.0	15.4	21.4
Number of Areas Mentioned:								
1	8.1	0.0	33.3	7.7	0.0	0.0	7.7	7.1
2	25.7	13.3	22.2	46.2	20.0	0.0	38.5	21.4
3 or more	66.2	86.7	44.4	46.2	80.0	100.0	53.8	71.4
Average Number of Areas Mentioned	2.9 (1.0)	3.2 (0.8)	2.4 (1.4)	2.6 (1.0)	3.4 (1.1)	3.6 (0.9)	2.8 (1.1)	2.9 (0.9)
UNICEF Country Counterparts Would Benefit from Additional Training or Guidance in: <sup>b</sup>								
Costing and finance	85.3	100.0	77.8	76.9	83.3	80.0	84.6	85.7
Improvement of ECD access	80.0	66.7	44.4	100.0	100.0	80.0	84.6	85.7
Improvement of ECD quality	72.0	53.3	66.7	92.3	83.3	60.0	69.2	78.6
Gender equity/reaching marginalized and disadvantaged children	69.3	66.7	77.8	76.9	83.3	60.0	53.8	71.4
Development of national ECD policies	58.7	80.0	22.2	38.5	83.3	40.0	61.5	71.4
Implementation of existing ECD policies	57.3	66.7	44.4	69.2	66.7	60.0	46.2	50.0
Training of ECD service providers	57.3	40.0	55.6	61.5	50.0	40.0	61.5	78.6
Development of ECD materials	42.7	20.0	22.2	76.9	50.0	40.0	30.8	57.1
Other	4.0	0.0	22.2	0.0	0.0	0.0	0.0	7.1
Number of Areas Mentioned:								
1	1.3	0.0	11.1	0.0	0.0	0.0	0.0	0.0
2	1.3	0.0	0.0	0.0	0.0	20.0	0.0	0.0
3	9.3	6.7	22.2	0.0	0.0	0.0	23.1	7.1
4 or more	88.0	93.3	66.7	100.0	100.0	80.0	76.9	92.9

**Table I.10. Need for ECD Capacity Building (Q.12–Q.15: Percentage Unless Otherwise Stated)  
(Continued)**

	Total	CEECIS <sup>a</sup>	EAPR <sup>a</sup>	ESAR <sup>a</sup>	MENA <sup>a</sup>	ROSA <sup>a</sup>	TACR <sup>a</sup>	WCAR <sup>a</sup>
Average Number of Areas Mentioned	5.3 (1.6)	4.9 (1.1)	4.3 (1.8)	5.9 (1.6)	6.0 (1.3)	4.6 (1.8)	4.9 (1.5)	5.9 (1.5)
Sample Size	74–75	15	9	13	5–6	5	13	14

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

Note: Standard deviations in parentheses. Categories do not always add up to 100 because of rounding.

<sup>a</sup>Regions are based on UNICEF definitions.

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

CEECIS=Central and Eastern Europe and the Commonwealth of Independent States; EAPR=East Asia and the Pacific Region; ESAR=Eastern and Southern Africa Region; MENA=Middle East and North Africa; ROSA=Regional Office of South Asia; TACR=the Americas and Caribbean Region; WCAR=West and Central Africa Region; UNICEF=United Nations Children's Fund; ECD=Early Childhood Development.



**Table I.11. Knowledge Generation and Management (Q.16–Q.22: Percentage Unless Otherwise Noted)**

	Total	CEECIS <sup>a</sup>	EAPR <sup>a</sup>	ESAR <sup>a</sup>	MENA <sup>a</sup>	ROSA <sup>a</sup>	TACR <sup>a</sup>	WCAR <sup>a</sup>
Core ECD Indicators Are Defined and Agreed Upon for Use by Key Stakeholders in Your Country:								
Yes	32.0	26.7	55.6	38.5	0.0	40.0	15.4	42.9
No	68.0	73.3	44.4	61.5	100.0	60.0	84.6	57.1
Core Indicators Included in National Data System: <sup>b</sup>								
Enrollment/number of facilities	58.3	50.0	60.0	40.0	N/A	50.0	50.0	83.3
Child health indicators (e.g. stunting)	33.3	50.0	0.0	20.0	N/A	50.0	50.0	50.0
Child mortality	29.2	50.0	0.0	40.0	N/A	50.0	0.0	33.3
Other	16.7	0.0	40.0	0.0	N/A	0.0	0.0	33.3
Data on ECD Indicators Routinely Collected and Reported at Sub-National and National Levels								
Yes	44.4	40.0	55.6	53.8	16.7	80.0	30.8	42.9
No	56.0	60.0	44.4	46.2	83.3	20.0	69.2	57.1
Available Data on ECD Indicators Disaggregated by: <sup>cd</sup>								
Gender	72.0	73.3	77.8	92.3	50.0	100.0	53.8	64.3
Wealth/income	26.7	20.0	22.2	30.8	0.0	40.0	38.5	28.6
Geography	16.0	6.7	33.3	23.1	16.7	0.0	7.7	21.4
Other demographic characteristics (e.g. ethnicity)	9.3	13.3	11.1	0.0	0.0	40.0	0.0	14.3
Age	8.0	20.0	11.1	0.0	0.0	0.0	7.7	7.1
Health status	5.3	6.7	0.0	0.0	0.0	20.0	0.0	14.3
Other/not specified	5.3	6.7	0.0	7.7	0.0	0.0	15.4	0.0
Existing Data Are Adequate for Planning and Monitoring ECD Progress:								
Strongly agree	4.0	0.0	0.0	0.0	0.0	0.0	7.7	14.3
Agree	17.3	26.7	33.3	7.7	0.0	20.0	7.7	21.4
Disagree	68.0	60.0	66.7	84.6	100.0	80.0	76.9	35.7
Strongly disagree	10.7	13.3	0.0	7.7	0.0	0.0	7.7	28.6
UNICEF's Country Office Capacity to Use Data for Planning and Managing ECD Activities Has Increased in the Past Four Years								
Strongly agree	13.7	13.3	33.3	15.4	0.0	20.0	8.3	7.1
Agree	63.0	86.7	44.4	53.8	20.0	80.0	66.7	64.3
Disagree	20.5	0.0	22.2	30.8	80.0	0.0	16.7	21.4
Strongly disagree	2.7	0.0	0.0	0.0	0.0	0.0	8.3	7.1
Country Counterparts' Ability to Use Data for Planning and Managing ECD Activities Has Increased in the Past Four Years								
Strongly agree	4.1	0.0	11.1	7.7	0.0	20.0	0.0	0.0
Agree	51.4	66.7	66.7	38.5	16.7	60.0	58.3	42.9
Disagree	33.8	33.3	22.2	38.5	66.7	20.0	16.7	42.9
Strongly disagree	10.8	0.0	0.0	15.4	16.7	0.0	25.0	14.3
Overall UNICEF's Knowledge Acquisition and Use Regarding ECD Programming Has Improved Significantly in the Past Four Years								
Strongly agree	17.3	20.0	22.2	15.4	0.0	20.0	15.4	21.4
Agree	62.7	73.3	66.7	53.8	50.0	60.0	69.2	57.1
Disagree	17.3	6.7	11.1	30.8	50.0	0.0	15.4	14.3
Strongly disagree	2.7	0.0	0.0	0.0	0.0	20.0	0.0	7.1
<b>Sample Size</b>	<b>24–75</b>	<b>4–15</b>	<b>5–9</b>	<b>5–13</b>	<b>0–6</b>	<b>2–5</b>	<b>2–13</b>	<b>6–14</b>

**Table I.11. Knowledge Generation and Management (Q.16–Q.22: Percentage Unless Otherwise Noted)  
(Continued)**

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

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

<sup>a</sup>Regions are based on UNICEF definitions.

<sup>b</sup>For respondents who have defined and agreed upon core indicators. No MENA countries agreed on these indicators, hence the table shows “N/A” (Not Applicable).

<sup>c</sup>Respondents could indicate more than one option.

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

CEECIS=Central and Eastern Europe and the Commonwealth of Independent States; EAPR=East Asia and the Pacific Region; ESAR=Eastern and Southern Africa Region; MENA=Middle East and North Africa; ROSA=Regional Office of South Asia; TACR=the Americas and Caribbean Region; WCAR=West and Central Africa Region; ECD=Early Childhood Development; UNICEF=United Nations Children’s Fund.

**Table I.12. Equity and Reaching the Disadvantaged Marginalized (Q.23-Q.25: Percentage Unless Otherwise Noted)**

	Total	CEECIS	EAPR	ESAR	MENA	ROSA	TACR	WCAR
<b>Approaches to Targeting Disadvantaged and Marginalized Groups:<sup>b</sup></b>								
Developing new models and training	29.7	20.0	55.6	23.1	33.3	40.0	38.5	15.4
Target resources	29.7	33.3	22.2	30.8	33.3	80.0	23.1	15.4
Use community-based centers	18.9	20.0	11.1	30.8	33.3	20.0	0.0	23.1
Data collection/research	16.2	20.0	22.2	15.4	50.0	0.0	7.7	7.7
Parental education	14.9	20.0	11.1	0.0	0.0	0.0	7.7	46.2
Advocacy	12.2	6.7	11.1	0.0	33.3	20.0	23.1	7.7
Include in mainstream ECD programmes	6.8	13.3	0.0	7.7	0.0	20.0	7.7	0.0
Other	45.9	46.7	55.6	46.2	33.3	40.0	53.8	38.5
<b>Main Challenges in Expanding Services to Disadvantaged/ Marginalized Groups:<sup>b</sup></b>								
Lack of funding	62.7	60.0	44.4	69.2	83.3	40.0	69.2	64.3
Lack of coordination	45.3	73.3	22.2	46.2	50.0	40.0	30.8	42.9
Lack of capacity/training	44.0	26.7	44.4	30.8	50.0	60.0	53.8	57.1
Lack of access and awareness	33.3	20.0	22.2	30.8	33.3	80.0	46.2	28.6
Lack of data	18.7	26.7	11.1	23.1	0.0	0.0	23.1	21.4
No policy in place	17.3	20.0	22.2	30.8	16.7	0.0	15.4	7.1
Not viewed as a priority	17.3	33.3	11.1	0.0	0.0	0.0	15.4	35.7
Other	20.0	6.7	22.2	15.4	0.0	40.0	38.5	21.4
<b>Areas in Which a Significant Contribution Can Be Made to Extending Services to Disadvantaged and Marginalized Children and Families:<sup>b</sup></b>								
Improved targeting of existing resources	50.7	53.3	44.4	38.5	66.7	60.0	30.8	71.4
Improved capacity/training	49.3	53.3	44.4	46.2	66.7	40.0	46.2	50.0
Improved advocacy	46.7	46.7	44.4	53.8	33.3	80.0	53.8	28.6
Clarification of policy/strategy	40.0	0.0	22.2	53.8	50.0	40.0	38.5	42.9
Improved data	34.7	37.5	22.2	38.5	50.0	0.0	53.8	28.6
Increased funding	29.3	50.0	22.2	30.8	50.0	40.0	38.5	42.9
Improved coordination	26.7	12.5	11.1	38.5	16.7	40.0	30.8	35.7
Other	13.3	12.5	11.1	23.1	16.7	20.0	0.0	14.3
<b>Sample Size</b>	<b>74-75</b>	<b>15</b>	<b>9</b>	<b>13</b>	<b>6</b>	<b>5</b>	<b>13</b>	<b>13-14</b>

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

<sup>a</sup>Regions based on UNICEF definitions.

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

CEECIS=Central and Eastern Europe and the Commonwealth of Independent States; EAPR=East Asia and the Pacific Region; ESAR=Eastern and Southern Africa Region; MENA=Middle East and North Africa; ROSA=Regional Office of South Asia; TACR=the Americas and Caribbean Region; WCAR=West and Central Africa Region; ECD=Early Childhood Development; UNICEF=United Nations Children's Fund.



## **Part 2. 10-Country Indicator Ratings (Masked by Letter)**

As described in Chapter I and Appendix B, Table I.13 provides the evaluation ratings of each of the 10 countries on the indicators that address the research questions. The key to the rating for each indicator is provided in the same row as the indicator. The data sources used by the evaluation team to make the ratings are identified for each indicator. The data from this table were used throughout the report.

Table I.13. 10–Country Indicator Rating Table (Masked by Letter)

Indicators	Indicator Rating	A	B	C	D	E <sup>1</sup>	F	G	H	I <sup>2</sup>	J
<b>A. ALIGNMENT OF ECD PROGRAMMING WITH NATIONAL PRIORITIES AND GOALS</b>											
<b>1. ECD programming addresses priorities expressed in the Country Program Action Plan (CPAP)</b> Source <sup>3</sup> : CS	<u>x</u> : ECD programming does not align with the CPAP program strategy or program components.  <u>√</u> : ECD programming aligns with some, but not all of the CPAP program strategies or program components or some activities align, while others do not.  <u>√+</u> (Case study only): ECD programming aligns with all CPAP program strategies and program components.	√+	√+	√	√						
<b>2. UNICEF programming integrates multiple sectors to achieve holistic ECD</b> Source: CS, IS, DR	<u>x</u> : Programming focuses on a single sector/ is a stand alone programme  <u>√</u> : Programming focuses on more than 1 sector  <u>√+</u> (Case study only): Programming focuses on more than one 1 sector and the sectors coordinate/collaborate to promote holistic/comprehensive ECD.	√	√	X	√+	X	X	X	√	√	X
<b>3. Multiple partners/actors are involved in ECD</b> Source: CS, IS, DR	<u>x</u> : Only one government ministry is involved in ECD programming, one national and international NGOS, and one donor /development organization  <u>√</u> : Multiple government ministries are involved in ECD programming, as well as several national and international NGOS and donors  <u>√+</u> (Case study only): All relevant government ministries are involved in ECD implementation, as well as several national and international NGOS and donors	√	√+	√	√+	√	X	√	√	√	√

1 No response to internet survey. Ratings from document review only.

2 No response to internet survey. Ratings from document review only.

3 Sources: CS: Case studies; IS: Internet Survey; DR: Document Review.

Indicators	Indicator Rating	A	B	C	D	E <sup>1</sup>	F	G	H	I <sup>2</sup>	J
<b>B. PLANNING, MANAGEMENT, AND COORDINATION</b>											
<b>1. An ECD results framework provides clear guidance for steps that will lead to achievement of strategic results</b> Source: CS	<u>X</u> : No results framework exists for ECD <u>√</u> : A results framework exists and lists steps for achieving strategic results <u>√+ (Case study only)</u> : A results framework exists and provides clear and detailed guidance on steps for achieving strategic results	X	X	X	X						
<b>2. ECD-related monitoring and evaluation activities are used to track progress and promote continuous improvement</b> Source: CS	<u>X</u> : In the past four years, few or no ECD monitoring activities and evaluations have been conducted <u>√</u> : ECD monitoring and evaluation are conducted <u>√+ (Case study only)</u> : Monitoring and evaluation are routinely conducted and results are used to improve programming	√	√	X	X						
<b>3. Stakeholders report that intersectoral coordination on ECD occurs and is effective</b> Source: CS, IS	<u>X</u> : Stakeholders perceive intersectoral coordination to be ineffective (somewhat ineffective or ineffective) and/or program documents cite coordination as a challenge <u>√</u> : Stakeholders perceive intersectoral coordination to be effective (effective or highly effective) and/or program documents cite coordination as a success <u>√+ (Case study only)</u> : Stakeholders perceive that coordination is effective among <i>all</i> relevant entities	X	X	X	√+		X	√	X		X
<b>4. An interagency coordination network has been established</b> Source: CS, DR	<u>X</u> : An interagency coordination network has not been established <u>√</u> : An interagency coordination network has been established <u>√+ (Case study only)</u> : An interagency coordination network has been established and is very effective in coordinating programming and planning in ECD	√	√	√	X	X	√	√	√	X	X
<b>5. The rationale for allocation of GoN and other ECD funds across UNICEF country office sections and projects is clear</b> Source: CS	<u>X</u> : No clear rationale is provided <u>√</u> : A fairly clear rationale for allocation of GoN funds is provided <u>√+ (Case study only)</u> : A clear rationale for allocation of GoN funds is provided and is understood by all stakeholders	√+	√	√	X						

Indicators	Indicator Rating	A	B	C	D	E <sup>1</sup>	F	G	H	I <sup>2</sup>	J
<b>6. Programme activities produce outputs on time and do not exceed budgeted expenditures</b> Source: CS	<u>x</u> : Few (less than 30%) programme activities produce outputs on time and/or exceed budgeted expenditures <u>√</u> : Most programme activities (30-80%) produce outputs on time and do not exceed budgeted expenditures <u>√+</u> (Case study only): Almost all (more than 80%) programme activities produce outputs on time and do not exceed budgeted expenditures	√	√	N/A	√						
<b>C. PROGRAMME EFFECTIVENESS: COVERAGE OF ECD SERVICES</b>											
<b>1. Percentage of pre-primary children/children ages 3 to 5 attending early childhood development programmes is low*</b> Source: CS, DR	<u>x</u> : Less than 30% of preprimary/3-to-5-year olds attend early childhood development programs <u>√</u> : 30-80% of 3-to-5-year olds attend early childhood development programs <u>√+</u> : Over 80% of 3-to-5-year olds attend early childhood development programs	X	√	√	X	X	X	√	N/A	X	X
<b>2. Percentage of families reached by parent-focused or two-generation ECD interventions that begin early (prenatal to age 3) is high</b> Source: CS	<u>x</u> : Less than 30% of families reached by parent-focused or two-generation ECD interventions that begin early (prenatal to age 3) <u>√</u> : 30-80% of families reached by parent-focused or two-generation ECD interventions that begin early (prenatal to age 3) <u>√+</u> (Case study only): Over 80% of families reached by parent-focused or two-generation ECD interventions that begin early (prenatal to age 3)	X	X	N/A	X						
<b>D. PROGRAMMING EFFECTIVENESS: KNOWLEDGE GENERATION AND DISSEMINATION</b>											
<b>1. Evaluations/studies of ECD interventions have been completed</b> Source: CS, DR	<u>x</u> : Very few (0-2) evaluations or studies of ECD interventions have been completed <u>√</u> : Several (3-7) evaluations or studies of ECD interventions have been completed <u>√+</u> (Case study only): A large number (8 or more) high quality evaluations and studies related to relevant ECD issues, have been completed	√	X	√	√	X	N/A	X	X	N/A	X
<b>2. Results from evaluations/ studies of ECD programmes inform policy and planning</b>	<u>x</u> : Stakeholders indicate that evaluations and studies are not used for decisionmaking and/or mention a lack of information as a challenge for planning	√	X	√	√+						



Indicators	Indicator Rating	A	B	C	D	E <sup>1</sup>	F	G	H	I <sup>2</sup>	J
Source: CS	<p><u>√</u>: Stakeholders indicate that evaluations and studies are used for decisionmaking and/or mention availability of information as a facilitating factor for planning</p> <p><u>√</u>+ (Case study only): Results from evaluations and studies are explicitly cited in policy and programming documents, and/or form the basis of specific decisions (according to documented evidence)</p>										
<b>3. Core ECD indicators are defined and agreed upon for use by key stakeholders</b> Source: CS, IS	<p><u>x</u>: Core indicators are not defined or agreed upon for use by key stakeholders</p> <p><u>√</u>: Core ECD indicators are defined and agreed upon for use by key stakeholders</p> <p><u>√</u>+ (Case study only): A large number of core ECD indicators are defined and regularly used by key stakeholders</p>	X	√	√/X	X		√	√	√		X
<b>4. Data on ECD indicators are available (i.e. indicators related to children's wellbeing, school readiness, and other MICS types indicators)</b> Source: CS, IS, DR	<p><u>x</u>: Little data is collected on ECD indicators and/or program documents cite lack of data on ECD indicators as a challenge</p> <p><u>√</u>: Data on ECD indicators are available and/or program documents do not cite availability of data on ECD indicators as a challenge</p> <p><u>√</u>+ (Case study only): High quality data are regularly and systematically collected, and reported</p>	X	√	√	X	√	√	√	√	N/A	X
<b>5. Baseline data on ECD indicators have been collected in the country/region</b> Source: CS, DR	<p><u>x</u>: Baseline data on ECD indicators have not been collected in the country/region</p> <p><u>√</u>: Baseline data on ECD indicators have been collected in the country/region</p> <p><u>√</u>+ (Case study only): High quality baseline data on ECD indicators have been collected in the country/region and can be easily accessed by stakeholders</p>	X	√		X	X	N/A	X/√	X	X	
<b>6. Data on ECD outcomes are used for planning by country partners</b> <b>[REPEATED LATER]</b> Source: CS, IS	<p><u>x</u>: Little or no data on ECD outcomes are collected, or sufficient data exist, but are only rarely or minimally used in planning purposes</p> <p><u>√</u>: Existing data are sometimes analyzed and used for planning purposes. Mechanisms for data collection and analysis may exist, but are not entirely clear or standardized.</p>	X	X	X	X		√	√	X		X

Indicators	Indicator Rating	A	B	C	D	E <sup>1</sup>	F	G	H	I <sup>2</sup>	J
	<u>√+</u> (Case study only): Sufficient, good quality data are collected, analyzed, and used in planning, as evidenced by formal mechanisms for data feedback and analysis.										
7. The country has completed an evaluation study on parenting programmes Source: CS, DR	<u>x</u> : The country has not completed an evaluation study on parenting programmes <u>√</u> : The country has completed at least one evaluation study on parenting programmes <u>√+</u> (Case study only): One or more high quality evaluation study on parenting programmes have been completed and results have been widely disseminated	√	X	X	X	X	N/A	X	√	X	X
8. The country has completed an evaluation study on community-based ECD centres Source: CS, DR	<u>x</u> : The country has not completed an evaluation study on community-based ECD centres <u>√</u> : The country has completed at least one evaluation study on community-based ECD centres <u>√+</u> (Case study only): One or more high quality evaluation studies on community-based ECD centers have been completed and results have been widely disseminated	√	X	X	X	X	N/A	X	√/X	X	X
<b>E. PROGRAMMING EFFECTIVENESS: BUILDING CAPACITY FOR ECD</b>											
1. Planned outputs related to ECD capacity building (training, infrastructure development) have been achieved in the last four years Source: CS	<u>x</u> : Less than half of the planned capacity building activities have been carried out, or have been completed in the last four years <u>√</u> : More than half of the planned capacity building activities have been completed in the last four years <u>√+</u> (Case study only): All planned capacity building activities were carried out and completed as planned in the last four years	√	√	√	√						
2. Data on ECD outcomes are used for planning by country partners [REPETITION] Source: CS, IS	<u>x</u> : Little or no data on ECD outcomes are collected, or sufficient data exist, but are only rarely or minimally used in planning purposes <u>√</u> : Existing data is sometimes analyzed and used for planning purposes. Mechanisms for data collection and analysis exist <u>√+</u> (Case study only): Sufficient, good quality data are collected, analyzed, and used in planning, as evidenced by formal mechanisms for data feedback and analysis.	X	X	X	X		√	√	X		X

Indicators	Indicator Rating	A	B	C	D	E <sup>1</sup>	F	G	H	I <sup>2</sup>	J
<b>3. Service providers report and demonstrate improved practices related to ECD over the last four years</b>  Source: CS	<u>x</u> : Service providers do not report or demonstrate improved practices related to ECD, or report or demonstrate only slight improvement in capacity over the last four years  <u>√</u> : Some service providers report or demonstrate improved practices while others do not, or providers all report or demonstrate improved practices in some areas, but not in others over the last four years  <u>√+</u> (Case study only): Service providers from most or all relevant programs or levels report and demonstrate improved practices in key areas related to ECD over the last four years	√	√	√	√+						
<b>4. Parents report improved caregiving practices over the last four years</b>  Source: CS	<u>x</u> : Parents do not report improved caregiving practices, or do not know about key caregiving practices in the last four years  <u>√</u> : Parents report improved practices in some areas, but not in other important areas (i.e. in health, but not in cognitive stimulation) in the last four years  <u>√+</u> (Case study only): Parents report improved caregiving practices related to most or all key areas of ECD in the last four years	√	X	X	√+						
<b>5. UNICEF country office staff report increased ability to articulate ECD programming and policy goals to partners over the last four years</b>  Source: CS, IS	<u>x</u> : UNICEF staff indicate that there has been little improvement over the last four years in their ability to articulate to partners or policy makers what ECD is and what needs to be done to meet country policy and programme goals  <u>√</u> : UNICEF staff indicate that there have been improvements over the last four years in their ability to articulate to partners or policy makers what ECD is and what needs to be done to meet country policy and programme goals  <u>√+</u> (Case study only): UNICEF staff indicate and provide concrete and substantive examples of improvements in their ability to articulate ECD programming and policy goals to partners	√	√	√	√+		√	√	√		√
<b>6. UNICEF staff report increased ability to implement and/or support ECD programming over the</b>	<u>x</u> : UNICEF staff do not report improvements in their ability to implement or support ECD programming over the last four years  <u>√</u> : UNICEF staff report improvement in their ability to	√+	√	X	√+						

Indicators	Indicator Rating	A	B	C	D	E <sup>1</sup>	F	G	H	I <sup>2</sup>	J
last four years Source: CS	implement or support ECD programming over the last four years  <u>√+</u> (Case study only): UNICEF staff report improvements in their ability to implement or support ECD programming over the last four years and provide concrete and substantive examples of these improvements										
7. A capacity development plan for the country/region has been developed  Source: CS, DR	<u>x</u> : A capacity development plan for the country/region has not been developed  <u>√</u> : A capacity development plan for the country/region has been developed  <u>√+</u> (Case study only): A comprehensive capacity development plan for the country/region has been developed which specifies detailed implementation steps	X	√	X	X	√	X	√	√	X	X
8. A training of trainers workshop has been completed in country/region  Source: CS, DR	<u>x</u> : A training of trainers workshop has not been completed in country/region  <u>√</u> : A training of trainers workshop has been completed in country/region  <u>√+</u> (Case study only): Several training of trainers workshops have been completed in country/region	√+	√	X	X	√	N/A	√	X	√	√
9. Family/community ECD communication packages have been completed and are ready for use in the country  Source: CS, DR	<u>x</u> : Family/community ECD communication packages have been not been completed or have been completed and are not ready for use in the country  <u>√</u> : Family/community ECD communication packages have been completed and are ready for use in country  <u>√+</u> (Case study only): Family/community ECD communication packages have been completed and are being used in country	√+	X	√	√+	√	N/A	√	X	X	X
<b>F. PROGRAMMING EFFECTIVENESS: MAINSTREAMING ECD IN NATIONAL POLICIES AND PLANS</b>											
1. ECD policies have been adopted at the national level (prior to 2008)  Source: CS, IS, DR	<u>x</u> : There is no effort underway to adopt ECD policies, or ECD policy strategy is not yet in draft.  <u>√</u> : ECD policy strategy is in draft  OR  ECD policy/strategy is approved but not yet implemented  <u>√+</u> : ECD policy/strategy approved and under implementation or ECD policy elements are mainstreamed	X	√+	√+	X	X	√+	√+	√+	X	X

Indicators	Indicator Rating	A	B	C	D	E <sup>1</sup>	F	G	H	I <sup>2</sup>	J
	into other national policies strategies										
<b>2. ECD policies have been adopted at the national level (September 2010)</b> Source: CS, IS, DR	<u>X</u> : There is no effort underway to adopt ECD policies, or ECD policy strategy is not yet in draft. <u>√</u> : ECD policy strategy is in draft OR ECD policy/strategy is approved but not yet implemented <u>√+</u> : ECD policy/strategy approved and under implementation or ECD policy elements are mainstreamed into other national policies strategies	√	√+	√+	√	X	√+	√+	√+	√	√
<b>3. Roles and responsibilities on ECD are defined among government entities and sectors at the national and regional levels</b> Source: CS	<u>X</u> : Roles and responsibilities for ECD are not well defined at any level, or are defined for only one sector <u>√</u> : Roles and responsibilities are defined for all sectors, but not at all levels, or at all levels but not all sectors <u>√+</u> (Case study only): Roles and responsibilities are clearly defined for all levels and sectors Intersectoral coordination is reported to be highly effective	√	√+	√	√+						
<b>4. ECD-related allocations in national and sub-national budgets have increased over the last four years</b> Source: CS	<u>X</u> : ECD related allocations in national budgets and sub-national budgets have either remained stable or declined over the last four years <u>√</u> : ECD related allocations in national budgets and sub-national budgets have increased over the last four years <u>√+</u> (Case study only): ECD related allocations in national budgets and sub-national budgets have increased substantially over the last four years (by more than 30%)	√	√	X	√						
<b>G. QUALITY AND EFFICIENCY OF ECD SERVICES</b>											
<b>1. Proportion of sites/locations where ECD service quality meets or exceeds standards in the field (for staff-child or staff-parent ratio; content conveyed; child/family</b>	<u>X</u> : Less than half of the sites/locations meet ECD service quality standards <u>√</u> : More than half of the sites/locations meet ECD service quality standards <u>√+</u> (Case study only): Almost all sites meet ECD service quality standards	N/A	X	N/A	N/A						



Indicators	Indicator Rating	A	B	C	D	E <sup>1</sup>	F	G	H	I <sup>2</sup>	J
<b>2. National Plan of Action/ECD strategies, or proposed ECD programming have been costed</b> Source: CS, IS	<u>X</u> : National Plan of Action/Strategies, or proposed ECD programming have not been costed <u>√</u> : National Plan of Action/Strategies, or proposed ECD programming have been costed (includes single sector costing efforts) <u>√+</u> (Case study only): National Plan of Action/Strategies, or proposed ECD programming have been costed and budgets secured	X	√	√	X		√	√	X		X
<b>3. Country, province, and local budgets include projections for maintaining or increasing allocations for ECD</b> Source: CS	<u>X</u> : Country, province, and local budgets do not include projections for maintaining or increasing allocations for ECD <u>√</u> : Country, province, and local budgets include projections for maintaining or increasing allocations for ECD <u>√+</u> (Case study only): Country, province, and local budgets include projections for substantial increases in allocations for ECD	√	√	N/A	X						
<b>4. Stakeholders report ability to sustain existing services</b> Source: CS, IS	<u>X</u> : Stakeholders report that existing resources are not adequate for sustaining existing services or express concerns about the sufficiency of funding in program documents <u>√</u> : Stakeholders report that existing resources are adequate for sustaining existing services or express confidence about the sufficiency of funding in program documents <u>√+</u> (Case study only): Stakeholders are very confident that existing resources are more than adequate for sustaining existing services and that funding streams will remain secure in the future	X	X	X	X		X	√	X		X
<b>5. There are adequate resources for scaling up of ECD services</b> Source: CS, IS	<u>X</u> : UNICEF staff/program documents indicated that projected levels of investments from all sources are not adequate for planned expansions of ECD services. <u>√</u> : UNICEF staff/program documents agree that projected levels of investments from all sources are adequate for planned expansions. <u>√+</u> (Case study only): UNICEF staff/program documents agree that projected levels of investments from all sources are more than adequate for substantial expansions and	X	X	X	√/X		X	√	X		X

Indicators	Indicator Rating	A	B	C	D	E <sup>1</sup>	F	G	H	I <sup>2</sup>	J
that funding streams will remain secure in the future											
<b>6. Parenting programs have been taken to scale/are available throughout the country</b> Source: CS, DR	<u>x:</u> Parent programs have not been taken to scale/are not available throughout the country <u>√:</u> Parent programs have been taken to scale/are available throughout the country <u>√+ (Case study only):</u> High quality parent programs have been taken to scale/are available throughout the country in a sustainable manner	X	X	√	X	X	X	√	X	X	X
<b>7. Community-based ECD centres have been taken to scale</b> Source: CS, DR	<u>x:</u> Community-based ECD centres have not been taken to scale <u>√:</u> Community-based ECD centres have been taken to scale <u>√+ (Case study only):</u> High quality community-based ECD centres have been taken to scale in a sustainable manner	X	X	√	X	X	X	√	X	X	X
<b>8. Programming for ECD in emergencies has been taken to scale</b> Source: CS, DR	<u>x:</u> Programming for ECD in emergencies has not been taken to scale <u>√:</u> Programming for ECD in emergencies has been taken to scale <u>√+ (Case study only):</u> High quality programming for ECD in emergencies has been taken to scale in a sustainable manner	N/A	X	X	X	X	N/A	X	X	X	X
<b>I. HUMAN RIGHTS-BASED APPROACH AND GENDER EQUITY</b>											
<b>1. Both rights bearers and duty holders provide input in program design and/or implementation</b> Parents, ECD service providers, and other stakeholders are involved in programme design and implementation Source: CS, DR	<u>x:</u> The input of both rights bearers and duty holders is not solicited or secured in program design and/or implementation <u>√:</u> The input of both rights bearers and duty holders is solicited and secured in aspects of program design and implementation <u>√+ (Case study only):</u> The input of both rights bearers and duty holders is very actively solicited and provided in program design and implementation and influences program decisionmaking	√	√	√	√+	N/A	N/A	√	N/A	N/A	N/A



Indicators	Indicator Rating	A	B	C	D	E <sup>1</sup>	F	G	H	I <sup>2</sup>	J
<b>2. National and local context (knowledge, beliefs, gender and cultural differences) are taken into account in programme planning and implementation</b> Source: CS	<u>X</u> : Program planning and implementation pay insufficient attention to the national and local context <u>√</u> : Program planning and implementation pay sufficient attention to the national and local context <u>√+</u> (Case study only): Program planning and implementation pay a great deal of attention to the national and local context	√	√+	√	√+						
<b>3. National ECD policies and programming mentions targeting marginalized groups as a priority</b> Source: CS, IS, DR	<u>X</u> : National ECD policies and programming do not mention targeting disadvantaged/marginalized groups <u>√</u> : National ECD policies and programming mention targeting disadvantaged/marginalized groups as priority <u>√+</u> (Case study only): National ECD policies and programming mention targeting disadvantaged/marginalized groups as a priority and discuss issues related to them in detail	√	√	√	√	N/A	√	√	√/X	N/A	√
<b>4. National ECD policies mention specific approaches for targeting disadvantaged/marginalized groups</b> Source: CS, DR	<u>X</u> : National ECD policies do not mention specific approaches for targeting disadvantaged/marginalized groups and/or country offices are unable to provide any examples of efforts to reach disadvantaged and marginalized groups <u>√</u> : National ECD policies mention specific approaches for targeting disadvantaged/marginalized groups and country offices are able to offer only a few examples of effort to reach disadvantaged and marginalized groups (one to three) <u>√+</u> (Case study only): National ECD policies mention specific approaches for targeting disadvantaged/marginalized groups and country offices are able to offer several concrete examples of efforts to reach disadvantaged and marginalized groups (more than three)	X	X	X	X						
<b>5. Parents, policymakers, and other stakeholders report that access for disadvantaged/less reached has increased over the last four years</b> Source: CS	<u>X</u> : Parents, policymakers, and other stakeholders report that access for disadvantaged/less reached has decreased or remained stable <u>√</u> : Parents, policymakers, and other stakeholders report that access for disadvantaged/less reached has increased <u>√+</u> (Case study only): Parents, policymakers, and other stakeholders report that access for disadvantaged/less	X	√	√	X						

Indicators	Indicator Rating	A	B	C	D	E <sup>1</sup>	F	G	H	I <sup>2</sup>	J
	reached has increased by more than 30%										
<b>6. Coverage data indicate access among the most disadvantaged to services has increased over the last four years</b> Source: CS, DR	<u>X</u> : Coverage data indicate access among the most disadvantaged to services has decreased or remained stable <u>√</u> : Coverage data indicate access among the most disadvantaged to services has increased <u>√+ (Case study only)</u> : Coverage data indicate access among the most disadvantaged to services has increased by more than 30%	X	N/A	√	N/A			√			
<b>7. Men and women are equally represented in policymaking positions related to ECD</b> Source: CS	<u>X</u> : Representation of men and women in policymaking positions related to ECD is very unequal and little effort is made to promote gender parity <u>√</u> : Representation of men and women in policymaking positions related to ECD is fairly equal and efforts are made to promote gender parity <u>√+ (Case study only)</u> : Representation of men and women in policymaking positions related to ECD is fairly equal and vigorous efforts are made to promote and sustain gender parity	√	√	N/A	√+						
<b>8. Boys and girls are served in equal numbers in ECD interventions</b> Source: CS	<u>X</u> : There is little gender equity in ECD service provision (4 or more percentage point difference) <u>√</u> : There is a fair amount of gender equity in ECD service provision (no more than 1 to 3 percentage point difference) <u>√+ (Case study only)</u> : There is complete gender equity in ECD service provision (less than 1 percentage point difference)	√	√+	√	√+						
<b>9. Policymakers and service providers monitor issues of gender equity in service provision and access</b> Source: CS	<u>X</u> : Policymakers and service providers do not monitor issues of gender equity in service provision and access <u>√</u> : Policymakers and service providers monitor issues of gender equity in service provision and access <u>√+ (Case study only)</u> : Policymakers and service providers actively monitor issues of gender equity in service provision and access and use data to promote gender parity	√+	√	√+	X						

Indicators	Indicator Rating	A	B	C	D	E <sup>1</sup>	F	G	H	I <sup>2</sup>	J
<b>10. Policymakers and service providers monitor issues of equity in service provision and access for disadvantaged and marginalized groups</b> Source: CS	<u>X</u> : Policymakers and service providers do not monitor issues of equity in service provision and access for disadvantaged and marginalized groups <u>√</u> : Policymakers and service providers monitor issues of gender equity in service provision and access for disadvantaged and marginalized groups <u>√+ (Case study only)</u> : Policymakers and service providers actively monitor issues of gender equity in service provision and access and use data to promote gender parity for disadvantaged and marginalized groups	X	√	√	X						
<b>11. ECD indicators currently monitored are disaggregated by gender</b> Source: CS, IS	<u>X</u> : ECD indicators currently monitored are not disaggregated by gender <u>√</u> : ECD indicators currently monitored are disaggregated by gender <u>√+ (Case study only)</u> : ECD indicators currently monitored are disaggregated by gender and these data are used to promote gender equity	√	√+	√	X		√	√	√		X
<b>12. ECD indicators are disaggregated by wealth/income</b> Source: CS, IS	<u>X</u> : ECD indicators are not disaggregated by wealth/income <u>√</u> : ECD indicators are disaggregated by wealth/income <u>√+ (Case study only)</u> : ECD indicators are disaggregated by wealth/income and these data are used to promote equity in provision of service to lower income groups	√	√	X	X		X	X	√		X

N/A = Not available.

## **Part 3:     Additional Tables by Chapter**



**Table I.14. Timeline of Key ECD-Related Milestones and Activities Influencing UNICEF's Work**

Year	Milestone/Activity
1970s	Executive Board provides UNICEF with ECD country programme guidance
1974	<i>The Young Child: Approaches to Action in Developing Countries</i> draft report and recommendations articulates the association between psychosocial development and child survival
1984	Consultative Group on Early Childhood Care and Development established
1989	United Nations (UN) adopts <i>Convention on the Rights of the Child</i>
1990	World Summit for Children held at the UN (New York City, USA)— <i>Declaration on the Survival, Protection, and Development of Children</i> adopted World Conference on Education (Jomtien, Thailand)— <i>World Declaration on Education for All</i> adopted Jung Chen Conference: ECD role in education highlighted
1994	Early Childhood Development Network for Africa established (by 2000, merges with the Association for the Development of Education in Africa's Working Group on ECD)
1996	UNICEF Mission Statement promotes ECD
1998	UNICEF adopts <i>Human Rights-based Approach to Programming</i>
2000	World Education Forum (Dakar, Senegal)— <i>Dakar Framework for Action</i> adopted
2001	UNICEF's <i>State of the World's Children</i> report published UN General Assembly endorses the <i>Millennium Development Goals</i>
2002	United Nations Special Session on Children—ratification of <i>A World Fit for Children</i>
2002-2004	UNICEF receives funding from the GoN for ECD
2002-2005	First Medium-Term Strategic Plan adopted by UNICEF prioritizes IECD
2003-2004	UNICEF develops the <i>UNICEF Early Childhood Resource Pack</i>
2004	<i>IECD Task Manager's Thematic Report</i> and <i>Executive Director's Annual Report to the Executive Board</i> summarize progress on 5 IECD targets
2005	UNICEF and partners sponsor publication of <i>Planning Policies for Early Childhood Development: Guidelines for Action</i>
2005-2006	MICS3 includes ECD module
2006	Global Consultation on ECD drafts action plan for ECD in emergencies and in transition EFA Global Monitoring Report on ECD Global Conference on Acquired Immune Deficiency Syndrome (AIDS) has strong ECD presence UNICEF's ECD Unit publishes "Programming Experiences in Early Childhood Development"
2006-2013	Second Medium-Term Strategic Plan adopted by UNICEF mentions ECD as part of key focus areas aligned with the MDGs; extension through 2013 retains the same structure
2007	Global Monitoring Report published: <i>Strong Foundations: Early Childhood Care and Education</i>
2008-2010	UNICEF-GoN Cooperation Programme on ECD funded
2008	UNICEF CEE/CIS RO publishes <i>Early Childhood Development in the CEE/CIS Region: Situation and Guidance</i> UNICEF EAPRO supports launch of the Asia-Pacific Regional Network for Early Childhood (ARNEC)
2009-2011	MICS4 includes revised ECD module
2009	UNICEF HQ NY hosts the ECD Dutch-Funded Programme First Annual Progress and Review Seminar UNICEF publishes <i>State of the World's Children 2010: Celebrating 20 Years of the Convention on the Rights of the Child</i>
2010	UNICEF HQ NY hosts the Global Consultation on the Early Childhood Development Research Agenda UNICEF HQ Brussels hosts the Global ECD Network Meeting

Source: UNICEF ECD Unit 2006, 2008, 2009. ECD Evaluation Executive Interviews.

Table I.15. ECD Framework in the 2006–2013 MTSP

**A. Priority ECD Interventions**

<i>MTSP Result Area</i>	<i>MTSP Reference</i>	<i>Key ECD Interventions</i>
Increase the proportion of families with <b>caring practices which improve young child</b> survival, protection, growth and <b>development</b> , with emphasis on disadvantaged groups	FA1/KRA2/ <u><b>OT8</b></u>	<ul style="list-style-type: none"> <li>To scale-up effective, integrated parenting programmes for marginalized families</li> </ul>
<b>Increase the number of countries with sectoral policies</b> that support maternal, newborn and CSGD (health, nutrition, <b>ECD</b> and WASH)	FA1/KRA2/ <u><b>OT10</b></u>	<ul style="list-style-type: none"> <li>To scale-up development, implementation, budgeting and monitoring of comprehensive ECD policies</li> <li>To support social protection measures for deprived families with young children</li> <li>Support/conduct cost effectiveness and cost-benefit analysis of ECD interventions</li> <li>Support assessment of essential ECD programmes commodities</li> </ul>
Support national capacity to <b>increase children's access to quality early childhood care and education</b> in order to improve children's developmental readiness and to ensure that children start primary school on time, especially marginalized children	FA2/ <u><b>KRA1</b></u> (OT1 & OT2)	<ul style="list-style-type: none"> <li>Advocate for increased investment in universal school readiness</li> <li>Scale-up quality community based ECD interventions</li> <li>Develop and support national standards and assessment tools to monitor school and developmental readiness in ECD programmes</li> <li>Support developmental readiness interventions, including appropriate health, hygiene promotion, nutrition and other early interventions with primary school</li> <li>Encourage teaching/learning processes to ease transition from home to school</li> </ul>

**B. Supportive ECD Interventions**

<i>MTSP Result Area</i>	<i>MTSP Reference</i>	<i>Key ECD Interventions</i>
Improve complementary feeding practices with emphasis on disadvantaged populations groups	FA1/KRA1/ <u><b>OT1</b></u>	<ul style="list-style-type: none"> <li>Advocacy and technical support to integrated IYCF/Early stimulation, responsive and sensitive care interventions</li> </ul>

<i>MTSP Result Area</i>	<i>MTSP Reference</i>	<i>Key ECD Interventions</i>
Increase coverage of high-impact preventive and outreach interventions for women, girls and boys, with focus on reaching population groups with low coverage levels	FA1/KRA2/ <b><u>OT4</u></b>	<ul style="list-style-type: none"> <li>• To scale-up Care for Child Development Intervention by mainstreaming it into high-impact interventions</li> <li>• Inclusion of psychosocial care into growth monitoring and promotion programmes</li> <li>• Support alternative strategies for reaching marginalized/unreached children with health, nutrition, WASH and ECD interventions</li> </ul>
Increase coverage and quality of clinical services, including pneumonia, diarrhea and acute malnutrition, for women, girls and boys, at facility and community level, with focus on reaching population groups with low coverage levels	FA1/KRA2/ <b><u>OT6</u></b>	<ul style="list-style-type: none"> <li>• Support district health systems and delivery strategies using integrated campaigns and other similar approaches combining health, nutrition, WASH and ECD interventions</li> <li>• Provide comprehensive counseling services which include core health, nutrition, WASH and ECD messages</li> </ul>
Increase coverage and quality of maternal and newborn intervention packages, including maternal and neonatal tetanus immunization, <b>early childhood development</b> , antenatal care, skilled birth attendance and emergency obstetric care, with emphasis on population groups with low coverage levels	FA1/KRA2/ <b><u>OT7</u></b>	<ul style="list-style-type: none"> <li>• To scale-up new WHO package on Early Stimulation of pre-term newborns</li> <li>• Inclusion of Early Stimulation, responsive and sensitive care into Home visiting projects</li> </ul>
Ensure that poverty reduction strategy papers (PRSP), national budgets, United Nations Development Assistance Frameworks (UNDAF), <b>government sectoral policies, plans and budgets</b> (in health, nutrition, WASH and <b>ECD</b> ) are evidence-based and support high-impact, measurable and synergistic interventions to achieve the MDGs	FA1/KRA2/ <b><u>OT11</u></b>	<ul style="list-style-type: none"> <li>• To ensure that national development policies, plans and other similar document address key ECD issues identified</li> </ul>
In all programme countries, scale up water and sanitation services in a sustainable and equitable fashion	FA1/KRA3/ <b><u>OT12</u></b>	<ul style="list-style-type: none"> <li>• To incorporate early childhood habit formation (hand washing and personal hygiene) into relevant WASH promotional interventions</li> </ul>
In humanitarian situations (both acute and protracted), every child is covered with life-saving interventions	FA1/ <b><u>KRA4</u></b> /OT13	<ul style="list-style-type: none"> <li>• To incorporate Early stimulation, responsive and sensitive care into relevant health, nutrition and WASH interventions in emergencies</li> </ul>
Restore education after emergencies and in post-crisis situations following sudden onset humanitarian crisis and/or during protracted crisis	FA2/ <b><u>KRA4</u></b> /OT9	<ul style="list-style-type: none"> <li>• Support the establishment of safe learning and play spaces in emergency settings</li> <li>• Provide ECD kits and ECD learning materials</li> </ul>



<i><b>MTSP Result Area</b></i>	<i><b>MTSP Reference</b></i>	<i><b>Key ECD Interventions</b></i>
In high prevalence countries, increase to at least 30% the proportion of vulnerable children whose households received external care and support from nonfamily sources that supplement existing family-based activities	FA3/ <u>KRA2/OT5</u>	<ul style="list-style-type: none"> <li>To incorporate Early stimulation, responsive and sensitive care into PMTCT and relevant family and community based interventions for OVC</li> </ul>
<ul style="list-style-type: none"> <li>Better child protection systems that include national laws, policies and services across sectors, in particular justice and social protection, to protect all children from violence, exploitation and abuse</li> <li>Reduce social acceptance of practices harmful to children</li> </ul>	<ul style="list-style-type: none"> <li>FA4/<u>KRA1</u> (OT3 &amp; OT4)</li> <li>KRA2/<u>OT5</u></li> </ul>	<ul style="list-style-type: none"> <li>To include positive child rearing and disciplining practices into child protection interventions and systems</li> <li>To include prevention of violence /CAN and promote birth registration in ECD family and community based interventions</li> </ul>
Girls' and boys' right to protection from violence, abuse and exploitation is sustained and promoted including psychosocial support to children and families, as well as prevent sexual and gender-based violence	FA4/ <u>KRA3/OT7</u>	<ul style="list-style-type: none"> <li>Support the establishment of a mental health and psychosocial support especially for young children and their caregivers</li> </ul>
<ul style="list-style-type: none"> <li>Support national capacity to collect, analyse and disseminate strategic information on the situation of children and women</li> <li>With partners, generate and disseminate high-quality research and analysis, addressing the implications of international policy frameworks, national legislation and public policies for the rights of women and children</li> </ul>	<ul style="list-style-type: none"> <li>FA5/<u>KRA1</u>/OT1, OT2 &amp; OT3</li> <li>KRA2/<u>OT5</u></li> </ul>	<ul style="list-style-type: none"> <li>Support generation, use and dissemination of data defining child's holistic development, wellbeing as well as home and policy environment</li> </ul>

<i>MTSP Result Area</i>	<i>MTSP Reference</i>	<i>Key ECD Interventions</i>
Policy advocacy, dialogue and leveraging	FA5/ <b>KRA3</b> /OT6 & OT7	<ul style="list-style-type: none"> <li>• Provide evidence-gathering, research, analysis and good practices on ECD interventions to international and national forums</li> <li>• Monitor coverage of ECD interventions with particular focus on poor, marginalized and vulnerable groups</li> <li>• Contribute to evidence base on ECD programming</li> <li>• Support ECD module in MICS and other data collection systems</li> <li>• Support action research to analyse risks and potential impact of changing family environment and dynamics due to urbanization, migration and climate change</li> <li>• Policy advocacy to promote, monitor and document young child's rights and increase resource allocation to early childhood development</li> </ul>

*C. Other ECD Interventions*

<i>Area</i>	<i>MTSP Reference</i>	<i>Key ECD Interventions</i>
Promote gender equality	Cross-sectoral	<ul style="list-style-type: none"> <li>• Policy advocacy to promote <i>quality and affordable child care</i> as part of women empowerment and gender equality interventions</li> </ul>

Source: UNICEF Headquarters ECD Unit (2011).

**Table I.16. Overview of Planned ECD Service Delivery Strategies, Target Outcomes, and Indicators in the Case Study Countries<sup>a</sup>**

Service Delivery Strategies	Outcomes/Targets	Indicators
<b>Cambodia</b>		
Provide pre-primary education through three publicly-supported programmes: (1) state preschools for children ages 3 to 5, (2) community preschools for children ages 3 to 5, and (3) a home-based programme for parents and children from birth to age 5.	30 percent of children from 3 to age 5 attend ECD programmes organized at home, in their community, or at school	Percentage of children ages 3 to 5 attending the three publicly supported ECD programmes
Offer community-level services to promote health and nutrition including immunizations, micronutrient supplementation, breastfeeding promotion, and education on childhood illnesses and stimulation of children's development.	Expansion of services that include ECD messages and begin during pregnancy and continue through school entry	Percentage of families or villages reached by parent-focused or two generation ECD interventions that begin early (prenatal to age 3)
Provide parenting support sessions at the village level in UNICEF-supported districts that includes stages of development, activities to do with children, and health and safety advice.		
Through NGO partners, provide community-based rehabilitation (CBR) services for a small proportion of children with disabilities.	None specified	None specified
<b>Ghana</b>		
Provide pre-primary education via kindergarten for children ages 4 and 5 through Ghana's free and compulsory basic education system.	An increase in educational access and participation in kindergarten; GER and NER of 70 and 50 percent by 2010; 70 percent of primary schools have kindergartens attached to them by 2010	School enrollment rates  Percent of primary schools with kindergartens attached to them
Offer a range of maternal, infant, and children health and nutrition services through the High Impact Rapid Delivery (HIRD) package, the Roll Back Malaria campaign, the National Health Insurance Scheme, a school-focused WASH initiative, and the Ghana School Feeding Programme.	Implementation of school WASH in deprived districts	Percentage of districts with school WASH interventions implemented
Offer social protection through birth registration and the Livelihood Empowerment Against Poverty (LEAP) cash transfer initiative for extremely poor households, targeting caregivers of OVCs, the elderly, and the severely disabled.	Increase in registered births to 90 percent of children registered within a year of their birth by 2010	Percent of children registered within a year of their birth
<b>Nepal</b>		
Provide center-based ECD services for children ages 3 and 4. Centers may be school-based or community-based.	Increased availability and participation in ECD services; 80 percent GER in ECD centers and 80 percent of grade 1 students having some ECD experience by 2015-2016; One ECD center in each of the category 3 and 4 Village Development Committee (VDC) settlements in UNICEF-supported districts by 2010	ECD center GER and percent of grade 1 students having some ECD experience  Number of ECD centers in each Village Development Committee (VDC) settlement in UNICEF-supported districts

Service Delivery Strategies	Outcomes/Targets	Indicators
<p>Offer parent orientation (PO) classes to improve parents' knowledge, attitudes, and practices about child health and nutrition, early learning, prenatal and postnatal care, birth registration, gender discrimination, and importance of early childhood education.</p> <p>Launch awareness raising campaigns such as radio programmes, to raise awareness of ECD issues among parents and community members.</p> <p>Provide health services for infants and young children through a network of Female Community Health Volunteers (FCHVs) who link rural communities to the health care system.</p> <p>Provide integrated messages about the importance of cognitive stimulation and play for young children into a micronutrient-powder-supplement programme carried out by FCHVs.</p>	<p>Increased availability and participation in ECD services; 80 percent of parents of children ages 3 to 5 in UNICEF-supported districts receive parenting orientation and messages about the importance of ECD by 2010</p>	<p>Percent of parents of children ages 3 to 5 in UNICEF-supported districts receive parenting orientation and messages about the importance of ECD</p>
<b>Tanzania</b>		
<p>Offer center-based care for children ages 3 and 4 through community-based day care centers.</p>	<p>Increased numbers of children accessing day care and preprimary education compared with baseline; ECD framework and curriculum and integrated community models implemented in selected wards in UNICEF-supported districts by 2010</p>	<p>Implementation of community models and integration of ECD curriculum in UNICEF-supported districts</p>
<p>Provide pre-primary education for children ages 5 and 6 by establishing preprimary classrooms within each primary school and providing capitation grants for preprimary students.</p>	<p>None specified</p>	<p>NER in primary schools in UNICEF-supported districts</p>
<p>Provide C-IMCI services through trained volunteer health workers in 107 mainland districts. Workers typically receive five days of training. In UNICEF-supported districts, workers receive an additional five days of training on psychosocial development and cognitive stimulation for young children.</p>	<p>Increased numbers of parents trained by community health workers in psychosocial development and cognitive stimulation; at least 30 percent of children under age 3 have access to community-based ECD services, defined by one of the following: receipt of at least one C-IMCI visit in the previous three months, attendance at a day care center, caregiver has knowledge of ECD, caregiver has an ECD card for monitoring children's developmental milestones, or the village has two volunteer health workers trained to orient parents of children under age 3 about ECD</p>	<p>Percent of children under age 3 who have access to community-based ECD services</p>

Source: ECD Country Case Study Reports.

<sup>a</sup> Not all strategies have target outcomes and indicators linked to them. In some cases it is because the data are not available to track the outcomes and indicators, and in other cases they have not yet been specified. This is noted as "none specified" in the appropriate cells.

C-IMCI = Community-Integrated Management of Childhood Illness ; ECD = early childhood development; GER = gross enrollment rate; NER = net enrollment rate; NGO = non-governmental organization; OVC = orphans and vulnerable children; WASH = water, sanitation, and hygiene.

