

GLOBAL FORMATIVE EVALUATION OF EARLY CHILDHOOD DEVELOPMENT AND EARLY STIMULATION AND RESPONSIVE CARE, 2014-2021

INCEPTION REPORT

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ACRONYMS

CEDAW - Convention on the Elimination of All Forms of Discrimination Against Women

CO – UNICEF Country Office

CRC - Convention on the Rights of the Child

CRPD - Convention on the Rights of Persons with Disabilities

DOC – UNICEF Division of Communication

ECD – Early Childhood Development

EO – UNICEF Evaluation Office

ERG – Evaluation Reference Group

L2 – Level two emergency, per UNICEF classification

PD – UNICEF Programme Division

RO – UNICEF Regional Office

SDGs - Sustainable Development Goals

UNICEF – United Nations International Children’s Emergency Fund

WCAR – UNICEF West and Central Africa Regional Office

INTRODUCTION

1. This inception report provides a description of the context, purpose, design and proposed methodology for the formative evaluation of UNICEF's work in early childhood development (ECD). In particular, the evaluation examines UNICEF's global leadership for ECD, as well as the organization's support to national governments in an effort to ensure parents and adult caregivers provide appropriate early stimulation and responsive care to young children as a basis for their healthy development, school readiness and on-time enrolment into pre-primary and primary school.
2. This inception report is guided by a Terms of Reference (see Annex A), evaluation planning consultations with UNICEF's Evaluation Office, UNICEF's global ECD Section in the Programme Division, Data and Analytics Section, the Division of Communication, ECD Regional Advisors from the West and Central Regional Office, and the Mali Country Office Representative. The evaluation team also conducted an initial desk review of relevant global UNICEF programme documents and secondary monitoring data, as well as academic research. The report describes: 1) the global context for the evaluation and UNICEF's shift in its approach to early childhood development and early stimulation and responsive care; 2) the proposed evaluation design and methodology; and 3) the evaluation work plan.

EVALUATION PURPOSE, OBJECTIVES, SCOPE AND AUDIENCE

3. **Evaluation Purpose.** The main purpose of the evaluation is to draw lessons from policy, advocacy and programming strategies and interventions that can inform good practices and appropriate course corrections in UNICEF's work in ECD, and in early stimulation and responsive care interventions in particular. The secondary objective of the evaluation is to provide evidence for accountability and oversight purposes within UNICEF and relevant cooperating partners.
4. **Evaluation Objectives.** The objectives of the evaluation are associated with three themes: 1) UNICEF's Global Leadership - to assess the internal coherence and impact of UNICEF's global leadership in early childhood development; 2) Systems Strengthening – to analyze UNICEF's contributions and effectiveness in strengthening national capacity and systems to implement and scale early stimulation and responsive care programs and services; and 3) Program Delivery and Quality – to assess the relevance and impact of UNICEF's direct support for vulnerable children, parents and caregivers participating in early stimulation and responsive care programs in low-resource and emergency settings.
5. **Evaluation Scope.** The evaluation focuses on the early moments of life - from birth to age of entry into primary school (noting that the ages vary by country context). The evaluation will assess UNICEF's leadership, support and contributions to strengthening health, education and social protection systems for ECD and early stimulation and responsive care programs and services on a global, regional and country level. UNICEF's contributions in preparing frontline workers, parent and caregiver outcomes and child development impacts will be assessed on a country level through selected programs representing both development and humanitarian contexts.
6. While the health sector is included in our analysis, it should be noted that the evaluation focuses primarily on children's cognitive and social emotional developmental outcomes, rather than a child's physical development. Thus, while we acknowledge that early stimulation is important for breastfeeding, we will not be examining nutrition and health outcomes, but rather, how early learning and child protection programming are integrated into the health delivery system. Thus, we consider nutrition, hygiene and maternal health as foundational for children's early learning and development.

7. The evaluation is both retrospective and prospective (forward looking), examining the period from 2014 through 2021. It includes countries in all contexts and situations where UNICEF is implementing strategies to strengthen ECD systems and services, including development, humanitarian and peacebuilding programming in early stimulation and responsive care.
8. **Evaluation Limitations.** In light of the global pandemic associated with the COVID-19 virus, the evaluation team has modified its original evaluation design and methods accordingly. Namely, international travel and all field work had to be eliminated from the evaluation design. This limitation places a substantial constraint on our ability to evaluate program scaling and impact (themes 2 and 3). For example, the evaluation team had planned data collection with government representatives, implementing partners, and with beneficiaries (i.e., parents and children) from selected parenting programs to assess the impact of UNICEF support on child, parent and caregiver outcomes. Instead, we plan to amplify our review of documents on a global, regional and country level to ensure a robust qualitative database is in place to assess trends in UNICEF strategies, outputs and outcomes. In addition, we will conduct seven in-depth case studies (one per region) by reviewing program documents, manuals and available statistical data, and by interviewing UNICEF staff members (and potentially government representatives and service providers when possible). The team remains open to resuming field work activities in a future phase for the evaluation, should the situation improve and safely permit these activities (see Annex F for more details on the original evaluation design).
9. **Audience.** The internal users of the evaluation include UNICEF’s Senior Management at global, regional and country levels, as well as UNICEF Programme Managers and Specialists working on early childhood development programming. External UNICEF partners (such as national governments and NGOs) will also benefit from the results of the evaluation to inform their policies and programmes for young children and families.

KEY TERMS AND CONCEPTS

- **Budget Allocations** - Amounts of money that are allocated to a specific budget program or budget line, but not necessarily spent.
- **Caregiver** - The secondary caretaker of a minor child when parent is unavailable (such as older siblings and grandparents) (see also *Frontline Workers*).
- **Data Enumerators** – Adults serving as citizen scientists who have been trained to administer questionnaires, interviews, and direct behavioral assessments to collect data reliably from participants.
- **Early Childhood Development** - Period of development from ‘conception to birth’ and from ‘birth to 3 years’, with emphasis on the first 1,000 days (from conception to 24 months), followed by the ‘preschool and pre-primary years (3 years to 5 or 6 years, or the age of school entry). While the definition also includes 6 to 8 years of age, the focus of this evaluation is on the earlier years up to school entry. Development is an outcome resulting from the interaction between the environment and the child. It is the continuous process of acquiring skills and abilities during this age period – across the domains of cognition, language, motor, social and emotional development – which helps us to think, solve problems, communicate, express our emotions and form relationships.
- **Early Stimulation** - Parent or caregiver engagement of young children’s senses through talking, reading, singing and playing to “stimulate” neurological connections and healthy brain development.
- **Evaluation Participants** - Individuals who consent to participate in UNICEF’s formative evaluation of ECD and early stimulation and responsive care.
- **Frontline Workforce** - Any adult or youth who works directly with children in ECD programs, serving in the role of facilitator, caregiver or teacher.
- **Implementing Strategies** - *How* UNICEF intends to change the situation for children, or UNICEF’s locus of control in theory of change.

- **Norms and Standards** - Quantitative and qualitative descriptions of the quality of standard of a program which are usually issued in regulations related to a specific act of law.
- **Nurturing Care** - Refers to conditions created by public policies, programmes and services. These conditions enable communities and caregivers to ensure children's good *health* and *nutrition*, and *protect* them from threats. Nurturing care also means giving young children opportunities for *early learning*, through interactions that are *responsive* and emotionally supportive.
- **Parent** - The terms "parent" and "parenting" are not limited to biological parents, but extend to any guardian or caregiver providing consistent care to the child
- **Parenting** - Interactions, behaviors, emotions, knowledge, beliefs, attitudes and practices associated with the provision of nurturing care. There are five domains of parenting: 1) caregiving (health, hygiene and nutrition related practices), 2) stimulation (interactions, learning activities, modelling), 3) support and responsiveness (trust, attachment, sense of security), 4) structure (routine, discipline, supervision, protection from harm) and 5) socialization (conveying values, habits, and attitudes of society). Taken together, these parenting domains promote nurturing care.
- **Parenting Program** - Interventions or services aimed at supporting parenting interactions, behaviors, knowledge, beliefs, attitudes and practices.
- **Policy Implementation Costing** - Estimating the resources required to implement a policy in accordance with agreed (explicit or implied) norms and standards.
- **Responsive Care** - Bidirectional interactions between a parent and child, or caregiver and child that are nurturing and "responsive" to the child's need for bonding, attachment and sense of security (sometimes referred to as "serve and return" interactions).
- **Tools** - Specific resources, guidance or practical instruments to implement a change strategy.

GLOBAL CONTEXT

REIMAGINING EARLY CHILDHOOD DEVELOPMENT

9. This global evaluation will provide the first comprehensive assessment of UNICEF's work in early childhood development, and early stimulation and responsive care in particular, after advances in neuroscience research underscored the importance of this period of childhood development and placed it firmly on the global development agenda. While UNICEF has worked to promote the rights of children ages eight years and under since its inception, it did so through sector-specific strategies and interventions. By contrast, the neuroscience research emphasized the importance of integrated and holistic strategies and interventions for this period of development. As the global steward of children's rights, UNICEF has assumed a leadership role in translating the knowledge gained from the neuroscience research into practice.
10. UNICEF emphasized the new approach to ECD in its previous Strategic Plan (2014-2017), and in particular, articulated the rationale for *why* ECD matters for children and for policy makers according to neuroscience research on healthy brain development. During the current Strategic Plan (2018–2021), the organization is focused on *how* to support governments to implement and scale up high-quality, holistic early childhood development interventions. This shift in approach to ECD has contributed to changes in UNICEF staff policies (such as evidenced by the adoption of extended paid maternity leave), and externally with international development partners (such as the World Bank, which recognized investment in ECD as significant for a nation's economic and social development for the first time in history). Thus, a global formative evaluation of UNICEF's leadership and programming in early childhood development is timely and warranted to assess the organization's progress in advancing the new ECD agenda, and to evaluate its contributions in realizing the rights of the most vulnerable children and families living in low-resource and humanitarian contexts.

11. UNICEF first articulated early stimulation and responsive care as an essential component of early childhood development in the former Strategic Plan (2014-2017) within a nutrition outcome for parents and children under three years old. However, guidance on *how* to translate these concepts into UNICEF supported programming - across multiple sectors and for children ages eight years and under - is a relatively new phenomenon for the organization, and was only operationalized in 2017 in the publication: *UNICEF's Global Programme Guidance on Early Childhood Development*.
12. This guidance was grounded in recent research in the field of early childhood development as summarized in *The Lancet* series on Advancing Early Childhood Development: From Science to Scale (2017) and reflected a paradigm shift in how ECD is defined, valued and implemented by policy makers and practitioners on a global and local level (Black et al., 2017; Britto et al., 2017; Richter et al., 2017).
13. Recognizing that nature and nurture interact fundamentally to stimulate the cognitive, social and emotional development of young children (e.g., Cantor, Osher, Berg, Steyer, & Rose, 2018), UNICEF programming strategies are in the process of shifting from siloed approaches to multisectoral ECD packages, encompassing health, nutrition, HIV, education and protection. Strongly linked to the provision of primary health care (PHC), this approach embeds ECD interventions in a wider system that addresses common social determinants of child development and well-being across these sectors. Program strategies are based upon theories of child development and a life-course perspective, emphasizing that the skills acquired throughout childhood, adolescence, and adulthood build on the capacities established prenatally and early in life (Black, Gove, & Merseth, 2017).
14. Research in the neurosciences has proven the importance and significance of early stimulation and responsive care, or the important role that parents and other caregivers play in “stimulating” children’s brain development through talking, singing and playing. Children playing with children of different ages, such as playing games that promote social and emotional learning, is also important for brain development. The period from pregnancy to age five years is critical for a child’s cognitive, social, emotional, sensory and motor development. During these early childhood years, the highly plastic nature of the developing brain contributes to its enormous potential, and its vulnerability. Neuronal connections are formed and strengthened at a rate unrepeated later in life. At the same time, connections that are utilized infrequently are selectively eliminated as a function of experience (McLaughlin, Sheridan, & Nelson, 2017). Foundational neurocognitive skills, such as language and executive function skills are acquired during early childhood, and these skills are necessary for later success in school and for social adaptation (Purpura, Schmitt, & Ganley, 2017; Zelazo, Blair, & Willoughby, 2016). Without these foundational skills, children are at considerable risk of not reaching their developmental potential.
15. For optimal development, the brain requires a wide variety of experiences and environmental input (e.g., Greenough, Black, & Wallace, 1987). Indeed, experience drives the development of cortical networks, which grow through use in the context of support from caregivers (e.g., Zatorre, Fields, & Johansen-Berg, 2013; Zelazo et al., 2016). Thus, early stimulation and responsive care are the **core program practices** that any early childhood and parenting intervention should focus upon to support children’s healthy brain growth and holistic development. In early childhood it is primarily the caregiver who regulates the child’s exposure to learning opportunities, calibrating challenges to the child’s developmental level (so that the child can learn by doing) and providing rich stimulation by talking and singing to the child, playing with the child and otherwise structuring the child’s environment (e.g., Bernier, McLaughlin, Sheridan, & Nelson, 2017).
16. It is crucial to provide parents and caregivers with knowledge and skills on the ‘what’, the ‘when’ and the ‘how’ of providing early stimulation and responsive care. The ‘what’ comprises a wide variety of

environmental input that is needed to foster development in different domains. Rich sensory, motoric, linguistic, cognitive and social-emotional stimulation must be provided. This includes talking and singing, which provides linguistic stimulation to foster language development, physical contact to foster motor development, and playing that provides social-emotional experiences. Providing objects to manipulate, along with linguistic stimulation and social play, fosters the development of key cognitive functions, such as executive function and self-regulation skills (e.g., mental processes that enable us to plan, focus attention, remember instructions and juggle multiple tasks successfully), as well as knowledge about the world (e.g., understanding the relation between cause and effect).

17. Some of these stimulating inputs need to be provided during so-called sensitive periods, for normal development to occur ('when'). The simplest demonstration of this principle can be observed in sensory systems: For normal visual and auditory function to develop, access to patterned light and complex sounds during the first months of life are required (e.g., Kandel & Jessell, 1991; McLaughlin, Sheridan, & Nelson, 2017). Similar sensitive periods exist for the development of more complex behaviors and competencies, including the formation of an attachment to a caregiver, language, and executive function skills (e.g., Zelazo & Carlson, 2012). The existence of sensitive periods in earliest childhood add to the critical importance of this age for a person's development.
18. As to the 'how' to interact with the child – it is crucial for optimal development that the interactions between the parent/caregiver and the child are bidirectional and contingent upon the child's behavior. It is for example important that the caregiver not only feeds or sings to a child in certain intervals, but also that the caregiver does this in response to the child's behavior (e.g. crying). Infants are born with a behavioral repertoire designed to ensure caregiver protection and proximity (Ainsworth, 1985). Children develop a secure attachment when the caregiving is sensitive, responsive and predictable (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1969; Egeland & Farber, 1984; Sroufe, 1979). In the language domain exposure to environmental input must occur in the context of social interaction to generate learning (Kuhl, Tsao, & Liu, 2003; Thiessen, Hill, & Saffran, 2005). Early in life most forms of learning occur in the context of responsive caregiving, which allows the child to form a secure attachment to the caregiver and lasting representations of the environment, and which in turn facilitates the development of reasoning and problem-solving (Osher, Cantor, Berg, Steyer, & Rose, 2018).
19. While the characteristics of early childhood development described above are universal, there are variations in what is considered typical child development across cultures and environments. Expectations and parenting strategies may differ not only among countries, but also among cultural, ethnic or religious groups within the same country. ECD awareness-raising and parenting programs need to aim at establishing caregiving practices that are in accordance with a holistic understanding of development, set realistic expectations, and fit in the cultural context of the child. Similarly, environmental inputs or the ability of parents to provide early stimulation and responsive care are dependent upon a range of factors such as poverty, parental level of education, and access to ECD programs and services, especially in low resource or humanitarian settings.
20. The absence of a responsive caregiver, or the lack of caregiver capacity, can lead to inadequate learning in early childhood, and can prevent children from reaching their social, emotional and physical developmental potential. It is very difficult for families to provide responsive stimulating care for their young children when they are in extreme poverty or struggling for survival – amid natural disaster, displacement, war or conflict (Jordans & Tol, 2015). This is compounded by factors including young parenthood, disability, family violence, discrimination, substance abuse and mental health issues. Threats to early child development tend to cluster together, often in conjunction with lack of access to information, services and social exclusion. This adversity amid lack of support can undermine families' capacities to provide

responsive caregiving and stimulation for their young children. Recent estimates report that more than 43% of children in low- and middle-income countries are at risk for poor development (Black, Gove, & Merseeth, 2017).

21. There is persuasive evidence that interventions early in life are effective in promoting early childhood development (Black, Gove, & Merseeth, 2017). Research indicates that investing in the early years of child development is one of the most cost-effective ways to increase skills, capabilities and productivity. For example, a 2016 study in the US of two high-quality childcare programs showed that the rate of return on investment was 13.7% per annum. Though the upfront costs for high quality childcare per child were high, the benefit/cost ratio was US\$7.30 on the dollar (Garcia, Heckman, Leaf, & Prados, 2016). Significant results for children have also been shown for programs in low- and middle-income countries. In a comparative longitudinal study in Jamaica in 1986-1987 growth-stunted children ages 9-24 months were provided with cognitive, language and psychosocial stimulation through weekly one-hour play sessions at home. After 20 years it was found that the earnings of the stimulation group were 25% higher than those of the control group and caught up to the earnings of a non-stunted comparison group. These findings show that a psychosocial stimulation intervention in early childhood for disadvantaged children can have a substantial effect on labor market outcomes and can compensate for poverty-induced developmental delays (Gertler et al., 2014). In particular, the integration of responsive stimulation elements into existing health and nutrition services is a cost-effective way to deliver programs on early stimulation and responsive care (Horton & Black, 2017).

UNICEF'S THEORY OF CHANGE ON EARLY STIMULATION AND RESPONSIVE CARE

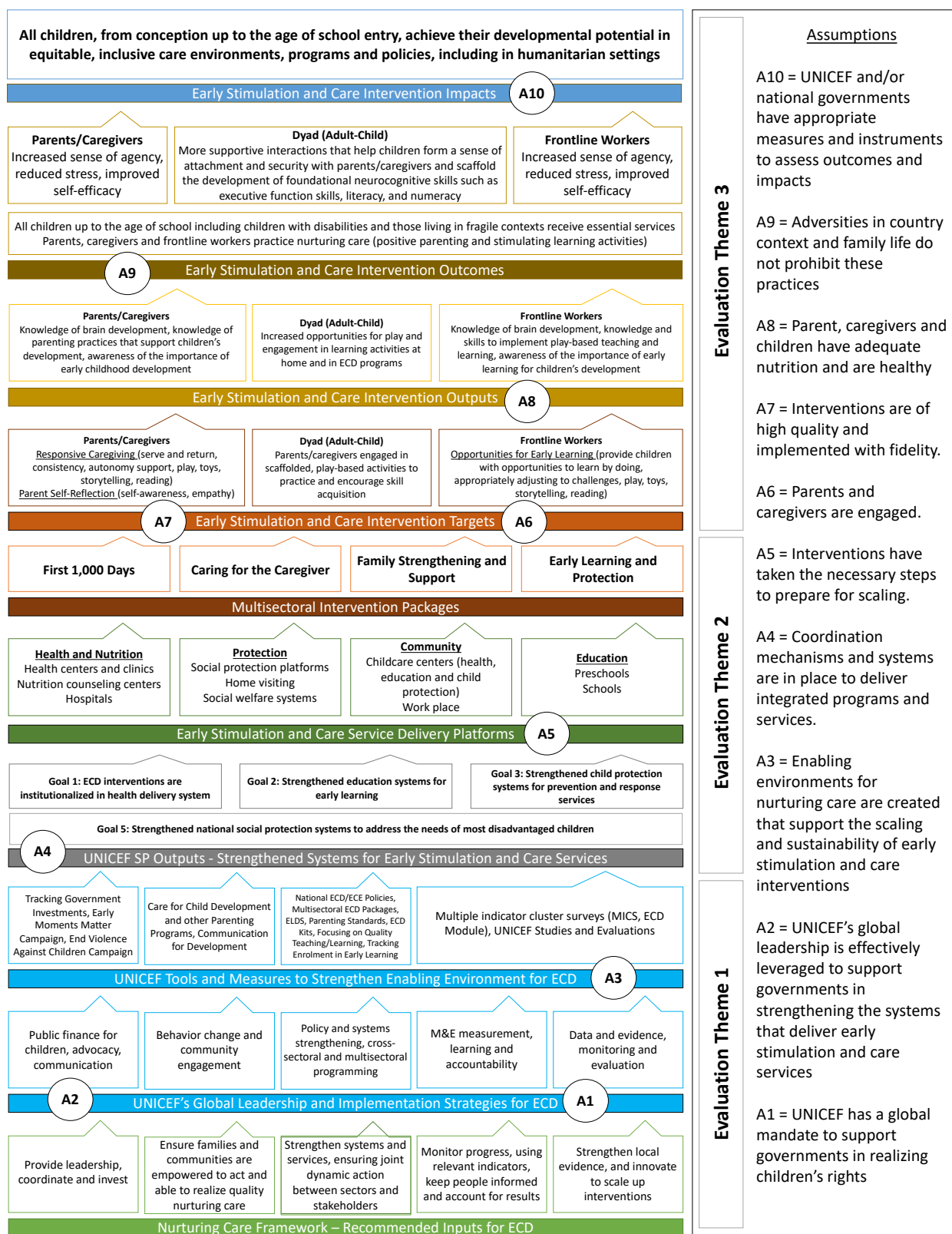
22. **Information Sources.** UNICEF' theory of change on early stimulation and responsive care see (Figure 1), integrates two relevant conceptual frameworks, as well as research in the field of ECD, including: 1) the Nurturing Care Framework; 2) UNICEF's Corporate ECD Framework (see Annex B); and 3) research on the pathways to improving parenting and caregiving practices and skills, as well as children's developmental outcomes that are associated with early stimulation and responsive care programming (see References). We have integrated these frameworks and studies to develop a comprehensive and retrospective theory of change that addresses all dimensions of UNICEF's work in early childhood development, and early stimulation and responsive care in particular.
23. Further, the theory of change is grounded in UNICEF's global mandate for realizing children's rights through global conventions such as: the Convention on the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and the Convention on the Rights of Persons with Disabilities (CRPD). These conventions articulate the responsibilities of governments in ensuring the realization of children's rights, which have been adopted into national laws and policies.
24. **Overall Change Statement.** The implied theory of change for UNICEF's work on early stimulation and responsive care is...
 - *If* investments are made in high quality multisectoral ECD service packages that address children's holistic development; and
 - *If* these multisectoral ECD service packages are implemented effectively and with fidelity;
 - *Then* frontline workers, parents and caregivers will gain skills in early stimulation and responsive care; and
 - Children will be more likely to be ready for school and will reach their full developmental potential.

An enabling environment is required to implement high quality multisectoral ECD services, including strategic investments in national ECD and sectoral policy development (such as nurturing care services and interventions) and resourcing on a national and local level (among other requirements).

25. **Theme 1: UNICEF’s Global Leadership for ECD.** UNICEF serves in a variety of roles in this theory of change, including global leadership and convening for ECD, establishing networks and coordinating partnerships, commissioning research and generating evidence, leveraging funding, and providing national capacity development (among other roles). It exercises these roles through a range of implementation strategies and tools with a focus on strengthening the systems that support the delivery of high-quality early childhood services through multiple platforms or entry points, including health care centers, nutrition/feeding programs, preschools, child care centers, and through home visiting (among others).
26. During the former Strategic Plan 2014-2017, UNICEF led international development efforts to reach a consensus that investing in early childhood development and care should be a priority. For example, one of the key developments was that explicit reference was made to ECD in Sustainable Development Goal (SDG) number 4, Target 2, “[to] *ensure that all girls and boys have access to quality ECD, care as well as pre-primary education so that they are ready for primary education.*” The performance benchmark for SDG 4, Target 2 is for countries to increase the “*proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex.*”
27. UNICEF subsequently integrated this SDG target (among others) into three of its five current Strategic Plan 2018-2021 goals. **Goal Area 1** aims to ensure that “**every child survives and thrives.**” Planned results for 2021 include that 80 countries have adopted, at scale, early childhood development packages promoting early stimulation and responsive care. **Goal Area 2** aims to ensure that “**every child learns.**” Planned results for 2021 include that 60 million out-of-school children are gaining access to early learning, primary or secondary education (up from 10 million), and that 93 million girls and boys are provided with individual education or early learning materials (up from 15.7 million). **Goal Area 3** aims to ensure that “**every child is protected from violence and exploitation.**” Planned results for 2021 include that 966,000 mothers, fathers and caregivers will be reached through parenting programs (up from 600,000). Finally, **Goal Area 5** aims to ensure that “**every child has an equitable chance at life.**” Planned results for 2021 include reducing the percentage of children living in poverty in all its dimensions by at least by one-half.¹
28. UNICEF has also provided global leadership in generating research on early stimulation and responsive care and was a key partner in developing the [Nurturing Care Framework](#), which was launched at the World Health Assembly in May 2018. This framework first appeared in the scientific journal *The Lancet* in 2016. This framework identifies five inter-related and indivisible components of nurturing care that are required for children to reach their full potential: good health, adequate nutrition, safety and security, responsive caregiving and opportunities for learning. The latter two – responsive caregiving and opportunities for early learning – constitute **core early stimulation and responsive care practices**. We considered the domains of good health and adequate nutrition as critical foundations for early stimulation and responsive care; and the domain of safety and security as necessary supports to sustain early stimulation and responsive care.

¹ Goal area 4, which aims to ensure that all children live in a safe and clean environment, is outside of the scope of this evaluation.

Figure 1: UNICEF's Theory of Change for Early Stimulation and Responsive Care



29. In the domain of **responsive caregiving**, enabling policies include family friendly policies (paid parental leave, breastfeeding breaks and affordable child-care services). Core early stimulation and responsive care practices include:

- Skin-to-skin contact immediately after birth;
- Rooming-in for mothers and young infants;
- Responsive feeding;
- Encouraging play and communication activities of caregiver with the child;
- Promoting caregiver sensitivity and responsiveness to children’s cues;
- Supporting caregivers’ mental health;
- Involving fathers, extended family and other partners; and
- Providing social support from families, community groups and faith communities.

30. In the domain of **opportunities for early learning**, enabling policies include universal access to good-quality day care for children, as well as pre-primary education (non-formal, formal and private). Core early stimulation and responsive care practices include:

- Providing information, support and counselling to caregivers and parents about positive parenting, early learning including the use of play;
- Organizing play, reading and story-telling groups for caregivers and children;
- Storytelling of elders with children;
- Using local language in children’s daily care;
- Proving good-quality daycare for children, and pre-primary education; and
- Providing safe spaces where children can play.

31. **Theme 2: Systems Strengthening and Scaling of ECD Services.** UNICEF’s ECD Framework for action with national governments and other implementing partners provides an overview of *how* the organization is working to achieve results for young children and their parents, which is based upon a systems perspective (see Annex B). At the systems level, UNICEF implementation or “change” strategies include: (1) advocacy, communications and public financing for children (such as the UNICEF Early Moments Matter Campaign); (2) policy and systems strengthening in health, education and social protection (such as National ECD and Early Learning Policy Development); (3) M&E measurement, learning and accountability (such as UNICEF commissioned evaluations and studies); and (4) the generation of data and evidence on children’s developmental status (such as UNICEF’s Multiple Indicator Cluster Survey, ECD Module) (see Table 1). These strategies assume that UNICEF is directly influencing the national enabling environment for ECD, which are created through policies and systems that support the affordability, scaling and sustainability of early stimulation and responsive care interventions. It also assumes UNICEF’s global leadership is effectively leveraged to support governments in strengthening the systems that deliver early stimulation and responsive care services in an equitable and inclusive manner.

Table 1: UNICEF Implementing Strategies for Systems Strengthening

Strategies, Measures, Tools	Description	Example Sectors Engaged and Partners	Number of CO (Year)
Thematic Focus: Leadership and Systems Strengthening			
Focus of Change: Enabling Environment for ECD Programs and Services			
UNICEF Roles: Advocacy, Convening, Capacity Development, Technical Assistance			
National ECD Policy Development	The focus of UNICEF’s work in this area has been advocating for a multi-sectoral national policy for the period from birth to	Sectors: Education, health, child protection	60 (2018), 45 with action plans (2018)

Strategies, Measures, Tools	Description	Example Sectors Engaged and Partners	Number of CO (Year)
	the age of 8 years (which includes early stimulation and responsive care dimensions). UNICEF has advocated for family friendly policies, such as paid parental leave, among others.	Key UNICEF Partners: Ministry of Health, Ministry of Education, Ministry of Social Welfare	
National Early Learning Policy and Programmes	UNICEF has advocated for early childhood education by putting pre-primary education at the core of education sector plans, policies and budgets, in order to ensure sustainable domestic financing and programming. Early childhood education provides opportunities for continued early stimulation and responsive care in support of school readiness.	Sectors: Education Key UNICEF Partners: Ministry of Education	131 (2018)
Mother Tongue/Multilingual Education Policy	UNICEF advocates that programs use a language that the child can understand is a prerequisite for early stimulation and learning opportunities to be successful. Mother tongue/multilingual education is hence one intervention to achieve positive learning outcomes.	Sectors: Education Key UNICEF Partners: Ministry of Education	51 (2018), 49 with resources (2018)
Public Finance for Children	UNICEF advocates for governments to ensure adequate, equitable and efficient budget allocations for ECD services and programs	Sectors: Public Finance Key UNICEF Partners: TBD	2 (2019) - Mali, Kyrgyzstan
Early Moments Matter Campaign	#EarlyMomentsMatter (#EMM) is UNICEF's first global campaign focused exclusively on Early Childhood Development. This campaign aims to raise awareness among parents and caregivers about the importance of good ECD practices for healthy brain development, while urging governments and businesses to create an environment that facilitates and supports these practices.	Sectors: Health, education, child protection, communication, communication for development Key UNICEF Partners: H&M Foundation, LEGO Foundation, Top-Tier Media partners	108 (2017)
MICS Early Childhood Development Index (note, this tool can also be used to assess program quality and impact, under theme 3)	UNICEF monitors and reports on early childhood development through the early childhood development module within the UNICEF-supported Multiple Indicator Cluster Surveys (MICS). The module is administered to mothers or primary caregivers of children 0-59 months. The MICS include the Early Childhood Development Index (ECDI), which measures four developmental domains: literacy-numeracy, social-emotional, physical and learning in children aged 36-59 months.	Sectors: Education, health, child protection Key UNICEF Partners: UNESCO, Ministry of Education, Ministry of Health, Ministry of Social Welfare, Ministry of Statistics/Social Policy	53 (2014-2018), 51 with public data (2014-2018)
ECD Related Evaluations, Studies, Research	UNICEF has conducted country evaluations, studies, reviews, surveys and research that are directly associated with	Sectors: Education, child protection	70 (2014-2018) 20 (2014-2019) related to early

Strategies, Measures, Tools	Description	Example Sectors Engaged and Partners	Number of CO (Year)
(note, this tool can also be used to assess program quality and impact, under theme 3)	early stimulation and responsive care that are used to inform programming.	Key UNICEF Partners: Ministries of education and child protection, evaluation firms and consultants	stimulation and responsive care

32. **Theme 3: Program Delivery and Quality.** UNICEF has also deployed a variety of strategies and tools that target the quality of ECD programs downstream, or at the service delivery level. These strategies focus on multi-sectoral programming (such as ECD packages that integrate nutrition, education and child protection), ECD standards (such as national early learning and development standards, and parenting program standards), as well as behavior change and community engagement (such as parenting programs, multi-lingual education, and the provision of toys and learning materials) (see Table 2).

33. According to UNICEF global guidance, the **goal** or ultimate **impact** of ECD is that all young children, especially the most vulnerable, from conception to age of school entry, achieve their developmental potential, including in humanitarian settings (see Figure 1). This is enabled by two factors or **outcomes** for UNICEF’s strategic plan, that:

- All young children, from birth to school entry, have equitable access to essential quality health, nutrition, protection and early learning services that address their developmental needs;
- Parents and caregivers are supported and engaged in nurturing care and positive parenting with their young children.

Table 2: UNICEF Implementation Strategies for Program Delivery and Quality

Strategies, Measures, Tools	Description	Example Sectors Engaged and Partners	Number of CO (Year)
Thematic Focus: Program Delivery and Quality			
Focus of Change: Multi-Sectoral Programming, ECD Standards, Behavior Change and Community Engagement			
UNICEF Roles: Convening, Capacity Development, Technical Assistance, Financial Support, M&E			
Multi-Sectoral ECD Packages/Services	Multisectoral ECD packages consist of at least two interventions to address early stimulation and responsive care. UNICEF Country Offices have advocated for these packages and support governments to implement them.	Sectors: Education, health, child protection, nutrition, water sanitation and hygiene (WASH), communication for development (C4D) Key UNICEF Partners: Ministries of sectors mentioned above, World Vision	107 (2018)
Early Learning and Development Standards	UNICEF has supported COs to develop and implement early learning and development standards that describe what children know and are able to do. These are the heart of ECD and can be used to measure children’s competence, to guide pedagogy and instruction, to help families understand children’s development and to	Sectors: Education, child protection, health Key UNICEF Partners: Academia, Ministry of Education, Lego Foundation	56 (2016), 35 with completed standards (2016)

Strategies, Measures, Tools	Description	Example Sectors Engaged and Partners	Number of CO (Year)
	inform the nature of instruction for young children.		
Parenting Program Standards	UNICEF has established standards for parenting programs that support governments in improving the quality of early stimulation and responsive care services. UNICEF supported parenting programs have the potential to directly target early stimulation and responsive care practices.	Sectors: Education, Child Protection, Health, Nutrition Key UNICEF Partners: Ministries for sectors listed above, NGO partners	No data exist on the extent to which these standards are being used in practice
Care for Child Development	UNICEF/WHO joint training package for frontline workers, aimed at increasing parents' and caregivers' capacity to to foster children's growth and healthy development (among other parent outcomes).	Sectors: Health, nutrition rehabilitation, early learning, child protection, mental health, social inclusion Key UNICEF Partners: WHO, Aga Khan Foundation, World Vision, Handicap International, USAID, Ministry of Health, Education, Human Development	50 (2015)
Other Parenting Programs	UNICEF supported parenting programs related to early stimulation and responsive care.	Sectors: Health, Education, Child Protection/Social Services Key UNICEF Partners: Ministries of sectors listed above, NGOs	6 (2018)
Focusing on Quality Teaching and Learning Environments	UNICEF has advocated for a high quality teaching and learning environment. This includes both the training of teachers in child-centered pedagogy and a holistic curriculum that addresses self-regulation and socio-emotional learning in addition to pre-academic skills, is based on age appropriate child standards, and is linked meaningfully to the primary curriculum as well as to any curricula for the youngest learners, including children 0-3 years of age, among other standards.	Sectors: Education Key UNICEF Partners: Ministry of Education	121 (2018)
Enrollment in Early Learning Programs	UNICEF monitors enrollment in early learning programs supported by the organization, including in humanitarian contexts.	Sectors: Education Key UNICEF Partners: Ministry of Education	67 (2018), 45 in humanitarian contexts (2018)
Early Childhood Development Kits for Emergencies	The ECD kit is a box of play and learning materials targeting children ages 6 and under. The overall aim of the kit is to enhance play-based early learning and development opportunities for young children by strengthening the linkage with play. UNICEF selected play materials to	Sectors: Education, Child Protection, Health Key UNICEF Partners: LEGO Foundation, H&M Foundation, International and national NGOs, Ministry	104 (2009-2018)

Strategies, Measures, Tools	Description	Example Sectors Engaged and Partners	Number of CO (Year)
	provide a variety of early stimulation and learning experiences that tap into multiple child developmental domains. While the kits respond to UNICEF's mandate on the provision of play opportunities in emergency contexts, the kits are also used in low resource settings in development contexts.	of Education, Ministry of Social Welfare	

- 34. Interventions that target positive parenting practices, parent self-reflection and opportunities for early learning have the potential to raise knowledge and awareness among parents on the importance of healthy brain development in early childhood, as well as strengthen their skills to engage in practices such as serve and return, playing and storytelling that actually support this development. Interventions that target caregivers working on the frontline with children and families also have the potential to raise their knowledge and awareness of the importance of healthy brain development in early childhood, and improve their skills to engage in play-based teaching and learning activities. This assumes that adversities in the country context and family life do not prohibit these practices from taking place, and that parents and children have adequate nutrition and health.
- 35. Early stimulation and responsive care interventions should be delivered in a holistic and integrated manner, such as through multisectoral ECD packages that focus on family strengthening and support, caring for the caregiver, and early learning and protection of children during the first 1,000 days of life. This assumes that interventions are of high quality and implemented with fidelity, and the parents and caregivers are sufficiently engaged and targeted by these packages. At the service point in most UNICEF countries, the health sector has accountabilities for health and nutrition starting at birth/prenatally, while the education sector has traditionally focused on pre-primary education and the transition to primary school.
- 36. However, early childhood services are usually spread among multiple sectors, systems, and line ministries, and for this reason, realizing the optimal benefits of investing in ECD depends on the efficient functioning of the intersectoral approach, which in many countries includes the social welfare and/or child protection sectors. In many countries the social welfare sector has the accountability to create a safe, supportive and nurturing environment required for children to build resilience to trauma and other life stressors. Social welfare inputs that strengthen families' capacity to provide nurturing care include, among others: (a) targeted financial and social support for the most vulnerable households with young children; (b) free or affordable child-care facilities for children aged 0 to 3 years; and, (c) referral services that link mothers and children to community-based centers and safe, affordable caregiving programs.

EVALUATION DESIGN AND METHODOLOGY

- 37. This evaluation is formative in its design and examines three interrelated themes: 1) UNICEF's global leadership for ECD; 2) systems strengthening, or UNICEF support to national governments in an effort to strengthen and scale ECD programs and services; and 3) program delivery and quality, or UNICEF direct support for early stimulation and responsive care programs, and the benefits for caregivers, parents and children (see Evaluation Framework, Annex C).
- 38. As a formative evaluation, cross-cutting themes on program scalability and lessons learned have been incorporated into the evaluation design. The evaluation methods will include a mix of qualitative and

quantitative data collection and analysis techniques (see Table 3). Data will be collected through four primary methods: (1) secondary data; (2) document review; (3) remote key informant interviews/focus groups; and (4) institutional survey.²

Table 3: Overview of Evaluation Methods and Sampling

Evaluation Theme	Scale of Analysis	Secondary Data	Document Review	Institutional Survey	Remote Interviews/Focus Groups
UNICEF's Global Leadership for ECD	Global (HQ) Regional (RO) Country (CO)	157 CO	2 HQs 7 RO 54 CO	54 CO	<ul style="list-style-type: none"> 10-15 UNICEF staff members at HQ, RO level 5-7 ECD global experts and donors
Systems Strengthening and Scaling of Services	Country (CO)	7 CO MICS and other secondary data	54 CO 7 CO in depth review of government documents and plans	54 CO	<ul style="list-style-type: none"> 2-3 government representatives 2-3 service providers per country 5-7 UNICEF staff members at CO level
Program Quality, Delivery and Impact	Country (CO) Program	7 CO MICS and other secondary and program data	54 CO 7 CO program documents	54 CO	<ul style="list-style-type: none"> 2-3 service providers per country 5-7 UNICEF staff members at CO level

39. Data will be analyzed in three main ways, through: (1) descriptive and inferential statistics; (2) thematic content analysis (see Annex E, Qualitative Coding Manual); and (3) qualitative trends analysis. We will also triangulate the data, which involves analyzing the consistency in results or findings across multiple methods of inquiry and data sources. This process facilitates confirmation of patterns or findings and the identification of important discrepancies. A summative rating scale for each evaluation question will also be used to draw conclusions based upon the available data (see Annex C). These rating scales will be further defined after an initial review of the existing data, and taking the evaluation criteria into consideration. We will develop a rubric to better articulate the terms used in the proposed scales, for example, the meaning of "limited" versus "substantial."

² See Annex F to review the original evaluation design and methods prior to the COVID-19 crisis. We hope to conduct field work in the future through a new phase of the evaluation when it is deemed feasible and safe for all stakeholders.

THEME 1: UNICEF'S GLOBAL LEADERSHIP FOR ECD

40. The first theme explored in this formative evaluation is UNICEF's global leadership for ECD and early stimulation and responsive care (see Annex C). The questions in this theme incorporate two evaluation criteria: (1) **internal coherence**, which addresses the synergies and interlinkages between the interventions carried out by UNICEF on global, regional and country levels, as well as the consistency of these interventions with relevant international norms and standards for children's rights; and (2) **impact**, which refers to the extent to which UNICEF's leadership has generated or is expected to generate significant or transformative effects on the manner in which governments and international development agencies conceptualize and implement ECD in practice.

Theme 1 Evaluation Questions

41. EQ1: What impact has UNICEF's leadership had on the field of early childhood development, international development agencies, evidence in early childhood development, and in communicating the importance of early stimulation and responsive care to governments, implementing partners and development agencies? To what extent is UNICEF positioned and prepared to lead and support governments and partners in scaling systems to deliver early stimulation and responsive care systems?
- 1.1 **Institutional Readiness.** To what extent has UNICEF been successful in discharging its role as a global leader in ECD (and early stimulation and responsive care, in particular) with regional and country offices in both emergency and development settings?
- 1.2 **UNICEF Strategies.** Which strategies has UNICEF implemented to advance early childhood development, and early stimulation and responsive care? How relevant and effective are these strategies in development, humanitarian and peacebuilding contexts?
- 1.3 **Impact.** Have there been significant advances in ECD and the delivery of early stimulation and responsive care programs by governments globally during the evaluation period? To what extent can these advances be attributed to the leadership and support provided by UNICEF?
- 1.4 **Lesson Learned.** What positioning, policy, and institutional adjustments, if any, are necessary to strengthen UNICEF capacities for global leadership in ECD?

Theme 1 Evaluation Methods

42. **Key Informant Interviews/Focus Groups.** To assess the impact of UNICEF's global leadership for ECD, the evaluation team will conduct interviews with approximately 10-15 UNICEF staff members, including UNICEF HQ, RO focal points, and 5-7 donors and experts working in this field on a global level. The focus of these interviews will be on the most significant changes made to early childhood policies, systems and practices under UNICEF's leadership, as well as an examination of UNICEF's comparative advantage in advancing a new vision for ECD and early stimulation and responsive care. A full list of interviewees will be provided to the evaluation team by the Evaluation Office, after consultations with the ECD Section. See Annex F for our initial ideas on the interview protocols for both target groups.
43. **Secondary Data Analysis.** Secondary data from 157 countries covering seven UNICEF programming regions will be collected and summarized to answer all of the evaluation questions in this evaluation theme. These data include UNICEF's corporate monitoring systems and tools (including RAMs and SMQs) that provide country-level information on: (1) UNICEF's special interventions for relevant goals; (2) progress

made on UNICEF's implementation strategies (or outputs); (3) progress on achieving outcomes for frontline workers and parents; and (4) the impact of UNICEF's work on children's developmental status. We will analyze all available data from 2014-2020, including global data on 10 implementation strategies and interventions; 13 indicators on outputs and 9 indicators on outcomes and impacts. See Annex F for additional information on the specific indicators.

44. Strategic Document Review. Approximately 30 global program documents on ECD and early stimulation and responsive care will be reviewed to assess UNICEF global guidance for regional and country offices. In addition, an estimated 400 documents will be reviewed at a country and regional level to assess alignment in work plans and approaches across the organization. This includes two planning documents (UNICEF Country Programme Plan, and the country's ECD work plan) for each of the 54 countries that were identified by the evaluators through an extensive portfolio review as being active in early stimulation and responsive care programming (see Annex D). This includes 10 lower income countries; 20 lower middle income countries; 20 upper middle income countries; and 4 higher income countries; as well as 9 countries with active level two (L2) emergency status. Three annual country reports for each of these 54 countries (from 2014, 2017 and 2019) will be reviewed to assess UNICEF's roles, strategies and alignment with global guidance across both strategic planning periods. Finally, information on special interventions from the most recent monitoring data in UNICEF's RAM system will be reviewed and analyzed.
45. The review will incorporate work plans from relevant divisions for two headquarters (NY and Geneva), as well as regional plans for all seven UNICEF regions to assess alignment and progress (including Europe and Central Asia, East Asia the Pacific, Eastern and Southern Africa, Latin America and the Caribbean, Middle East and North Africa, South Asia, and West and Central Africa).
46. Finally, the latest research on early stimulation and responsive care, including research and evaluations published by UNICEF during the evaluation time period will be reviewed to understand the organization's comparative advantage and role in leading advancements in ECD on a global level. This will include approximately 30 academic journal articles and 20 UNICEF supported evaluations associated with early stimulation and responsive care (see Annex F and References for indicative documents).
47. Institutional Survey. An institutional survey will be undertaken with 54 countries to address gaps in the data from the document review and UNICEF monitoring information, and to assess lessons learned. This survey will be developed after substantial document review has been undertaken so that it contains only missing information. This will ensure the survey is brief and that we are not asking UNICEF to duplicate its reporting efforts for this evaluation. This survey will be completed by UNICEF ECD (or related) Program Managers at the country level. The Evaluation Office will provide the evaluators with a list of staff members to send the survey to, and will ensure that they are properly alerted that this evaluation is taking place. The evaluators will utilize an existing Evaluation Office survey platform, such as Survey Monkey, to design and manage these data. The Evaluation Office will also be responsible for translating the survey into relevant languages.

Theme 1 Data Analysis

48. Thematic Content Analysis. A majority of the data for theme 1 is qualitative in nature, and will include information on a global, regional and country level. These data will be coded according to the evaluation themes, questions and the core dimensions of the theory of change (see Annex F: Qualitative Coding Manual). The focus of the analysis will center on UNICEF's leadership and comparative advantage, as well as global and regional trends in advancing ECD and early stimulation and responsive care interventions. Evaluators will create a coding list to ensure team members analyze the information in a systematic and

similar manner. In order to manage the significant amount of qualitative information, the evaluators will utilize [Dedoose](#), an online platform for managing, coding and analyzing the data. This online platform allows team members to work simultaneously on a project, and provides robust analytical features that will allow evaluators to conduct a qualitative trends analysis.

49. **Qualitative Trends Analysis:** Country cases will be prepared for 54 UNICEF Country Offices, with descriptive identifiers such as economic status, fragility, region, and ECD budget. Using this case-based approach will allow the evaluators to identify different combinations of factors that are critical to a given outcome in given contexts (in this case, early stimulation and responsive care). Using statistics from Dedoose, we can generate robust findings about UNICEF strategies and interventions that have made a difference in different contexts, and to generalize those findings in conjunction with other cases with similar characteristics. For example, the data might indicate a trend that national ECD policy development is not as advanced in certain contexts, but that UNICEF has still made an impact on children because of its work to strengthen the quality of the delivery systems through multisectoral programming. By strengthening government partnerships through the support of direct services to children and parents, UNICEF may gain a comparative advantage in advancing a national ECD policy agenda after demonstrated programming takes place.
50. **Descriptive Statistics.** Quantitative information from 157 Country Offices includes different types of data, such as rating scales on the maturity of programming, the number of children or parents reached, and the percentage of countries engaged in various activities within a region. We will summarize this information using descriptive statistics to assess global, regional and country trends in UNICEF roles, strategies, readiness, outputs, outcomes, impact and lessons learned. These statistical trends will be linked with the qualitative data in Dedoose to draw conclusions on the efficacy of UNICEF roles, strategies, and tools across various contexts to the extent possible with the given data.

THEME 2: SYSTEMS STRENGTHENING AND SCALING OF ECD SERVICES

51. The second theme explored in this formative evaluation is related to systems strengthening, or UNICEF's support to national governments in an effort to scale early stimulation and responsive care services (see Annex C). The questions in this theme incorporate two evaluation criteria: (1) **effectiveness**, defined as the extent to which UNICEF strategies and interventions achieved (or are expected to achieve) its objectives and its results, including any differential results across country contexts; and (2) **external coherence**, which considers the consistency of UNICEF strategies in conjunction with government policies and systems in the same context, including complementarity, harmonization and coordination with others, and the extent to which strategies are adding value, while avoiding duplication of effort.

Theme 2 Evaluation Questions

52. EQ#2: To what extent has UNICEF supported governments to strengthen sectoral and multisectoral policies and systems for ECD, including national capacity to scale the delivery of early stimulation and responsive care programs and services?
 - 2.1 **Enabling Environment.** How has UNICEF supported governments in the delivery and the scaling up of early stimulation and responsive care services through relevant sectors? Do countries have the required legal, financial, and institutional arrangements, as well as policies and sectoral plans, to support the delivery and scaling up of early stimulation and responsive care? What was UNICEF's contribution in establishing these?

- 2.3 Coordination Mechanisms and Systems. Do countries have the required coordination mechanisms and systems in place with all relevant stakeholders and sectors to deliver an essential package of ECD and early stimulation and responsive care programs? What was UNICEF's contribution in moving the country forward in these areas?
- 2.4 Public Financing. Is there adequate, efficient, and equitable public financing for ECD, and for early stimulation and responsive care programs in particular? What has been UNICEF's contribution to strengthening government capacity to prioritize ECD in the relevant budgets, and to allocate and spend funds efficiently, equitably, and effectively? Efforts may include evidence-based advocacy to key stakeholders, supporting line ministers to assist with budget planning and allocation, and promoting coordination among relevant sectors. This may also require understanding what roles private and public sector funding play in ECD in each country.
- 2.5 National Training Systems for Frontline Workers. Are service providers and front-line workers across relevant sectors that engage with young children and families adequately trained and supported to deliver early stimulation and responsive care interventions and quality services? Are early stimulation and responsive care programs adequately staffed, equipped, managed, harmonized and monitored? What was UNICEF's contribution in these areas?
- 2.6 Lessons Learned. What can UNICEF learn from countries that are effective in delivering an essential package of ECD services to young children and their families? Taking these lessons into account, what strategic and operational changes does UNICEF need to make to more effectively support the scaling up of ECD and early stimulation and responsive care programs at country level?

Theme 2 Evaluation Methods

53. For theme 2, the evaluators will analyze UNICEF's support to governments in scaling **parenting programs**, focused upon early stimulation and responsive care, including the training of frontline workers who deliver these services. Focusing on parenting programs for this evaluation is crucial for strengthening UNICEF's ECD programming, given that an initial document review and analysis of corporate monitoring data reveal a general lack of systematic information about these interventions.
54. Within this theme, the focus on **scalability** is also of central importance in this evaluation. Nearly all ECD interventions are first tested at small scale through pilots with limited reach. The implementation circumstances of these pilots rarely adequately reflect the circumstances such interventions will encounter when taken to scale. Very often the level of motivation is high and management input by the "parent" organization is far greater than realized, and far greater than is generally available in a scaled-up environment. In addition, most pilot interventions are designed to gather "proof of concept" type information, focusing on the micro-modalities of implementation and the effectiveness of the intervention in delivering the desired impact. Unfortunately, many pilot interventions neglect to explore and gather information on issues that are key if the intention is to take the intervention to scale at some point in the future.
55. In many instances, there is an implicit assumption that scaling-up simply involves replicating the small-scale pilot intervention by a given factor: *the pilot was shown to be successful in five sites, so the next step is to scale-up to five hundred sites*. Unfortunately, it is not so simple. Delivering an intervention at scale is very

different to implementing a pilot intervention. When considering taking a particular intervention to scale, it is important to examine the following three questions (see Annex F for additional information):³

- Is the intervention ready for scale-up? This will include an analysis of government buy-in and ownership on the following dimensions: (a) the costing model for the intervention; (b) the manual describing the intervention's theory of change, implementation plan, stakeholders and their roles, norms and standard operating procedures; (c) the training and capacity building program; (d) existing frameworks for managing quality, such as having trained monitoring and evaluation personnel and systems; (e) descriptions of the mechanisms of the scaled-up interventions, such as reach and management ratios; (f) the mechanism for disbursing funds; (g) the risk management plan; and (h) measures for scale-up progress and successes.
- Is the intervention suitable for scale-up in the particular country context? Interventions developed and tested in a particular community are not necessarily suitable for scale-up across the rest of the country, or transferable for scale-up in another country. This is because communities differ, and countries differ. It is therefore important for the advocates of a particular intervention to undertake an objective evaluation of whether an intervention is suitable for scale-up in a particular country context, taking into consideration the following factors: (a) the extent to which the intervention is transferable, such as adaptation requirements; (b) whether the scaled-up intervention is cost effective; and (c) whether the scaled-up intervention is affordable and sustainable.
- Is the country context ready to receive the scaled-up intervention? Advocates for a particular intervention may be convinced that the intervention is ready for scale-up and suits a given country context well; however, the government may not be sufficiently prepared or ready. This question will examine: (a) whether the intervention is aligned with national policy; (b) the extent to which the Ministry of Finance is supportive of the intervention; (c) whether the responsible line ministries are ready to manage the scaled-up intervention.

56. Strategic Document Review. All of the documents reviewed for theme 1 (approximately 400 country planning and programming documents) will also be analyzed to answer the questions for theme 2. The focus of theme 2 expands the analysis from UNICEF strategies to the translation of these strategies in strengthening government strategies and systems for the scaling of ECD programs and services (see Annex F: Qualitative Coding Manual for more information).

57. Institutional Survey. The institutional survey undertaken with 54 countries for theme 1 will also be used to address gaps in the data from the document review for theme 2. This survey will be developed after substantial document review has been undertaken so that it contains only missing information. This will ensure the survey is brief and that we are not asking UNICEF to duplicate its reporting efforts for this evaluation.

58. Case Studies. Evaluators will explore the responses from the institutional document review in seven countries to investigate this theme in greater detail, including in Honduras (LAC); Mali (WCA); Rwanda (ESA); Serbia (ECA); Thailand (EAP); Jordan (MENA); and Pakistan (SA). Case studies will include a detailed document review of government policies, plans, secondary data and relevant national training curricula. Remote interviews will be conducted with relevant staff members from UNICEF Country Offices via Skype, Zoom or through tele-conference to further explore the responses provided in the institutional survey. The goal will be to understand the steps the UNICEF Country Offices have taken to ensure

³ It should be noted that some of the data collected for theme 2 is also applicable to themes 3, specifically on the extent to which the intervention is ready for scaling.

parenting programs can be scaled effectively. We will also attempt to remotely interview three to five government representatives and services providers, although this might not be operationally feasible.

59. Country Selection. Seven countries have been identified as candidates for case studies for theme 2 based upon UNICEF's monitoring data for parenting programs, and consultations with UNICEF's ECD Section. These countries have met some initial criteria for inclusion for inclusion as case studies, including: (1) UNICEF has supported national governments in implementing parenting programs that focus upon early stimulation and responsive care; (2) they represent a mix of proven⁴ and unproven parenting programs that are poised for scaling, and that would benefit from evaluation; and (3) these programs represent a range of UNICEF regions and contexts.
60. The focus of the case studies is on assessing the extent to which governments have prepared parenting programs for scaling, and to provide a more in-depth examination on local governance, financing and systems strengthening for early stimulation and responsive care services. Three of these countries have proven parenting programs operating at different scales; and at least two have unproven parenting programs that would benefit from additional methods included in theme 3 on program outcomes and impacts.

Proven Parenting Programs:

- **UNICEF Honduras Country Office** – UNICEF supports the implementation of the “Parenting with Love” National Strategy that operationalizes the National Childhood Development Policy in order to improve access for children between 0 and 6 years of age to integrated services in health, nutrition, civil registration, early education and protection against violence, abuse and neglect. By the end of 2017, the “Parenting with Love” National Strategy had reached 64 municipalities in the departments of Lempira, Intibucá and La Paz. Over the last quarter of 2018, the government has begun the implementation of this strategy in 67 additional municipalities in the departments of Santa Bárbara, Copán and Ocotepeque.

In the departments of Lempira and Intibucá, where the strategy has been implemented since 2015, a childhood development assessment was carried out using the EDIN scale (Integrated Child Development Scale), which includes five basic areas of development: gross motor; fine motor; cognitive development; socio-emotional development; and language. The percentage of children with language development in accordance with their chronological age increased from 72 percent in 2015 to 79 percent in 2018. The proportion of children with age appropriate socio-emotional development increased from 78 percent to 88 percent during the same period. The fine motor, gross motor and cognitive development areas remained unchanged, with an average of 87 percent of children with adequate development for their chronological age. The development assessment for children under the age of six revealed that only 8 percent of children in this age group were at high risk (three or more unfulfilled development benchmarks, in accordance with their chronological age in the development assessment), 16 percent were at medium risk (two unfulfilled development benchmarks), 25 percent were at low risk (one unfulfilled development benchmark) and 51 percent of the children had adequate development for their chronological age (fulfilled all development benchmark).

⁴ We use the term “proven” to indicate that the parenting program was assessed through an evaluation, study or review that indicates the intervention has been successful in achieving some of its intended outcomes or impacts.

- **UNICEF Rwanda Country Office** - UNICEF has supported the government to implement 18 model ECD centres in 16 districts. The centres served as hubs and centres of excellence for learning at the district level, and for replication by government and other partners. A total of 1,991 children received ECD services in the model centres. The establishment of a nineteenth ECD model program in Bugesera district commenced in 2018 and will be completed mid-2019, targeting 660 children aged 0-6 years through 3 ECD centres and 30 home-based ECD interventions.

As part of emergency response, UNICEF also provides ECD response to children at Mahama Refugee camp which is hosting people from Burundi. A total of 5,481 children aged 3-6 years received integrated ECD services at the camp (2,813 boys and 2,668 girls). In addition, 893 children under 3 years of age received early stimulation, nurturing care, and learning in 72 home-based groups (495 boys; 398 girls). A total of 622 caregivers were trained to provide integrated and quality ECD services (359M, 364F).

On a national level, the delivery of ECD services to 4,109 home and centre-based settings has given an opportunity to 256,677 children aged 0 to 6 years to now utilize ECD services (131,612 girls; 125,065 boys). Sixty three percent of children aged 3 to 6 years are developmentally on track in terms of literacy-numeracy, physical, social-emotional and learning domains (DHS, 2014/15). A 2017 impact evaluation in 10 UNICEF-supported districts showed that 57 per cent of children have fathers engaged in daily care and that 22 per cent of caregivers are engaged in activities with their children to promote learning and school readiness.

- **UNICEF Thailand Country Office** - UNICEF has supported an ECD demonstration program implemented through the Ministry of Interior and the Bangkok Metropolitan Administration (BMA), with geographical coverage doubling from 12 to 24 provinces nationwide. The objective is to enable ECD centres to provide quality early learning to young children and to engage parents in this process. The parenting program has become a core element of national strategies to support the development of children aged 0-6 years. More recently, UNICEF and government partners are developing Early Moments Matter on Mobile, a parenting communication platform to launch in January 2019 that will provide free daily messages to pregnant women and parents of children aged 0-6 years. The aim is to imbue parents with important knowledge and skills and shift attitudes towards holistic and positive parenting.

In 2018, monitoring exercises and focus group discussions on lessons learned from ECD centres revealed that the parenting program was already resulting in behavioral changes among parents, who have praised the program for its usefulness, leading to its higher profile in ECD centres. Home visits and parental counselling were conducted by skilled ECD caregivers, with feedback from recipients attesting to the virtues of bringing guidance from the ECD centres into the home. In total, over 1,100 parents received mentoring and counselling services from the ECD demonstration centres. Overall, in 2018, ECD centres in nine Provinces completed the scale up of both holistic ECD and parenting programs, with a strong commitment from the network of ECD demonstration centres for further scale-up of the parenting program.

Unproven Parenting Programs:

- **UNICEF Mali Country Office** - UNICEF's leadership and technical support were instrumental to integrating psychosocial stimulation into the national protocol for the management of acute malnutrition. Revised in 2017, the health workers' training is underway with 53% of targeted health and nutrition personnel trained. Furthermore, the training material for community-based Nutrition

Support Groups (GSAN) was revised to better integrate the stimulation of children as part of the key family practices promoted. Subsequently, 6,830 members of GSAN were trained (1,380 in Sikasso, 1,142 in Mopti, and 128 in Timbuktu) and 46,909 parents and caregivers were reached during 3,140 stimulation learning sessions (976 in Sikasso, 1,933 in Mopti, and 128 in Timbuktu). At least 17,687 children aged 0-36 months benefitted from stimulation in health facilities or at home (less than 2% of national target population.).

UNICEF is also at the forefront of efforts to develop and pilot training modules for Care for Child Development Enhanced (CCDE), including support for 16 trainees (community health workers and volunteers) from 14 communities (Koutiala district of Sikasso region) and 5 observers from Ministry of Health, Ministry of Education, and a non-governmental organization (NGO). A second pilot training using the final CCDE module is planned for 2019 and should lead to the integration of this tool into the existing and new interventions in health and nutrition.

- **UNICEF Jordan Country Office** – The evaluation team is broadly interested in UNICEF leadership and technical support for positive parenting programs, and in particular, the ZERO-to-THREE Programme (for parents and children from birth-3 years old) and the Parent and Child Programme (including an Early Learning Readiness component for parents and children 4-5 years old). We are aware that UNICEF is working with partners to scale implementation; and thus, we are interested in supporting UNICEF's goals by evaluating this program. We are also interested in UNICEF's support to license the unlicensed provision of kindergarten (KG) to contribute to Jordan's goal of KG2 universalization by 2022, through the revision of the bylaws, regulations and standards, private and public KG curricula, learning standards, assessment tools and guidelines.

Evidence on Parenting Program Currently Unknown:

- **UNICEF Serbia Country Office** - The evaluation team is particularly interested in UNICEF support for the government's efforts to strengthen the capacities of health professionals to further improve knowledge and skills of parents on ECD, early detection, intervention and support for children with disabilities and their families. We are aware the program has been scaled, reaching almost 6,200 young children and over 10,300 parents with improved ECD services, including 800 children with developmental risks or difficulties. We are also interested in UNICEF supported efforts on the new Preschool Curriculum Framework – Years of Ascent, and the changes to pre-school teacher training, standards and curricula being undertaken (especially any parenting education element).
- **UNICEF Pakistan Country Office** - The evaluation team is particularly interested in UNICEF support for the development of policy and systems for early childhood development and education, as well as the integrated gender-sensitive parenting package to promote key family care practices. We understand approximately 90,000 mothers and 20,000 fathers learned responsive caregiving practices at parent support groups run by 300 nutrition assistants trained on the parenting package. We also understand that this parenting package is being scaled to an additional 90 trainers in Punjab, Balochistan and Sindh. This includes UNICEF support in revising national ECD-sensitive IMNCI pre-service and community guidelines, and the in-service component endorsed by the Government. In particular, we are interested in how the parenting education component was integrated into the revised newborn care package, LHW curriculum and communication manuals for immunization and polio workers.

Theme 2 Data Analysis

61. Thematic Content Analysis. Similar to theme 1, theme 2 will include a majority of qualitative data, including government documents and interview/focus group transcripts that will be analyzed by evaluation question and according to the theory of change. Specifically, the evaluators will undertake a mapping of policy development, budget allocation and ECD service roll-out timelines, alongside UNICEF's project timelines. The aim of this analysis will be to gain an understanding of how each country's policy, funding and delivery of ECD services has changed over time and assess to what extent UNICEF strategies may have contributed to these developments.
62. The evaluators will also develop a stakeholder map of the role-players involved in the ECD space in each country, and evaluate their respective roles with regards to policy, funding and delivery of ECD services. The aim of this analysis will be to gain an understanding of the relative importance of UNICEF contributions to ECD issues relative to that of other role-players (which is also a topic important for theme 1). Finally, the evaluators will develop a scaling analysis that explores the extent to which UNICEF activities are aligned to preparing for and facilitating the scaled-up delivery of an essential package of ECD services.
63. Qualitative Trends Analysis: Similar to theme 1, evaluators will conduct qualitative trends analysis (using statistics from Dedoose) to understand the relationship between UNICEF roles and functions and theme 2 questions.
64. Descriptive Statistics. Data from the institutional survey and/or on the status of children's development (from the MICS ECD Module) will be incorporated into the analysis of theme 2 to elaborate on the findings.

THEME 3: PROGRAM DELIVERY AND QUALITY

65. The third theme explored in this formative evaluation is related to program delivery and quality, and in particular, UNICEF's direct support for parenting programs and their impact on young children, parents and caregivers (see Annex C). The questions in this theme incorporate two evaluation criteria: (1) **relevance**, defined as the extent to which UNICEF supported parenting program objectives and design are sensitive to the economic, environment, social, political and capacity conditions in the country; and (2) **impact**, which refers to the extent to which the selected UNICEF supported parenting programs have generated (or are expected to generate) significant or transformative effects on caregiver capacities, parenting practices, and children's developmental status.

Theme 3 Evaluation Questions

66. EQ#3: What evidence is there that UNICEF direct support for early stimulation and responsive care programs are making a difference on a significant scale for vulnerable children, parents and caregivers?
 - 3.1 Program Delivery. What is the range of interventions or programs being supported by UNICEF in early stimulation and responsive care?⁵ Is their reach and coverage adequate and equitable? Adequate refers to the reach of the program (e.g., the number of children and parents served in relation to demand/need). Equitable refers to geographic distribution, context (e.g., development, humanitarian), income, gender and age.

⁵ These data will be collected as part of theme 1 methods (country document review, secondary data, and institutional survey)

- 3.2 Program Design. To what extent do UNICEF-supported interventions correspond to evidence-based good practices? What was UNICEF's role in creating and supporting these interventions?⁶
- 3.3 Program Scaling. Are UNICEF-supported programs taking the necessary steps to ensure interventions can be scaled (e.g., developing a theory of change and M&E framework, designing appropriate curricula and tools for training caregivers, imbedding interventions into existing sectoral programs and platforms.)?⁷
- 3.4 Program Quality. Are UNICEF-supported early stimulation and responsive care programs being implemented as intended (with fidelity) and according to parenting and early learning and development standards? What are the challenges associated with implementation? How and to what extent have they been addressed?
- 3.5 Program Impact. Are selected early stimulation and responsive care programs having a demonstrable effect on caregiving practices and children's development, especially for the most vulnerable children, including children with disabilities?
- 3.6 Lessons Learned. What can UNICEF learn from countries that deliver successful early stimulation and responsive care programs in a variety of contexts (e.g., emergency situations, fragile contexts, very poor rural and urban communities, and with nomadic or ethnic minority populations)? Taking these lessons into account, what strategic and operational changes does UNICEF need to make to improve early stimulation and responsive care programs?

Theme 3 Evaluation Methods⁸

67. Methods from Themes 1 and 2. To answer questions about program delivery and quality, the evaluators will draw upon methods and data collected for themes 1 and 2 to answer questions 3.1 through 3.3 (program delivery, design and scaling), and 3.6 (lessons learned). This will include the same 54 countries engaged in early stimulation and responsive care programming, as well as the same six field work countries identified for theme 2. In addition, the evaluators will also implement new methods to answer questions about program quality and impact in one country that has yet to prove the impact of their interventions (next paragraph).
68. Case Studies. Similar to theme 2, evaluators will explore the responses from the institutional document review in seven countries to investigate theme 3 in greater detail, including in Honduras (LAC); Mali (WCA); Rwanda (ESA); Serbia (ECA); Thailand (EAP); Jordan (MENA); and Pakistan (SA). Evaluators will also conduct remote interviews and focus groups with relevant UNICEF staff members, and if possible, with three to five service providers using Skype, Zoom, or other teleconference platforms. The focus of these conversations will be on program delivery and quality, what factors support frontline ECD workers, and what needs to change for parenting programs to be effective in practice. For relevant parenting programs, the evaluation team will address questions 3.4 (program quality) and 3.5 (program impact) by examining impact to the extent feasible with a review of program data and documents. We will also explore secondary household or government data for the age period 0-6 to determine if other types of analyses are possible for examining impact.

⁶ These data will be collected as part of theme 1 methods (literature review)

⁷ These data will be collected as part of theme 2 methods (scaling analysis)

⁸ See Annex F to review the original evaluation design and methods for this theme.

Theme 3 Data Analysis

69. Thematic Content Analysis. Similar to theme 1 and theme 2, theme 3 will include qualitative data, including interview/focus group transcripts that will be analyzed by evaluation question and according to the theory of change (see Annex E, Qualitative Coding Manual). To understand program delivery, the evaluators will conduct a content analysis of early stimulation and responsive care interventions (by region, topic, age group, content, enrollment, proportion of parents reached, etc.). To assess program design, the evaluators will assess the extent to which parenting programs are adhering to UNICEF standards for parenting programs, as well as Early Learning and Development Standards (if applicable). To analyze program impact, evaluators will examine the program content and approaches to understand to what extent these align with research-based good practices. To the extent feasible, we will incorporate secondary data (such as MICS or household data) into the analysis to assess the contributions of UNICEF programming on parenting practices and child outcomes.

EVALUATION MANAGEMENT

70. The evaluation management plan will be underpinned by strong principles of communication, equity, and utilizing individual evaluators' core strengths. The evaluation team will meet weekly to discuss issues and review priorities, and to plan actions which will be documented in meeting notes. All correspondence, reports, resources, and other documents will be saved in a shared file accessible only to the evaluation team. It will be kept updated by all team members on an ongoing basis.

ROLE OF THE EVALUATION TEAM AND TEAM LEADERS

71. The evaluation will be executed by a core team of six experts who have been appointed based on their extensive experience in undertaking related assignments in early childhood development and monitoring and evaluation. The evaluation team will be responsible for executing the evaluation as described in the terms of reference (see Annex A). All team members will participate in dissemination activities of the findings of the evaluation study.
72. **Dr. Pamela Wridt** (Senior Monitoring and Evaluation Expert and ECD Researcher) and **Dr. Phil Zelazo** (Senior ECD Researcher and Neuroscience Expert) are serving as co-team leaders for this evaluation. They will provide overall leadership in the development of the evaluation conceptual framework, matrix, tools and templates. The team co-leads will work closely with the UNICEF Evaluation Office's evaluation manager responsible for reviewing and finalizing the evaluation report for publication.
73. The team co-leads are jointly responsible for the overall quality of the evaluation, including: (1) leading in the execution of the evaluation; (2) managing communications with UNICEF; (3) ensuring timely submission of deliverables; (4) ensuring the comprehensiveness and quality of all data collected and deliverables before submission to the UNICEF Evaluation Office, by reviewing and harmonizing their format and content; and (5) co-leading the authorship of deliverables. The co-team leaders will also support field work should it become operationally feasible, including the design of data collection methods (see Annex F), and the training of data enumerators to execute direct child assessments and parent interviews.
74. Dr. Zelazo is also providing leadership on the seven case studies through a detailed examination of program quality in relation to state-of-the-field research on parenting practices and child outcomes. Dr. Wridt is also providing leadership on the document review, key informant interviews and survey with UNICEF Country Offices, and she will support the team in writing the context for select case studies.

75. **Dr. Caroline Frobel** (ECD Neuroscience Researcher and Data Scientist) is primarily responsible for data collection, extraction and analysis procedures associated with UNICEF's corporate monitoring system, as well as ensuring harmonization of evaluation instruments to ensure the use of consistent protocols. Dr. Frobel will also contribute to the institutional assessment, including document review, key informant interviews, and a survey with UNICEF Country Offices. She will support the team in writing the context for select case studies, and will contribute to data analysis, reporting and the crafting of findings and conclusions.

76. **Mr. Jonathan Carter** and **Mr. Conrad Barberton** (ECD Scaling Experts) from Cornerstone Economic Research in South Africa are primarily responsible for undertaking the scalability component of the evaluation. This includes a document review of government policies and plans on the provision and scaling of ECD services in up to six countries. They will also conduct semi-structured interviews with UNICEF officials and other stakeholders responsible for supporting early stimulation and care programs and services, as well as focus groups with service providers. Mr. Carter and Mr. Barberton will contribute to the writing of reports through seven country case studies, as well as the final report including the crafting of key findings, conclusions and recommendations.

ROLE OF THE UNICEF EVALUATION OFFICE

77. The evaluation will be managed by the Evaluation Office (EO), UNICEF New York HQ, through the evaluation manager. The EO is responsible for the quality of the evaluation and for ensuring its independence. The evaluation team is not independent from the EO but external. The EO guarantees independence from the rest of the organization whose strategies and actions will be evaluated.

78. The evaluation manager will:

- Manage all contractual aspects and approve all payments based on the completion of the work and UNICEF's satisfaction with its quality;
- Organize and facilitate conference calls with the evaluation team every two weeks or less frequently, as needed;
- Facilitate access to data as well as communications and meetings between the evaluation team, the various stakeholders in HQ as well as in the regional and country offices, and the Evaluation Reference Group (EAG);
- Provide technical support to the evaluation team, provide inputs and take final decisions regarding the scope, design, methodology, and content of the evaluation, including the conclusions and recommendations;
- Provide a first quality review of all evaluation tools and deliverables presented by the evaluation team before they are submitted to the EAG; one to two rounds of comments are to be expected from the evaluation manager and the EAG, depending on the quality of the first draft; and
- Produce the final version before copy-editing and layout, and co-lead the authorship of the final deliverables.

ROLE OF THE EVALUATION REFERENCE GROUP

79. The composition of the EAG will be determined by the EO in consultation with the relevant PD Section at HQ. The ERG will be constituted to ensure that the evaluation benefits from the highest level of technical knowledge and from a diversity of viewpoints. The members of the ERG will:

- Provide comments in the draft evaluation inception report;
- Participate in the key meetings (remotely or in-person) with the evaluation team during the inception phase and as the evaluation nears completion;
- Facilitate the communication and coordination between their respective section/division/areas of influence and the evaluation team, including gathering inputs from them to the deliverables submitted to them, facilitate links with others undertaking similar work or engaged in strategic thinking in the ECD sector at this time, and assist the evaluation team in accessing relevant UNICEF and non-UNICEF (peer-reviewed and grey) literature and documentation;
- Ideally, participate in a country mission as both a learning opportunity and quality assurance mechanism;
- Review all key deliverables (draft inception and final reports) and provide advice;
- Advise on and support the implementation of the communication and dissemination plan for the evaluation, incl. by suggesting/supporting relevant dissemination events; and
- Advise on the management response to the evaluation and ensure that it fully takes on board the findings and recommendations.

DELIVERABLES

80. **Deliverables.** The deliverables for this evaluation include this **inception report**, as well as:

- **Evaluation protocols and coding tools** will be finalized by the evaluation team, after receiving feedback from the Evaluation Office and the Reference Group;
- A **comprehensive draft evaluation report** that compiles the findings from the different data collection methods;
 - Theme 1: Summary of global secondary data, document review, institutional survey and key informant interviews on UNICEF leadership
 - Themes 2 and 3: Seven country case studies on program scaling and impact (approximately 10 page reports with four components: 1) ECD Country Context; 2) Program Scaling; 3) Program Impact; and 4) Recommendations
- A **final evaluation report** that incorporates feedback from the Evaluation Office and the Reference Group (approximately 40 pages, minus annexes); and
- A **PowerPoint presentation** to be presented to the Evaluation Office and the Reference Group, summarizing the evaluation questions, methods, key findings and recommendations.

EVALUATION TIMELINE

81. The expected time of completion of the evaluation will take about 60 weeks, starting in July 2019 and ending in October 2020. Table 4 below summarizes the timeline for major evaluation tasks in 2020.

Table 4: Timeline of Major Evaluation Tasks

2020	January	February	March	April	May	June	July	August-October
Inception	Finalize evaluation design	Finalize inception report		Revise evaluation design due to global pandemic				

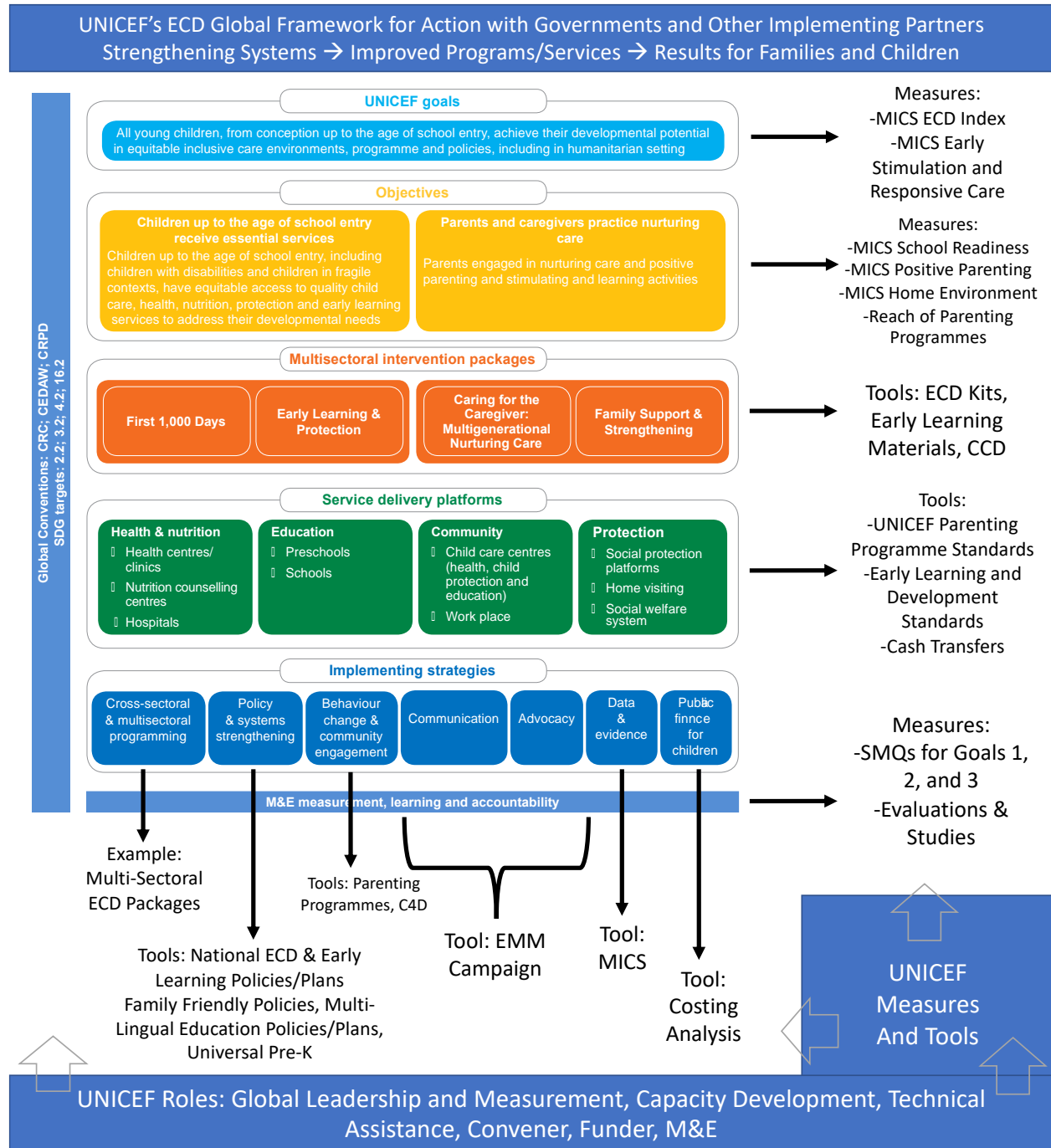
2020	January	February	March	April	May	June	July	August-October
UNICEF Global Leadership	Develop coding manual, download documents	Finalize coding manual; code documents	Test coding manual	Code documents; identify key informants; draft survey	Code documents; begin interviews; continue revising survey	Code documents; continue interviews; launch survey	Finalize survey and interviews	Data analysis and reporting
Program Scaling	Fieldwork planning	Finalize data collection protocols	Finalize CO selection	Enlist participation of CO	Document review, remote interviews and focus groups	Document review, remote interviews and focus groups	Document review, remote interviews and focus groups	Data analysis and reporting
Program Impact	Fieldwork planning	Finalize data collection protocols; gain ethical clearance	Finalize CO selection	Enlist participation of CO	Document review, remote interviews and focus groups	Document review, remote interviews and focus groups	Document review, remote interviews and focus groups	Data analysis and reporting

Annex A: Terms of Reference

The terms of reference for this evaluation can be found at [this link](#).

Annex B: UNICEF's ECD Framework

Note, this diagram represents the evaluation team's initial understanding of UNICEF roles, strategies, measures and tools for ECD and early stimulation and responsive care according to the ECD Framework for Action.



Annex C: Evaluation Framework

Evaluation Questions	Assessment Criteria	Indicative Methods	Data Analysis
Theme 1 - UNICEF Global Leadership for ECD and Early stimulation and responsive care			
<p>EQ1: What impact has UNICEF’s leadership had on the field of early childhood development, international development agencies, evidence in early childhood development, and in communicating the importance of early stimulation and responsive care to governments, implementing partners and development agencies? To what extent is UNICEF positioned and prepared to lead and support governments and partners in scaling systems to deliver early stimulation and responsive care systems?</p> <p>1.1 <u>Institutional Readiness</u>. To what extent has UNICEF been successful in discharging its role as a global leader in ECD (and early stimulation and responsive care, in particular) with regional and country offices in both emergency and development settings?</p> <p>1.2 <u>UNICEF Strategies</u>. Which strategies has UNICEF implemented to advance early childhood development, and early stimulation and responsive care? How relevant and effective are these strategies in development, humanitarian and peacebuilding contexts?</p> <p>1.3 <u>Impact</u>. Have there been significant advances in ECD and the delivery of early stimulation and responsive care programs by governments globally during the evaluation period? To what extent can these advances be attributed to the leadership and support provided by UNICEF?</p> <p>1.4 <u>Lesson Learned</u>. What positioning, policy, and institutional adjustments, if any, are necessary to strengthen UNICEF capacities for global leadership in ECD?</p>	<p>0 – UNICEF has had no impact on the field of early childhood development and is not prepared to lead governments in scaling early stimulation and responsive care systems</p> <p>1 – UNICEF has had limited impact on the field of early childhood development and is only somewhat prepared to lead governments in scaling early stimulation and responsive care systems</p> <p>2 – UNICEF has had a good level of impact on the field of early childhood development and is sufficiently prepared to lead governments in scaling early stimulation and responsive care systems</p> <p>3 – UNICEF has had a substantial impact on the field of early childhood development and is substantially prepared to lead governments in scaling early stimulation and responsive care systems, and there is strong evidence of UNICEF’s attributions and/or contributions</p> <p>Evaluation Criteria: Internal Coherence and Impact</p>	<p>(1.1, 1.2) Key informant interviews with UNICEF Chiefs and Managers (HQ and RO)</p> <p>(1.3) Key informant interviews with UNICEF partners, donors, experts</p> <p>(1.1, 1.2) Secondary data analysis of UNICEF’s corporate monitoring data</p> <p>(1.1, 1.2, 1.3) Strategic document review of UNICEF global program documents, regional plans and country program plans and reports</p> <p>(1.3) Literature review of the latest research on early stimulation and responsive care, including research and evaluations published by UNICEF during the evaluation time period</p> <p>(1.1-1.4) Institutional survey to address gaps in the data and to assess lessons learned</p> <p>(1.54) All methods will support answering this question</p>	<p>(Q1.1-1.4) Thematic content analysis of the qualitative data from the institutional assessment, key informant interviews and document review</p> <p>(Q1.1-1.4) Descriptive statistics to assess global, regional and country trends in UNICEF roles, strategies, readiness, outputs, outcomes, impact and lessons learned</p> <p>(Q1.1-1.4) Qualitative analysis (using Dedoose analytics) to understand the effectiveness of different strategies in advancing ECD on a global, regional and country level</p>

Evaluation Questions	Assessment Criteria	Indicative Methods	Data Analysis
Theme 2 - System Strengthening: UNICEF Support to Scale Early stimulation and responsive care Services			
<p>EQ#2: To what extent has UNICEF supported governments to strengthen sectoral and multisectoral policies and systems for ECD, including national capacity to scale the delivery of early stimulation and responsive care programs and services?</p>	<p>0 – There is no evidence that UNICEF support has strengthened governments’ capacities to implement policies and systems for ECD and to scale early stimulation and responsive care programs and services</p>	<p>(Q2.1-2.6) Key informant interviews or focus groups with UNICEF staff members, government representatives, ECD trainers, and other implementing partners</p>	<p>Theme 1 data analysis procedures +</p>
<p>2.1 <u>Enabling Environment</u>. How has UNICEF supported governments in the delivery and the scaling up of early stimulation and responsive care services through relevant sectors? Do countries have the required legal, financial, and institutional arrangements, as well as policies and sectoral plans, to support the delivery and scaling up of early stimulation and responsive care? What was UNICEF’s contribution in establishing these?</p>	<p>1 – There is limited evidence that UNICEF support has strengthened governments’ capacities to implement policies and systems for ECD and to scale early stimulation and responsive care programs and services</p>	<p>(Q2.1.-2.5) Document review of government policies, plans, budgets and coordination mechanisms for ECD</p>	<p>(Q2.1-2.6) Analysis of stakeholders involved in delivering early stimulation and responsive care services</p>
<p>2.3 <u>Coordination Mechanisms and Systems</u>. Do countries have the required coordination mechanisms and systems in place with all relevant stakeholders and sectors to deliver an essential package of ECD and early stimulation and responsive care programs? What was UNICEF’s contribution in moving the country forward in these areas?</p>	<p>1 – There is limited evidence that UNICEF support has strengthened governments’ capacities to implement policies and systems for ECD and to scale early stimulation and responsive care programs and services</p>	<p>(Q2.5) Review of training materials and curriculum for service providers and the multisectoral front-line workers that engage with young children and families</p>	<p>(Q2.2-2.5) Alignment of governance structures and processes for strengthening systems for ECD and for scaling early stimulation and responsive care programs and services</p>
<p>2.4 <u>Public Financing</u>. Is there adequate, efficient, and equitable public financing for ECD, and for early stimulation and responsive care programs in particular? What has been UNICEF’s contribution to strengthening government capacity to prioritize ECD in the relevant budgets, and to allocate and spend funds efficiently, equitably, and effectively? Efforts may include evidence-based advocacy to key stakeholders, supporting line ministers to assist with budget planning and allocation, and promoting coordination among relevant sectors. This may also require understanding what roles private and public sector funding play in ECD in each country.</p>	<p>2 – There is a good level of evidence that UNICEF support has strengthened governments’ capacities to implement policies and systems for ECD and to scale early stimulation and responsive care programs and services</p>	<p>(Q2.5) Observations of national, regional or local trainings for the ECD workforce (<i>postponed</i>)</p>	<p>(Q2.1) Relevance of UNICEF implementation strategies and tools for the country context (alignment with country policies and priorities)</p>
<p>2.5 <u>National Training Systems for Frontline Workers</u>. Are service providers and front-line workers across relevant sectors that engage with young children and families adequately trained and supported to deliver early stimulation and responsive care interventions and quality services? Are early stimulation and responsive care programs adequately staffed, equipped, managed, harmonized and monitored? What was UNICEF’s contribution in these areas?</p>	<p>3 – There is substantial evidence that UNICEF support has strengthened governments’ capacities to implement policies and systems for ECD and to scale early stimulation and responsive care programs and services, and there is evidence of UNICEF attributions and/or contributions</p>	<p>(Q2.1-2.6) Institutional survey to address gaps in the data and to assess lessons learned</p>	
<p>2.6 <u>Lessons Learned</u>. What can UNICEF learn from countries that are effective in delivering an essential package of ECD services to young children and their families? Taking these lessons into account, what strategic and operational changes does UNICEF need to make to more effectively support the scaling up of ECD and early stimulation and responsive care programs at country level?</p>	<p>Evaluation Criteria: External Coherence and Effectiveness</p>	<p>(Q2.6) All methods for this question</p>	

Evaluation Questions	Assessment Criteria	Indicative Methods	Data Analysis
Theme 3 – Program Delivery and Quality: UNICEF’s Impact on Young Children, Parents and Caregivers			
<p>EQ#3: What evidence is there that UNICEF direct support for early stimulation and responsive care programs are making a difference on a significant scale for vulnerable children, parents and caregivers?</p> <p>3.1. <u>Program Delivery</u>. What is the range of interventions or programs being supported by UNICEF in early stimulation and responsive care?⁹ Is their reach and coverage adequate and equitable? Adequate refers to the reach of the program (e.g., the number of children and parents served in relation to demand/need). Equitable refers to geographic distribution, context (e.g., development, humanitarian), income, gender and age.</p> <p>3.2. <u>Program Design</u>. To what extent do UNICEF-supported interventions correspond to evidence-based good practices? What was UNICEF’s role in creating and supporting these interventions?¹⁰</p> <p>3.3. <u>Program Scaling</u>. Are UNICEF-supported programs taking the necessary steps to ensure interventions can be scaled (e.g., developing a theory of change and M&E framework, designing appropriate curricula and tools for training caregivers, imbedding interventions into existing sectoral programs and platforms.)?¹¹</p> <p>3.4. <u>Program Quality</u>. Are UNICEF-supported early stimulation and responsive care programs being implemented as intended (with fidelity) and according to parenting and early learning and development standards? What are the challenges associated with implementation? How and to what extent have they been addressed?</p> <p>3.5. <u>Program Impact</u>. Are selected early stimulation and responsive care programs having a demonstrable effect on caregiving practices and children’s development, especially for the most vulnerable children, including children with disabilities?</p> <p>3.6. <u>Lessons Learned</u>. What can UNICEF learn from countries that deliver successful early stimulation and responsive care programs in a variety of contexts (e.g., emergency situations, fragile contexts, very poor rural and urban communities, and with nomadic or ethnic minority populations)? Taking these lessons into account, what strategic and operational changes does UNICEF need to make to improve early stimulation and responsive care programs?</p>	<p>0 – There is no evidence that UNICEF direct support for ECD and early stimulation and responsive care is making a difference for vulnerable children, parents and caregivers.</p> <p>1 – There is limited evidence that UNICEF direct support for ECD and early stimulation and responsive care is making a difference for vulnerable children, parents and caregivers.</p> <p>2 – There is a good level of evidence that UNICEF direct support for ECD and early stimulation and responsive care is making a difference for vulnerable children, parents and caregivers.</p> <p>3 – There is substantial evidence that UNICEF direct support for ECD and early stimulation and responsive care is making a difference for vulnerable children, parents and caregivers, and at a significant scale.</p> <p>Evaluation Criteria: Relevance and Impact</p>	<p>Theme 2 methods +</p> <p>(Q3.4-3.6) Focus groups with caregivers (those implementing early stimulation and responsive care programs and services) (<i>postponed</i>)</p> <p>(Q3.4-3.6) Observations of caregivers and ECD settings (<i>postponed</i>)</p> <p>(Q3.5) Questionnaire-based interviews of parents receiving UNICEF supported parenting programs and services to assess parent-reported (a) parenting practices and (b) cognitive, social, emotional, and behavioral development for children ages 0-72 months (<i>postponed</i>)</p> <p>(Q3.5) Direct assessments of children ages 36-72 months on their neurocognitive functions (executive function, vocabulary, number sense) (<i>postponed</i>)</p> <p>(Q3.1-3.6) Remote interviews with UNICEF staff members and 2-3 service providers</p> <p>(Q3.1-3.6) Institutional survey to address gaps in the data and to assess lessons learned</p> <p>(Q3.1-3.6) Review of parenting program documents and secondary data</p>	<p>Theme 2 data analysis procedures +</p> <p>(Q3.1) Content analysis of early stimulation and responsive care interventions (by region, topic, age group, content, enrollment, proportion of parents reached, etc.)</p> <p>(Q3.4) Extent to which parenting programs are adhering to UNICEF standards and research based practices for parenting programs</p> <p>(Q3.5) Extent to which parents report using the caregiving practices from UNICEF supported programs (<i>postponed</i>)</p> <p>(Q3.5) Extent to which children’s neurobehavioral and social emotional development is meeting or exceeding expectations (<i>postponed</i>)</p> <p>(Q3.5) Correlational analysis of parent exposure to a UNICEF-supported parenting program with changes in caregiving practices and children’s developmental outcomes (<i>postponed</i>)</p>

⁹ This data will be collected as part of theme 1 methods (country document review, secondary data, and institutional survey)

¹⁰ This data will be collected as part of theme 1 methods (literature review)

¹¹ These data will be collected as part of theme 2 methods (scaling analysis)

Annex D: Country Inclusion Matrix

Key (Year of Data):

MSP = Multisectoral ECD Packages (2018)

CCD/PP = Care for Child Development or other Parenting Programs (2017)

ML/MTL = Mother Tongue/Multi-lingual Education Policies (2018)

QTLE = Quality of the Teaching and Learning Environment (2018)

EMM = Early Moments Matter Campaign (2017)

ECDP = Early Childhood Development National Policy (2018)

ELPP = Early Learning Policies and Programmes (2017)

UNICEF Region: Europe and Central Asia

Country	MSP	CCD/PP	ML/MTL	QTLE	EMM	ECDP	ELPP
1 Belarus	Advanced	No/no data	No data	2.5 Initiating- established	No	Yes	2.3 Initiating- established
2 Bosnia & Herzegovina	Advanced	No/no data	Established	2.5 Initiating- established	Active Player	Yes	3.2 Established- champion
3 Georgia	Emerging	No/no data	Champion	2 Initiating	Active Player	No	2.8 Initiating- established
4 Kazakhstan	Emerging	Yes (2015-2017)	No data	2.5 Initiating- established	Active Player	No	3.5 Established- champion
5 Kosovo	Emerging	No/no data	Established	2.5 Initiating- established	No	No	2.7 Initiating- established
6 Kyrgyzstan	Established	Yes (2015-2017)	Established	2.5 Initiating- established	Active Player	No	2.8 Initiating- established
7 Moldova	Weak	Yes (2015)	Established	3 Established	Active Player	No	3 Established
8 Serbia	Emerging	Yes (2017)	No data	2.5 Initiating- established	Champion	No	2.3 Initiating- established
9 Tajikistan	Emerging	Yes (2015-2017)	Established	2 Initiating	Active Player	No	3 Established
10 Turkmenistan	Emerging	Yes (2017)	No data	2 Initiating	Champion	No	2.5 Initiating- established

UNICEF Region: Eastern Asia and the Pacific

Country	MSP	CCD/PP	ML/MTL	QTLE	EMM	ECDP	ELPP
11 Cambodia	Established	Yes (2015)	Established	3 Established	No	Yes	Initiating
12 China	Emerging	Yes (2015-2017)	Initiating	2 Initiating	Active Player	No	Established
13 Indonesia	weak	No/no data	Initiating	3 Established	Active Player	Yes	Initiating
14 Lao	Emerging	No/no data	Advanced	2.5 Initiating- established	No	No	Initiating
15 Malaysia	n/a	No/no data	Advanced	n/a	Active Player	Yes	Initiating
16 Mongolia	Emerging	No/no data	Advanced	3 Established	No	Yes	Initiating
17 Philippines	Emerging	Yes (2015)	Advanced	2 Initiating	Active Player	Yes	Established
18 Thailand	Emerging	No/no data	Established	2 Initiating	Champion	Yes	Established
19 Timor-Leste	Weak	No/no data	No data	2 Initiating	Active Player	No	Established
20 Vietnam	Weak	Yes (2015)	Established	3 Established	Active Player	Yes	Established

UNICEF Region: Eastern and Southern Africa

Country	MSP	CCD/PP	ML/MTL	QTLE	EMM	ECDP	ELPP
21 Eritrea	n/a	No	Champion	2 Initiating	No	Yes	2.5 Initiating- established
22 Eswatini	Emerging	No	Initiating	2 Initiating	No	No	2.3 Initiating- established
23 Ethiopia	Weak	Yes (2015)	Initiating	2 Initiating	Active Player	Yes	2.7 Initiating- established
24 Kenya	Established	Yes (2015-2017)	Established	3 Established	Active Player	No	3.3 Established- champion
25 Namibia	Established	Yes (2015)	Champion	2 Initiating	Active Player	Yes	2.7 Initiating- established
26 Rwanda	Proficient	Yes (2015-2017)	Champion	2.5 Initiating- established	Active Player	Yes	n/a
27 South Africa	Established	Yes (2015-2017)	Champion	n/a	Champion	Yes	3.5

Country	MSP	CCD/PP	ML/MTL	QTLE	EMM	ECDP	ELPP
							Established-champion
28 Tanzania	Established	Yes (2015-2017)	No data	2.5 Initiating-established	Champion	No	2 Initiating
29 Uganda	Proficient	Yes (2015-2017)	No data	3 Established	Active Player	Yes	3 Established
30 Zimbabwe	Weak	No	Initiating	2 Initiating	Active Player	No	3.2 Established-champion

UNICEF Region: Latin America and the Caribbean

Country	MSP	CCD/PP	ML/MTL	QTLE	EMM	ECDP	ELPP
31 Argentina	Established	No	Initiating	3 Established	Active Player	Yes (plan)	2.7 Initiating-established
32 Bolivia	Weak	No	Established	2 Initiating	Active Player	no	2 Initiating
33 Chile	Champion	No	Initiating	3 Established	Active Player	Yes	4 Champion
34 Colombia	Established	No/no data	n/a	n/a	Active Player	Yes	3 Established
35 Cuba	Champion	No	No data	4 Champion	Active Player	Yes	4 Champion
36 Guatemala	Weak	No	Established	2 Initiating	Active Player	Yes	1.5 Weak-initiating
37 Honduras	Advanced	No	Initiating	3 Established	Active Player	Yes	2.3 Initiating-established
38 Jamaica	Champion	No	No data	4 Champion	No	Yes (plan)	n/a
39 Nicaragua	Emerging	Yes (2015)	Initiating	2.5 Initiating-established	No	Yes	2.7 Initiating-established
40 Panama	Emerging	Yes (2015-2017)	Champion	2 Initiating	Active Player	Yes	1.3 Weak-initiating
41 Paraguay	Established	Yes (2017)	Initiating	2.5 Initiating-established	Champion	Yes	1.8 Weak-initiating
42 Peru	Established	No	Established	2.5 Initiating-established	Active Player	Yes	2.8 Initiating-established
43 Uruguay	Advanced	No	No data	3 Established	Active Player	Yes	n/a

UNICEF Region: Middle East and North Africa

Country	MSP	CCD/PP	ML/MTL	QTLE	EMM	ECDP	ELPP
44 Jordan	Emerging	No	Initiating	1.5 Weak-initiating	Active Player	Yes	2.3 Initiating-established
45 State of Palestine	Proficient	No	No data	2.5 Initiating-established	Active Player	No	2.5 Initiating-established

UNICEF Region: South Asia

Country	MSP	CCD/PP	ML/MTL	QTLE	EMM	ECDP	ELPP
46 India	Established	Yes (2015-2017)	Established	2.5 Initiating-established	Champion	Yes	2.7 Initiating-established
47 Nepal	Emerging	Yes (2015)	Initiating	2 Initiating	Active Player	No	2.7 Initiating-established
48 Pakistan	n/a	Yes (2015-2017)	No data	1.5 Weak-initiating	Active Player	n/a	1.8 Weak-initiating
49 Sri Lanka	Advanced	Yes (2015)	Champion	2.5 Initiating-established	Active Player	Yes	1.8 Weak-initiating

UNICEF Region: Western and Central Africa

Country	MSP	CCD/PP	ML/MTL	QTLE	EMM	ECDP	ELPP
50 Burkina Faso	Weak	Yes (2015)	Initiating	2.5 Initiating-established	Active Player	Yes	2.8 Initiating-established
51 Ghana	Weak	Yes (2015)	Initiating	2.5 Initiating-established	Active Player	Yes	3.2 Established-champion
52 Mali	Emerging	Yes (2015-2017)	Established	2.5 Initiating-established	Active Player	Yes	2.2 Initiating-established
53 Niger	n/a	No	Weak	2 Initiating	No	Yes	n/a
54 Senegal	Emerging	Yes (2015)	Initiating	2 Initiating	No	Yes	2.3 Initiating-established

Annex E: Qualitative Data Coding Manual

Dedoose Codes – For all qualitative data (documents, key informant interviews, focus groups, observations)

Level 1 Code	Level 2 Code	Level 3 Code	Description	Notes/Tags
Country Background			Information about the country context that will be helpful for understanding the data	
	ECD Development Priorities		Select all country priorities for children ages 0-5 (add more codes if needed)	
		Child protection		
		Education/ Early learning		
		ECD is named explicitly	ECD is a country priority	
		Health		
		Nutrition		
		WASH		
		Social Protection		
	ECD Positioning in CO		Where does ECD sit within the country organogram? And in the monitoring systems CO use (e.g., outputs and outcomes)?	
		Goal 1 (Health)		
		Goal 2 (Education)		
		Goal 3 (Child Protection)		
		Goal 4 (Safe Environments)		
		Goal 5 (Equity/ Social Protection)		
		Not Explicit	Use this code if it is difficult to classify the goal areas	

Level 1 Code	Level 2 Code	Level 3 Code	Description	Notes/Tags
		ECD is a results area	Country positions ECD as a stand-alone results area	
	Humanitarian Situation		If there is an active humanitarian situation, highlight text that describes this situation (as contextual information) for our analysis	
Tags			Use these tags when prompted in the notes/tag column for specific codes to provide more details	
	Implementing partners/ stakeholders			
		Academia		
		Community members/ leaders		
		ECD Practitioners	Frontline workers, program managers, program trainers, inspectors, etc.	
		Faith-based organizations		
		General public		
		INGOs, NGOs, Civil Society		
		International development agencies		
		Media		
		Non-profit sector		
		Parents		
		Private sector		
		Public sector		
	Marginalized Groups		Use this tag whenever possible for any code for any evaluation question	

Level 1 Code	Level 2 Code	Level 3 Code	Description	Notes/Tags
		Children from marginalized ethnic/cultural groups		
		Children in humanitarian situation	Emergency or conflict affected families	
		Children living in poverty		
		Children with disabilities		
		Out of school children		
		Migrant children		
		Working children		
	Partnerships			
		Existing		
		New		
	Scale of Analysis		Code the scale (or organization level) for each excerpt	
		Country Office		
		Headquarters		
		Regional Office		
	Sectors			
		Child Protection		
		Education		
		Health		
	UNICEF support			
	Year		Code the year for each excerpt (the date of the document being	

Level 1 Code	Level 2 Code	Level 3 Code	Description	Notes/Tags
			coded)	
		2014		
		2017		
		2019		
	Progress Rating		Provide 'progress rating' tag for the output assessments in RAM reports as follows: <ul style="list-style-type: none"> - On track - Constrained - Met - Partially met 	
EQ1.1 Institutional Readiness			To what extent has UNICEF been successful in discharging its role as a global leader in ECD (and early stimulation and care, in particular) with regional and country offices in both emergency and development settings?	Contextual information is captured in the Country Context Descriptors Database
	Core ECD Messages		UNICEF RO or CO plans and annual reports mention core messages of the new approach to ECD, as outlined in the global guidance for UNICEF's ECD Programming	Tag with RO or CO to distinguish scale of analysis
		Neuroscience Research	Information about neuroscience research in ECD is mentioned in RO and/or CO plan (such as the Lancet Series on ECD)	
		Stimulation and Care	Information about the importance of early stimulation and responsive / nurturing care is mentioned in RO and/or CO plan (such as parenting programs, play-based teaching and learning, playing, singing, talking, reading, etc.)	
		Equity Lens	RO and/or CO plans mention the need to address issues of equity in the provision of ECD services	Tag with marginalized groups (any that apply): children with disabilities, children living in poverty, children in humanitarian situations, migrant and working children, children from marginalized other groups, etc.
		Systems Integration	RO and/or CO plan mentions the need to integrate health, education and child protection sectors in the delivery of ECD services	Tag any sectors that apply: health, education, child protection
		Investment in ECD	RO and/or CO plans mention investment in ECD as the foundation for children's healthy development, and as a basis for national	See Country Context Descriptors Database for information on ECD budget utilization

Level 1 Code	Level 2 Code	Level 3 Code	Description	Notes/Tags
			economic development and/or peacebuilding	
		Nurturing Care Framework	Explicit reference to the Nurturing Care Framework is mentioned in RO and/or CO plans or reports	
	Internal Capacity Development		RO and/or CO plans or reports reference global ECD programming guides, tools, workshops and trainings provided by HQ	
	Human Resources/ Planning		Evidence of hiring staff to support ECD, or developing internal management structures to facilitate cross-sectoral planning within UNICEF	
EQ1.2 UNICEF Strategies			Which strategies has UNICEF implemented to advance early childhood development, and early stimulation and care, in particular? How relevant and effective are these strategies in development, humanitarian and peacebuilding contexts?	See UNICEF Leadership Descriptors Database for information on outputs associated with these strategies
	Partnerships and Resources		UNICEF's efforts to mobilize partnerships and resources to advance ECD and early stimulation and care (UNICEF special interventions - Partnerships development for ECD, and SP Implementing Strategy - Partnerships [2014-17] and/or developing partnerships and resources [2018-21])	Tag with HQ, RO and CO to distinguish scale of analysis
		Networks	Evidence of a new or existing network to advance ECD (such as regional ECD or education networks, practitioner networks, etc.)	Tag with partnerships (new or existing) and implementing partners/ stakeholders if known
		Private Partnerships (financial)	Evidence of new or existing private sector partnerships (including individuals, major donors, foundations, corporations, and membership organizations) to advance (maximize revenue for) ECD	Tag with partnerships (new or existing) and implementing partners/ stakeholders if known
		Private partnerships (non-financial)	Harnessing the power of private sector partnerships, including foundations, corporates and membership organizations	Tag with partnerships (new or existing) and implementing partners/ stakeholders if known
		Public Partnerships	Evidence of new or existing public sector partnerships (governments and financial institutions, including World Bank) to advance ECD	Tag with partnerships (new or existing) and implementing partners/ stakeholders if known
	Evidence Generation		UNICEF supported data analysis, research, studies and evaluations on ECD and early stimulation and care (UNICEF special intervention - ECD data, evidence, and knowledge generation and dissemination, SP 2014-17 Implementing Strategy - Evidence generation, policy dialogue and advocacy)	Tag with HQ, RO and CO to distinguish scale of analysis

Level 1 Code	Level 2 Code	Level 3 Code	Description	Notes/Tags
			UNICEF supported efforts to advance the measurement and monitoring of the Sustainable Development Goals for ECD, including SDG4, target 2 (indicator 4.2.1 and 4.2.2); and SDG16, target 2 (indicator 16.2.1) (SP 2018-21 Implementing Strategy - United Nations working together)	
	Technical Assistance		UNICEF leadership in providing technical assistance to advance the ECD agenda (UNICEF special intervention - Technical assistance - Early childhood development, SP 2014-17 Implementing Strategy - Capacity development)	Tag with HQ, RO and CO to distinguish scale of analysis
	Advocacy and Communications		Evidence of UNICEF supported efforts to win support for the cause of children from decision-makers and the wider public, through advocacy, public engagement and communication (UNICEF special intervention - ECD advocacy and communication including campaigns, SP 2014-17 Implementing Strategy - Evidence generation, policy dialogue and advocacy) UNICEF supported convenings and/or key events to advance ECD and early stimulation and care (SP 2018-21 Implementing Strategy - Harnessing the power of business and markets)	Tag with HQ, RO and CO to distinguish scale of analysis
		Early Moments Matter Campaign	Evidence that this cause campaign has been implemented	This is a tool; tag implementing partners if known
		End Violence Against Children Campaign	Evidence that this cause campaign has been implemented	This is a tool; tag implementing partners if known
	System Strengthening		Evidence of UNICEF programming for at-scale results for children	Tag with HQ, RO and CO to distinguish scale of analysis
		Cross-sectoral and Multisectoral Programming	UNICEF efforts to foster cross-sectoral and multi-sectoral programming that responds holistically to children's needs and to the environments in which they grow up (SP 2014-17 Implementing Strategies - Identification and promotion of innovation; Support to integration and cross-sectoral linkages; and Service delivery).	Tag which sectors involved if known
		Policy and Systems Strengthening	UNICEF efforts to support policy, capacity development and systems strengthening at both national and subnational levels, especially in humanitarian situations, to enable more rapid scale-up and delivery of life-saving and child- protective services (UNICEF special interventions - ECD Policy and system strengthening;	Tag which sectors involved if known

Level 1 Code	Level 2 Code	Level 3 Code	Description	Notes/Tags
			System strengthening - early learning / pre-primary policy; leadership, and budget; Integrating ECD in emergency preparedness; Capacity development of ECD frontline workers)	
		Behavior Change and Community Engagement	UNICEF supported engagement with communities to promote behavior change, increase demand for quality services and support social norms that contribute to the realization of child rights, directly and through policy and systems strengthening, including adaptations for humanitarian response (UNICEF special interventions - Social and behavioral change communication for ECD)	Tag which sectors and stakeholders involved if known
		Institutional Strengthening of National Systems		Tag which sectors involved if known
		South-South and Horizontal Cooperation	SP 2014-17 Implementation Strategy - South-south and triangular cooperation	Tag which sectors and stakeholders involved if known
EQ1.3 Impact			Have there been significant advances in ECD and the delivery of early stimulation and care programs by governments globally during the evaluation period? To what extent can these advances be attributed to the leadership and support provided by UNICEF?	
	New Champions		There is evidence that UNICEF has engaged new champions for ECD and early stimulation and care	Tag with HQ, RO and CO to distinguish scale of analysis and implementing partners/ stakeholders if known
	Common Vision		There is evidence of a common vision for ECD within and outside of UNICEF	Tag with HQ, RO and CO to distinguish scale of analysis
	Harmonized Messaging		There is evidence of harmonized messaging to advance the ECD agenda within UNICEF and the broader international development community	Tag with HQ, RO and CO to distinguish scale of analysis
	Improved Awareness		There is evidence that UNICEF has contributed to increased awareness among stakeholders about the importance of ECD for individual, community and national development	Tag with HQ, RO and CO to distinguish scale of analysis Tag which stakeholders if known, such as: government sector, private sector, NGOs or non-profit sector, parents, general public, etc.

Level 1 Code	Level 2 Code	Level 3 Code	Description	Notes/Tags
	Increased Investment		There is evidence that UNICEF has contributed to increased investment in ECD and early stimulation and care services	Tag with HQ, RO and CO to distinguish scale of analysis
	Increased Demand		There is evidence that UNICEF has contributed to increased demand for ECD and early stimulation and care services	Tag with HQ, RO and CO to distinguish scale of analysis
		Measuring Demand	Evidence that indicators of demand have been developed. UNICEF has helped governments to develop methods for measuring demand for ECD and early stimulation and care services	Tag with HQ, RO and CO to distinguish scale of analysis
	Strengthened National Capacity		There is evidence that national capacity to deliver ECD and early stimulation and care services has been strengthened by UNICEF's leadership contributions	Tag with HQ, RO and CO to distinguish scale of analysis
		Governance	UNICEF has made recommendations regarding organizational structures and the human capacity required to deliver ECD and early stimulation and care services (such as organograms and/or descriptions of management arrangements)	Tag with HQ, RO and CO to distinguish scale of analysis
	Improved Child Rights		There is evidence that UNICEF has contributed to improvements in the situation of young children and their families (such as changes in SDG impact indicators, or reaching the most vulnerable children and families)	Tag with HQ, RO and CO to distinguish scale of analysis
EQ1.4 Lessons Learned - Leadership			What positioning, policy, and institutional adjustments, if any, are necessary to strengthen UNICEF capacities for global leadership in ECD?	
	Major challenges		Evidence of major challenges in UNICEF's leadership for ECD	Tag with HQ, RO and CO to distinguish scale of analysis
	Good practices		Evidence of good practices in executing UNICEF's leadership for ECD	Tag with HQ, RO and CO to distinguish scale of analysis
EQ2.1 Enabling Environment			How has UNICEF supported governments in the delivery and the scaling up of early stimulation and care services through relevant sectors? Do countries have the required legal, financial, and institutional arrangements, as well as policies and sectoral plans, to support the delivery and scaling up of early stimulation and responsive care? What was UNICEF's contribution in establishing these?	
	Costed Plans or		Evidence that governments are developing sectoral and/or	Tag with UNICEF support if known

Level 1 Code	Level 2 Code	Level 3 Code	Description	Notes/Tags
	Sector Plans		nurturing care action plans that address 0-72 month age group, and whether these plans are costed or tied to a budget	
	Laws and Regulations		Evidence of national laws and regulations that promote or require the scaling of early stimulation and care services	Tag with UNICEF support if known
	Institutional Frameworks		Evidence of institutional frameworks that identify the delivery and scaling up of early stimulation and care services	Tag with UNICEF support if known
	Strategy		Evidence of a strategy (vision, goals, objectives) for ECD services	Tag with UNICEF support if known
	Government Structures		Evidence of structural changes in the government (such as improved planning and decision making for ECD services, enhanced communication across sectors, harmonization of procedures, etc.)	Tag with UNICEF support if known
	National Policies		Evidence of new or existing national policies that focus on early childhood development, early learning and child protection for ages 0 to 72 months	Tag with UNICEF support if known
EQ2.2 Coordination Mechanisms and Systems			Do countries have the required coordination mechanisms and systems in place with all relevant stakeholders and sectors to deliver an essential package of ECD and early stimulation and care programs? What was UNICEF's contribution in moving the country forward in these areas?	
	ECD Service Providers		Mapping of stakeholders by sectors engaged in ECD delivery (public, private, NGOs for health, education and child protection)	Tag with implementing partners/stakeholders if known
	Coordinating Systems		Evidence of a cross-sectoral coordinating unit within government policies and/or plans (such as a Children's Cabinet, Commission, Taskforce or Steering Committee)	Tag with UNICEF support if known
	Management Systems		Evidence of accountability and oversight in the delivery of ECD services within government policies and/or plans	Tag with UNICEF support if known
EQ2.3 Public Financing			Is there adequate, efficient, and equitable public financing for ECD, and for early stimulation and care programs in particular? What has been UNICEF's contribution to strengthening governments capacity to prioritize ECD in the relevant budgets, and to allocate and spend funds efficiently, equitably, and effectively? Efforts may include evidence-based advocacy to key stakeholders, supporting technical teams to	

Level 1 Code	Level 2 Code	Level 3 Code	Description	Notes/Tags
			assist with budget planning and allocation, and promoting coordination among relevant sectors. This may also require understanding what roles private and public sector funding play in ECD in each country.	
	ECD Budget Allocation		Evidence of efforts to strengthen government capacity to prioritize ECD in the relevant budgets, and to allocate and spend funds efficiently, equitably, and effectively	Tag with UNICEF support if known
		Budget Briefs	Evidence of efforts to prepare budget briefs on ECD and early stimulation and care services	
		Budget Assessments	Evidence of efforts to conduct assessments on the flow of funds for ECD and early stimulation and care services	
		Expenditure Review	Evidence of efforts to conduct expenditure reviews of ECD and early stimulation and care services	
	Budget Planning		Evidence of efforts to support line ministries in assisting with budget planning and allocation, and promoting coordination among relevant sectors.	Tag with UNICEF support if known
	Public Funding		Evidence of public funding in the delivery of ECD services within government policies/plans	Tag with UNICEF support if known
	Private Funding		Evidence of private funding in the delivery of ECD services within government policies/plans	Tag with UNICEF support if known
		Funding Framework	There is an existing framework or policy to guide private funding of ECD and early stimulation and care services	
EQ2.4 National Training Systems for Frontline Workers			Are service providers and the multisectoral front-line workers that engage with young children and families adequately trained and supported to deliver early stimulation and care interventions? Are early stimulation and care programs adequately staffed, equipped, managed, harmonized and monitored? What was UNICEF's contribution in these areas?	
	Frontline Worker Training		Evidence of efforts to provide national and/or regional trainings for the frontline workforce delivering services to children ages 0-72 months	Tag with UNICEF support if known
		ECD Workforce	Evidence of national training for frontline ECD workers (UNICEE	Tag which sectors involved

Level 1 Code	Level 2 Code	Level 3 Code	Description	Notes/Tags
			special intervention - Capacity development of ECD frontline workers)	
		Preschool Teachers	Evidence of national training tailored for preschool teachers (UNICEF special intervention - Provision of early learning / pre-primary education teacher training)	
	Frontline Worker Standards		Standards that guide frontline worker trainings to ensure the quality of program/service delivery	Tag with UNICEF support if known
		ELDS	Evidence of early learning and development standards (UNICEF special intervention - System strengthening - early learning / pre-primary standards and governance)	Tag with UNICEF support if known
		Parenting Standards	Evidence of parenting program standards	Tag with UNICEF support if known
		ECD Centre Standards	Evidence of ECD centre standards	Tag with UNICEF support if known
	National Curriculum		Evidence of a national curriculum and training tools for early learning and/or ECD (UNICEF special intervention - System strengthening - early learning / pre-primary teaching and learning environment)	Tag with UNICEF support if known
		UNICEF Expertise	UNICEF has made recommendations or provided leadership in developing the curriculum	
		Technical Experts	UNICEF has engaged technical experts to support governments in developing a curriculum	
		Training Materials	UNICEF has supported governments in developed training materials	
		Training Program	UNICEF has supported governments to put in place a trainer of trainers program	
	Monitoring and Certification		Evidence of monitoring and certification systems or frameworks to manage the quality of frontline workers in national policies and/or plans for children 0-72 months	Tag with UNICEF support if known
EQ2.5 Lessons Learned - Systems			What can UNICEF learn from countries that are effective in delivering an essential package of ECD services to young children and their families? Taking these lessons into account, what strategic and operational changes does UNICEF need to	

Level 1 Code	Level 2 Code	Level 3 Code	Description	Notes/Tags
			make to more effectively support the scaling up of ECD and early stimulation and care programs at country level?	
	Major Challenges		Evidence of major challenges in UNICEF's efforts to strengthen national systems for ECD services	Tag with HQ, RO and CO to distinguish scale of analysis
	Good Practices		Evidence of good practices in UNICEF's efforts to strengthen national systems for ECD services	Tag with HQ, RO and CO to distinguish scale of analysis
EQ3.1 Program Delivery			What are the range of interventions or programs being supported by UNICEF in early stimulation and care? Is their reach and coverage adequate and equitable? Adequate refers to the reach of the program (e.g., the number of children and parents served in relation to demand/need). Equitable refers to: geographic distribution, context (e.g., development, humanitarian), income, gender and age.	
	Community Programs		Evidence of community-based ECD programs (UNICEF special intervention - Community based child care)	Tag with UNICEF support if known
	Parenting Programs		Evidence of parenting programs (UNICEF special intervention - Parenting program to promote nurturing care and early stimulation)	Tag with UNICEF support if known
		Care for Child Development	Evidence of Care for Child Development, WHO-UNICEF parenting curriculum and tools	Tag with UNICEF support if known
		School Readiness	Evidence of parenting programs focused on school readiness - (UNICEF special intervention - Provision of parental education for school readiness, including in temporary learning spaces)	Tag with UNICEF support if known
		Violence Against Children	Evidence of child protection programs (UNICEF special intervention - Parent and/or caregiver education and programs on violence, exploitation and abuse – 0 to 7 years)	Tag with UNICEF support if known
	Humanitarian Programs		Evidence of humanitarian programs for children 0-72 months (UNICEF special intervention - Integrating ECD in emergency preparedness and response)	Tag with UNICEF support if known See UNICEF output: Early stimulation and care interventions in humanitarian settings
	Early Learning Programs		Evidence of early learning programs for children ages 36-72 months (UNICEF special intervention - Provision of formal and non-formal early-learning / pre-primary education, including in temporary learning spaces)	Tag with UNICEF support if known

Level 1 Code	Level 2 Code	Level 3 Code	Description	Notes/Tags
	Service Delivery		Evidence of procurement or distribution of toys and learning materials, such as UNICEF's Early Childhood Development Kits (UNICEF special intervention: Provision or procurement of early learning/ pre-primary education learning materials)	Tag with UNICEF support if known
	Equity Lens		Identification of which caregivers, parents and children have been reached by UNICEF supported early stimulation and care programs (and in relation to the number of children in the country if available).	Tag with marginalized groups (any that apply): children with disabilities, children living in poverty, children in humanitarian situations, migrant and working children, children from marginalized other groups, children in rural vs. urban areas, etc.
		Equity Measurement	Evidence that UNICEF has worked with national statistical agencies to identify data that captures socio-economic factors that is sufficiently geographically disaggregated to enable analysis of equity. Or, evidence that UNICEF has informed the development of data that can be used to measure equity.	
EQ3.2 Program Design			To what extent do UNICEF-supported interventions correspond to evidence-based good practices? What was UNICEF's role in creating and supporting these interventions?	
	Multisectoral Packages		Evidence of two or more ECD interventions are delivered as a program package	Tag which sectors if known See UNICEF output: Multisectoral packages
	ECD Information		Evidence that the program integrates key messages about healthy brain development	
	Early Stimulation and Responsive Care		Evidence that the program integrates early stimulation and responsive care activities	
EQ3.3 Program Scaling			Are UNICEF-supported programs taking the necessary steps to ensure interventions can be scaled?	
	Program Manual		Evidence that the program has a manual describing the program theory of change, M&E framework, and core operational objectives and procedures	
	Costing Model		Evidence that the program has a costing model that supports its scaling	
	Scaling Mechanisms		Descriptions of the mechanisms for scaled-up interventions (such as reach and management ratios and measures for scale-up)	

Level 1 Code	Level 2 Code	Level 3 Code	Description	Notes/Tags
			progress and successes; embedding interventions into existing sectoral platforms and services)	
	Norms and Standards		Norms and standards are identified (or the process for creation of norms and standards) and are incorporated into program design	
	Risk Management Plan		Evidence that the program has a risk management plan and/or risks and their mitigation measure identified	
	Country Context		Evidence of how the context affects the scaling of the program, such as: (a) the extent to which the intervention is transferable, such as adaptation requirements; (b) whether the scaled-up intervention is cost effective; and (c) whether the scaled-up intervention is affordable and sustainable	
		Local Language Materials	Program materials and manuals are available in local languages	
	Scaling Preparedness		Evidence of government/service provider preparedness to scale the program, such as: a) whether the intervention is aligned with national policy; (b) the extent to which the Ministry of Finance is supportive of the intervention; (c) whether the responsible line ministries are ready to manage the scaled-up intervention (d) the intergovernmental implications of scale up are clearly defined (d.1 who has what responsibilities for implementation, M&E, management and oversight; d.2 how funding for the program will flow)	
EQ3.4 Program Quality			Are UNICEF-supported early stimulation and care programs being implemented as intended (with fidelity) and according to parenting and early learning and development standards? What are the challenges associated with implementation? How and to what extent have they been addressed?	
	Frontline Worker Capacity		Evidence of outcomes and skills gained by frontline workers associated with early stimulation and care	
		Awareness of ECD	Awareness of the importance of ECD for children's healthy brain development	
		Self-Care	Increased sense of agency, reduced stress, improved self-efficacy in working with young children	

Level 1 Code	Level 2 Code	Level 3 Code	Description	Notes/Tags
		Play-Based Facilitation Skills	The use of play-based techniques to elicit supportive interactions that help children form a sense of attachment and security and scaffold the development of foundational neurocognitive skills	
		Responsive Care Skills	Knowledge of positive parenting practices that help children form a sense of attachment and security and scaffold the development of foundational neurocognitive skills	
		Classroom Management Skills	Teacher and caregiver capacities to manage classrooms with young children (e.g., establish a routine, encouraging positive behaviors)	
	Program Fidelity		The extent to which frontline workers are adhering to the program dosage, appropriate caregiver-to-child ratios, parenting standards, ELDS, and other standards associated with quality	
	Setting Affordances		Quality of the ECD center and teaching and learning environment (UNICEF special intervention - early learning / pre-primary teaching and learning environment)	See UNICEF output: quality of teaching and learning environment
		Construction of ECD Centres	Evidence of UNICEF support for the provision and construction of ECD centres	Tag with UNICEF support if known
		Play Opportunities	Evidence of the integration and effective use of play and early learning materials (UNICEF special intervention - provision or procurement of early-learning/ pre-primary education learning materials)	See UNICEF output: ECD Kit programming
		Safety	Evidence of a safe setting (clean floors with mats for children to sit on, no hazards, appropriate ventilation/light, etc.)	
	Community Engagement		Evidence of community engagement and participation in ECD centre management, program design and implementation (UNICEF special intervention - Community based child care)	See UNICEF output: Multilingual education community engagement
EQ3.5 Program Impact			Are selected early stimulation and care programs having a demonstrable effect on caregiving practices and children's development, especially for the most vulnerable children?	All relevant MICS data will be linked to this question through the Outcomes-Impacts Descriptors Database
	Parent Outcomes		Evidence of parent outcomes as a result of their participation in an early stimulation and care program/service	
		Caregiving	Health, hygiene and nutrition related practices	

Level 1 Code	Level 2 Code	Level 3 Code	Description	Notes/Tags
		Stimulation	Interactions, learning activities, modelling	
		Support and responsiveness	Practices that instill trust, attachment, sense of security	
		Structure	Routine, discipline, supervision, protection from harm	
		Socialization	Convey values, habits, and attitudes of society	
		Home Environment	Availability of children's books and playthings (homemade toys, manufactured toys, household objects/ objects found outside)	See MICS: home environment
		Support for Learning	An adult has engaged in four or more activities (telling stories, singing songs, taking outside, playing, naming/counting or drawing things) to promote learning and school readiness in the last three days	See MICS: positive caregiving and early stimulation and responsive care
		Engagement in ECD Centres	There is evidence of an increase in parent participation and engagement in ECD centre activities	
	Child Impacts		Evidence of child impacts as a result of their participation in an early stimulation and care program/service	
		School Readiness	Attendance in early learning program prior to starting school; children in first grade of primary school who attended pre-school during the previous school year	See MICS: school readiness
		Cognitive Development	Executive function skills (cognitive flexibility, inhibitory control, working memory), sustained attention, language development (receptive vocabulary), number sense and early math skills	See MICS: ECDI
		Social Emotional Development	Self-regulation, social skills (playing well with others, making friends), persistence, growth mindset	See MICS: ECDI
EQ3.6 Lessons Learned - Program Delivery			What can UNICEF learn from countries that deliver successful early stimulation and care programs in a variety of contexts (e.g., emergency situations, fragile contexts, very poor rural and urban communities, and with nomadic populations)? Taking these lessons into account, what strategic and operational changes does UNICEF need to make to improve early stimulation and care programs?	
	Major Challenges		Evidence of major challenges in UNICEF's efforts to improve the quality and delivery of early stimulation and care services	Tag with HQ, RO and CO to distinguish scale of analysis

Level 1 Code	Level 2 Code	Level 3 Code	Description	Notes/Tags
	Good Practices		Evidence of good practices in UNICEF's efforts to improve the quality and delivery of early stimulation and services	Tag with HQ, RO and CO to distinguish scale of analysis

DESCRIPTOR DATABASES

Case = Country Case ID

Country = Country Name

Region = UNICEF Region

EAP = East Asia and the Pacific

ECA = Europe and Central Asia

ESA = Eastern and Southern Africa

LAC = Latin America and the Caribbean

MENA = Middle East and North Africa

SA = South Asia

WCA = West and Central Africa

File Name: Country Context Descriptors

File Link: <https://drive.google.com/file/d/1hXa6ydKcmvL5IYE3ksn7RkaO6AkhHOqB/view?usp=sharing>

Contextual Information about Countries

Column Title	Description	Response Categories	Data Source
Country in L2 Emergency	Situations defined as L2 emergencies could be sudden-onset emergencies, a significant deterioration in an ongoing complex emergency or a slow-onset emergency (e.g. famine alerts) which is not sufficiently addressed through the regular UNICEF Country Programme, or a situation where CCC-based emergency preparedness measures need to be urgently augmented to avoid imminent risks to children. In addition, L2 emergencies can be country-specific, cover a region or many regions within a country, multi-country and/or sub-regional in nature or potentially span more than one region.	<ul style="list-style-type: none"> Yes = Country has current or recent L2 emergency No = Country does not have current or recent L2 emergency 	Humanitarian Knowledge Resources, UNICEF Sharepoint
Economic Status	Income classification of country according to World Bank data	<ul style="list-style-type: none"> LIC = Lower Income Country LMIC = Lower Middle Income Country UMIC = Upper Middle Income Country HIC = High Income Country 	World Bank
GNI per capita 2014	GNI per capita based on purchasing power parity (PPP). PPP GNI is gross	GNI per capita, PPP (current	World Bank

Column Title	Description	Response Categories	Data Source
	national income (GNI) converted to international dollars using purchasing power parity rates. An international dollar has the same purchasing power over GNI as a U.S. dollar has in the United States. GNI is the sum of value added by all resident producers plus any product taxes (less subsidies) not included in the valuation of output plus net receipts of primary income (compensation of employees and property income) from abroad. Data are in current international dollars based on the 2011 ICP round.	international \$)	
GNI per capita 2015	Same as previous	GNI per capita, PPP (current international \$)	World Bank
GNI per capita 2016	Same as previous	GNI per capita, PPP (current international \$)	World Bank
GNI per capita 2017	Same as previous	GNI per capita, PPP (current international \$)	World Bank
GNI per capita 2018	Same as previous	GNI per capita, PPP (current international \$)	World Bank
CO programme cycle	Range of years covered by the Country Office Programme Document (program plan)	Year range interval	UNICEF CPDs
2018 CO utilization	Overall amount of funds expended by a Country Office in this year	In USD (M=million) <ul style="list-style-type: none"> ● No data = no information ● Not listed = ? 	RAM
2018 goal 1 utilization	Overall amount of funds expended for goal 1 by a Country Office in this year	In USD (M=million; k=thousand) <ul style="list-style-type: none"> ● No data = no information ● Not listed = ? 	RAM
2018 ECD utilization	Overall amount of funds expended for ECD within goal 1 by a Country Office in this year	In USD (M=million; k=thousand) <ul style="list-style-type: none"> ● No data = no information ● Not listed = ? 	RAM
2018 ECD utilization as % of goal area 1	Overall percentage of funding dedicated to ECD within goal 1 budget	No data = no information	RAM
2019 CO utilization	Overall amount of funds expended by a Country Office in this year	In USD (M=million) <ul style="list-style-type: none"> ● No data = no information ● Not listed = ? 	RAM
2019 goal 1 utilization	Overall amount of funds expended for goal 1 by a Country Office in this year	In USD (M=million; k=thousand) <ul style="list-style-type: none"> ● No data = no information 	RAM

Column Title	Description	Response Categories	Data Source
		<ul style="list-style-type: none"> Not listed = ? 	
2019 ECD utilization	Overall amount of funds expended for ECD within goal 1 by a Country Office in this year	In USD (M=million; k=thousand) <ul style="list-style-type: none"> No data = no information Not listed = ? 	RAM
2019 ECD utilization as % of goal area 1	Overall percentage of funding dedicated to ECD within goal 1 budget	No data = no information	RAM
UNDAF	Indication of the country's participation in the UN Delivery as One modality	<ul style="list-style-type: none"> Yes, UNDAF exists No 	Country Programme Documents

File Name: UNICEF Leadership Descriptors

File Link: https://drive.google.com/file/d/1X_iQCCwU4MI-k49itf0BaeBOfm_30SDe/view?usp=sharing

This file reflects the status of UNICEF's special intervention and Strategic Plan outputs (from 2014-2020)

UNICEF Supported Special Interventions			
Goal 1 Special Interventions - Every Child Survives and Thrives			
Column Title	Description	Response Categories	Data Source
Frontline Training	Capacity development of ECD frontline workers No descriptions provided in RAM; CO must determine if their interventions apply	<ul style="list-style-type: none"> Yes = this intervention is chosen by Country Offices No = this intervention is not chosen by Country Offices No data = no ECD related intervention chosen by country 	RAM 21-08-01
Community Care	Community based child care No descriptions provided in RAM; CO must determine if their interventions apply	<ul style="list-style-type: none"> Yes = this intervention is chosen by Country Offices No = this intervention is not chosen by Country Offices No data = no ECD related intervention chosen by country 	RAM 21-08-02
Advocacy	ECD advocacy and communication including campaigns No descriptions provided in RAM; CO must determine if their interventions apply	<ul style="list-style-type: none"> Yes = this intervention is chosen by Country Offices No = this intervention is not chosen by Country Offices No data = no ECD related intervention chosen by country 	RAM 21-08-03

Evidence	ECD data, evidence, and knowledge generation and dissemination No descriptions provided in RAM; CO must determine if their interventions apply	<ul style="list-style-type: none"> ● Yes = this intervention is chosen by Country Offices ● No = this intervention is not chosen by Country Offices ● No data = no ECD related intervention chosen by country 	RAM 21-08-04
ECD Policy	ECD policy and system strengthening No descriptions provided in RAM; CO must determine if their interventions apply	<ul style="list-style-type: none"> ● Yes = this intervention is chosen by Country Offices ● No = this intervention is not chosen by Country Offices ● No data = no ECD related intervention chosen by country 	RAM 21-08-05
Parenting Program	Parenting program to promote nurturing care and early stimulation No descriptions provided in RAM; CO must determine if their interventions apply	<ul style="list-style-type: none"> ● Yes = this intervention is chosen by Country Offices ● No = this intervention is not chosen by Country Offices ● No data = no ECD related intervention chosen by country 	RAM 21-08-06
Humanitarian Interventions	Integrating ECD in emergency preparedness and response No descriptions provided in RAM; CO must determine if their interventions apply	<ul style="list-style-type: none"> ● Yes = this intervention is chosen by Country Offices ● No = this intervention is not chosen by Country Offices ● No data = no ECD related intervention chosen by country 	RAM 21-08-07
Partnerships	Partnerships development for ECD No descriptions provided in RAM; CO must determine if their interventions apply	<ul style="list-style-type: none"> ● Yes = this intervention is chosen by Country Offices ● No = this intervention is not chosen by Country Offices ● No data = no ECD related intervention chosen by country 	RAM 21-08-08
Social-Behavior Change	Social and behavioral change communication for ECD No descriptions provided in RAM; CO must determine if their interventions apply	<ul style="list-style-type: none"> ● Yes = this intervention is chosen by Country Offices ● No = this intervention is not chosen by Country Offices ● No data = no ECD related intervention chosen by country 	RAM 21-08-09
Technical Assistance	Technical assistance - Early childhood development No descriptions provided in RAM; CO must determine if their interventions	<ul style="list-style-type: none"> ● Yes = this intervention is chosen by Country Offices ● No = this intervention is not chosen by Country Offices ● No data = no ECD related intervention chosen by country 	RAM 21-08-99

	apply		
EMM 2017	Evidence of a Country Office's participation in the Early Moments Matter campaign (a UNICEF cause framework)	<ul style="list-style-type: none"> • <u>Active Player</u> = An evaluability assessment confirmed that this Country Office was an active player in this cause campaign, meaning that they downloaded EMM resources and participated in the annual global father's day/parenting month communication activities and broadcasts (COMS + ADVOCACY) • <u>Champion</u> = An evaluability assessment confirmed that this Country Office was a champion in this cause campaign, meaning that they downloaded EMM resources and participated in the annual global father's day/parenting month communication activities and broadcasts, and were active in fundraising for ECD through these efforts (COMS + ADVOCACY + FUNDRAISING) • <u>No</u> = An evaluability assessment confirmed that this Country Office was <u>not</u> engaged in this cause campaign 	DOC EMM Evaluability Assessment
EMM 2018	Evidence of a Country Office's participation in the Early Moments Matter campaign (a UNICEF cause framework)	<ul style="list-style-type: none"> • <u>Active Player</u> = An evaluability assessment confirmed that this Country Office was an active player in this cause campaign, meaning that they downloaded EMM resources and participated in the annual global father's day/parenting month communication activities and broadcasts (COMS + ADVOCACY) • <u>Champion</u> = An evaluability assessment confirmed that this Country Office was a champion in this cause campaign, meaning that they downloaded EMM resources and participated in the annual global father's day/parenting month communication activities and broadcasts, and were active in fundraising for ECD through these efforts (COMS + ADVOCACY + FUNDRAISING) • <u>No data</u> = There was no information provided by Country Offices or they did not participate in this campaign in 2018 	DOC EMM Father's Day/Parenting Month Report
CCD 2015-2017	Care for Child Development, a WHO-UNICEF parenting programme (guidebook and tools)	<ul style="list-style-type: none"> • Yes (2015) - Evidence that CCD was active in 2015 only • Yes (2015-2017) - Evidence that CCD was active in 2015 and 2017 • Yes (2017) - Evidence that CCD was active in 2017 only • No/no data - No evidence of CCD or no data available 	UNICEF ECD Internal Monitoring Data and Study
Goal 2 Special Interventions - Every Child Learns			
Column Title	Description	Response Categories	Data Source
Early Learning	Provision of (formal and non-formal) early-learning / pre-primary education (including in temporary learning spaces)	<ul style="list-style-type: none"> • Yes = this intervention is chosen by Country Offices • No = this intervention is not chosen by Country Offices • No data = no early learning related intervention chosen by country 	RAM 22-01-01
Parenting Education	Provision of parental education for	<ul style="list-style-type: none"> • Yes = this intervention is chosen by Country Offices 	RAM 22-01-02

	school readiness (including in temporary learning spaces)	<ul style="list-style-type: none"> No = this intervention is not chosen by Country Offices No data = no early learning related intervention chosen by country 	
Learning Materials	Provision or procurement of early-learning / pre-primary education learning materials	<ul style="list-style-type: none"> Yes = this intervention is chosen by Country Offices No = this intervention is not chosen by Country Offices No data = no early learning related intervention chosen by country 	RAM 22-02-01
Teacher Training	Provision of early learning / pre-primary education teacher training	<ul style="list-style-type: none"> Yes = this intervention is chosen by Country Offices No = this intervention is not chosen by Country Offices No data = no early learning related intervention chosen by country 	RAM 22-02-07
ECE Policy	System strengthening - early learning / pre-primary policy, leadership, and budget	<ul style="list-style-type: none"> Yes = this intervention is chosen by Country Offices No = this intervention is not chosen by Country Offices No data = no early learning related intervention chosen by country 	RAM 22-02-14
Standards	System strengthening - early learning / pre-primary standards and governance	<ul style="list-style-type: none"> Yes = this intervention is chosen by Country Offices No = this intervention is not chosen by Country Offices No data = no early learning related intervention chosen by country 	RAM 22-02-15
Learning Environment	System strengthening - early learning / pre-primary teaching and learning environment (including curriculum and material design)	<ul style="list-style-type: none"> Yes = this intervention is chosen by Country Offices No = this intervention is not chosen by Country Offices No data = no early learning related intervention chosen by country 	RAM 22-02-16
ELDS	Early Learning and Development Standards	<ul style="list-style-type: none"> Yes = there is evidence that this country has ELDS No = there is no evidence that this country has ELDS 	UNICEF Global Evaluation (2016)
Goal 3 Special Interventions - Every Child is Protection from Violence and Exploitation			
Column Title	Description	Response Categories	Data Source
Parenting Program	Parent/caregiver education and programmes on violence, exploitation and abuse – 0 to 7 years	<ul style="list-style-type: none"> Yes = this intervention is chosen by Country Offices No = this intervention is not chosen by Country Offices 	RAM 23-01-15 (2019)
Goal 5 Special Interventions - Every Child has an Equitable Change at Life			
Column Title	Description	Response Categories	Data Source
Child Care	Support to other social protection programmes: Child care and early childhood development	<ul style="list-style-type: none"> Yes = this intervention is chosen by Country Offices No = this intervention is not chosen by Country Offices 	RAM 25-02-07

Goal 1 Outputs: Every Child Survives and Thrives

Column Title	Description	Response Categories	Data Source
ECDPolicy 2018	National multisectoral ECD policy	<ul style="list-style-type: none"> • Yes = Country Offices reported this to be true • No = Country Offices reported this to be false • n/a = Information is not available 	SMQ(1.h.2-5)
ECDPlan 2018	National multisectoral Early Childhood Development action/implementation plan	<ul style="list-style-type: none"> • Yes = Country Offices reported this to be true • No = Country Offices reported this to be false • n/a = Information is not available 	SMQ (1.h.2-6)
ECDPPUSupport 2018	National multisectoral ECD action/implementation plan supported by UNICEF during the year of reporting	<ul style="list-style-type: none"> • Yes = Country Offices reported this to be true • No = Country Offices reported this to be false • n/a = Information is not available 	SMQ (1.h.2-7)
MSP 2017	In 2017, were there <u>two or more ECD interventions</u> combined and delivered as a package through at least one existing platform to address the holistic early childhood development of children 0-59 months through UNICEF supported programmes during the year of reporting in the country?	<ul style="list-style-type: none"> • <u>weak</u> - At least two interventions that address stimulation for children aged 0-59 months, with support of partners such as UNICEF, NGOs, and SCOs but without government adoption. • <u>emerging</u> - There are at least two interventions that address stimulation for children aged 0-59 months adopted by the government but lacking a costed action plan to scale up under the government's ownership. • <u>established</u> - There are at least two interventions that address stimulation for children aged 0-59 months adopted by the government with a costed action plan to scale up under the government's ownership. • <u>proficient</u> - There are at least two interventions that address stimulation for children aged 0-59 months adopted by the government with a costed action plan to scale up and a national coordination mechanism under the government's ownership. • <u>advanced</u> - There are at least two interventions that address stimulation for children aged 0-59 months adopted by the government with a costed action plan to scale up and a national monitoring system under the government's ownership. • <u>champion</u> - There are at least two interventions that address stimulation for children aged 0-59 months adopted by the government with a costed action plan to scale up, a national monitoring system and a coordination mechanism under the government's ownership. <p>Notes: The "ECD package" is formed by at least two combined interventions benefiting young children, 0-59 months. To be considered a package the interventions need to have the following characteristics a) address children from birth until 5 years of age; and b) one of the 2 (or more) interventions needs to include early stimulation or responsive caregiving. A country is considered having "adopted" a package if there is ownership by the government. The ownership should include at least one, but preferably all, of the following components: policy, coordination mechanism, allocated budget and/or monitoring system.</p>	SMQ 1h1-3

MSP 2018	In 2018, were there <u>two or more ECD interventions</u> combined and delivered as a package through at least one existing platform to address the holistic early childhood development of children 0-59 months through UNICEF supported programmes during the year of reporting in the country?	<ul style="list-style-type: none"> • Same scale as previous year 	SMQ 1h1-3
ESCHumanitarian 2018	Early stimulation interventions in humanitarian situations	<ul style="list-style-type: none"> • Yes = Country Offices reported this to be true • No = Country Offices reported this to be false • n/a = Information is not available 	SMQ (1.h.1-4)
ECDKitP 2018	% of targeted children who participate in organized programmes with <u>ECD kits</u> or an equivalent concept in humanitarian situations through UNICEF supported programmes	<p>UNICEF Target = 70% coverage</p> <ul style="list-style-type: none"> • Target not met = < 69% • Met target = 70% • Exceeded target = 71% > 	SMQ (1.h.3-8)

Goal 2 Outputs - Every Child Learns

Column Title	Description	Response Categories	Data Source
ELPP 2017	Country reporting to have effective early learning policies and early learning programmes	<p>weak (1) initiating (2) established (3) championing (4)</p> <p>Data from former strategic plan period - no guidance for ratings found</p>	SMQ (p5c2)
MLEPlan 2017	Country reporting to have an education policy/sector plan that includes multilingual education to allow children to learn in their mother tongue	<p>weak (1) initiating (2) established (3) championing (4)</p> <p>Data from former strategic plan period - no guidance for ratings found</p>	SMQ (p5e6)
MT/MLEPolicy 2016	If your CO is working on the policy environment to support mother tongue/multilingual education, please rate the extent to which the policy environment supports mother tongue/multilingual education	<ul style="list-style-type: none"> • <u>weak (1)</u> = The education sector plan/policy ignores or forbids the use of children's mother tongues or of languages children understand, even in the early grades of primary education. • <u>initiating (2)</u> = The education sector plan/policy explicitly promotes the use of a few of the children's mother tongues or of languages children understand in the early grades of primary education. However, this only allows less than 	SMQ-22-02-2.b.3-9

		<p>half of concerned children to learn in a language they understand.</p> <ul style="list-style-type: none"> ● <u>established (3)</u> = The education sector plan/policy explicitly promotes the use of all of the most common children's mother tongues or languages children understand in the early grades of primary education. This allows the large majority of concerned children to learn in a language they understand. This is partially reflected in the curriculum and/or implementation plans. ● <u>championing (4)</u> = The education sector plan/policy promotes the use of all of the most common children's mother tongues or languages children understand beyond the early grades of primary education. This allows the large majority of concerned children to learn in a language they understand. This is fully reflected in the curriculum and/or implementation plans. 	
MT/MLEPolicy 2017	If your CO is working on the policy environment to support mother tongue/multilingual education, please rate the extent to which the policy environment supports mother tongue/multilingual education	<ul style="list-style-type: none"> ● Same scale as previous year 	SMQ-22-02-2.b.3-9
MT/MLEPolicy 2018	If your CO is working on the policy environment to support mother tongue/multilingual education, please rate the extent to which the policy environment supports mother tongue/multilingual education	<ul style="list-style-type: none"> ● Same scale as previous year 	SMQ-22-02-2.b.3-9
MT/MLEResources 2016	If your CO is working on human and material resources to support mother tongue/multilingual education, please rate the extent to which human and material resources support mother tongue/multilingual education	<ul style="list-style-type: none"> ● <u>weak (1)</u> = Instruction in children's mother tongue or in a language children can understand is not reflected in teacher training, recruitment, deployment, or pupil assessment systems. There is no official support for learning materials to allow for instruction in children's mother tongue or in a language they understand ● <u>initiating (2)</u> - Instruction in children's mother tongue or in a language children can understand is partially integrated/considered in at least one of the following: teacher training, recruitment and deployment, and/or pupil assessment systems. There are prototypes of dedicated learning materials. Resources are however only sufficient to provide children in model or pilot schools with instruction in their mother tongue or in a language they understand. ● <u>established (3)</u> - Instruction in children's mother tongue or in a language children can understand is integrated/considered in at least two of the following: teacher training, recruitment and deployment, and/or pupil assessment systems. There are dedicated learning materials. Resources are sufficient to ensure that a significant minority of children receive instruction in their mother tongue or in a language they understand. ● <u>championing (4)</u> - Instruction in children's mother tongue or in a language 	SMQ-22-02-2.b.3-10

		children can understand is integrated/considered in all of the following: teacher training, recruitment and deployment, and pupil assessment systems. There are dedicated learning materials. Resources are sufficient to allow most children to receive instruction in their mother tongue or in a language they understand.	
MT/MLEResources 2017	If your CO is working on human and material resources to support mother tongue/multilingual education, please rate the extent to which human and material resources support mother tongue/multilingual education	<ul style="list-style-type: none"> • same scale as previous year 	SMQ-22-02-2.b.3-10
MT/MLEResources 2018	If your CO is working on human and material resources to support mother tongue/multilingual education, please rate the extent to which human and material resources support mother tongue/multilingual education	<ul style="list-style-type: none"> • same scale as previous year 	SMQ-22-02-2.b.3-10
MT/MLECommunity 2016	If your CO is working on community engagement for mother tongue/multilingual education, please rate the extent to which there is community engagement for mother tongue/multilingual education	<ul style="list-style-type: none"> • <u>weak (1)</u> - Local communities are discouraged from engaging in education in support of instruction in children's mother tongue or in a language children understand. • <u>initiating (2)</u> - Local communities and teachers are not engaged, either through SMCs, PTAs or any similar structure, in setting the curriculum or developing learning materials in support of instruction in children's mother tongue or in a language children understand. • <u>established (3)</u> - Local communities and teachers are sometimes engaged, through SMCs, PTAs or similar structures, in setting the curriculum or developing learning materials in support of instruction in children's mother tongue or in a language children understand. • <u>championing (4)</u> - Local communities and teachers are fully engaged, through SMCs, PTAs or similar structures, in setting the curriculum and developing learning materials in support of instruction in children's mother tongue or in a language children understand. 	SMQ-22-02-2.b.3-11
MT/MLECommunity 2017	If your CO is working on community engagement for mother tongue/multilingual education, please rate the extent to which there is community engagement for mother tongue/multilingual education	<ul style="list-style-type: none"> • Same scale as previous year 	SMQ-22-02-2.b.3-11

MT/MLECommunity 2018	If your CO is working on community engagement for mother tongue/multilingual education, please rate the extent to which there is community engagement for mother tongue/multilingual education	<ul style="list-style-type: none"> • Same scale as previous year 	SMQ-22-02-2.b.3-11
QTLE 2016	If your CO is working on the teaching and learning environment for early learning, please rate the quality of the teaching and learning environment for early learning	<ul style="list-style-type: none"> • <u>weak (1)</u> - Teachers are not trained on child-centered pedagogy. A curriculum has not been formally approved and whatever exists is not based on child standards. Classroom material lists do not exist and thus age appropriate books, toys/play things and learning materials are not available for preschool classrooms; No standards for the design of classrooms/centers that ensure adequate learning space. Parent participation is not encouraged and is at best extremely limited. • <u>initiating (2)</u> - Teachers are trained on some components of child-centered pedagogy. The curriculum is not holistic, links between preschool and primary curricula are weak. Classroom material lists are not comprehensive and include only a few age appropriate play and learning materials. Materials are available for less than half of preschools nationwide. Standards for classroom design that ensure adequate learning space exist but are not used widely. There are limited mechanisms or programmes for engaging parents in pre-primary education and parent participation is very limited. • <u>established (3)</u> - Teachers receive training on some (but not all) components of child-centered pedagogy. The curriculum is holistic, links to the primary curriculum and/or to any day-care/early years' curriculum can be improved. Classroom material lists include age appropriate books, toys /play things and learning materials. They are available in two thirds of preschools nationwide. Most classrooms are designed as per pre-established standards that ensure adequate learning space. There are mechanisms or programmes for engaging parents in pre-primary education, but only some parents actively engage in these programs. • <u>championing (4)</u> - Teachers receive training on child-centered pedagogy (i.e. training on: activity-based learning, appropriate behavior management, child standards, and personalized learning/inclusive teaching). The curriculum is holistic (i.e. it includes components of socio-emotional learning in addition to pre-academic skills and is based on age-appropriate child standards), is linked meaningfully to the primary curriculum as well as to any daycare/early years (0-3) curriculum. Classroom material lists include age appropriate books, toys/play things and learning materials, Classroom materials are available in the majority of preschools nationwide. Classrooms are designed as per pre-established standards that ensure adequate learning space. There are mechanisms or programmes for engaging parents in pre-primary education, and parents actively participate in these programs. 	SMQ-22-02-2.b.3-5

QTLE 2017	If your CO is working on the teaching and learning environment for early learning, please rate the quality of the teaching and learning environment for early learning	<ul style="list-style-type: none"> • same scale as previous year 	SMQ-22-02-2.b.3-5
QTLE 2018	If your CO is working on the teaching and learning environment for early learning, please rate the quality of the teaching and learning environment for early learning	<ul style="list-style-type: none"> • same scale as previous year 	SMQ-22-02-2.b.3-5

File Name: Outcomes-Impacts DescriptorS

File Link: <https://drive.google.com/file/d/1V3nStVjN-lon3oUITgVn1BOuyZQ2LkAt/view?usp=sharing>

Parent Outcomes, Child Impacts from MICS5 (2014-2018) and Participation in MICS6

Column Title	Description	Data Source
MICS 6.8	% of children age 36-59 months who are developmentally on track	MICS5
MICS 6.1	attendance to early childhood education - % of children age 36-59 months	MICS5
MICS 6.2	support for learning - % of children age 36-59 months	MICS5
MICS 6.3	father's support for learning - % of children age 36-59 months	MICS5
MICS 6.4	mother's support for learning - % of children age 36-59 months	MICS5
MICS 6.5	availability of children's books - % of children under age 5	MICS5
MICS 6.6	availability of playthings - % of children under age 5	MICS5
MICS 6.7	inadequate care - % of children under age 5	MICS5
MICS 7.2	School readiness - % of children in first grade of primary school who attended pre-school during the previous school year.	MICS5
MICS6	Is new MICS available? Yes = yes, these data are available (status:01/27/2020)	MICS6

Annex F: Detailed Evaluation Protocols, Measures and Tools

THEME 1: UNICEF GLOBAL LEADERSHIP FOR ECD

A. Secondary Data

UNICEF RAM and SMQ Data will be analyzed for 157 countries, using available data from 2014-2018, including global data on 10 implementation strategies and interventions; 13 indicators on outputs and 9 indicators on outcomes and impacts (UNICEF MICS data, 2014-2018).

UNICEF Implementation Strategies and Interventions:

1. Capacity development of ECD frontline workers
2. Community based child care
3. ECD advocacy and communication including campaigns
4. ECD data, evidence, and knowledge generation and dissemination
5. ECD policy and system strengthening
6. Parenting programs to promote nurturing care and early stimulation
7. Integrating ECD in emergency preparedness and response
8. Partnerships development for ECD
9. Social and behavioral change communication for ECD
10. Technical assistance - Early childhood development

UNICEF Output Indicators:

1. Early stimulation interventions in humanitarian situations
2. Children in humanitarian situations targeted to participate in ECD kit programmes
3. Number of countries with two or more ECD interventions delivered as a package
4. National early childhood development policies
5. National early childhood development action and implementation plans
6. Maturity of early learning policies and programmes
7. Countries with an education policy or sector plan with multilingual education, by maturity
8. Human and material resources for mother tongue/multilingual education
9. Number of children enrolled in early learning programmes
10. Enrollment in early learning programmes in humanitarian contexts
11. Number of children provided with individual education/early learning materials
12. Quality of teaching and learning environment for early learning
13. Parent engagement in UNICEF supported parenting programmes

UNICEF Outcome and Impact Indicators:

Child Outcomes/Impacts

1. Q6.1: Attendance to an early childhood education programme (% of children age 36-59 months)
2. Q6.7: Inadequate care: Left alone or in the care of another child younger than 10 years of age for more than an hour (% of children under age 5)
3. Q6.8: ECDI - developmentally on track in at least three of the following four domains: literacy-numeracy, social-emotional, physical, and learning (% of children age 36-59 months)
4. Q7.2: School readiness: Percentage of children in first grade of primary school who attended pre-school during the previous school year.

Parent/Caregiver Outcomes

5. Q6.2: Support for learning: an adult has engaged in four or more activities (telling stories, singing songs, taking outside, playing, naming/counting or drawing things) to promote learning and school readiness in the last three days (% of children age 36-59 months)
6. Q6.3: Father's support for learning, see 6.2 (% of children age 36-59 months)
7. Q6.4: Mother's support for learning, see 6.2 (% of children age 36-59 months)

Home Environment

8. Q6.5: Availability of three or more children's books (% of children under age 5)
9. Q6.6: Availability of two or more types of playthings (homemade toys, manufactured toys, household objects/ objects found outside) (% of children under age 5)

B. Key Informant Interviews

Indicative questions for UNICEF HQ and RO staff members working in ECD

- What roles and functions has UNICEF discharged (e.g., convening, generating evidence, etc.) on a global and regional level, and how effective have they been?
- What have been the most significant contributions/impacts UNICEF has made in the field of early childhood development on a global and regional level in the last 5 years?
- What has changed about the way international development agencies and national governments have delivered ECD programs and services in the last 5 years? Which of these changes can be directly attributed to UNICEF?
- Which partnerships or networks have been formed over the last 5 years for ECD on a global and regional level? What have these partnerships done for the organization and for the field?
- Are there new champions for ECD that did not exist prior to UNICEF's leadership in this field? Who?
- What is UNICEF's comparative advantage in advancing ECD on a global level?
- What lessons have been learned through UNICEF's leadership activities in ECD?
- How can UNICEF's leadership be strengthened in the field of ECD?

Indicative questions for experts, donors working globally in ECD

- What have been the most significant contributions/impacts UNICEF has made in the field of early childhood development on a global and regional level in the last 5 years?
- What has changed about the way international development agencies and national governments have delivered ECD programs and services in the last 5 years?
- What is UNICEF's comparative advantage in advancing ECD on a global level?
- How can UNICEF's leadership be strengthened in the field of ECD?

C. Strategic Document Review: Indicative Reports

Corporate Documents

- UNICEF Strategic Plan and Results Framework, 2018-2021
- Theory of Change Paper, UNICEF Strategic Plan, 2018-2021
- UNICEF Strategic Plan and Results Framework, 2014-2017
- Revised Supplementary Programme Note on the Theory of Change for the UNICEF Strategic Plan, 2014-2017

- Joint Annex on Implementation of the Common Chapter of the Strategic Plan, 2018-2021
- UNICEF's Global Annual Results Report, 2018
- UNICEF Goal Area 1 Annual Report, 2018
- UNICEF Goal Area 2 Annual Report, 2018
- Progress Towards the Sustainable Development Goals. Report of the Secretary-General. Supplementary information, 2018.
- Progress Towards the Sustainable Development Goals. Report of the Secretary-General. Supplementary information, 2017.
- Progress towards the Sustainable Development Goals. Report of the Secretary-General. Supplementary information, 2016.
- Briefing notes on SDG global indicators related to children, UNICEF data, April 2018

Global Early Childhood Development Documents

- UNICEF's Programme Guidance for Early Childhood Development. UNICEF Programme Division, 2017
- Care for Child Development. A Framework for Monitoring and Evaluating the WHO/UNICEF Intervention.
- Nurturing Care for Early Childhood Development. A framework for Helping Children Survive and Thrive to Transform Health and Human Potential, UNICEF, WHO, World Bank Group, ECDAN, the Partnership for Maternal, Newborn & Child Health, Every Woman Every Child
- Building Better Brains: New Frontiers in Early Childhood Development
- Care for Child Development (CCD): An approach to enhance nurturing care in the XXI Century (WHITE PAPER), by William C. Philbrick (RTI International) Priya Patel (Harvard School of Public Health), and Aisha Yousafzai (Harvard School of Public Health), 2017
- Guidance notes on RAM Standard Indicators - Early Childhood Development, 2016
- The Formative Years: UNICEF's Work on Measuring Early Childhood Development, UNICEF Division of Data, Research and Policy
- Early Childhood Development: A Statistical Snapshot, Building Better Brains and Outcomes for Children
- Peacebuilding through Early Childhood Development: A Guidance Note
- Lancet - Early Childhood Development Series
- A Systematic Review of Parenting Programmes for Young Children in Low and Middle Income Countries, UNICEF and Yale University, 2015
- Standards for Parenting Programmes in Low and Middle Income Countries, UNICEF
- Early Moments Matter for Every Child, UNICEF, 2017
- Early Moments Matter Evaluability Assessment, UNICEF, Division of Communication, 2018
- Early Childhood Development in Emergencies, Integrated Programme Guide, UNICEF

Digital Resources for Early Moments Matter Campaign

- UNICEF Parenting Hub: <https://www.unicef.org/parenting> [unicef.org]
- 6 Mini Parenting Master Class videos featuring experts responding to parents' questions and concerns (including one on play): <https://weshare.unicef.org/Package/2AMZIF398ELD> [weshare.unicef.org]
- Parenting Month Communication and Advocacy toolkit: <https://weshare.unicef.org/archive/-2AMZIF3I3QYB.html> [weshare.unicef.org]
- Parenting Month social media pack: <https://weshare.unicef.org/Package/2AMZIF38OENZ> [weshare.unicef.org]
- Parenting Month survey for COs and NCs to be completed by July 7: <https://www.surveymonkey.com/r/CXYLGWW> [surveymonkey.com]
- Press release and media materials for the launch of our new report – produced by the Office of Research – that analyzes family-friendly policies across 41 OECD and EU countries: [Innocenti research report - Press release and media materials](https://www.unicef.org/research-report-press-release-and-media-materials) [unicef.sharepoint.com]

- 2 Short videos showing how family-friendly policies are being implemented in Rwanda: <https://weshare.unicef.org/Folder/2AMZIFJ4QLH1> [weshare.unicef.org] and Vietnam <https://weshare.unicef.org/Folder/2AMZIFJ4QQWW> [weshare.unicef.org]
- *It's about time* campaign page which hosts the parenting poll asking parents what family-friendly policies would help them spend more time with their children and 4 mini parenting challenges <http://www.unicef.org/its-about-time> [unicef.org]
- 10 animations co-created with the LEGO Foundation bringing to life parents' play tips: <https://weshare.unicef.org/Package/2AMZIF3BHFRQ> [weshare.unicef.org]
- Video statement from David Beckham calling for greater investment in family-friendly policies: <https://weshare.unicef.org/Folder/2AMZIF3GTNA0> [weshare.unicef.org]
- Video interview with Carke Gayford, NZ PM Jacida Ardern's partner <https://www.youtube.com/watch?v=nuTVjhhvkue0&feature=youtu.be> [youtube.com]
- Internal ICON 'Hands up for Childcare at UNICEF' campaign page: <https://unicef.sharepoint.com/sites/ICON/SitePages/Internal-campaign-on-childcare---2019.aspx> [unicef.sharepoint.com]
- ED Fore taped message for UN Day of Parents: <https://weshare.unicef.org/archive/15039-NYHQ-ED-Fore-UN-Parents-subtitles-2AMZIFJ4QD49.html> [weshare.unicef.org]
- Joint statement from UNICEF, UNDP, UNWomen and UNFPA calling for family-friendly policies: <https://www.unicef.org/press-releases/joint-statement-1-un-family-leave-and-childcare> [unicef.org]
- Africa Play Conference toolkit (including caste studies from Egypt, Paraguay and South Africa): <https://weshare.unicef.org/archive/-2AMZIF3CGFCG.html> [weshare.unicef.org]
- Africa Play Conference Snapshot Report: <https://weshare.unicef.org/Detail/2AMZIF3DNE1X> [weshare.unicef.org]
- Father's Day 2018 Snapshot Report: <https://weshare.unicef.org/archive/-2AMZIFVAV72V.html> [weshare.unicef.org]

Indicative UNICEF Research and Evaluations

- UNICEF's Early Childhood Development Kit for Emergencies: Evaluation Synthesis, 2019
- Early Learning and Development Standards (ELDS) and School Readiness. Global Evaluation Report, 2016.
- UNICEF's Early Childhood Development Kit: Humanitarian Evaluation, Uganda, 2019
- Timor-Leste 2017: Design and Pilot of a Parenting Education Programme to Improve Developmental
- Timor-Leste 2017: Outcomes for Disadvantaged Children and Adolescents in Timor-Leste—Phase II"
- Timor-Leste 2017: Baseline Study of Knowledge, Attitudes and Practices towards Ten Key Focus Areas of Parenting in Timor-Leste 2015
- Nepal 2018: Evaluation of the National Early Childhood Development Program. Final Report
- Fiji 2017: Cost and Financing of Early Childhood Care and Education in Vanuatu
- Fiji 2017: Status Report on Early Childhood Care and Education in Pacific Island Countries
- Fiji 2017: Knowledge, Attitude and Practices (KAP): Assessment of Early Childhood Care and Development in Kiribati
- Moldova 2018: Knowledge, attitudes and practices in early childhood development and care
- Italy 2017: Delivering a Parenting Programme in Rural South Africa: The local child and youth care worker experience
- Georgia 2017: Assessment of preschool quality and preschool educators' professional competences
- Argentina 2017: Evaluation of the Early Childhood Care pilot program of the City of Buenos Aires
- Lesotho 2017: Conduct Age validation on Early Learning and Development Standards (ELDS)
- Sierra Leone 2017: ECD baseline study
- Ghana 2017: Conduct a review and documentation on newborn care programming in Ghana at national and sub-national levels from 2012-2016
- Montenegro 2017: Study on parenting support programmes for parents/caregivers of adolescents

- Nepal 2017: Evaluation of the National Early Childhood Development Programme 2004 – 2015
- Costa Rica 2017: Línea de base del Programa Familias en Acción (FAMA)
- Macedonia 2017: Coordinate and disseminate the findings of the qualitative study on parenting to improve understanding of existing knowledge, practices and attitudes related to caregiver-child interaction (0-2 years old children)
- Belarus 2017: Knowledge, Attitudes and Practices (KAP) Study on Early Childhood Development and responsible parenting
- Moldova 2017: Knowledge, attitudes and practices in early childhood development and care
- Honduras 2018: Parenting practices in indigenous peoples of Honduras
- Zambia 2018: Study on Traditional Parenting and Child Care Practices in Zambia
- ECARO 2018: Regional Study on Parenting Programmes for Parents/Caregivers of Adolescents
- Senegal 2018: Appui à la modélisation de l'approche communautaire de développement de la petite enfance

THEME 2: SYSTEMS STRENGTHENING AND SCALING OF ECD SERVICES

A. Additional Details on Assessing Readiness for Scaling

Is the intervention ready for scale-up?

A successful pilot of an intervention (possibly with a positive RCT or other type of evaluation) does not make the intervention ready for scale-up. One of the greatest challenges in scaling up an intervention is maintaining fidelity to the original design when it is scaled-up within a resource constrained environment. For this reason, developing a detailed **costing model of the intervention** is key to preparing for scale-up.

The costing model must be a tool structured to assist the design of the scaled-up intervention. This means the costing model should be designed to enable one to:

- calculate initial set-up costs (infrastructure, design, training etc.) and ongoing operational costs, and, where appropriate, express these as:
 - cost per beneficiary,
 - cost per site, or
 - cost per local / regional unit;
- test the impact of changing different input / management parameters: e.g. what is the impact of changing certain assumptions in the reach ratios table (see below) on costs and delivery;
- describe different scenarios that may reflect, for instance, differing levels of resource inputs; and
- develop and cost a phased implementation plan that can be used to support the development of budgets.

Based on information gathered from the pilot, and the scenarios tested in the costing model, all aspects of the scaled-up intervention have to be properly described and documented. This means having in place at least the following:

- i. **A manual** setting out a full description of the intervention, including:
 - the purpose;
 - the intended beneficiaries or target group/s;
 - a high-level description of the key parameters of the intervention – what does delivery look like?
 - a **process map** of the intervention that shows the different role-players and processes involved in implementation;
 - the **theory of change** that underpins the intervention;

- detailed **norms and standards** for key aspects of the intervention;
 - delivery protocols or **standard operating procedures** (SOPs); and
 - a list of input requirements: infrastructure, personnel and materials; and
 - sample programs, menus, activities etc. as relevant.
- ii. **A training / capacity building program**, including:
- a tested training / mentoring program;
 - a training manual, and associated training materials; and
 - a core team of trainers / mentors.
- iii. **A framework for managing quality**
- One of the main challenges when scaling up an intervention is maintaining an adequate level of quality in delivery across multiple sites. It requires more than just M&E. It means putting in place the institutional capacity and systems to do meaningful monitoring and provide corrective support. This requires:
- trained M&E personnel, systems and procedures;
 - clear input, process and output measures, and outcome indicators;
 - training on gathering, reporting and interpretation of performance information;
 - routine reporting and monitoring tools and procedures;
 - centralized data consolidation and analytical capacity;
 - risk-based criteria to identify sites that are under-performing and mechanisms to provide corrective support; and
 - procedures to close down sites that persistently under-perform, or place beneficiaries at risk.
- iv. **A description of the mechanics of the scaled-up intervention**
- The process of managing a pilot is very different to managing a scaled-up intervention. Therefore, when preparing for scale-up, one needs to describe the mechanics of the scaled-up intervention at local, regional and national levels, including:
- listing the main **resources required** for implementation per site and for managing implementation at local, regional and national levels – this may include workbooks, resource packs, computers and projectors for trainers, transport money, vehicles, office space etc.
 - developing a **reach ratios table** that sets out how many beneficiaries frontline delivery staff can reach at any one time and over a quarter, six months and a year – considering:
 - the nature of their contracts – volunteers, stipends, part time or full time;
 - time for training;
 - time for planning, reporting and supervision; and
 - factors such as public holidays, school holidays and annual breaks;
 - developing a set of **management ratios** that lay down:
 - the ratio between frontline staff and supervisors;
 - the ratio between supervisors and management staff at local and regional levels;
 - the ratio of administrative and other support staff – including HR and finance staff – to frontline staff at local and regional levels;
 - the national head office staff responsible for managing the program; and
 - the ratio of trainers / mentors to other staff both for initial training and refresher training;
 - specifying an **organogram**, based on the preceding ratios, that reflects the staffing requirements at local, regional and national levels; and

- specifying the **roles and responsibilities** of people at each level of the program, including job descriptions for all full-time or part-time positions.
- v. **Mechanisms for disbursing funds** (if necessary)
- There needs to be clarity as to how funds will flow from the central level down to the frontline service delivery units. If national government is responsible for budgeting for the intervention and local government is responsible for implementing it, then an appropriate intergovernmental grant will need to be put in place. If the government subsidizes non-profit organizations to do the implementation, then systems to manage these subsidies are required. The different funding mechanisms and the overall flow of funds should be shown in **a funding flow diagram**.
- vi. **A model implementation and risk management plan**
- Implementing any intervention requires careful planning. It is therefore useful to have a model implementation and risk management plan that can be adapted to implementation initiatives in different local, regional and national contexts. This model plan should:
- specify criteria that might be used to decide on the sequencing of rollout of services to areas;
 - describe key steps in the roll-out process, e.g. setting up regional management capacity, providing training, setting up sites etc.
 - describe processes that can be put in place to use the rollout process in one area to prepare for rollout in another area, e.g. peer learning groups, joint training sessions, partnering etc.; and
 - identify generic risks and propose strategies for mitigating or managing them.
- vii. **Measuring scale-up progress and success**
- Scaling-up an intervention should be treated as a project in its own right. It is therefore important to specify easily collected measures for monitoring scale-up progress and success.

Is the intervention suitable for scale-up in the particular country context?

Interventions developed and tested in a particular community are not necessarily suitable for scale-up across the rest of the country, or transferable for scale-up in another country. This is because communities differ, and countries differ. It is therefore important for the advocates of a particular intervention to undertake a clear-eyed, objective evaluation of whether an intervention is suitable for scale-up in a particular country context taking into consideration the following factors:

- i. **Is the intervention transferable?**
- A pilot intervention may have been shown to be effective within a particular community, but this does not mean that the intervention can be successfully transferred to another community setting due to possible differences in rural-urban settings, community structures, languages, cultural and religious norms and practices, and whether the new context is peaceful or subject to conflict. It is therefore important to evaluate whether an intervention is transferable – and in some instances it may be necessary to adapt the intervention. This is particularly true if the intervention was developed in one country and is being transferred to another country; in which case the intervention will need to be domesticated to the receiving country context. This domestication / adaptation process might involve:
- revising the materials to reflect the cultural and religious practices in the new regions / country;
 - translating materials; and

- adapting the modes of delivery considering the management capacity of the implementing agencies and the fiscal realities facing the government.

It needs to be recognized that in some instances a particular intervention is simply not transferable, and resources will be wasted trying to force transfer and rollout.

ii. Is the scaled-up intervention cost effective?

An intervention is effective if it achieves the intended impacts. However, an effective intervention is not necessarily cost effective. Cost effectiveness is a relative measure – it involves comparing the cost of achieving “units of impact” across different interventions. The intervention that has the lowest cost per unit impact is the most cost-effective, which does not necessarily mean the intervention has the lowest overall costs, but rather that it offers “best value for money”.

At any one time, the government will be considering various proposals for new projects and programmes in health, education, sanitation etc. How does it choose which should be implemented? Though many factors will inform the eventual choice, ideally it should be primarily informed by which interventions represent the most cost-effective investment of public funds. The government should select the most cost-effective interventions for scale up so as to ensure that the biggest impact (effect) is purchased with limited funds. Therefore, an intervention needs to be cost effective relative to other intervention options to be suitable for scale-up.

There should be a process within the UNICEF country office (and ideally involving other development partners as well) to discuss the relative cost effectiveness of different ECD interventions so as to develop a view on the relative priority of all the different interventions UNICEF and other development partners are promoting. This would then inform the priority given to advocating for the scale-up of interventions. It would also place UNICEF in a position to advise the government when, due to fiscal constraints, it needs to choose between scaling-up different ECD interventions.

iii. Is the scaled-up intervention affordable and sustainable?

An affordable intervention is more likely to be sustainable. It is therefore important to explore the issue of affordability carefully taking into consideration who is likely to be responsible for funding the intervention in the medium to long-term. Development partners may provide generous short-term scale-up funding, but ultimately an intervention is only sustainable if the level of government responsible for it is able to fund it on an ongoing basis.

Evaluating affordability requires information on the full cost of the scaled-up intervention and an analysis of fiscal space in the overall budget and the relevant sector budget. It may also be necessary to use the costing model to explore options for reducing the cost of implementation so as to make the intervention more affordable.

To some degree, affordability is linked to priority. Meaning that if the government agrees that a particular intervention is a top priority, then affordability becomes less of an issue. This highlights the importance of advocacy when promoting the scale-up of ECD interventions.

Is the country context ready to receive the scaled-up intervention?

The advocates for a particular intervention may be convinced that the intervention is ready for scale-up and suits a given country context well, but is the country’s government ready?

i. Is the intervention aligned with national policy?

To gain real traction for scale-up, an intervention needs to be aligned with the government's key policies such as its national development plan, its medium-term strategic plan, its ECD policy, etc. This means substantial upstream advocacy work needs to be done to prepare the way prior to putting forward an intervention for scale-up. It may be necessary to advocate for the inclusion of statements supportive of ECD in policy documents and plans. It may also involve providing technical assistance for drafting certain of these documents, such as an ECD Policy.

ii. Is the Ministry of Finance supportive of the intervention?

Scaling up any intervention is likely to require a substantial budget commitment. Therefore, it helps greatly to have the Ministry of Finance on-side. This requires specific advocacy, emphasizing issues that are important to government officials that view things from a public finance / economics perspective such as:

- evidence of the cost of inaction;
- evidence of the developmental impacts, expressed in economic terms;
- evidence of possible synergies that improve the effectiveness or reduce the costs of other interventions;
- detailed costing information, together with funding strategies; and
- phased budget proposals, linked to detailed realistic implementation plans;

iii. Is the responsible line ministry ready to manage the scaled-up intervention?

To be sustainable, the scaled-up intervention needs to be implemented through government systems. This means the relevant sector line ministry needs to take responsibility for the intervention, integrating it fully into its policies, plans and budgets, but more importantly into its organogram. This means it will need to establish a dedicated unit with sufficient skilled management capacity to plan, manage and monitor the roll-out of the new scaled-up intervention. In many countries, this is likely to require specific technical assistance aimed at building the required capacity to manage the new intervention.

B. Institutional Survey – Theme 2 Considerations

Indicative questions are provided below for theme 2, but the main objective of the institutional survey is to address data gaps identified during the document review for all evaluation themes.

1. List the five areas where UNICEF has been particularly strong in the country in promoting the scale-up ECD services. (This is an open-ended question aimed at eliciting unfiltered responses from respondents).
2. Rank (on a scale of 1 (low) to 5 (high)) UNICEFs contribution to scaling up ECD services in the following areas:
 - a. Advocacy supporting ECD
 - b. Technical support related to ECD policy
 - c. Technical support related to the legal framework for ECD
 - d. Technical support related to the public funding of ECD
 - e. Technical support related to M&E systems and processes
 - f. The provision of training
 - g. Direct funding of ECD services
 - h. Other

3. In the following table, list the five most important non-government role-players working within the ECD space in the country, then rank their influence / contribution to the following aspects relative to that of UNICEF: 0 would be equal to UNICEF, +1 to + 5 for organizations that are stronger and -1 to -5 for organizations that have less influence than UNICEF.

	Org. 1	Org. 2	Org. 3	Org. 4	Org. 5
ECD Advocacy					
ECD policy					
ECD legislation and regulations					
Public funding of ECD					
Provision of training					
Direct funding					

4. In the last five years, has UNICEF produced the following:

	Has UNICEF produced it	If yes, when (year/s):
Budget briefs covering ECD expenditure in the country	Yes / No	
Other expenditure analyses that review ECD expenditure in the country		
Costing studies on ECD		
Cost of inaction studies on ECD		
Worked with officials to compile budget bids for ECD		
Hosted workshops on ECD financing		

Respondents should be asked to evaluate how effective their efforts have been at influencing funding for ECD, on a scale of 1-10. There should be a space provided for where they are asked to explain why they were effective or why they were not effective.

5. In the last five years, has UNICEF been involved in:

	Has UNICEF produced it	If yes, when (year/s):
Developing training curriculum for ECD workers	Yes / No	
Reviewing management structures for the ECD workforce		
Procuring and distributing materials used in ECD and early stimulation programmes		
Conducting research into culturally appropriate materials		

Developing designs for materials used in ECD and early stimulation programmes		
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C. Document Review – Theme 2 Considerations

The evaluators will examine the following documents to analyze theme 2 in greater detail through the seven case studies, including (if available):

- Public expenditure reviews
- Budget briefs / budget analyses
- Reviews of funding arrangements
- Reviews of budgeting processes in the country
- Workforce assessments
- Any mapping of funding flows, programs, stakeholders
- Costing studies (of legislation, of policies, of programs)
- Cost of inaction analyses and business cases for early stimulation and care and/or programs/policies that include early stimulation and care
- Reports on UNICEF's advocacy for funding for early stimulation and care
- Summary reviews of early stimulation and care programs the country office has supported – including policy reviews and status quo reports.
- that have been carried out in the country that UNICEF has used to inform program design and or advocacy efforts of their own.

If these documents can be shared before the interviews it will greatly assist our preparation, and therefore the quality of the interviews. Based on the above information, we will develop drafts mappings for each case-study country of:

- the institutions involved in the delivery of early stimulation and care programs,
- the flow of funding for the programs, and
- the structure of the actual programs themselves.

We will share these maps with interviewees before the interviews and then get their comments on them during the interviews. Following all the interviews for a country, we will finalize the maps for that country.

D. Key Informant Interviews – Theme 2 Considerations

In the table below are the draft evaluation questions we have prepared for assessing Theme 2 and EQ 2. The questions can be used to guide discussions with officials in UNICEF, officials from governments and with partners during the deep-dive interviews. The concepts in **blue text** are also intended to be used as pointers in discussions and as a basis for comparing responses across the countries.

The **blue text** items can be converted into response options in a survey style questionnaire if it is thought this will add value. The **blue text** response options are structured either as binary choices (yes/no) or select one or more of X options.

We assume the following about the questions:

- If questions are not answered in the document review, they will be included in the institutional survey (they are likely to be revised between the document review and the survey (i.e. it is not expected that all the questions shown below will go into the survey or as they are).
- Lastly, during the discussions with UNICEF Country Offices we will explore responses in more detail.

EQ2.1 Enabling Environment

How has UNICEF supported governments in the delivery and the scaling up of early stimulation and care services through relevant sectors?	
	Has the UNICEF country office ECD section done or commissioned any of the following reviews?
	Public expenditure reviews
	Budget briefs / budget analyses
	Reviews of funding arrangements
	Reviews of budgeting processes in the country
	Workforce assessments
	Any mapping of funding flows, programs, stakeholders
	Costing studies (of legislation, of policies, of programs)
	Cost of inaction analyses and business cases for early stimulation and care and/or programs/policies that include early stimulation and care
	Reports on UNICEF's advocacy for funding for early stimulation and care
	Summary reviews of early stimulation and care programs the country office has supported – including policy reviews and status quo reports.
	Has the UNICEF country office ECD section requested other sections to include early stimulation and care in any of the following reviews they have done or commissioned?
	Public expenditure reviews
	Budget briefs / budget analyses
	Reviews of funding arrangements
	Reviews of budgeting processes in the country
	Workforce assessments
	Any mapping of funding flows, programs, stakeholders
	Costing studies (of legislation, of policies, of programs)
	Cost of inaction analyses and business cases for early stimulation and care and/or programs/policies that include early stimulation and care
	Reports on UNICEF's advocacy for funding for early stimulation and care
	Summary reviews of early stimulation and care programs the country office has supported – including policy reviews and status quo reports.
Costed Plans	Why did UNICEF decide to get involved in preparing a costing of ECD or early stimulation and care?
	UNICEF saw the costing as an advocacy tool to promote scale-up
	UNICEF thought the costing would facilitate budgeting and implementation
	UNICEF was approached by government to assist with the costing
	No costing has been prepared
	If UNICEF did commission a costing, what was costed?
	Draft policy
	Final policy
	Draft legislation
	Final Legislation
	Plan – strategic plan, action plan or the like
	A one- to three-year implementation program
	No costing has been prepared
	If a costing was done, how did UNICEF use the costing results? Were the costing results used ...
	in engagements with government officials
	in advocacy materials and communications
	to propose alternative policy options versus existing options
	to assist with writing legislation or regulations
	in the legislative process to pass or amend legislation
	to ascertain the overall fiscal sustainability of policy options

	to prepare budget proposals that were fed into the government's budget process
	to inform planning implementation
	Describe any other ways UNICEF used the results of the costing
	When did UNICEF decide to cost ECD / early stimulation and care?
	The costing was part of the intervention plan from the start
	The need for costing became evident after the intervention started
	The need for costing became evident when UNICEF started promoting the idea of scaling up the intervention.
Laws and Regulations	Evidence of national laws and regulations that promote or require the scaling of early stimulation and care services
	Does legislation clearly describe the roles and responsibilities for early stimulation and care services?
	All roles are clearly assigned by legislation to specific levels of government
	Some roles are clearly assigned by legislation, some are not
	The current roles are assigned by policy.
	The current roles have emerged organically.
	What contribution did UNICEF make to ensure roles and responsibilities are clearly defined?
	Reviewed legislation to assess definition of roles and responsibilities.
	Advocated for new / changes to legislation / policy
	Provided technical support to assist revising / drafting new legislation / policy
	Participated in the drafting of new legislation / policy
	Describe any other ways UNICEF has assisted.
	Is there legislation that stipulates that a specific level of government and /or ministry must provide early stimulation and care services?
	No, there is no legislation or policy that requires a specific level of government or ministry to provide early stimulation and care services.
	Yes, legislation / policy requires a specific level of government or ministry to provide specific early stimulation and care services.
	Yes, legislation / policy requires a specific level of government or ministry to provide certain early stimulation and care services, but not the full range.
	Is there legislation that requires Ministries to cost laws or regulations before they are finalized?
	It is a legal requirement that new laws are costed before they are introduced to parliament
	Ministries are encouraged to cost new laws
	There is no explicit expectation that Ministries must cost new laws
Institutional Frameworks	Evidence of institutional frameworks that identify the delivery and scaling up of early stimulation and care services
	What role has UNICEF played to strengthen the institutional frameworks / arrangements for delivering early stimulation and care services
	Conducted workforce assessments in the sector
	Developed job specifications for early stimulation and care frontline workers
	Made recommendations on organizational design required to deliver early stimulation and care services
	Assisted in drafting legislation dealing with minimum competencies for early stimulation and care workers
	UNICEF has identified norms and standards for ratios between different categories of staff, such as: <ul style="list-style-type: none"> • Number of management staff per geographical area or administrative unit • Ratios between oversight/supervisory staff and frontline workers
	What has UNICEF done to ensure it proposals regarding early learning and care programs are aligned to government service delivery systems?

	UNICEF's intention was to demonstrate good/best practice and that government systems would need to align with the practice being demonstrated
	Government was engaged during the design of early stimulation and care programs to ensure they fit within existing delivery systems
	Government was not able or willing to engage with UNICEF during the design phases
	How has UNICEF helped government ensure fidelity of implementation in the scaling up of early learning and care programs
	UNICEF supported the development of a detailed program manual
	UNICEF supported training of trainers of front-line workers on the program
	UNICEF supported the development of M&E frameworks for the programs
	UNICEF helped put in place monitoring systems – including site visits
	How was the need for the program identified?
	UNICEF identified that there was no or inadequate early stimulation and care programs and then consulted government and agreed that the program was necessary
	Government requested UNICEF to develop early stimulation and care programs
	Non-government and/or community-based organizations requested UNICEF to pilot and/or design early stimulation and care programs
Government Structures	Evidence of structural changes in the government (such as improved planning and decision making for early stimulation and care services, enhanced communication across sectors, harmonization of procedures, etc.)
	Has the government made any changes to how early stimulation and care services are managed in the last three years?
	Government has made no changes to how the programs are managed
	The changes government has made have led to significant and noticeable changes to how early stimulation and care programs are delivered
	Government has made changes on paper, but these have not been carried through to changes in implementation
	How did UNICEF contribute to making the abovementioned changes happen?
	UNICEF has carried out mapping of:
	Funding flows for early stimulation and care
	Planning process in early stimulation and care
	Early stimulation and care service delivery mechanisms
	Oversight and reporting mechanisms for early stimulation and care
National Policies	Evidence of new or existing national policies that focus on early childhood development, early learning and child protection for ages 0 to 72 months
	What existing national policies are there that focus on early childhood development, early learning and child protection for ages 0 to 72 months (for discussion).
	List the policies
	Has the government introduced in the last three years any new national policies that focus on early childhood development, early learning and child protection for ages 0 to 72 months?
	No new national policies on these issues have been introduced in the last three years
	National policies dealing with some of these topics have been finalized in the last three years
	Policies that comprehensively cover early childhood development, early learning and child protection have been introduced in the last three years
	The development of policies on these topics have started in the last three years, but not have been finalized yet.
	How did UNICEF contribute to the abovementioned changes in national policies?
	Conducted Cost of Inaction analyses
	Prepared business case for early stimulation and care
	Conducted a spending review
	State of Child Reports (or similar)

	UNICEF has prepared other similar economic or PF4C assessments
	How did UNICEF use these assessments to drive or inform policy development?
	Published them on the UNICEF website
	Distributed them to government role players
	Distributed them to other role players in country
	Hosted workshops on the findings
	Converted the documents into policy briefs
	Advocated for specific changes recommended in the documents
	Used the findings to inform budget and policy documents
	How many other role players (non-government advocacy groups) have conducted similar types of assessments?
	UNICEF is the only organization that carries out these kind of assessments
	There are less than 3 other organizations that perform similar kind of work
	There are more than 3 other organizations that perform similar kind of work
	There are about 10 or more other organizations that perform similar kind of work
	Does UNICEF coordinate activities with these other role players?
	UNICEF leads the way and others follow / provide support
	UNICEF consults with other role players before planning its work program
	UNICEF does some of these assessments as partnerships with other role players
	UNICEF does all of these assessments as partnerships with other role players
	Each role player has a distinct role and UNICEF leads some times and supports other times

EQ2.2 Coordination Mechanisms and Systems

Do countries have the required coordination mechanisms and systems in place with all relevant stakeholders and sectors to deliver an essential package of ECD and early stimulation and care programs? What was UNICEF's contribution in moving the country forward in these areas?	
	Has UNICEF carried out reviews of existing role players in early stimulation and care
	UNICEF has conducted mapping of all role players involved in early stimulation and care programs in the country
	UNICEF has conducted mapping of only government role players involved in early stimulation and care
	UNICEF has conducted mapping of only non-government role players involved in early stimulation and care
	UNICEF has conducted mapping of only the role players in education
	UNICEF has conducted mapping of only the role players in health
	UNICEF has conducted mapping of only the role players in child protection
	Is there any unit responsible for cross-sectoral coordination (such as a Children's Cabinet, Commission, Taskforce or Steering Committee)
	UNICEF has recommended roles and responsibilities for cross sectoral coordinating units
	UNICEF has conducted research on cross sectoral coordinating units in similar countries
	How has UNICEF sought to strengthen accountability and oversight in the delivery of ECD services within government policies and/or plans
	UNICEF has recommended reporting arrangements (who reports to whom and when) for government early stimulation and care programs
	UNICEF has recommended key performance indicators (or similar) that government can use to report performance against
	UNICEF has recommended how key performance indicators (or similar) for early stimulation and care programs should be incorporated into planning processes and planning documents
	UNICEF has recommended how key performance indicators (or similar) for early stimulation and care programs should be incorporated in budget documents

EQ2.3 Public Financing

Is there adequate, efficient, and equitable public financing for ECD, and for early stimulation and care programs in particular? What has been UNICEF's contribution?	
	How has UNICEF sought to strengthen government capacity to prioritize ECD in the relevant budgets, and to ensure funds are spent efficiently, equitably, and effectively
	UNICEF has assessed how government makes allocations for ECD to different role players in government
	UNICEF has assessed the disbursement mechanisms for ECD funding within government
	UNICEF has made recommendations on funding arrangements, specifically for, or including, ECD
	UNICEF has made recommendations on the disbursement mechanisms for funding for ECD
	UNICEF has assisted government officials to prepare budget bids for early stimulation and care programs: <ul style="list-style-type: none"> • Once • Every year for the last three or more years
	UNICEF hosts workshops on the financing of early stimulation and care
	How has UNICEF sought to support line ministries with budget planning and allocation, and promoting coordination among relevant sectors.
	UNICEF has reviewed how planning processes feed into budgeting
	UNICEF has made recommendations on how planning and budget can be better aligned
	UNICEF has reviewed how the budget structures and the chart of accounts affect the allocation of resources and tracking thereof for early stimulation and care
	UNICEF has made recommendations to government about budget program structures related to early stimulation and care
	UNICEF has made recommendations on changes to the chart of accounts that will support better budgeting and tracking of expenditures for early stimulation and care
	How has UNICEF sought to strengthen the public funding of ECD services
	UNICEF has prepared budget briefs on ECD and early stimulation and care services
	UNICEF has prepared briefs on ECD and early stimulation and care services on annual basis
	UNICEF engages with government on the budget briefs - before and during completion
	UNICEF engages with government on the budget briefs - only after completion
	UNICEF presents the budget briefs to cross sectoral committees and/or other planning and oversight committees
	UNICEF presents the budget briefs in Parliament and/or to political office bearers
	Is there evidence that government policies and plans define a clear role for private and/or non-governmental funding of the delivery of ECD services within government policies/plans
	UNICEF has assessed the private / non-governmental sources of funding arrangements and modalities for ECD and early stimulation and care services
	UNICEF has assessed the legislation that enables private and public funding to be combined for the provision of ECD and early stimulation and care services
	UNICEF has proposed frameworks/policies for private funding of ECD and early stimulation and care services

EQ2.4 National Training Systems for Frontline Workers

Are service providers and the multisectoral front-line workers that engage with young children and families adequately trained and supported to deliver early stimulation and care interventions? Are early stimulation and care programs adequately staffed, equipped, managed, harmonized and monitored? What was UNICEF's contribution in these areas?	
	How has UNICEF sought to strengthen efforts to provide national and/or regional trainings for the frontline workforce delivering services to children ages 0-72 months
	UNICEF has prepared the curriculum or parts of the curriculum for the frontline workforce

	UNICEF developed a curriculum for training of trainers (either in house or contracted experts to do the work)
	UNICEF carried out training of trainer programs (either through its own staff or the use of service partners) at the following levels:
	A regional level (training was provided in selected region(s) only)
	At a national level (training was provided centrally and people from all parts of the country were trained)
	Across the entire country (UNICEF supported ToT in all regions of the country)
	UNICEF has translated training material into the local language(s)
	UNICEF has translated material used in the delivery of early stimulation and care into local languages
	UNICEF participated in workshops and made comments and recommendations on the curriculum for the frontline workforce, but did not take a lead role in developing the curriculum
	What role has UNICEF played in developing standards that apply to the training of frontline worker to ensure the quality of program/service delivery
	UNICEF developed minimum standards for frontline worker training that can be used to accredit or register training programs and courses on the following:
	Provision of early learning (training of teachers)
	Parenting programs (training of frontline workers that support parenting programs)
	UNICEF participated in workshops and made comments and recommendations on standards, but did not take a lead role in developing them
	What role has UNICEF played in developing standards that apply to front line ECD workers
	UNICEF has developed norms and standards for ECD centres and similar facilities
	UNICEF has developed norms and standards that apply to how parenting programs should be implemented by frontline workers
	UNICEF participated in workshops and made comments and recommendations on standards, but did not take a lead role in developing them
	What role did UNICEF play in developing of monitoring and evaluation frameworks to manage the quality of frontline workers in national policies and/or plans for children 0-72 months
	UNICEF developed minimum competency standards for frontline workers and a framework for complying with the standards (e.g. career development pathway)
	UNICEF developed key performance indicators that can be used to monitor the quality of work performed by frontline workers (output and outcome indicators)
	UNICEF developed key performance indicators that can be used to monitoring of the activities of frontline workers (process indicators)
	UNICEF participated in workshops and made comments and recommendations on key performance indicators, but did not take a lead role in developing them

EQ2.5 Lessons Learned - Systems

What can UNICEF learn from countries that are effective in delivering an essential package of ECD services to young children and their families? Taking these lessons into account, what strategic and operational changes does UNICEF need to make to more effectively support the scaling up of ECD and early stimulation and care programs at country level?	
	What has UNICEF done well to facilitate scale up?
	What expertise did the UNICEF office have that was critical to successful scale up?
	Technical expertise in the core subject areas (early childhood development, child protection, early stimulation).
	Technical expertise in public finance
	Technical expertise in intergovernmental relations
	Strong advocacy and communication skills

	To what extent did these offices (successful UNICEF offices) reference experience from the outside? What were these experiences.
	The UNICEF staff involved in the delivery of the program had gained experience in other countries
	The UNICEF staff relied on experiences from other countries for all, or most of, the design and delivery of the programs
	What mattered most was the technical know how of UNICEF staff
	How did the office manage its relationship with government?
	The office had staff who could drop what they were doing to attend to government requests
	There were staff in the office that had previously worked in government that were central to developing and maintaining good working relationships
	Government officials were regularly invited to meetings and/or workshops about the program(s)
	To what extent did the following help in contributing to their effectiveness:
	Programs were costed at the beginning or before scale up began
	Monitoring and evaluation frameworks were developed at the start of the program

THEME 3: PROGRAM DELIVERY AND QUALITY

A. Original Evaluation Design (postponed)

Field Work. The original evaluation design for theme 3 included field work to better understand the impact of UNICEF supported programs on frontline workers, parents/caregivers and children. The evaluators had planned to conduct four additional methods in two countries, including: (1) observations of frontline workers and the selected ECD centres; (2) semi-structured interviews and/or focus groups with frontline workers; (3) questionnaire-based interviews with parents; and (4) direct child assessments. If operationally feasible, we will revisit these methods in the future through an additional evaluation phase.

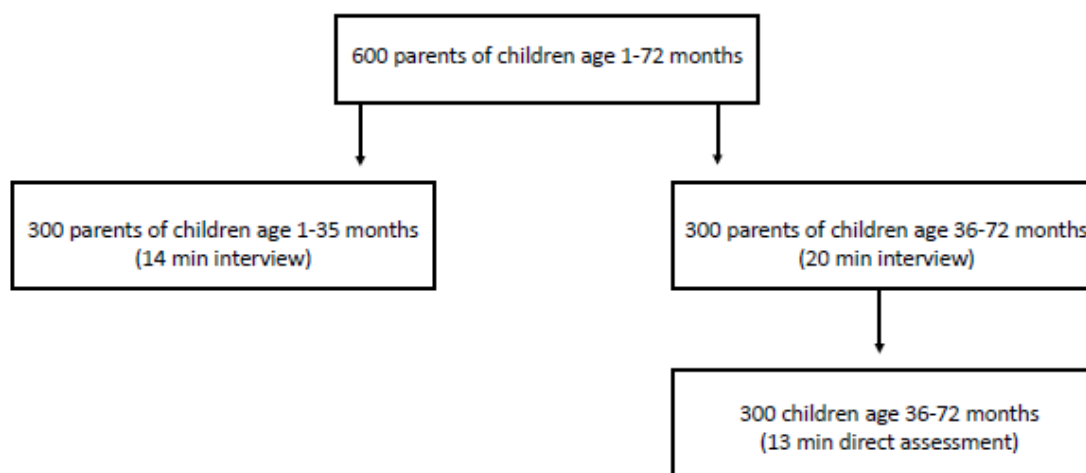
These methods were selected to reflect point-in-time assessments of frontline worker capacities, parenting practices and child assessments, which are then correlated with information on program dosage and parent engagement to assess the impact of the interventions. Point-in-time assessments are appropriate for parenting programs in particular, which rely upon the voluntary participation of parents. Thus, there may be wide variations in program exposure given parents may not be able to attend all sessions, or are only interested in some sessions, but not others. Finally, point-in-time assessment reduce the cost of data collection in comparison to a pre/post impact evaluation design, because only one data collection phase takes place (see Annex F for additional information). However, this assumes that parenting programs have appropriate ledgers on attendance and program content to draw conclusions about impact.

Observations of ECD centres and interviews or focus groups with approximately 100 frontline workers will be conducted by the global evaluation team using standardized protocols in up to three ECD centres per target region for the given interventions. The sampling for these observations and the focus groups with frontline workers will be finalized after field work sites have been determined. The focus of observations and interviews with frontline workers will be on their training and capacities to provide early stimulation and responsive care, as well as the challenges and constraints they face in delivering high quality programs. We will consider a wide range of tools to develop an observation protocol that assesses the conditions of the ECD centres and program fidelity, as well as a focus group protocol for frontline workers that assesses their capacities. In particular, we will ensure the protocols align with the focus of early stimulation and responsive care practices being investigated in a given program.

Data Enumerators. Data enumerators will be responsible for conducting interviews with parents and for direct child assessments. To better understand the level of effort required for the parent interviews and child assessments, we provide an example from Mali. For each of the three regions where UNICEF supported parenting programming is taking place in Mali (Sikasso, Mopti, and Timbuktu), a total of twelve data enumerators (4 data enumerators per region X 3 regions) will be trained (virtually or in person) to collect data from parents and children. Training for each interviewer will be conducted by the global evaluation team in collaboration with a local expert and/or supervisor of the data enumerators and will take about 3 hours. Following the training, additional time (about one hour with each trainee) will be required to review and certify the interviewer’s approach and standardized administration of measures (ideally in person, or remotely via video).

Ideally data enumerators will have experience working with young children and parents, represent the cultural groups being interviewed, and they must speak the native language of the children being assessed. Data enumerators might consist of university students, UNICEF Monitoring and Evaluation Specialists, or ECD practitioners who have not been directly involved in the program’s design or delivery. Data input and management will ideally be coordinated by the designated supervisor of the data enumerators. The evaluation team will consult with the Evaluation Office and ECD Programme Managers in New York and in the selected countries to identify the most suitable data enumerators.

Example Sampling for Mali. The total parent sample will comprise 600 parents of young children (0-72 months) from three regions, which would be expected to reflect at least 360 families with children between 36-72 months (this assumes families of parents with older children are more likely to be involved with ECD programs). Recruited families should be reasonably representative of families receiving UNICEF-supported programs in each district and should include parents who represent a spectrum of engagement with the intervention (from no attendance to high attendance).



Depending on children’s age, actual data collection from each family would last about 30 minutes (20 min interview plus transition time between families), or about 1 hour (22 min interview plus 13 min direct assessment of children plus transition times). Interviews and child assessments will be conducted onsite wherever programs or services are provided. Each of the 12 certified interviewers would assess a total of 50 families with relatively healthy children between 0-72 months over the course of 2-3 weeks, yielding data from $n = 200$ families for each of the 3 identified regions in Mali.

After completing a brief Family Information Questionnaire (2 min), all parents will be interviewed about parenting knowledge and practices and about children’s cognitive, social, and emotional development using a brief (14- to 20 min) questionnaire using items drawn from existing measures. These existing measures include the Multiple Indicator Cluster Survey 6 (MICS6), the Parenting and Family Adjustment Scales (PAFAS), the Ages and Stages Questionnaire 3rd ed. (ASQ-3), and the Executive Function extension of the Children’s Behavior Questionnaire created for the National Children’s Study (EF extension). The questionnaire items to be used are presented below. Individual responses can be compared to the mean and standard deviation of responses for the total sample ($N = 600$) and used to examine relations with key variables such as ECD program quality, fidelity of implementation, and parent attendance.

The total child sample will comprise 600 young children (0-72 months) from three regions with parental reports on their development; and a subset of these - 300 young children (36-72 months) – will also have data through direct child assessments. Two thirds or more of parents are expected to have relatively healthy children between 36-72 months of age, and direct behavioral assessments will be obtained from $n = 100$ children per region in Mali. Direct behavioral assessments of children include three brief (13 min total) instruments that are validated and reliable. With minimal training, these measures can be used reliably in the field to provide direct behavioral assessments of children’s developing executive function skills, key indicators of healthy brain, cognitive, and behavioral development.

Description of Measures. The table and figure below provide an overview of the various measures and tools that will be taken into consideration for the parent interviews and direct child assessments.

Overview of Measures for Parent Interviews and Child Assessments

Measure	Time	Target	Constructs Assessed	Features/Materials Required
Questionnaire used to structure parent interviews	14-20 min	Parents ($N = 600$); Children 0-72 months ($N=600$)	Parenting practices; Children’s cognitive, social, emotional development	Tablet-based; to be adapted from existing measures, including the MICS6, the PAFAS, the ASQ-3, and the EF extension of the CBQ-VSF.
Minnesota Executive Function Scale	4 min	Children ($N = 300$)	Executive function skills (cognitive flexibility)	Both table-top and iPad tablet-based, computer adaptive versions exist (available in French)
Peg Tapping	2 min	Children ($N = 300$)	Executive function skills	Simple materials (wood dowel and hard surface)
Forward/Backward Word Span	2 min	Children ($N = 300$)	Executive function skills (working memory)	No materials required
Walk a Line Slowly	2 min	Children ($N = 300$)	Self-regulation	Rope (12 ft), stopwatch

Parent of child 1-35 months	Parent of child 36-72 months	Child 36-72 months
FIQ (2 min) MICS6 (8 items; 2 min) PAFAS (15 items; 3 min) ASQ-3 (12 items; 4 min)	FIQ (2 min) MICS6 (18 items; 4 min) PAFAS (15 items; 3 min) ASQ-3 (12 items; 4 min) EF Extension (14 items; 3 min)	MEFS (4 min) Luria's Tapping Task (2 min) Forward/Backward Word Span (2 min) Walk a Line Slowly (2 min)
Total Duration: 11 min Allowing for 3 Transitions: 14 min	Total Duration: 16 min Allowing for 4 Transitions: 20 min	Total Duration: 10 min Allowing for 3 Transitions: 13 min

FIQ: Family Information Questionnaire; MICS6: Multiple Indicator Cluster Survey 6; PAFAS: Parenting and Family Adjustment Scales; ASQ-3: Ages and Stages Questionnaire 3rd ed.; EF Extension: Extension of the Children's Behavior Questionnaire created for the National Children's Study.

Inferential Statistical Analysis. Data from parent interviews and direct behavioral assessments of children's neurocognitive function will be examined in relation to key variables concerning program quality and implementation, and to test specific hypotheses included in the theory of change (e.g., the pathway from parenting programs to parent knowledge, attitudes and practice to child neurocognitive outcomes). For example, a correlational analysis of parent exposure to a UNICEF-supported parenting program with caregiving practices and children's developmental outcomes will be undertaken to assess impact. In order to execute the analysis of the parent interviews and direct child assessments, the Evaluation Office will ensure a statistician with the appropriate skills to run statistical analysis is contracted or incorporated into existing team responsibilities, with guidance from the ECD evaluation expert.

Human Subject Risks and Mitigation Measures. Data collection with parents and children for theme 3 requires the evaluation team adhere to UNICEF's ethical standards for conducting research with human subjects, including obtaining informed consent or assent (to be developed). There are foreseeable challenges accessing parents and children as part of the field visits. Although the Evaluation Office will seek to obtain ethical clearance to allow evaluators to interview parents and children directly, it is possible that practical challenges may arise that prevent these interviews from taking place as planned. If we do secure interviews with children and their families, there are human subject risks related to loss of confidentiality that may arise. The table below describes how we intend to mitigate these risks with support from country offices in the ethical recruitment of participants (see Table on next page).

Data Protection Procedures. Interviews will be recorded in recording sheets and notes on paper or a tablet computer, and if possible, using a voice recorder as a back-up. The tablet computers to be used will be password protected and can only be accessed by the person recording the interviews. If the voice recorder is used, it will be securely kept by the evaluation team lead and all the data collected will be encrypted. Human data collected during the evaluation will be secured using the following procedures:

- a. All data collection and storage devices will be password protected with a strong password.
- b. All sensitive data collected through this evaluation on portable devices will be encrypted.
- c. Access to identifiable data will be limited to members of the evaluation team.

- d. Identifiers, data, and keys will be placed in separate; password protected/encrypted files and each file should be stored in different secure locations.
- e. If it is necessary to use portable devices for initial collection of identifiers, the data files will be encrypted, and the identifiers moved to a secure system as soon as possible.
- f. The portable device(s) will be locked in a secure location when not in use.
- g. Delete or destroy identifiable information as soon as possible after collection.

Human Subject Risks, Limitations and Mitigation Measures

Risk or Limitation	Risk	Mitigation
Social	Stigma associated with levels of parent knowledge about parenting practices and with children's level of performance on behavioral measures	Evaluation team will not disclose identifiable data to anyone outside of the evaluation team
Psychological	Anxiety or boredom	Caregiver, friend, or spouse would be allowed to stay with participant during interviews. Parents and children will be told repeatedly that they are free to decline to answer any questions and to withdraw from the study without penalty and for any reason. Measures for children will be presented as fun games and no feedback will be provided beyond general encouragement ("Good job! You're really good at games!").
Possible breach of confidentiality	Since the field visit protocol includes interviews with children and their families, a number of ethical issues can be anticipated. These include a loss of anonymity and disclosure of potentially sensitive topics that arise in interviews (e.g., relating to physical discipline or to children's level of performance on cognitive measures)	All interviewers will adhere to strict protocols when interviewing. Further, we will rely on UNICEF Country Offices to support the recruitment of families in adherence to UNICEF norms and policies. We plan to follow the lead of country offices in all communication with stakeholders in the field.

B. Parent Questionnaire-Based Measures

All parent questionnaires will be administered in an interview format by the data enumerators, who will also interact with the child for selected items.

Family Information Questionnaire (FIQ) [Parents of Children Age 1 – 72 Months] (2 min)

The FIQ records: child's age, gender, height, weight, birth order, and significant health or developmental problems; family configuration (siblings at home; primary caregiver, living situation), languages spoken at home and school, caregiver information (age, gender, marital status, highest school grade completed); housing assets.

MICS6 Questionnaire for Children under Five [Parents of Children Age 1 – 72 Months] (8 items for parents of children age 1-35 months and 18 items for parents of children age 36-72 months)

Note. The following questions from the MICS6 Questionnaire for Children Under Five will be used even for children between 60-72 months of age. There is considerable overlap with the MICS6 Questionnaire for Children Age 5-17. The relevant MICS items are indicated below, but participants will be presented the MICS6 questions verbatim.

Under-Five's Background (3 items)

The following 3 items UB6-UB8 (Under-Five's Background); measure **child usage of ECD services** (ever attended, attended since beginning of school year; currently attend).

UB6; has child ever attended an ECD program, such as...? [CHILD ECD INVOLVEMENT]

UB7; at any time since [month of beginning of school year] did child attend? [CHILD ECD INVOLVEMENT]

UB8; does child currently attend? [CHILD ECD INVOLVEMENT]

Add: When did child start attending? How frequently?

Add: Parent attendance at ECD program or parent services (ever; when started, which sessions by topic, how frequently)

Add: Question about parent awareness of the specific parenting practices promoted at the ECD program or parent services

Add: Is there a health center, hospital, or clinic nearby where parent and child can receive health care?

Child Discipline (2 items)

Two questions UCD2 and UCD5 (Child Discipline); measure **parent discipline strategies past month and belief in physical punishment** [Parents of Children Age 1 – 72 Months]

UCD2. Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used. Please tell me if you or any other adult in your household has used this method with (name) in the past month.

- [A] Took away privileges, forbade something (name) liked or did not allow (him/her) to leave the house.
- [B] Explained why (name)'s behavior was wrong.
- [C] Shook (him/her).
- [D] Shouted, yelled at or screamed at (him/her).
- [E] Gave (him/her) something else to do.
- [F] Spanked, hit or slapped (him/her) on the bottom with bare hand.
- [G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object.
- [H] Called (him/her) dumb, lazy or another name like that.
- [I] Hit or slapped (him/her) on the face, head or ears.
- [J] Hit or slapped (him/her) on the hand, arm, or leg.
- [K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could.

UCD5; Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?

Early Childhood Development (3 items for parents of children 1-35 months; 10 items parents of children 36-72 months)

Three to 10 Questions EC1-EC3, ECD5-9, ECD11-15 (Early Childhood Development); measure **home environmental support for child and some aspects of child behavior**

The following **3 questions** are for **parents of children 1 – 72 months**:

EC1; how many children's books or picture books does child have? [LITERACY RESOURCES]

EC2; does child play with: homemade toys/ toys from a shop/ household objects or outside objects [PLAY RESOURCES]

EC3; days left alone for more than an hour/ left with another child for more than an hour [SUPERVISION]

The following **10 questions** are only for **parents of children 36 – 72 months**:

EC5; in past 3 days, did you or someone over 15: read books/ tell stories/ sang songs/ took outside/ played with/ named, counted or drew things?

EC6; can child name at least 10 letters [LITERACY]

EC7; can child read at least 4 simple words [LITERACY]

EC8; does child know the name of and recognize numbers 1-10 [NUMERACY]

EC9; can child pick up a small object with 2 fingers [FINE MOTOR]

EC10; is child sometimes too sick to play?

EC11; does child follow simple directions on how to do something correctly [SELF REGULATION]

EC12; when given something to do, is able to do it independently [SELF REGULATION]

EC13; does child get along well with other children [SOCIAL FUNCTION]

EC14; kick, bite, or hit other children [SOCIAL FUNCTION]

EC15; get distracted easily [SELF REGULATION]

Parent and Family Adjustment Scales (PAFAS) [Parents of Children 24 – 72 Months] (15 items; 3 min)

The 15 items from the **Parent and Family Adjustment Scales (PAFAS)** that have shown cross-cultural validity (Sanders et al., 2014) will be administered to parents of children age 24-72 months. The PAFAS was designed as a brief outcome measure for assessing changes in parenting practices and parental adjustment in the evaluation of both public health and individual or group parenting interventions. The inventory consists of two scales, but of particular interest is the **Parenting scale** measuring **parenting practices** and **quality of parent-child relationship**. The Parenting scale provides more useful information than the 2 related MICS6 questions, UCD2 and UCD5, which are focused more narrowly on corporal punishment. Items on the Parenting scale consistently load onto the following 4 factors that correspond to best parenting practices: Parental Consistency (PC), Coercive Parenting (CP), Positive Encouragement (PE), and Parent Child Relationship (PCR).

Note that across cultures, these items reliably correspond to separate factors, indicating that they are not redundant. Correlations between Coercive Parenting and Positive Encouragement have been shown to vary depending on context. Whereas Sanders et al. (2013) reported correlations of .46 and .17 in two

Australian samples, Sumargi et al. (2018) reported a non-significant correlation of .13 in an Indonesian sample, and Mejia et al. (2015) reported a correlation of -.4 in a Panamanian sample.

The following Parenting scale items will be used:

Parental Consistency

1. If my child does not do what they are told to do, I give in and do it myself
4. I threaten something (e.g. to punish my child) when my child misbehaves but I do not follow through
12. I give my child what they want when they get angry or upset

Coercive Parenting

5. I shout or get angry with my child when they misbehave
7. I try to make my child feel bad (e.g. guilt or shame) for misbehaving to teach them a lesson
9. I spank (smack) my child when they misbehave
10. I argue with my child about their behaviour / attitude
13. I get annoyed with my child

Positive Encouragement

6. I praise my child when they behave well
8. I give my child attention (e.g. a hug, wink, smile or kiss) when they behave well
15. I enjoy giving my child hugs, kisses and cuddles

Parent Child Relationship

14. I chat / talk with my child
16. I am proud of my child
17. I enjoy spending time with my child
18. I have a good relationship with my child

Ages and Stages Questionnaire (3rd Ed) [Parents of Children 1 – 72 months] (12 items; 4 min)

A total of 12 items from the **Ages and Stages Questionnaire (3rd Ed)** (ASQ-3; Squires & Bricker, 2009) will be used to assess parent-reported Communication and Problem Solving for children ranging from 1 to 72 months of age. The ASQ-3 is a validated, non-diagnostic screening tool, with high internal consistency. Each item is scored based on the frequency of the behavior. Parents will be given 6 questions each from the sections on Communication and Problem Solving. Questions differ depending on the age of the child, as shown below.

To illustrate here, questions are shown for 2 months, 24 months, 36 months, and 60 months (for use up to age 72 months).

Communication

2 months

- Does your baby sometimes make throaty or gurgling sounds?
- Does your baby makes cooing sounds such as “ooo,” “gah,” and “aah”?
- When you speak to your baby, does he/she make sounds back to you?
- Does your baby smile when you talk to him/her?
- Does your baby chuckle softly?

After you have been out of sight, does your baby smile or get excited when he/she sees you?

24 months

Without showing him/her, does your child point to the correct picture when you say, "Show me the kitty," or ask, "Where is the dog?" (*He/she needs to identify only one picture correctly.*)

Does your child imitate a two-word sentence? For example, when you say a two-word phrase such as "Mama eat," "Daddy play," "Go home," or "What's this?" does your child say both words back to you? (*Mark "yes" even if his/her words are difficult to understand.*)

Without giving him/her clues by pointing or using gestures, can your child carry out at least three of these kinds of directions?

"Put the toy on the table."

"Close the door."

"Bring me a towel."

"Find your coat."

"Take my hand."

"Get your book"

If you point to a picture of a ball (ball, cup, hat, etc.) and ask your child, "What is this?" does your child correctly name at least one picture?

Does your child say two or three words that represent different ideas together, such as "See dog," "Mommy come home," or "Kitty gone."? (Don't count word combinations that express one idea, such as "bye-bye," "all gone," "all right," and "What's this?")

Please give an example of child's word combinations _____

Does your child correctly use at least two words like "me," "I," "mine", and "you"?

36 months

When you ask your child to point to his/her nose, eyes, hair, feet, ears, and so forth, does he/she correctly point to at least seven body parts? (*He/she can point to parts of herself, you, or a doll. Mark "sometimes" if he/she correctly points to at least three different body parts.*)

Does your child make sentences that are three or four words long? (*A "word" is a sound or sounds your baby says consistently to mean someone or something.*)

Please give an example: _____

Without giving your child help by pointing or using gestures, ask your child to "put the book on the table," and "put the shoe under the chair." Does your child carry out both of these directions correctly?

When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture (for example, "barking," "running," "eating," or "crying")? You may ask, "What is the dog (or boy) doing?"

Show your child how a zipper on a coat moves up and down, and say, "See this goes up and down." Put the zipper in the middle, and ask your child to move the zipper down. Return the zipper to the middle, and ask your child to move the zipper up. Does this several times, placing the zipper in the middle before asking your child to move it up or down. Does your child consistently move the zipper up when you say "up" and down when you say "down"?

When you ask, "What is your name?" does your child say both his/her first and last names?

60 months

Without giving your child help by pointing or repeating directions, does your child follow three directions that are unrelated to one another? Give all three directions before your child starts.

For example, you may ask your child, "Clap your hands, walk to the door, and sit down," or "Give me the pen, open the book, and stand up."

Does your child use four- or five-word sentences? (A "word" is a sound or sounds your baby says consistently to mean someone or something). For example, does your child say, "I want the car"?

Please give an example: _____

When talking about something that already happened, does your child use words that end in "ed," such as "walked," "jumped," or "played"? Ask your child questions, such as "How did you get to the store" ("*We walked.*") "What did you do at your friend's house?" ("*We played.*")

Please give an example: _____

Does your child use comparison words, such as "heavier," "stronger," or "shorter"? Ask your child questions, such as "A car is big, but a bus is ____ (bigger); "A cat is heavy, but a man is ____ (heavier).

Please give an example: _____

Does your child answer the following questions? (Mark "sometimes" if you child answers only one question.)

"What do you do when you are hungry?" (Acceptable answers include "get food," "eat," "ask for something to eat," and "have a snack.") Please write your child's response:

"What do you do when you are tired?" (Acceptable answers include "take a nap," "rest," "go to sleep," "go to bed," "lie down," and "sit down.") Please write your child's response:

Does your child repeat the sentences show below back to you, without any mistakes? (Read the sentences one at a time. Mark "yes" if your child repeats both sentences without mistakes and "sometimes" if your child repeats one sentence without mistakes.)

Jane hides her shoes for Maria to find.

Al read the blue book under his bed.

Problem Solving

2 months

Does your baby look at objects that are 8-10 inches away?

When you move around, does your baby follow you with his eyes?

When you move a toy slowly from side to side in front of your baby's face (about 10 inches away), does your baby follow the toy with his/her eyes?

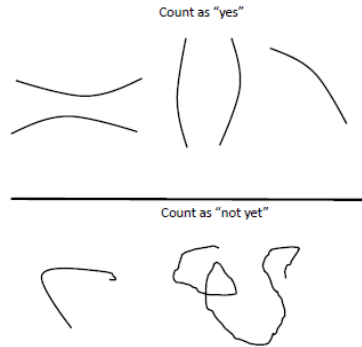
When you move a small toy up and down slowly in front of your baby's face (about 10 inches away), does your baby follow the toy with his/her eyes?

When you hold your baby in a sitting position, does he/she look at a toy (about the size of a cup or a rattle) that you place on the table or floor in front of him/her?

When you dangle a toy above your baby while he is lying on his back, does he wave his arms toward the toy?

24 months

After watching you draw a line from the top of the paper to the bottom with a crayon (or a pencil or pen), does your child copy you by drawing a single line on the paper in any direction? (Mark "not yet" if your child scribble back and forth.) FIGURE for SCORING.



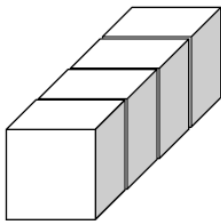
After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle over [upside down] to dump it out? (Do not show him/her how.)

Does your child pretend objects are something else? For example, does your child hold a cup to his/her ear, pretending it is a telephone? Does he/she put a box on his head, pretending it is a hat? Does he/she use a block or small toy to stir food?

Does your child put things away where they belong? For example, does he/she know that his/her toys belong on the toy shelf, his/her blanket goes on his/her bed, and dishes go in the kitchen?

If your child wants something he cannot reach, does he find a chair or box to stand on to reach it (for example, to get a toy on a counter or to “help” you in the kitchen)?

While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up four objects in a row? (You can also use spools of thread, small boxes, or other toys). FIGURE.

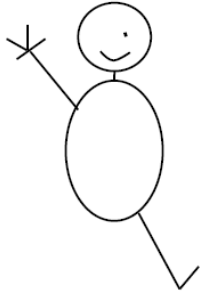


36 months

While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up four objects in a row? (You can also use spools of thread, small boxes, or other toys).

If your child wants something he/she cannot reach, does he/she find a chair or box to stand on to reach it (for example, to get a toy on a counter or to “help” you in the kitchen)?

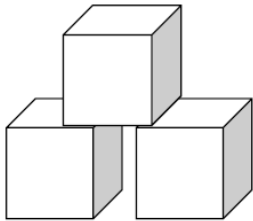
When you point to the figure and ask your child, “What is this?” does your child say a word that means a person or something similar? (Mark “yes” for responses like “snowman,” “boy,” “man,” “girl,” “Daddy,” “spaceman,” and “monkey.”) FIGURE:



Please write your child's response here: _____

When you say, "Say 'seven three,'" does your child repeat just the two numbers in the same order? Do not repeat the numbers. If necessary, try another pair of numbers and say, "Say, 'eight two.'" (Your child must repeat just one series of two numbers for you to answer "yes" to this question.)

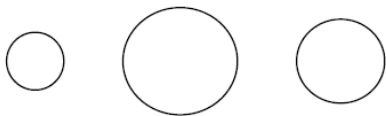
Show your child how to make a bridge with blocks, boxes, or cans, like the example. Does your child copy you by making one like it? FIGURE.



When you say, "Say 'five eight three,'" does your child repeat just the three numbers in the same order? Do not repeat the numbers. If necessary, try another pair of numbers and say, "Say, 'six nine two.'" (Your child must repeat just one series of three numbers for you to answer "yes" to this question.)

60 months

When asked, "Which circle is the smallest?" does your child point to the smallest circle? (Ask this question without providing help by pointing, gesturing, or looking at the smallest circle.) FIGURE of row of 3 circle: Small (~2 cm diameter), Large (~4 cm diameter), Medium (~3 cm diameter).



When shown objects and asked, "What color is this?" does your child name five different colors, like red, blue, yellow, orange, black, white, or pink? (Mark "yes" only if your child answers correctly using five colors.)

Does your child count up to 15 without making mistakes? If so, mark "yes." If your child counts to 12 without making mistakes, mark "sometimes."

Does your child finish the following sentences using a word that means the opposite of the word that is italicized? For example: "A rock is *hard*, and a pillow is *soft*."

A cow is *big*, and a mouse is _____

Ice is *cold*, and fire is _____

We see stars at *night*, and we see the sun during the _____
When I throw a ball *up*, it comes _____
Does your child know the names of numbers? FIGURE

3 1 2

Does your child name at least four letters in his/her name? Point to the letters and ask, "What letter is this?" (Point to the letters out of order.)

Executive Function Extension to the Children's Behavior Questionnaire Very Short Form [Parents of Children 36-72 months Only] (14 items; 3 min)

Fourteen (14) items from the Executive Function extension to the Children's Behavior Questionnaire Very Short Form (CBQ-VSF; Putnam & Rothbart, 2006) will be used to measure parent perception of children's executive function skills. For parents of children **ages 36-72 months only**.

1. Has difficulty waiting in line for something.
2. Can keep a secret.
3. Listens without interrupting.
4. Can change from one activity to another when it is time to do so.
5. Can switch roles during games or pretend play.
6. Gives up or quits a task when it becomes boring or difficult.
7. Will participate in an activity he or she does not like.
8. Cannot wait to get what he or she wants
9. Can take turns in a game even when excited.
10. Can save candy or treats for later.
11. Is good at memory games.
12. Needs reminding of the rules when playing a game.
13. When angry or frustrated, he or she can keep emotions under control.
14. When excited, he or she gets out of control.

C. Child Assessment Measures (Children 36 – 72 Months) (10 minutes)

These measures assess children's developing **executive function (EF) skills**. EF skills support the conscious, top-down attentional control of thought, action, and emotion, and they are essential for goal-directed problem solving, flexible adaptation to changing circumstances, effective social functioning, and intentional learning (e.g., Diamond, 2013; Zelazo, Blair, & Willoughby, 2016). EF skills are typically measured behaviorally as three skills: inhibitory control, working memory, and cognitive flexibility. Inhibitory control involves deliberately suppressing attention (or other downstream responses) to something (e.g., ignoring a distraction or stopping an impulsive utterance). Working memory involves keeping information "in mind" (i.e., as a focus of attention) and, usually, manipulating it in some way (e.g., keeping two numbers in mind while subtracting one from the other). Cognitive flexibility involves thinking about a single stimulus in multiple ways—for example, shifting attention from one's own to someone else's perspective on a situation. Together these skills support learning and adaptation across a wide range of contexts, and EF skills measured in early childhood predict (better than IQ) important developmental outcomes such as

academic achievement and school completion, income, and physical health (e.g., Carlson, Zelazo, & Faja, 2013; Moffitt et al., 2011).

All tasks include practice trials to ensure that the child understands the task, and feedback will be provided as necessary during these practice trials.

MEFS (Minnesota Executive Function Scale) (4 min).

The MEFS is a standardized measure of children's **executive function skills** (including **cognitive flexibility, working memory, and inhibitory control**) that is available in French. It requires two small trays and 7 sets of 20 cards, with each set corresponding to one of 7 levels of difficulty. Starting level is based on an educated guess about children's mental age and then adjusted upward or downward as needed to determine the highest level at which children show proficiency. For each level, children are first asked to sort pictures by one rule, and then asked to sort those same pictures in a different way, using a conflicting rule (e.g., children might be asked to sort a yellow moon first by shape and then by color). If children succeed on the first rule switch presented to them, they advance to more challenging levels. If children have difficulty with the initial rule switch, then the data enumerator presents an easier level of sorting. Scores reflect highest level obtained and total (adjusted) accuracy. The MEFS takes 4 min, is appropriate for children ages 24 months and up, and has been used in 14 countries.

Luria's Tapping Task (2 min).

Luria's Tapping Task, also called Peg Tapping (Diamond & Taylor, 1996), is a measure specifically of **inhibitory control**, where the enumerator and child passed a wooden dowel back and forth. Children are first told to tap a wooden dowel *once* when the enumerator taps the table *once*, and to tap twice when the administrator taps twice. After practicing each rule, the enumerator presented the child with 16 trials in a fixed order, in which the child is asked to follow the tapping rules. Then children are told to tap *once* when the enumerator taps the table *twice* and to tap twice when the enumerator taps once. After practicing each rule, the enumerator presented the child with 16 trials in a fixed order, in which the child is asked to follow the tapping rules and inhibit their natural tendency to copy the enumerator. Multiple studies have demonstrated that this measure works well even with children from low-income (e.g., Blair & Razza, 2007) and high-risk backgrounds (e.g., Masten et al., 2012; Obradovic et al., 2010).

Forward/Backward Word Span (2 min).

Working memory will be assessed using a child-friendly version of the backwards word span task, which has been standardized for children in this age range (Carlson & Meltzoff, 2008). Children will be told they would be playing a game where they say things backwards. They were then introduced to a puppet, for whom the experimenter uses a different voice. The experimenter will then do an example round with the puppet where the experimenter said two words out loud, and the puppet says the string of two words presented by the experimenter backwards. Participants then underwent practice trials with two words. Once the participants successfully complete one practice round, they move onto the test trials. If participants do not successfully complete a practice round, they will be given scripted feedback and additional instructions on how to complete the task. If participants do not successfully complete a practice round after 4 trials, they will not move onto the test trials and receive a score of zero. The test trials consist of four levels of increasing difficulty (two-word, three-word, four-word, five-word) of three trials each. The experimenter presents each trial in a steady tone of voice and the participant's response is recorded. If the participant completes at least one correct trial, they proceed to the next level. Participants receive a point for each correct trial.

Walk a Line Slowly (2 min).

Walk a Line Slowly is a measure of **behavioral self-regulation**. Following Kochanska et al. (1996), a 12-foot piece of rope will be laid in a straight line across the floor. Children will first be instructed to walk

normally from one side of the tape to the other, and then to return, while the interviewer uses a stopwatch to record how long each 12-foot walk takes. Two additional test trials follow, one in which they are asked to walk the line as quickly as possible (forward and then return) and one in which they are asked to walk the line as slowly as possible. Scoring for this task will be based on differences among the means for each trial type (normal, fast, and slow).

D. Observations of ECD Centres

We will consider a wide range of tools to develop an observation protocol that assesses the conditions of the ECD centres and program fidelity, as well as a focus group protocol for caregivers that assesses caregiver capacities. Questions asked of ECD administrators and caregivers will include:

- What are the key principles promoted in the program?
- What specific goals are identified by the program?
- What is the curriculum scope and sequence?
- How are staff trained?
- Do staff collect ongoing assessment information?

In addition, we will assess the extent to which caregivers adhere to the program's stated early stimulation and care practices and policies. For example, the national Center on Early Childhood Development, Teaching and Learning recommend two main aspects to look for to assure that staff are implementing a curriculum with fidelity:

Global fidelity provides information on how consistently and regularly staff implement the key elements of a curriculum over time. Observations should take place at least 3–6 times during the school year.

- Do staff consistently follow key principles and teaching practices of the curriculum?
- Do staff adhere to the curriculum scope and sequence?
- Is the curriculum implemented with sufficient frequency?
- How familiar are staff with activities and teaching practices?
- How well do staff collect ongoing assessment information?

Individual lesson or activity fidelity

- Do staff focus on the specific goals identified in the lesson plans?
- Do staff use the recommended teaching strategies?
- Do staff use all recommended materials?
- Do staff follow all the steps or activities suggested in the lesson plans?
- Do staff make adaptations as specified in the activity?

E. Draft Theme 3 Budget

This budget reflects field work costs not otherwise covered (e.g., UNICEF staff time, travel to field site countries, incidental expenses).

(1) Materials

Parent Interviews

A brief questionnaire will be compiled and/or created based on existing measures. This questionnaire will be used to structure 30-minute parent interviews. The evaluation team will review existing measures, consult with colleagues, and compile questions (~8 hours). Permission to adapt the ASQ-3 may be required.

Direct Behavioral Assessments (No Cost)

Note. All direct behavioral assessments will be administered in French or the local language by a trained interviewer. Compilation of direct behavioral assessments by the evaluation team may take ~8 hours.

(2) Adaptation of Measures to Country Contexts

All measures will be reviewed by the evaluation team for their contextual appropriateness. This may involve a series of 1-hour video discussions with ECD management at each of the 12 ECD sites plus review, synthesis, and some fast-cycle iteration (total: 24 hours).

(3) Translation

Protocols for the administration of all measures (with the exception of the MEFS) will likely require some translation and adaptation to the cultural context. The evaluation team will oversee the translation and adaptation working with UNICEF staff or local partners. Estimated time for translation: 8 hours.

(4) Research Personnel

Training of Research Personnel

Trainers. A small number of UNICEF staff, supervised by the evaluation team, will be trained to be “trainers” to train 12 local interviewers to collect data from parents and children. The number of trainers needed may range from 1 to 4. Depending on how it is implemented, training the trainers will take the evaluation team between 6 and 8 hours.

Trained trainers will then provide a total of three 3-hour sessions to 4 interviewers at a time (i.e., 4 per region within Mali), for a total of 9 hours.

Interviewers. A total of 12 (4 per region within Mali) bilingual (French + English) individuals recommended by the COs or the ECD center management will be trained for 3 hours to interview parents and administer direct behavioral assessments to children. Interviewers should have some prior experience working with families and children. Interviewers will be paid ## per hour for training. Collectively, the total number of hours of training received will be $3 \times 12 = 36$ hours.

Data Collection

Interviewers. Each of the 12 trained interviewers will be expected to collect data from 50 parents (30 min per parent = 25 hours) and 25 children (30 min per child = 12.5 hours) between the ages of 36 and 59 months. Interviewers will be paid ## per hour for training. The total number of hours per interviewer will be 37.5 hours.

(5) Parent Participant Payments

Parents may participate in one or both of two parts of the field work procedure. A total of 600 parents with children between 0 and 72 months of age will be interviewed (questionnaire) for about 30 min regarding parenting and their children (Part 1). A subset of 300 of these parents will then consent to allow their child

to participate in direct behavioral assessments lasting an additional 30 min (Part 2). Parents will be compensated at a rate of ## per part (or per hour). Collectively, parents will be compensated for 450 hours.

(6) Data Analysis

UNICEF staff or consultant (hours TBD) will collate data as they are collected, and de-identified data will be managed in a database for analysis. The statistician may conduct statistical analyses of the data with supervision from the evaluation team.

F. Selected Supplemental References for Theme 3 Measures

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