



Evaluation of UNICEF Early Childhood Development (ECD) Programming in the Eastern and Southern Africa Region

Report of Findings

JANUARY 2021

Elizabeth Spier | Paula Dias | Varsha Ranjit | Victoria Rothbard | Anaïs Toungui

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1400 Crystal Drive, 10th Floor
Arlington, VA 22202-3289
202.403.5000

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Acronyms

AIR	American Institutes for Research
CBO	community-based organisation
CO	country office
C4D	Communication for Development
DAC	Development Assistance Committee
DHS	Demographic and Health Surveys
ECCE	early childhood care and education
ECD	early childhood development
ECE	early childhood education
ESAR	Eastern and Southern Africa Region
ESARO	Eastern and Southern Africa Regional Office
FGD	focus group discussion
IRB	Institutional Review Board
KII	key informant interview
M&E	monitoring and evaluation (staff)
MICS	UNICEF Multiple Indicator Cluster Surveys
MIS	management information system
NCF	Nurturing Care Framework
NGO	non-governmental organisation
OECD	Organisation for Economic Co-operation and Development
PPE	personal protective equipment
SDG	sustainable development goal
TOR	terms of reference
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNHRC	United Nations Human Rights Council
UNICEF	United Nations Children’s Fund
WASH	water, sanitation and hygiene
WHO	World Health Organization

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Executive summary

This evaluation focuses on implementation of the UNICEF Early Childhood Development (ECD) Framework for Action across the 21 countries served by the UNICEF Eastern and Southern Africa Regional Office (ESARO). The purpose is to assess how well the region's ECD Framework for Action is being implemented and to ascertain where course correction is needed and where country offices may need additional support. This document reports the findings for this evaluation.

Overview of the UNICEF Early Childhood Development Framework for Action

In alignment with the UNICEF global ECD framework, the ESARO developed and endorsed the *Eastern and Southern Africa Region Early Childhood Development and Learning Strategy* in 2016 and then produced the related regional *Early Childhood Development Framework for Action 2019–2021* to operationalise UNICEF organisational strategy for ECD in the region.

The *Early Childhood Development and Learning Strategy* serves as an anchor for UNICEF ECD work in the region by (1) making the case for investment in ECD; (2) aligning UNICEF ECD work in the region with the Sustainable Development Goals and with the UNICEF strategic plan, its regional priorities and other relevant international legal and development frameworks; (3) adopting a life-cycle approach, taking a multisectoral approach and drawing from local cultures; (4) starting early, supporting caregivers and families and focusing on quality; (5) identifying two programmatic priority areas: parenting and pre-primary education; (6) enhancing the enabling environment for ECD; and (7) identifying action items to advance the ECD agenda through UNICEF programming.

The ECD framework informs UNICEF work through (1) improving the quality of service delivery via systems strengthening; (2) promoting responsive caregiving and support to parents; (3) driving demand and behaviour change around ECD; (4) using advocacy and communication to advance ECD; (5) strengthening data availability and evidence-gathering systems; (6) strengthening public financing for ECD; and (7) developing the ECD workforce.

Evaluation purpose, objectives and intended audience

The ECD framework was introduced in the region in 2019, and it is important to ensure that UNICEF is making the right decisions about how to use the framework and how to effectively support ECD in the region, in general, into the future. This information will allow for course corrections in the short term and will inform the next strategic plan, which UNICEF will develop in 2021 (to cover 2022 to 2025).

The target audience for this evaluation and its main users include the ESARO and UNICEF country offices in the region. The results of this evaluation are for UNICEF internal use rather than for an external audience.

This evaluation had three main objectives: (1) to assess the ECD framework merits in terms of design, implementation and results achievement against the expected outcomes in all the focus areas; (2) to critically analyse the factors that have affected implementation of the framework in various countries, including different organisational models and implementation strategies; and (3) to provide strategic learning and recommendations aimed at informing ECD programme development and improvement at both the regional and country levels.

Methodology

This descriptive evaluation covered UNICEF ECD efforts from 2016 to 2019 as well as all 21 countries in the region (although not all countries were covered in equal depth). We answered the following nine research questions:

1. To what extent is there an enabling environment in the region for the implementation of the ECD framework?
2. To what extent does having the framework act as a catalyst for multisector ECD advocacy and programming?
3. What are the pros and cons of the different models used by UNICEF country offices to deliver ECD? How do these approaches enable or hinder delivery of results?
4. Does UNICEF have adequate systems in place to monitor implementation of the framework through its regional and country offices?
5. What is the relative effectiveness of the different models used to deliver ECD?
6. To what extent are the ECD framework's five principles embedded in the approaches that country offices use to strengthen ECD? And what are the barriers and facilitators to following these principles?
7. To what extent has the Nurturing Care Framework (NCF) been operationalised in the region, and to what extent has it driven improvements in ECD systems?
8. To what extent has early childhood education (ECE) been operationalised in the region, and to what extent have UNICEF efforts driven improvements in ECE systems?
9. To what extent does the framework drive effective system strengthening in the region? And what are the barriers and facilitators to strengthening ECD systems to sustainability?

We answered these questions through a qualitative evaluation that combined document review (mostly UNICEF internal documents) with 106 stakeholder interviews that included ESARO staff, UNICEF country office staff, regional and country-level partners and government counterparts.

Key findings and conclusions

This evaluation yielded a very rich set of detailed findings and conclusions. Here we present the key findings by research question. However, we have combined answers to Questions 3 and 5 given the overlap in findings.

Presence of an enabling environment for ECD in the region

We examined the extent to which countries included ECD in their policies, funding and planning. All countries showed commitment to ECD. Just six countries had a national, multisectoral ECD policy combined with an action/implementation plan (but more were working on it). These national multisectoral action/implementation plans are typically adopted through a combination of advocacy, capacity building, technical support, logistics, funding, evaluation and research – often initiated and/or coordinated by UNICEF. For the 11 countries that did not appear to have a national multisectoral policy for ECD, the development and/or adoption of this kind of policy was typically delayed due to government restructuring, lack of buy-in or inadequate funding. Funding levels were very difficult to discern, and many countries still were dependent upon donor funding for ECD.

Many respondents were satisfied with the level of UNICEF-government collaboration and believed that it was effective. In general, the closer the collaboration, the more likely respondents were to find it effective, and some called for greater integration between UNICEF and government actions. Barriers to effective collaboration included human resource issues (insufficient staff or staff turnover in government), lack of funding for collaboration and lack of a coordinating body.

Extent to which the ECD framework serves as a catalyst in the region

Most ESARO staff reported using the framework to work with country offices. Many country offices used the ECD framework to guide their planning, and it was especially effective at helping embed ECD well in planning amongst countries with life-cycle approaches to programming. UNICEF staff in many countries felt that the framework helped their stakeholders move towards more integrated models of ECD (as did other factors such as the introduction of the NCF), advance multisector collaboration, look at children more holistically and/or identify needs and prioritise. However, many country office staff (nearly half of those interviewed) were either unaware of the framework or did not think it was relevant to their own work.

Effectiveness of different UNICEF models to promote ECD

Respondents felt that the most effective model was for the ECD focal point to serve in a coordinating role, as that approach best breaks down silos and promotes cross-sector collaboration. Beyond that, respondents felt that the best model depended on context – particularly on how much ECD capacity the government had. It was especially important to have dedicated ECD focal points in UNICEF country offices where governments were weak.

Staff who serve as ECD focal points in addition to their regular positions often become overburdened, and it is important for leadership (such as the deputy representative) to actively support ECD focal points so that other UNICEF colleagues will be responsive. The ECD focal points need to be empowered by UNICEF country office senior management to effectively promote the UNICEF ECD agenda. Therefore, UNICEF does not need to select one best model to promote ECD, but rather find ways to better support the ECD focal points, regardless of the particular model their country office uses.

Monitoring use of the ECD framework

The ESARO and country offices monitor the implementation of components of the framework but not the framework as a whole. A few countries have started adopting holistic, cross-sectoral monitoring of their support for ECD – which may be consistent with the ECD framework but is not carried out in reference to the framework. A pervasive issue across countries was lack of available monitoring data. So even if countries began monitoring the ECD framework implementation, most would be hampered by inadequate data.

Embedding of the UNICEF five principles in its ECD programming

Progressive universalism. The work of UNICEF across the region has a strong focus on serving the most vulnerable or marginalised first. Sometimes the efforts are direct, and sometimes indirect (such as strengthening national systems or programming that will then reach the most vulnerable). There is less evidence for UNICEF scaling from most vulnerable to less vulnerable (before scaling nationally or gradually reaching national scale).

Quality. UNICEF efforts across the region have a very strong emphasis on quality. Areas of focus include (1) building government capacity to monitor and evaluate the effectiveness of ECD programming, (2) direct support for the building of capacity amongst providers of ECD services and (3) giving governments evidence and recommendations to inform improvements in their programming. Sometimes these efforts are hampered by weak government systems; it is difficult to add quality to something not functioning well to begin with.

Scaling and sustainability. UNICEF staff see the importance of scaling and sustainability. We found numerous examples of how UNICEF successfully promoted scaling and sustainability through activities such as advocacy, proof of concept for programming and leveraging existing programming at scale for new initiatives. Scaling and sustainability require government involvement and government systems to have a certain level of functionality (not all do). Scaling and sustainability are often not very feasible in fragile contexts due to weak or disengaged government systems. In addition, there is a perception that UNICEF sometimes promotes programming that is too expensive for governments to scale (when a less costly option would also work). Governments also need to make a commitment to public financing of ECD. When stakeholders know that funding is stable, they are more likely to make the kinds of changes that will lead to strengthening ECD systems for the long term (versus short-term efforts or quick fixes that do little to promote lasting improvements).

Pragmatism. On the positive side, UNICEF often leverages opportunities to promote ECD within or across sectors, augmenting efforts by government or partners by improving or expanding what they are doing, or combining elements from different sectors (such as adding a birth registration drive to a government health initiative, or using an existing cash transfer programme as an entry point for nutrition). UNICEF also serves as a catalyst and coordinator for others' efforts. On the negative side, some respondents did not feel that UNICEF was giving proper consideration to government capacity and scalability. In addition, some respondents expressed concern that UNICEF country offices were internally "siloes" with respect to ECD. The perceived lack of internal coherence in this area makes it more difficult for partners to engage on ECD initiatives.

Value added. All respondents (from ESARO to UNICEF country office (CO), regional and country partners, and governments) felt that UNICEF efforts add value. Respondents mentioned UNICEF coordinating activities, financial support and technical assistance (such as helping to inform policies, developing training materials, and conducting research to assist governments in making evidence-based decisions). Documentation also described many instances of UNICEF adding value by providing Communication for Development (C4D) support.

Use of the Nurturing Care Framework

The NCF is not used as much as it could be for cross-sector collaboration within ESARO due to lack of buy-in and silos. About half of the UNICEF country office staff and half of the partners reported that the NCF was used to promote cross-sector collaboration in their country. However, others did not – and sometimes responses were mixed within a country. Where it was used, stakeholders considered the NCF to be a useful tool to clarify the roles and contributions of different sectors to ECD. UNICEF staff from several countries reported that the NCF was well integrated into UNICEF programming at national and subnational levels, and about an equal number said it was partially integrated. The health and nutrition sectors seemed the most common entry points for NCF use.

The NCF has been adopted by some governments (as a result of UNICEF advocacy). For instance, health ministries in several countries (such as Ethiopia, Uganda, and Zambia) were championing the NCF and using it to promote multisectoral approaches. About half of government respondents felt that the NCF was well reflected in their country's policies, and the other half felt that the NCF was only partly reflected in policies and/or that the policies were not articulated, implemented or funded.

On the negative side, government stakeholders had mixed views on the extent to which the NCF holistic approach was reflected in service delivery platforms. Only a few government stakeholders discussed this question – whilst some noted that they were moving towards integrating elements such as stimulation and ECD in their programming, others cited challenges such as reduced number of personnel and lack of quality infrastructure, which

can be a barrier to incorporating the NCF in service delivery platforms. In addition, the responsive caregiving aspect was not as well understood and needed to be presented in greater depth. And, finally, the NCF seemed to have particularly low uptake in fragile/crisis contexts and other areas where there was a strong focus on survival (but where it could be very beneficial, given the holistic needs of many children).

Operationalization of ECE in the region and benefits of ECE diagnostic assessments

Of the 21 countries in the region, we found evidence that 16 have made substantive efforts towards the advancement of ECE in their countries. In some cases, UNICEF efforts were focused on building government commitment and capacity to provide ECE. In others, UNICEF has engaged and supported partner organisations to provide direct services. Several UNICEF country offices have also prioritised ECE as part of their programming for refugee populations.

In many countries, UNICEF has made progress (often substantial progress) on ECE in terms of policies, funding and service delivery platforms. Progress can be difficult when governments do not prioritise ECE and/or there are frequent changes in government personnel. It is also more difficult to advance ECE well if the government does not have it situated in their ministry of education.

UNICEF-funded ECE diagnostic assessments play a valuable role in the promotion of an enabling environment for ECE and serve as a catalyst in key action areas for ECE. The diagnostic assessments bring together stakeholders, help identify gaps and priorities, and in some cases have led to national-level improvements in ECE systems and large-scale investment in ECE. However, the ECE diagnostic assessments require an enabling environment to maximise their effectiveness, including engaged and committed UNICEF country office staff and government counterparts.

Extent to which the ECD framework strengthens ECD programming in the region

Many respondents (UNICEF, partners and governments) used the ECD framework to strengthen their work in the region – but this was not universal. UNICEF respondents cited a variety of ways in which they were using the framework, ranging from internal planning and advocacy to engaging external stakeholders, especially government.

UNICEF used the framework for internal planning to structure and identify gaps in its programming, sharpen its focus on ECD, advocate for ECD internally and coordinate with other sectors on ECD. Some country offices used it to engage with governments on activities such as development and review of policies and national guidelines in ECD/ECE.

The ECD framework can require a champion at the country office level to move it forward and several years to really gain traction.

Lessons learnt

We identified six lessons that are generalisable to UNICEF in its broader work:

1. Across the region, a lack of both financial and outcome data related to ECD hampers UNICEF's ability to monitor the effectiveness of its ECD advocacy, to track the efficiency of ECD investments, and to hold governments accountable.
2. The greater the collaboration between UNICEF and governments, the more valued and effective the relationship.
3. Both the ECD framework and the NCF can catalyse cross-sector collaboration in the region – with sufficient awareness and ownership by UNICEF across sectors.
4. ECD focal points cannot carry out the ECD agenda on their own. UNICEF needs greater engagement in and ownership of ECD from management, and across sectors.
5. UNICEF's focus on the most disadvantaged populations and/or geographic areas is a necessary starting point, but this approach can leave behind populations or areas that are slightly less disadvantaged (yet still need ECD support).
6. ECE diagnostic assessments are a wise investment for UNICEF – where there is adequate engagement from country office staff and government.

Recommendations

The evaluation yielded the following 10 recommendations:

1. UNICEF needs to find ways to promote cross-sector collaboration at the regional and country levels, including bringing in less engaged sectors (such as social protection and child protection).
2. Relatedly, in countries where cross-sector collaboration is taking place at national and systems levels, UNICEF should begin to work with partners to determine how to better bring this integration into service delivery platforms.
3. The ESARO should provide systematic trainings (or refresher trainings) on the ECD framework to country offices. These trainings should go beyond the ECD focal points and should include staff from across sectors (including sector staff for whom we found the ECD framework less likely to be relevant, such as those in social protection).
4. The ESARO should strengthen support for country office ECD focal points, including asking Deputy Representatives to ensure that the ECD focal points get the cooperation and engagement they need from their colleagues. The ESARO should also consider additional ways to make the ECD focal point role less overwhelming for staff, given their other responsibilities.

5. In the area of progressive universalism, UNICEF needs to consider how its (often sole) focus on the most marginalised and its focus on priority areas (by geography) are likely leaving out many people who need support.
6. The ESARO should provide greater information and technical assistance to countries and partners around the responsive caregiving element of the NCF.
7. UNICEF should continue to promote the use of ECE diagnostic assessments in countries that have shown a commitment to the process.
8. UNICEF should re-examine its reporting requirements for countries, as we found many instances where country-level documentation did not accurately reflect what was happening in the country around ECD.
9. The ESARO should conduct a study or similar exercise to determine how best to begin to integrate the ECD framework and the NCF into humanitarian contexts.
10. There is a strong need for the ESARO to promote greater exchange of resources, technical knowledge and best practices across the region through mechanisms such as an online platform or hub. Respondents from countries experiencing crises and instability also recommended sharing best practices or examples of ECD practices that worked in similar contexts.

1. Background and context

Through its Eastern and Southern Africa Regional Office (ESARO), the United Nations Children’s Fund (UNICEF) plays a key role in supporting the 21 countries in the region to improve the lives of children. The UNICEF regional Early Childhood Development (ECD) Framework for Action is intended to organise UNICEF efforts towards implementing the UNICEF strategic plans and supporting improved outcomes for children. The purpose of this evaluation was to assess implementation of the framework in the region thus far and, in turn, leverage lessons learned to inform future use of the framework (*see Annex A for the terms of reference [TOR]*).

Children in Eastern and Southern Africa face considerable barriers to achieving their development potential. For example, the *Lancet* series on early childhood development (2016) found that at least 60 per cent of children in 16 countries across Eastern and Southern Africa are at risk of suboptimal development due to poverty and stunting.¹ In addition, only 33 per cent of pre-primary-age children in Eastern and Southern Africa are enrolled in early childhood education (ECE) programs, demonstrating major gaps in opportunities for children to build school readiness skills.² Progress on early childhood development is constrained by limited financing for health, education and social protection. In terms of education financing, the Eastern and Southern Africa Region (ESAR) has only allocated approximately 2.1 per cent of domestic education budgets to pre-primary education.³ The region is home to substantial populations with special needs and vulnerabilities, including over a million refugees and internally displaced persons, communities affected by epidemics such as HIV and Ebola, and large geographic areas negatively affected by climate change. For example, a 2019 report by the ESARO estimated that 790,513 children in the region were in need of humanitarian assistance.⁴

Although there are common issues across countries in the ESAR, there is also considerable variation in these countries’ demographic, ECD and ECE indicators. We examined data on urbanization, income level, number of refugees, infant mortality rate and gross pre-primary enrolment rate for each ESAR country. (*see Annex B*).

Several countries in the ESAR are considerably off track to meet the sustainable development goal (SDG) target of under-5 mortality (25 deaths per 1,000 live births): Angola, Comoros, Lesotho, Mozambique, Somalia (including Somaliland) and South Sudan. Most countries in the region have low pre-primary enrolment levels; only Kenya and Malawi have made good progress towards the SDG of universal pre-primary enrolment by 2030.

¹ *The Lancet*, Advancing Early Childhood Development: From science to scale, 4 October 2016, <www.thelancet.com/series/ECD2016>, accessed 19 February 2020.

² United Nations Children’s Fund, *A World Ready to Learn: Prioritizing quality early childhood education*, UNICEF, New York, 2019a.

³ *Ibid.*

⁴ United Nations Children’s Fund, *Eastern and Southern Africa Regional Humanitarian Situational Report*, UNICEF, Nairobi, 2019b.

Further, many countries in the region have large populations of refugees, and a few suffer from political crises or natural disasters (Somalia, South Sudan and Mozambique in particular).

However, ECD and ECE indicators for ESAR countries vary considerably within income-level classifications, suggesting that country income level alone does not determine a country's progress on ECD and/or ECE. For instance, Kenya is a mostly rural lower-middle-income country that has achieved above-average rates (for the region) of under-5 mortality and gross pre-primary enrolment, even though it has a large population of refugees. Lesotho, on the other hand, is similarly rural and lower-middle income and does not have a large population of refugees but has much poorer outcomes in terms of under-5 mortality and pre-primary enrolment. Further, some low-income countries have above-average rates (for the region) for under-5 mortality and pre-primary enrolment, as is the case of Malawi and, to a lesser extent, Tanzania. Conversely, some upper-middle-income countries have below-average rates (for the region) for these indicators, including Angola (under-5 mortality) and Botswana (pre-primary enrolment).

UNICEF has an extensive history of working in Eastern and Southern Africa to address the types of issues highlighted in Table 1, promote ECD in the interests of achieving SDGs in the region, provide humanitarian assistance and build recognition and compliance with international resolutions such as the Convention on the Rights of the Child, the Convention on the Rights of Persons with Disabilities and the Convention on the Elimination of All Forms of Discrimination against Women.

In 2017, UNICEF Headquarters published its Programme Guidance for ECD.⁵ The Nurturing Care Framework (NCF) was the result of an interagency effort; it was co-developed by UNICEF; the World Health Organization (WHO); the World Bank; the Early Childhood Development Network (ECDAN); and the Partnership for Maternal, Newborn, and Child Health (PMNCH). The NCF was adopted by these agencies and the larger ECD community, and UNICEF began to promote it globally in 2018 to focus on the specific needs and interests of the countries it serves. The resulting Eastern and Southern Africa ECD Framework for Action (2019–2021) was endorsed by the UNICEF and Southern Africa regional management team in May 2019. Eastern

The ECD framework is important for UNICEF ECD efforts within the region for three key reasons. First, the framework positions UNICEF ECD strategic efforts within the regional context for ECD programming. Second, the framework provides guidance to UNICEF Eastern and Southern Africa country offices regarding what should be prioritised and what delivery platforms should be utilised to support ECD, based on the country context. Finally, the

⁵ United Nations Children's Fund, UNICEF's Programme Guidance for Early Childhood Development, UNICEF, New York, 2017.

framework can be used to help country offices implement more strategic programming and align their technical and financial support with existing interventions and opportunities.⁶

2. Object of the evaluation

In this section, we articulate the purpose and nature of the ECD framework and present its objectives and theory of change.⁷

2.1 The Eastern and Southern Africa ECD Framework for Action

The UNICEF global ECD framework addresses UNICEF ECD goals, objectives, multisectoral intervention packages, service delivery platforms and implementing strategies (*see Annex C*). In alignment with this global framework, the UNICEF ESARO developed and endorsed the *Eastern and Southern Africa Region Early Childhood Development and Learning Strategy* in 2016 and then produced the related regional *Early Childhood Development Framework for Action 2019–2021* to operationalise UNICEF organisational strategy for ECD in the region.

The *Early Childhood Development and Learning Strategy* serves as an anchor for UNICEF ECD work in the region by doing the following:

- Making the case for investment in ECD
- Aligning UNICEF ECD work in the region with the SDGs, the UNICEF strategic plan, its regional priorities and other relevant international legal and development frameworks (including the African Union’s Agenda 2023)
- Adopting a life-cycle approach, taking a multisectoral approach and drawing from local cultures
- Starting early, supporting caregivers and families and focusing on quality
- Identifying two programmatic priority areas: parenting and pre-primary education
- Enhancing four areas of the enabling environment: partnerships advocacy; systems strengthening; and research, monitoring and evaluation
- Identifying action items to advance the ECD agenda through UNICEF programming in child protection; Communication for Development (C4D); education; gender; health; HIV; nutrition; and water, sanitation and hygiene (WASH)

The *Early Childhood Development Framework for Action 2019–2021* (1) guides UNICEF ECD work within the region and articulates the results expected by 2021, (2) guides UNICEF country offices on how to deliver these results and (3) highlights ways in which UNICEF can

⁶ United Nations Children’s Fund, UNICEF Eastern and Southern Africa: The Early Childhood Development Framework for Action 2019–2021, UNICEF, Nairobi, 2019c.

⁷ We do not include a section on implementation (as specified in UNICEF guidelines for evaluation reports) because the framework is not something that is implemented as a programme or policy would be.

support ECD data strengthening and better evaluate its programmes to inform scale-up (UNICEF, 2019a). The framework identifies two strategic plan indicators and two regional priority indicators (see Table 1).

Table 1. Regional strategic plan and priority standard indicators

Strategic plan goal area/regional priority	Outcome indicators	Main output indicators
Standard ECD Results Assessment Module Strategic Plan Indicators		
GA1. Every child survives and thrives	Percentage of children receiving early stimulation and responsive care from their parents or caregivers	Number of countries that have adopted ECD packages for children at scale
		Number of countries with national ECD policies or implementation plans for scale-up
		Percentage of targeted girls and boys in humanitarian situations who participated in organised programmes with ECD kits through UNICEF-supported efforts
GA2. Every child learns	Gross enrolment rate in pre-primary education	Percentage and number of countries with effective education systems for learning outcomes, including early learning
Standard ECD Regional Priority Indicators		
RP1. Survive and thrive	Percentage of children aged 0 to 4 years who receive early stimulation and responsive care from their parents or caregivers	Availability of a national ECD policy or implementation plan for scale-up
		Percentage of countries implementing ECD packages for children at scale
RP3. Quality education and learning	Gross enrolment rate in pre-primary education	Percentage of the national education budget spent on pre-primary education

Note. GA is goal area; RP is regional priority.

Note that the existence of these priority areas does *not* mean that the UNICEF ESARO is narrowly focused on these areas or that other areas are unimportant. Rather, there are three reasons that UNICEF has chosen to single out these particular outcomes. First, countries have direct accountability for achieving these outcomes, but country offices lacked adequate guidance on how to do so. Second, from a pragmatic perspective, many countries in the region are poised to make progress in these areas, providing an opportune moment for UNICEF to provide support. And third, there is evidence that achieving these outcomes will provide a highly effective leverage point for putting children on track for optimal growth and development (UNICEF, 2019b).

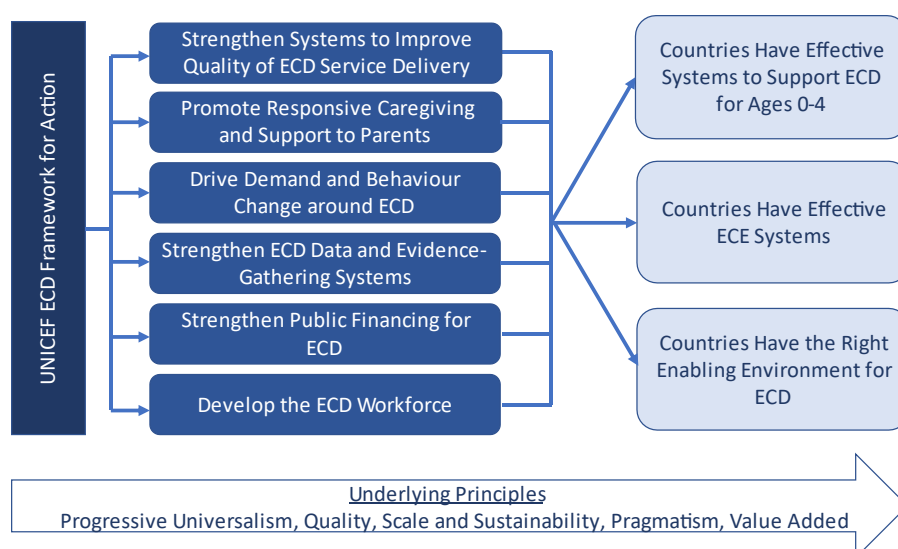
Because the framework is a guiding document rather than a defined programme, there is nothing to “implement” per se, and we are unable to provide a budget for its use.

2.2 Objectives and theory of change

Because there was no existing theory of change for the ECD Framework for Action, we reconstituted one as part of the inception work.⁸ The theory of change reflects the intrinsic goals of the UNICEF ESARO for countries and instrumental goals that reflect *how* UNICEF plans to achieve those intrinsic goals (see Figure 1).

The ECD framework is intended to help shape and drive UNICEF work across six kinds of activities/approaches: improving the quality of service delivery through systems strengthening; promoting responsive caregiving and support to parents, driving demand and behaviour change around ECD; using advocacy and communication to advance ECD; strengthening data availability and evidence-gathering systems; strengthening public financing for ECD; and developing the ECD workforce.

Figure 1. Theory of change



These six action areas aim to build and strengthen ECD in the region and achieve three results:

1. *Effective systems to support ECD for ages 0–4 that would strengthen existing health, nutrition, child protection and social protection systems and platforms.* Within this area of activity, country offices are required to (a) identify ongoing and upcoming opportunities to embed ECD, (b) adapt and strengthen existing and emerging UNICEF programmes to include components that can support early stimulation, (c) support advocacy and awareness raising on key elements known to be missing within health and child protection systems and (d) strengthen the evidence base in terms of what works.

⁸ As part of the inception phase, we also examined the extent to which country offices in the region had developed their own theories of change. After reviewing available documentation from the 21 countries, we were unable to find any examples.

2. *Building and strengthening ECE systems.* In this area of activity, country offices are required to engage fully in education-sector planning processes and provide technical support for robust analysis and planning related to ECE; support efforts to develop sustainable ECE financing; and promote a focus on quality, including developing quality standards and shaping demand for quality.
3. *Creating the right enabling environment for ECD, with a specific focus on sustainable financing and workforce development.* The country offices are required to understand the ECD financing context and better utilise every opportunity available for increasing investments in ECD; to support national and subnational efforts to identify the key workforce cadres for ECD; and to analyse the ECD workforce in terms of availability, capacity and reach.

Finally, UNICEF aims to carry out all of its work in accordance with five underlying principles: progressive universalism (focusing on those most likely to be left out first), quality, scale and sustainability, pragmatism (using existing entry points) and leveraging UNICEF value-add (regarding areas such as communication for development, public advocacy and subnational capacity development).

2.3 Implementation

It is important to note that the ECD framework is not “implemented” in the same way a programme or policy would be. Rather, it is disseminated in the region as a resource.

The ECD framework notes that UNICEF country offices should be organised optimally to facilitate the delivery of ECD-related results. UNICEF country offices have adopted four primary models for ECD delivery:

- The staff member supporting ECD is placed in a section by the deputy representative using a matrixed approach.
- A stand-alone ECD section utilises a distinctive results framework.
- A stand-alone thematic ECD structure is part of the life-cycle approach, and programmatic sectors are included under this structure.
- The section chief(s) is/are responsible for the ECD mandate and chairing a cross-sectional working group.

Regardless of the model used, all countries in the region collaborate with UNICEF ESARO for strategic planning, support and guidance. In addition, countries collaborate with one another to share best practices and to leverage ideas and information.

The NCF guides UNICEF programming. It is distinct from the ECD framework but helps achieve goals within the ECD framework. The NCF is intended to provide countries with evidence-based recommendations for how to best support ECD. It reflects five foundational

aspects of optimal child development: good health, adequate nutrition, responsive caregiving, security and safety, and opportunities for early learning. The NCF has two strategic elements that are relevant for UNICEF ECD support in the region: (a) an emphasis on the use of multisectoral approaches and (b) a focus on caregivers and responsive caregiving. UNICEF intends to use the NCF in the region as:

- an advocacy tool, showing stakeholders from across sectors how they must work together to advance ECD;
- a diagnostic and benchmarking tool, helping countries understand their progress toward the development and use of effective policy, regulatory systems and systems to support holistic ECD; and
- a tool to help focus strategic decision-making around ECD.

3. Purpose, objectives and scope

As noted in the TOR, the purpose of this evaluation is to provide a critical review of the ECD framework as currently used in the region. Ultimately, the evaluation will inform the UNICEF ESARO how to best leverage the ECD framework to drive improvements in ECD policies, funding, systems and delivery platforms across the region.

3.1 Purpose of the evaluation

This formative evaluation focuses on the implementation of the regional framework since its introduction, with attention to earlier ECD work in the region from 2016.

As noted earlier, the ECD framework was introduced into the region in May 2019 (although the NCF was already in use in the region). UNICEF ECD work in the region long pre-dates the introduction of the ECD framework or the NCF, with a history of supporting ECD in areas such as health, ECE, parenting, workforce development, child protection and nutrition. However, the ECD framework is new. It is important to look at the use of the ECD framework in the region not long after its launch to ensure that UNICEF is making the right decisions and that it is engaging in evidence-based learning to effectively support ECD in the region. This information will allow for course corrections in the short term and will inform the next strategic plan, which UNICEF will develop in 2021 (and will cover 2022 to 2025).

As specified in the TOR, the target audience for this evaluation and its main users include UNICEF ESARO and the UNICEF country offices in the region. The results of this evaluation are for UNICEF internal use rather than for an external audience. At the regional level, the evaluation will provide information intended to aid UNICEF ESARO in understanding whether it is taking the right approaches to implementing the ECD framework at the regional and country levels. At the UNICEF country office level, the evaluation will also provide guidance in the effective use of the ECD framework and support for ECD in general. And globally, the lessons learnt in this evaluation may prove useful for other UNICEF

regional offices as they seek to maximise the effectiveness of their own approaches to supporting ECD.

3.2 Evaluation objectives

As stated in the TOR, this evaluation has three main objectives:

1. To assess the ECD framework merits in terms of design, implementation and results achievement against the expected outcomes in all the focus areas;
2. To critically analyse the factors that have affected implementation of the framework in various countries, including different organisational models and implementation strategies; and
3. To provide strategic learning and recommendations aimed at informing ECD programme development and improvement at both the regional and country levels.

By fulfilling these objectives, this evaluation will provide UNICEF with the evidence it needs for strategic planning around the future development and use of its ECD Framework for Action across the region.

The ECD Framework for Action is not an intervention, and the TOR does not explicitly include a focus on gender equality or on human rights. Therefore, we included these considerations as sub-themes where relevant, but they are not primary considerations.

3.3 Evaluation scope

This evaluation covered the use of the ECD Framework for Action itself, plus overall UNICEF work in the region across the areas covered in the framework (even if the framework is not explicitly referred to in the course of that work).

3.3.1 Geographic scope

The evaluation included all 21 countries within the UNICEF Eastern and Southern Africa Region, including Angola, Botswana, Burundi, Comoros, Eritrea, Eswatini (Swaziland), Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, Somalia (including Somaliland), South Africa, South Sudan, United Republic of Tanzania, Uganda, Zambia and Zimbabwe (*see Annex D*). We conducted more in-depth data collection in 11 countries. Of those countries, 6 – Ethiopia, Lesotho, Madagascar, Namibia, Somalia and Zimbabwe – had some additional data collection in the form of interviews. Then 5 others had a larger set of interviews to obtain an in-depth picture of ECD in that context: Malawi, Mozambique, United Republic of Tanzania, Uganda and Zambia. We selected these countries in consultation with the UNICEF ESARO, based on (a) their varied levels of progress in supporting ECD and (b) their diversity of context to give some representative information from across the region. The remaining countries were covered through desk review alone.

3.3.2 Chronological scope

The evaluation covered the time period of 2016 through 2019. The strategic planning cycles of ESAR UNICEF country offices vary in their alignment with the chronological scope of this evaluation (see *Annex E*). Therefore, some countries created their current plans with the ECD framework in hand, and others developed their plans before the framework was available to them.

3.3.3 Limitations to the scope of work

There are two main limitations of the scope of work for this evaluation. First, due to the limited timeline and resources available for this evaluation, we were not able to conduct interviews in every country in the region. We had two sets of countries where we did conduct interviews, with some countries having fewer respondents than others. Our approach will present an understanding of the ECD framework in the region, but we will not have equal depth of information from all 21 countries.

And second, we did not collect secondary data using the UNICEF Multiple Indicator Cluster Surveys (MICS) and the Demographic and Health Surveys (DHS) data (as recommended in the TOR). The American Institutes for Research (AIR) proposed technical plan included using these data sets to help answer questions about the alignment of the ECD framework with country-level needs, its responsiveness to changes in those needs and progress in achieving intrinsic and/or instrumental goals with the ECD system. However, our evaluability assessment during the inception phase revealed substantial gaps in the availability of data (see *Annex F*). Given the lack of consistent and timely data across countries in the region, we agreed with UNICEF during the inception visit not to proceed with this element.

Later, we discuss the limitations associated with the specific methodological approaches that we used to carry out this evaluation (see *section 4.9*).

4. Methodology

In this section, we present (1) the evaluation criteria, (2) the evaluation framework, (3) the design and methods, (4) data and sampling, (5) data collection tools, (6) data analysis, (7) stakeholder engagement, (8) ethical considerations and (9) constraints and limitations. We do not include a section on stakeholder engagement, as the purpose and objectives of this evaluation only involved stakeholders at a systems level and did not include intended beneficiaries or communities.

4.1 Evaluation criteria

AIR examined the research questions in the TOR, reviewed the updated Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) Criteria⁹ (which include a new category: coherence), reviewed UNICEF guidance for inception reports and met with key stakeholders in the inception phase to understand the goals related to this work. Based on these activities, we recommended a modified set of nine questions that aligned with the goals for this work. These questions were finalised with the UNICEF ESARO during the inception visit. Note that UNICEF elected not to include research questions related to impacts, which are beyond the scope of this evaluation. Furthermore, based on discussions with the ESARO, we did not include specific research questions around gender or equity, but rather wove those concerns into our analyses where relevant to the research questions.

1. To what extent is there an enabling environment in the region (external to UNICEF) for the implementation of the ECD framework? (Relevance)
2. To what extent does having the framework act as a catalyst for multisector ECD advocacy and programming? (Coherence)
3. What are the pros and cons of the different models used by UNICEF country offices to deliver ECD? How do these approaches enable or hinder delivery of results? (Efficiency)
4. Does UNICEF have adequate systems in place to monitor implementation of the framework through its regional and country offices? (Efficiency)
5. What is the relative effectiveness of the different models used to deliver ECD? (Effectiveness)
6. To what extent are the ECD framework's five principles (progressive universalism, quality, scale and sustainability, pragmatism and value-add) embedded in the approaches that country offices use to strengthen ECD? And what are the barriers and facilitators to following these principles? (Effectiveness)
7. To what extent has the NCF (including multigenerational programs aimed at 'caring for the caregiver') been operationalised in the region, and to what extent has it driven improvements in ECD systems? (Effectiveness)
8. To what extent has ECE been operationalised in the region, and to what extent have UNICEF efforts driven improvements in ECE systems? (Effectiveness)
9. To what extent does the framework drive effective system strengthening in the region? And what are the barriers and facilitators to strengthening ECD systems to sustainability? (Sustainability)

⁹ Organisation for Economic Co-operation and Development, 'DAC Criteria for Evaluating Development Assistance', <www.oecd.org/dac/evaluation/49756382.pdf>, accessed 19 February 2020.

When we addressed sustainability, we asked stakeholders how approaches may need to change to continue to support children’s well-being across the region in light of the COVID-19 pandemic – which may affect the region for a considerable period of time.

4.2 Evaluation framework

Based on the research questions presented in section 4.1, AIR developed an evaluation matrix that specifies our judgement criteria, indicators, sources of information and data collection approaches (*see Annex G*). ‘Group’ refers to the country classification shown earlier (*see Figure 2*). The evaluation framework notes data sources, including key informant interviews (KIIs) and document review. We present more details on these methods later (*see section 4.3*). For interviews with UNICEF partners and government counterparts, we assembled a longer list than we required, assuming that not all would be responsive or available (*see Annex H*).

4.3 Evaluation design and methods

We based our evaluation design and methodology on the TOR, combined with discussions with key stakeholders from UNICEF ESARO during the inception trip in February 2020, an evaluability assessment of extant data and a preliminary document review. During the inception visit, the UNICEF ESARO and AIR agreed to the methodological approach presented here.

This formative evaluation was guided by the theory of change that we developed based on the ECD framework and in consultation with the ESARO (*see Figure 1*). The theory of change has a combination of cross-sectional and case-study elements. The additional data collection in some countries was not intended to lead to full case studies of those countries but, rather, helped us gather more in-depth information. The evaluation used a combination of cross-sectional and case-study elements. It included a desk review across all 21 countries and KIIs with a variety of stakeholders at the regional level and in a subset of countries. This combination of sources of information allowed us to triangulate findings.

This evaluation did not focus on any specific programming and did not assess impacts or outcomes for intended beneficiaries. Therefore, our protocols do ask questions in areas such as equity, but rights-based frameworks and conventions (such as the Convention on the Rights of the Child) and gender considerations are not directly relevant here.

We carried out this evaluation in three phases:

1. The *preparatory and inception phase* included a document review, an evaluability assessment, preparation of the draft inception report and completion of a five-day inception visit to the UNICEF ESARO, where our team lead engaged with members of the Evaluation Technical Committee.

2. The *review, drafting and validation phase* included (a) preparation for data collection, (b) remote data collection and data analysis, (c) preparation of this draft evaluation report and a summary PowerPoint presentation document and (d) the November 24 validation meeting with the Evaluation Technical Committee.
3. The *completion phase* included the preparation of a synopsis of the validation meeting and the finalization of the PowerPoint presentation summary of findings and this full evaluation report.

4.4 Data sources and sampling

Our data sources included a combination of desk review and interviews. The evaluation team reviewed documents related to the planning and implementation of ECD programming in the region and conducted interviews with several types of key stakeholders to inform our research questions.

4.4.1 Documents

To help us answer the research questions, the research team conducted a desk review of relevant documents across all 21 countries in the region, as noted in the evaluation matrix (*see Table 4*). This desk review included a large body of UNICEF internal documentation, outward-facing UNICEF reports, reports from other stakeholders in the region (such as the World Bank, WHO, etc.), reports from non-governmental organisations (NGOs) and programme implementers and government documents (*see Annex I*).

4.4.2 Key informants

The evaluation team deliberately selected respondents from different sectors to ensure that diverse perspectives were being captured. The evaluation team conducted KIIs with UNICEF sector leads, in addition to at least one interview with a government partner in the six countries classified as Group B for additional data collection. In the five countries classified as Group C for in-depth data collection, we conducted remote KIIs with UNICEF country office stakeholders, government stakeholders, UNICEF partners and other key stakeholders as relevant. These countries were selected due to the variation in their ECD programming, including the adaptation of different ECD models by the country offices and the diversity of their contexts and experiences in ECD implementation.¹⁰ Our final sample included 4 respondents from UNICEF at the regional level, 6 respondents from regional partner organisations, 69 from UNICEF country offices, 14 from governments and 13 from in-country partners (*see Annex H*).

¹⁰ We originally planned to carry out focus groups with some stakeholders, as articulated in the project inception report, but this approach turned out not to be feasible given difficulties in getting timely responses from UNICEF staff. Therefore, we changed the planned focus groups into individual KIIs.

4.5 Data collection tools and processes

Here, we describe our data collection tools and processes for the desk review and the stakeholder interviews.

4.5.1 Data collection for desk review

For document review, we created an Excel template that was aligned with the evaluation matrix. In this template, we extracted the relevant information from the documents verbatim, then added a summary of the key point(s) for that indicator based on that document.

We obtained most of the documents we reviewed directly from UNICEF and supplemented these documents with our own searches for government documents (in alignment with the evaluation framework). We had some difficulty obtaining all of the UNICEF documents we required and therefore note any gaps in the list of documents we reviewed (*see Annex I*).

4.5.2 Data collection with key informants

We developed a series of protocols for KIIs, aligned with the evaluation framework (*see Annex J for a mapping of respondent types to protocols and Annex K for the protocols themselves*). The protocols provided guidance to the interviewer, but the interviewer had some flexibility for following up on any statements of particular interest or new lines of inquiry introduced by respondents. In addition, if a respondent stated that she/he was not able to answer a particular question, we skipped that question with that respondent (rather than pressing for information of questionable reliability). We also recognised that the landscape is changing due to the COVID-19 pandemic. In consultation with UNICEF, we included questions on how UNICEF will need to change or strengthen its activities going forward to be able to support children's well-being across sectors in this new context.

We planned to carry out a mix of KIIs and focus group discussions (FGDs), but difficulty with scheduling made the FGDs unfeasible, and after some initial attempts, we converted the data collection to all KIIs. We carried out the KIIs remotely over an internet platform, and they typically lasted from 30 to 60 minutes. The majority of interviews took place in English, with some interviews in Portuguese for Mozambique and some in French for Madagascar.

4.6 Data analysis

In this section, we explain how we analysed the data to answer the research questions.

4.6.1 Data sensitization and coding for key informant interview data

Coders selected, read and reread a small, representative sample of interview transcripts to gain a clear understanding of the content and to formulate initial themes and high-order categories. We selected a sample of transcripts to include a diverse set of respondents from across countries. We then created a preliminary coding outline and structure based on the theory of change, research questions, interview protocols and memoranda of themes that emerged during data collection. This coding outline served as the tool for organising and subsequently

analysing the information gathered through both the desk review and the interviews. The coding outline was a living document that could be modified as new themes and findings emerged during data analysis, such as ongoing COVID-19 responses. A list of definitions for the codes accompanied the outline to ensure that coders categorised data using the same standards, which ensured the smooth merging of coded data from different coders.

The research team uploaded transcripts or interview notes into NVivo®. Coders began by coding approximately 10 per cent of the qualitative data. Prior to the coding of all interview data and notes, all coders completed coding on three identical transcripts separately to test the coding outline and coding process in order to ensure that there was internal agreement and that data from across transcripts were captured and categorised in a consistent manner. Further, to ensure the validity of the analysis, we conducted inter-rater reliability testing in which we compared coding across coders. The coded transcripts were then triangulated in order to review the coding and to group and identify themes. This process resulted in a standardised codebook (that is, an analytical framework) against which the remainder of the qualitative data were coded.

4.6.2 Analysis and interpretation of the data

During the iterative process of data analysis, reduction and synthesis, we characterised the prevalence of responses, examined differences amongst groups and identified key findings and themes related to the research questions. After our analysis of the KII transcripts and desk review of relevant documents, we critically reviewed the categorised data against the research questions and created summaries of our key findings. To the extent possible, we triangulated the findings across respondents, between KII and document data and across countries.

4.7 Stakeholder Engagement

The UNICEF ESARO ECD section and the Evaluation Reference Group were engaged throughout the evaluation, including (a) being consulted during the inception process in order to sharpen the focus of the evaluation and to help articulate the final evaluation design; (b) serving as key informants; (c) providing initial feedback, validating the findings and discussing emerging recommendations through several remote presentations; and (d) providing comments on the initial draft of this report that were incorporated into this final version. The reference group was composed of members from ESARO ECD and nutrition programmes, country-level ECD specialists, deputy representatives that oversee ECD programmes in their respective country offices, ECD specialists from UNICEF headquarters, and one representative from a civil society organization.

4.8 Ethical considerations

For every evaluation that AIR conducts, we adhere to very strict requirements for the protection of human subjects. In this section, we provide assurances that we will complete the work in line with United Nations evaluation norms, standards and guidelines.

Please note that this evaluation was not human-subjects research. The subject of the research includes policies, programming and so forth; it is not about individual human beings. On those grounds, the AIR Institutional Review Board (IRB) granted an exemption for this project (*see Annex L*). We do not address special protections for children in this section, because this evaluation did not involve interaction with any children.

4.8.1 Alignment with evaluation norms and standards

AIR follows the Code of Conduct of the United Nations Evaluation Group, which requires both a conflict-sensitive and a gender-sensitive approach to research and adherence to the ‘do no harm’ principle, as well as transparency, confidentiality, accuracy, accountability and reliability, amongst other key principles. Specifically, with regard to the protection of vulnerable individuals and communities, AIR respects and adheres to the United Nations Declaration of Human Rights, the United Nations Refugee Convention, the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, as well as other human rights conventions and national legal codes that respect local customs and cultural traditions, religious beliefs and practices, personal interaction, gender roles, disability, age and ethnicity. Further, this evaluation was conducted in accordance with the evaluation principles of openness, transparency and participation.

The AIR IRB follows the standards set forth by the American Evaluation Association Guidelines and the Joint Committee on Standards for Educational Evaluation. Three general principles define these standards: (a) evaluators will conduct evaluations legally and ethically, taking into account the welfare of those involved in the evaluation, as well as the general public; (b) evaluators will conduct evaluations in a competent and efficient fashion that will lead to reliable and accurate results; and (c) evaluators will design evaluations and report the results in a manner that is useful to and appropriate for the intended audience. Clear guidelines exist regarding the expectations with which local data collectors must comply (e.g., how to store and restrict access to physical files and electronic data files, how to treat identifiable information).

4.8.2 Protection of human subjects

This evaluation did not include human subjects, according to international standards. For example, according to United States Statute 45 CFR 46, a human subject is “a living individual about whom an investigator (whether professional or student) conducting research: Obtains information or biospecimens through intervention or interaction with the individual, and uses, studies, or analyses the information or biospecimens; or obtains, uses, studies, analyses, or generates identifiable private information or identifiable biospecimens.” The subject evaluation is not about any identifiable persons.

At the beginning of each KII, the research team explained to participants the nature of the evaluation, how we would and would not protect any information they chose to provide and that their participation was voluntary. We requested permission from each participant prior to audio recording their KII.

4.8.3 Data storage and security

AIR is a registered institution with the Office for Human Research Protections and has signed an assurance statement that we will abide by federal regulations. An AIR data security officer reviewed a written project-level information security plan prior to the launch of data collection. The project information security plan included a statement of applicable laws and regulations, the definition of the boundaries and security category of the information that requires protection and a description of the appropriate security measures and procedures that are commensurate with the sensitivity of the data in both the electronic and hard-copy domains. Laptops used by staff who collect and manage data were protected with whole-drive disk encryption that prevents data access should the laptop be lost or stolen. Sensitive identifiers were not permitted to be stored on memory devices or transmitted over unsecured networks. Because the evaluation did not collect personally identifiable information, we were not required to store data in secure folders within AIR systems (but AIR systems themselves are security protected).

4.8.4 Ethical considerations

AIR did not anticipate or encounter any significant ethical concerns related to this evaluation. Taking part in this evaluation did not in any way affect the services or benefits available to participants.

The evaluation activities do not impose any risks to participants beyond what they would encounter in their daily lives. The greatest risk to participants is potential embarrassment or other consequences should their opinions become public knowledge. The research team took the necessary steps to minimise this risk by (a) following our project's information security plan and (b) not identifying participants by name in any reports (but informing them in the consent process that they may be indirectly identifiable based on their location and position).

4.9 Constraints and limitations

We have identified four main limitations associated with this evaluation design.

First, given the limited timeline and scope of this evaluation, the evaluation team was not able to conduct the same quantity of data collection in every country in the region. Whilst our approach will present an understanding of the ECD framework in the region, we will not be able to learn about each of the 21 countries in equal depth.

Second, as part of our desk review analysis, we assumed that the documentation was complete. If certain strategies and activities are not covered in the documents, we have assumed that those strategies and activities have not been conducted or addressed. In countries where we did not conduct KIIs, we were unable to go beyond what was documented.

Third, given the retrospective nature of the evaluation, data from informants may have been limited due to recall bias. In addition, because of staff turnover, some of our key informants were unable to address all of the material that was relevant from the time frame covered in this evaluation.

And fourth, due to the COVID-19 pandemic, our team was unable to travel to focal countries for site visits, as initially planned. We were able to change planned in-person interviews to remote interviews but lost the benefit of engaging with people in person.

5. Findings

This evaluation yielded a rich set of findings in relation to most research questions and indicators. In this section, we report our findings by research question. We also have added findings with regards to the UNICEF response to the COVID-19 pandemic at the end of this section (even though there was no research question associated with the pandemic in the TOR or evaluation matrix). Then we go on to discuss our conclusions and lessons learned, as well as to provide recommendations (*see section 6 and section 7, respectively*).

5.1 To what extent is there an enabling environment in the region for ECD?

To examine the enabling environment for ECD in the region, we considered the extent to which (1) countries included ECD in their priorities, policies, funding and planning and (2) UNICEF country offices focused on ECD and allocated resources to promote it.

Just six countries had both a national, multisectoral ECD policy combined with an action/implementation plan (but more were working on it).

Funding levels were very difficult to discern (especially outside of ECE), but respondents consistently felt that ECD was under-funded in the region.

Many country offices were satisfied with the level of collaboration with governments, but some faced bottlenecks due to high government staff turnover, lack of funding for collaboration or lack of a coordinating body.

Most country offices monitor implementation of ECE and of responsive caregiving, but there is a lack of holistic (cross-sectoral) monitoring.

5.1.1 Evidence that countries have included ECD in their priorities, policies, funding and planning

To determine whether countries included ECD in their priorities, funding and planning, we considered whether they (1) had policies and mandates in place for the provision of ECD systems and services, (2) provided funding for ECD services, (3) engaged in ongoing dialogue and collaboration with UNICEF regarding ECD and (4) had accountability mechanisms for the delivery of ECD.

To what extent do countries have policies and mandates in place for the provision of ECD systems and services? To examine this indicator, we reviewed data from the UNICEF Strategic Monitoring Questions. We particularly focused on whether countries had national multisectoral policies and/or action/implementation plans for ECD (*see Annex M*). Only 7 countries in the region (Botswana, Burundi, Eritrea, Ethiopia, Rwanda, Tanzania, and Uganda) had both a national policy and implementation plans to advance the provision of ECD. For the 11 countries that did not appear to have a national multisectoral policy for ECD, the development and/or adoption of this kind of policy was typically delayed due to government restructuring, lack of buy-in or inadequate funding.

In countries where a national multisectoral action/implementation plan exists, the plan was typically adopted through a combination of advocacy, capacity building, technical support, logistics, funding, evaluation and research – activities that were often initiated and/or coordinated by UNICEF. There are three notable examples. In Eswatini, UNICEF provided financial and technical support to finalise the Multisectoral Monitoring and Results Framework. In Ethiopia, UNICEF advocacy enabled engagements from various stakeholders, which led to the rollout of an ECD policy framework. And in Kenya, during the third national ECD conference, UNICEF advocated for increased budget on ECD-related packages. In countries where a policy or a plan for ECD exists, governments most often deliver ECD through multiple systems. The education system is the most common method employed (for ECE), followed by the community systems (e.g., childcare centres) and the health system. At the ECD sectoral level, governments were most likely to focus on ECE and health and nutrition. There was less focus on enhancing parenting – which is inconsistent with the UNICEF regional focus on supporting responsive caregiving.

How much funding do countries provide for ECD systems and services? Based on the available documentation and data, it is exceedingly difficult to clearly establish how much funding ESAR countries spend on ECD systems and services (with the exception of ECE), because country budgets typically do not show a breakdown by age(s) served. For example, countries may not break down their health budgets to specify how much is allocated for children in the ECD period specifically, and initiatives in areas like WASH typically benefit entire households or communities. For nine countries, their 2019 Strategic Plan Country Profiles did not report any data regarding ECD budget (Angola, Botswana, Burundi, Eritrea, Somalia, South Sudan, Uganda, Zambia and Zimbabwe). Where UNICEF was able to provide

specific figures for a country's budget allocation to ECE, the allocation is most often between 2 and 3 per cent, and Tanzania and Comoros stand out with an allocation of 6 and 7 per cent, respectively. (Note that these figures are government budget allocations, not those of UNICEF.)

Most countries in the region appeared not to fund ECD on a multisectoral basis. In most instances, we found that government funding towards service delivery for children was either not mentioned or reporting was restricted to one sector only – such as education or nutrition. A few countries take a multisectoral approach in their budgeting for ECD; however, even in these countries, it is difficult to differentiate between how much was budgeted for ECD, the amount that was raised and how much was really spent. For instance, countries in Southern Africa such as Lesotho, Malawi, Namibia and South Africa all have strategic plans for multisectoral investments in ECD. Yet in most instances it is unclear how much the government raised and spent. In poorer countries like Lesotho and Malawi, this issue appears to be partially due to reliance on external donors for ECD funding, which makes it harder for the government to accurately project how much the country will spend on ECD. However, most governments do not have a funding mechanism for ECD that covers and monitors all sectors involved, making it even more difficult to track how much funding various ministries receive for ECD.

To what extent do countries engage in ongoing collaboration and dialogue with UNICEF regarding ECD? In most countries, respondents noted active engagement with the governments and partners related to ECD. Collaboration covered a wide range of activities such as training and technical assistance, UNICEF organisation of ECD working groups, UNICEF creation of C4D messaging to align with government initiatives and piloting of ECE programming, as well as advocacy, policies and/or service delivery. There tended to be less collaboration in fragile contexts, where ECD efforts were typically described as being in the early stages and sometimes lacking strong government buy-in. This was true for countries such as Somalia and Madagascar. A respondent explained, “So for Somalia, early childhood education is in a very nascent stage where we are just trying to support the government in developing the policy curriculum.” A respondent from Mozambique explained that progress on ECD had been slowed down by several recent emergencies and humanitarian crises. However, the same respondent noted that Mozambique still managed to make some advancements in terms of developing ECD messaging, training community health workers and creating child-friendly spaces in health centres.

Many respondents from governments as well as UNICEF were satisfied with the level of UNICEF-government collaboration and believed it was effective. In general, the closer the collaboration between the UNICEF country office and the government, the more likely respondents were to find it effective, although some called for greater integration between UNICEF and government actions. The degree to which countries integrated ECD programming across sectors varied across countries, and respondents tended to report that

integrated approaches promoted more effective collaboration at the country level. For example, a respondent from Zambia indicated that the country's integrated approach to ECD, as well as strong political will around ECD issues, promoted strong collaboration. We also found that in some countries perceptions of effectiveness varied across different respondents by the sector each respondent represented (e.g., education, health, nutrition, social protection). For example, respondents working in the field of social protection tended to report that there was less effective collaboration related to ECD. Across countries, respondents identified several barriers to effective collaboration, such as human resource issues (insufficient staff or staff turnover in government), lack of funding for collaboration and lack of a coordinating body.

Most respondents across countries referenced collaboration on promoting equity through policies and programming. Gender was commonly referred to by respondents as a 'cross-cutting issue'. During planning for activities, gender was a common consideration, and there was often a focus on disaggregating data by gender during reporting.

Most government respondents were satisfied with their relationship with UNICEF and appreciated its technical expertise. Across both government and UNICEF respondents, there were recommendations to improve the collaboration with additional funding, increase access to ECD services (to reach populations that governments agree are underserved) and continue capacity building to help government officials gain expertise in ECD.

To what extent do countries have accountability mechanisms for the delivery of ECD? It is important for countries to have accountability mechanisms for their ECD-related activities, to ensure that those activities are (a) taking place as planned, (b) reaching intended beneficiaries, (c) having the desired effects (meeting people's needs directly and/or transforming systems and programs, depending on the goal of the ECD activity) and (d) ideally also providing a feedback mechanism to guide improvements in policy and/or implementation. We looked at both the accountability of UNICEF itself (through its Results Assessment Monitoring Reports) and accountability systems used by governments in the region (especially those developed and/or strengthened with support from UNICEF).

We analysed all indicators related to ECD and education reported in the Results Assessment Monitoring Reports. We found that monitoring indicators vary in scope and sectoral focus across UNICEF offices in the region. All countries have indicators that measure the existence and implementation of ECD policies and interventions, but there are differences in the sectors that these indicators cover. Most country offices use indicators that measure outcomes for both programmatic areas of focus identified in the ECD Framework for Action – i.e., parenting and pre-primary education. However, a few countries did not include parenting outcomes in their indicators and focused on ECE outcomes only (Ethiopia, Kenya, Lesotho and Mozambique). In addition, in most countries, indicators measure outcomes covering most or all four of the multisectoral intervention packages included in the ECD

Framework for Action – namely, the first 1,000 days, early learning, protection and caring for the caregiver – as well as family support and strengthening. Monitoring indicators in most countries also measure capacity of government stakeholders at the national and subnational levels to use service delivery platforms in multiple sectors to deliver integrated ECD intervention packages. However, poorer countries undergoing humanitarian crises tend to use indicators focused on programmatic areas related to emergency relief. These countries typically focus on one ECD sector only and are more explicit in their inclusion of vulnerable populations such as internally displaced persons. In Zimbabwe, South Sudan and Somalia, for instance, the only ECD indicators are on government capacity to implement nutrition interventions in humanitarian situations.

We found a very wide variation in government accountability mechanisms for ECD. A few countries take a holistic approach, which is most aligned with the UNICEF ESARO goal of cross-sectoral collaboration on ECD (as reflected in the ECD Framework for Action). For example, the Lesotho National Policy and Strategic Plan for Integrated Early Childhood Care and Development includes milestones and indicators for the implementation of each of its eight strategies.¹¹ And the Uganda National Integrated Early Childhood Development Policy Action Plan (2016–2021) has a strong focus on governance and accountability.¹²

However, it is also common for countries in the region to have accountability at the sector level rather than holistically, and they do not necessarily track the ECD period specifically (with the exception of ECE within the education sector). For example, Tanzania has accountability mechanisms for expenditures in nutrition but groups expenditures for adolescents with maternal, infant and young child nutrition expenditures.¹³ Other countries (such as Zimbabwe) seem to lack formalised accountability mechanisms for their ECD policies and activities.

5.1.2 Evidence that UNICEF country offices focus on ECD and allocate adequate resources to promote it

Here, we assessed the extent to which (1) UNICEF country offices have incorporated ECD into their strategic planning and (2) UNICEF country offices have sufficient human and material resources towards carrying out their ECD agenda.

To what extent have UNICEF country offices incorporated ECD into their strategic planning? Here, we address the extent to which ECD is present in strategic planning (quantity). We address the contents of the strategies and programming elsewhere in this report (*see sections 5.8 and 5.9*).

¹¹ Kingdom of Lesotho, 'National Strategic Plan for Integrated Early Childhood Care and Development 2013/2014–2017/2018', Maseru, Lesotho, 2013.

¹² The Republic of Uganda, Ministry of Gender, Labour and Social Development, 'The national integrated early childhood development policy action plan of Uganda (2016–2021)', 2016.

¹³ United Republic of Tanzania, Ministry of Finance and Planning, 'Nutrition Public Expenditure Review 2014–2016: Mainland Tanzania', 2018.

Based on the 2019 Country Office Annual Reports, all 21 UNICEF country offices have incorporated ECD (in one or more sectors) into their strategic planning. We also found extensive evidence for strategic planning around ECD in the region based on country Results Assessment Monitoring Reports.

However, we found gaps in documentation between the different UNICEF strategic planning and reporting mechanisms for ECD. For example, in Malawi, Tanzania and Zimbabwe, Country Office Annual Reports described UNICEF support for ECE, but there was little or no information about ECE in their Results Assessment Monitoring Reports. Other countries (such as Mozambique) report engaging in ECD activities across multiple sectors, yet the Results Assessment Monitoring Report is focused on ECE and has gaps in the other areas. And in some countries (such as Angola), the Results Assessment Monitoring Report indicated that there was a focus on ECD but did not provide any details regarding the extent to which the country was on track to achieve the stated goals.

To what extent do UNICEF country offices have sufficient human and material resources towards carrying out their ECD agenda? Most respondents felt that human resources were generally adequate for ECD efforts, although some mentioned that staff were overworked. This concern was especially true for staff working under Model 1, where a staff member supporting ECD is placed in a section by the deputy representative using a matrixed approach. Focal points reported wearing “double hats” and often felt overburdened, since they needed to perform their own job responsibilities in addition to managing ECD activities and collaboration. In this case, several respondents recommended that a dedicated staff member should focus solely on ECD.

In terms of material resources, respondents agreed that funding for ECD within UNICEF is limited. Informants across countries indicated that there is a need for additional funding to help prioritise ECD at the country level. Respondents agreed that there were funding gaps within UNICEF which translated into a lack of investment in ECD.

5.2 To what extent does having the regional ECD framework act as a catalyst for multisector ECD advocacy and programming?

The regional ECD framework is intended to serve as a catalyst for the effective advancement of ECD in the region. We used a combination of desk review and KIIs to provide evidence for whether UNICEF stakeholders actively used the framework for this purpose. There was one evaluation criterion associated with this research question: evidence that stakeholders actively use the ECD framework as a catalyst for cross-sector engagement.

Most ESARO staff reported using the framework to work with country offices. However, only one of the six regional partners we spoke with said that the ESARO had used the framework to inform cross-sector collaboration with them.

Many UNICEF country offices used the ECD framework to guide their planning, and it was especially effective at helping embed ECD well in planning amongst countries with life-cycle approaches to programming.

UNICEF staff in many countries felt that the framework helped them move towards more integrated models of ECD, advance multisector collaboration and/or identify needs and prioritise.

However, many country office staff (nearly half of those interviewed) were either unaware of the framework or did not view it as relevant to their own work.

UNICEF use of the framework with country governments and partners was inconsistent and only improved cross-sector collaboration in some cases.

5.2.1 Extent to which stakeholders actively use the ECD framework as a catalyst for cross-sector engagement

To examine this indicator, we looked at (1) the extent to which the UNICEF ESARO made use of the ECD framework when planning with UNICEF country offices and (2) the extent to which country-level UNICEF staff make use of the framework in planning and collaboration with partners.

To what extent does the UNICEF ESARO make use of the framework in planning and collaboration with country offices? We interviewed four UNICEF staff from the ESARO, and three reported that they had actively used the ECD framework in their planning and collaboration with country offices, with the fourth, from the C4D unit, being unfamiliar with it. For instance, the ESARO ECD focal point described using the framework internally at ESARO, with country offices and external partners. The respondent stated, “Yes, I [use the ECD framework] all the time. I always couch almost everything we do with regards to the framework ... I also ... present the framework whenever I go to a country office so that I bring country office colleagues on board. [And] I use it a lot and in my dialogue with external partners.” Another respondent said that he would share the ECD framework with country offices, and then they would directly engage government stakeholders with it. The three stakeholders that used the framework reported that the framework was helpful in terms of promoting accountability for ECD and providing country offices with guidance to inform ECD strategic planning. For example, the ECD focal point conveyed that the best use of the framework is to develop a shared, multisectoral sense of accountability for early childhood

across the region, with an understanding of UNICEF's role and tools for the promotion of ECD. In addition, the ECE focal point noted that whilst the ECD framework provided "strategic direction" to country offices, it was ultimately the country offices' call to push it forward with government partners.

At the country level, some respondents (mainly ECD focal points) from Zambia, Malawi, Tanzania, Uganda and Somalia believed that the ECD framework was well reflected in their work with ESARO, including the ESARO review of country office programmes, technical assistance from ESARO, visits from the ESARO ECD focal point to the country offices and (in the case of Zambia and Malawi) alignment between country- and regional-level ECD indicators.

Other UNICEF country office staff (typically from sectors such as social protection) reported that they typically did not interact directly with the ESARO around ECD and did not use the ECD framework in their collaboration with ESARO (e.g., they were unaware of it or did not think it was relevant). Whilst some ECD focal points stated that they had actively contributed to the development of the regional ECD framework, an ECD focal point from one country felt that the ESARO approach to using the ECD framework was too top down and did not invite adequate input from country offices. She stated, "The relationship [with ESARO] is quite top down, and there's not always learning from the country offices that then inform these frameworks." In addition, an ECD focal point from another country felt that the ECD framework should be reviewed in the context of COVID-19, because it emphasises the need to support parents.

To what extent does UNICEF staff make use of the framework in planning and collaboration with partners? At the regional level, most of the six partners we interviewed were familiar with the ECD framework, but there seemed to be little active engagement with the framework for planning or collaboration. Only one organisation (Hilton Foundation) seemed to have more detailed knowledge of the ECD framework and reported using it in their collaboration with the ESARO.

At the country level, some UNICEF staff mentioned that they participated in the development of the ECD framework (for instance, staff from Uganda, Somalia and Mozambique). Just over half of the UNICEF country office staff that we interviewed described using the ECD framework to guide their planning – especially in Zambia, Tanzania, Uganda, Mozambique, Somalia and Ethiopia.

The extent to which UNICEF country office staff used the ECD framework in planning seemed to vary. In some places with life-cycle approaches (such as Uganda and Tanzania), the ECD framework was foundational for ECD to become well integrated into the country programme structure. For example, one respondent from the Tanzania country office said that the design of the ECD programme was framed by the ECD framework, with another referring to it as the "foundation of what we do in ECD." Similarly, a UNICEF staff member from Uganda indicated

that the ECD framework was well integrated into the structure of the country programme. The respondent explained that the country office had a multisectoral working group and that all sectoral programmes were expected to track the integration ECD services and cross-sectoral indicators of ECD integration into their work.

In some cases, UNICEF staff used the framework to identify gaps and set priorities for ECD. For example, a respondent from Mozambique explained, “Using this framework, ... it’s a little bit ... easier for us to understand what we are doing and what is our gaps in terms of approach. ... It’s very helpful for planning better and to identify our needs.” Further, the health sector lead from another country reported that the ECD framework had provided guidance on which areas to prioritise in ECD, such as early stimulation and responsive caregiving.

In a few countries, UNICEF country office staff reported that they referred to the framework indirectly or used the underlying concepts reflected in the framework but did not necessarily use the framework directly whilst planning. For instance, the ECD focal point in one country explained that she/he used the foundational principles of the ECD framework to guide programming rather than referring to the ECD framework document directly. The respondent stated, “[We] have a good appreciation of it right at the start. And really just understanding ... the guiding principles and the programmatic focus areas ... [In reference to whether] we go back [to the ECD framework] ... maybe not ... at that practical level, but certainly it is something that we ... have used as a guiding framework in terms of our programming.”

Some countries (such as Mozambique, Somalia, Malawi, Ethiopia and Namibia) adapted the framework to their own country context. For example, a respondent from Ethiopia stated that the ECD framework effectively tailored global ECD programme guidance to the region, allowing the country office to then explore what was most applicable in the context of Ethiopia. For example, a respondent from Namibia explained, “So when we got the framework, I kind of reworked that for Namibia. ... How does this speak to what we’re doing in Namibia? How can we tweak our work so that we’re in line with this framework?” In addition, a staff member from the Somalia country office stated that she/he deployed the framework “strategically as best we can in a fragile emergency country.” The same respondent added that ECD in the context of emergencies needs further development in the framework, explaining, “We did not ... ask the regional office when they’re developing this framework ... to really factor in early childhood education or development in the context of emergencies. That was an area that was quite lacking ... [and] an area that that wasn’t really looked into strongly in the framework. But I think since we provided that input, there is more consideration and more probing into some of the lessons learned elsewhere and to factor that into our programming.”

In terms of perceived effectiveness of the ECD framework, several UNICEF country office respondents (including from Zambia, Tanzania, Uganda and Mozambique) mentioned that the framework helped them move towards a more integrated model of ECD, advance in multisector collaboration, look at the child more holistically and/or identify needs and prioritise.

Use of the ECD framework was far from universal. Just under half of the UNICEF country office respondents mentioned that they did not use the ECD framework for planning because they were either not familiar with it or they worked in sectors such as child protection or social protection and felt that using the ECD framework was the responsibility of their ECD colleagues. This group included respondents from Zambia, Malawi, Tanzania, Uganda, Madagascar and Zimbabwe. In addition, a few UNICEF country office staff mentioned that they use other frameworks, such as the NCF or the global ECD framework, rather than the regional ECD framework.¹⁴ This group included some respondents from Malawi, Mozambique, Madagascar and Somalia, including a couple of ECD focal points and health and nutrition sector leads.

Whilst the ECD framework was intended for UNICEF's internal use, we found evidence that some UNICEF staff were as sharing it externally as well. Sixteen UNICEF country office staff described sharing the ECD framework with partners – primarily governments. These staff represented a diversity of sectors, including ECD focal points and also sector leads in areas such as health and nutrition. Uganda and Malawi were amongst the countries that often shared the ECD framework with partners. However, perceptions about the effectiveness of sharing the framework with partners were mixed. Whilst some of those who shared the framework with their country's government believed that it had been useful in guiding discussions and had made collaboration easier (such as in Mozambique, Malawi, Tanzania and Ethiopia), others were not sure the government partners had read or engaged with the framework (such as in Madagascar and Zambia).

A similar number of UNICEF country office staff stated that they had not shared the framework with partners. Of these, a few noted that whilst they had not shared the framework per se, they used the concepts to structure discussions with government or ensured that government plans incorporated ECD (such as in Madagascar and Somalia). Further, a few UNICEF country office staff (who were not ECD focal points) mentioned that they had not shared the framework themselves but believed that it was the role of ECD focal points to share the framework with partners. Country office staff from Madagascar noted that the ECD framework was not available in French, which made it more difficult for them to share with the government.

¹⁴ The use of the NCF was widespread, and here we deliberately mean using the NCF *in place of* the ECD framework (rather than in addition to it or using the NCF without reference to the ECD framework).

Government stakeholders had mixed reports of whether they were familiar with the ESARO ECD framework: A handful stated that they had received the framework, although two of these admitted that they had not reviewed it. As noted above, the framework was intended to be an internal document that would guide UNICEF's ECD work, so there was no requirement or plan for the framework to be shared with government partners. A similar number reported not being familiar with the framework, and a few others were not sure. There seemed to be no pattern as to what types of countries or types of government stakeholders were familiar (versus unfamiliar) with the framework. Of those who reported being familiar with the framework, all said that the framework had influenced their planning in some way. For example, a government stakeholder for ECE in Lesotho stated that the framework prompted the development of a concept note to request funding for ECE, whilst an official from the Ministry of Community Development and Social Welfare in Zambia reported that the framework had guided their work as a multisectoral team. However, this high level of engagement with the framework was only apparent in a minority of the government stakeholders we interviewed.

Implementing partners also had mixed levels of familiarity with the framework. A few of the partners (such as in Mozambique and Uganda) were familiar with the framework. Two of these implementing partners explained that the ECD framework had helped them improve collaboration and implement ECD more holistically. However, other implementing partners reported not being familiar at all with the ECD framework.

5.3 What are the pros and cons of the different models used by UNICEF country offices to deliver ECD?

As discussed earlier, UNICEF has four personnel models for how country office staff will support ECD: (1) The staff member supporting ECD is placed in a section by the deputy representative using a matrixed approach; (2) a stand-alone ECD section utilises a distinctive results framework; (3) a stand-alone thematic ECD structure is part of the life-cycle approach, and programmatic sectors are included under this structure; or (4) the section chief(s) is/are responsible for the ECD mandate and chairing a cross-sectional working group.

Involving staff across sectors is a more integrated and effective approach than placing ECD under one sector, like education.

Models must incorporate some type of coordination mechanism to encourage collaboration across sectors.

Staff in the ECD focal point role can become overburdened and require additional support from senior management.

5.3.1 Evidence for the challenges and benefits associated with different models

Regardless of their ECD model, most respondents felt that involving staff across sectors creates a more integrated approach to ECD.¹⁵ Respondents also stated that models must incorporate some type of coordination mechanism to encourage collaboration across sectors. For example, a UNICEF staff member working at the regional level stated, “[In theory] it’s better to have the people that do the day-to-day engagement, like the health people, to go and talk their health language about ECD, the education to go, speak, their education language, etc. So I think the models where you have a sector responsibility – but some kind of coordination mechanism elevated to like a managerial level, like deputy representative – seems to make the most sense.”

Actors such as the deputy representatives, focal points and sector leads tended to carry out a coordination role across sectors, depending on the ECD model. These findings corroborate the conclusions from the UNICEF Early Childhood Development Models in the ESAR 2020 report. The evaluation found that across countries, UNICEF country offices are selecting structures that enhance multisectoral coordination and involve active leadership by their deputy representatives. Several respondents also believed that establishing working groups has helped create guidance in terms of planning and monitoring and evaluation for ECD.

However, several respondents identified challenges in terms of the level of responsibility associated with the coordination role. Countries that relied on ECD focal points often felt that it was too burdensome for one individual to serve a dual role as ECD focal point whilst doing her/his regular job. As noted under RQ 5.1.2., staff working under Model 1 (matrixed approach) also reported feeling overburdened. The previously referenced ESARO ECD report presented a similar finding, noting, “There is a significant burden placed on the sections and focal points that support deputy representatives to co-ordinate ECD and keep the different ECD models functioning.” Some respondents called for a dedicated staff member to ensure coordination for ECD efforts.

Most respondents agreed that placing ECD under one sector, like education, can prohibit an integrated approach to ECD. A respondent at the regional level explained that a siloed approach can prevent the implementation of a more holistic ECD agenda: “If early childhood is only the business of education, you can bet all we’ll talk about is pre-primary.” Another respondent agreed, adding that several countries had improved integration after transitioning away from a siloed approach. This person said, “In the past it was kind of under the education umbrella, but more and more, I’m seeing a model where country offices are moving towards ensuring that even within the health and nutrition teams, there’s an ECD focal point. I think we’ve got several countries in the region where the national ECD programme is well integrated with the nutrition programs, for example.” The ESARO ECD

¹⁵ It is important to note that respondents tended to discuss their CO’s model more generally during our interviews instead of referencing the specific model they use (e.g., Model 1, 2, 3 or 4). For this reason, we refer to the ECD models more broadly for Research Questions 3 and 5.

report also concluded that sharing the responsibility for ECD across sectors was better than a stand-alone effort.

5.4 Does UNICEF have adequate systems in place to monitor the implementation of the ECD framework through its regional and country offices?

We investigated the extent to which UNICEF has systems and procedures in place to monitor the use of the ECD framework (1) at the regional level and (2) at the national level.

We found almost no evidence that either the regional or country offices monitored the implementation of the ECD framework holistically. A few countries have started adopting holistic, cross-sectoral monitoring of their support for ECD, but it is not carried out in reference to the framework.

A pervasive issue across countries was lack of available monitoring data. Even if countries began monitoring the ECD framework implementation across sectors, most would be hampered by inadequate data.

5.4.1 Evidence that UNICEF has systems and procedures in place to monitor use of the ECD framework at the regional level

For this criterion, we asked key informants at the regional level about the extent to which UNICEF has formal systems and/or procedures it applies to monitor the implementation of the framework at the regional level. The focus here was the ECD framework holistically (not the monitoring of individual sectors within the framework). According to the ESARO staff we interviewed, there is not a proper mechanism to systematically monitor the application of the ECD framework. There are informal structures for shared oversight between ESARO staff working on ECD across sectors, but this shared oversight relies on personal respect and working relationships rather than on any formal, embedded systems.

There is higher level monitoring of the use of the NCF (which is multisectoral) and progress in ECE. Just one of the regional partners we interviewed (WHO) reported that they monitor ECD outcomes jointly with UNICEF at the regional level.

One ESARO staff member made several recommendations to develop effective monitoring systems for the ECD framework across the region:

1. Use existing platforms at the regional level, such as programme management meetings, to promote accountability of ECD work.
2. Create an ESARO intersectoral working group on ECD which could be co-chaired by ECD focal point and focal points from other key sectors for day-to-day support of country offices.

3. Use a life-cycle approach to promote more integration in their work and so that different sectors feel more accountable for ECD.

In addition, the WHO suggested improving regional monitoring of ECD through having regular meetings for more interaction with UNICEF and other partners and fostering more engagement with countries around ECD.

5.4.2 Evidence that UNICEF has formal systems and/or procedures in place to routinely monitor implementation of the ECD framework (as a whole) at the country level

We investigated whether UNICEF country offices had formal systems and/or procedures in place to routinely monitor the implementation of the ECD framework as a whole (not just individual elements or groups of elements within the framework). We spoke with UNICEF country office ECD focal points, deputy representatives and monitoring and evaluation (M&E) staff, plus implementing partners in the Group C countries. We also reviewed Country Office Annual Reports plus country office compacts.

All countries engaged in ECD monitoring that was consistent with one or more elements in the ECD framework. However, we did not find evidence that countries specifically tied their monitoring back to the ECD framework to assess its implementation as a whole.

Across the region, all countries had mechanisms in place to monitor their achievement of goals in ECD in specific sectors, at national and/or programmatic levels. For example, UNICEF supported many countries in the region to help them build effective monitoring systems for efforts in areas such as nutrition or ECE. UNICEF staff from three countries also noted the importance of the UNICEF Results Assessment Monitoring tool for accountability. However, several respondents reported that multisectoral monitoring of ECD is a structural challenge for UNICEF and that the contributions of the different sectors need to be made more visible. In addition, it can be challenging for country offices to advocate for the development of effective ECD monitoring if their country's government shows limited interest in ECD (such as in Somalia and Zimbabwe).

Some UNICEF country office respondents reported that although they monitored ECD programs, individual (sectoral) components of ECD and child-related government indicators, they did not have formal, integrated ECD results frameworks (including Zambia, Uganda, Mozambique, Madagascar, Tanzania, Zimbabwe, Somalia and Ethiopia). A respondent from Zambia felt that this lack of an integrated ECD framework with indicators and monitoring held back progress and accountability in ECD. This situation seems as if it will improve in at least some countries in the near future, with Zambia now finalizing national plans for monitoring and evaluation of ECD and Tanzania expanding its multisectoral approach to ECD with associated monitoring.

A lack of data appears to hamper these efforts. For example, Malawi developed a cross-sectoral framework to monitor ECD for children ages 0–5, but country office staff there reported that issues with data availability (particularly lack of MICS and DHS data) make monitoring and reporting a challenge. Lack of monitoring data seems to be an urgent issue for fragile/emergency contexts. A staff member from Somalia said that the UNICEF country office “struggle[s] to collect data on number of children [served], let alone anything else.”

ECD working groups served an important function in many countries, encouraging cross-sector collaboration and sharing monitoring of their country’s attainment of ECD goals. Seven country office respondents mentioned ECD working groups as a monitoring mechanism for ECD. Respondents generally described ECD working groups as bringing together staff from different sectors to monitor implementation of ECD programs and, in one case, key performance indicators for ECD. However, in Uganda, country office staff stated that the current approach to monitoring ECD relies too much on personal relationships and believed it would be more effective if ECD working groups were convened by the deputy representative (rather than the ECD focal point). Country-level implementing partners reported monitoring their specific programme activities, with a few taking part in working groups which helped monitor cross-sectoral ECD activities at district or national levels (such as World Bank Malawi, AVSI Foundation Uganda, Save the Children Uganda, World Vision Mozambique and PATH Mozambique).

5.5 What is the relative effectiveness of the different models used to deliver ECD?

In preceding paragraphs, we have examined the challenges and benefits associated with the four models that UNICEF country offices use to deliver ECD (*see section 5.3*). This criterion had a single indicator, which assessed whether the choice of model influenced the effectiveness of UNICEF ECD efforts.

UNICEF staff reported that building a cross-sectoral approach is the most important factor for carrying out the UNICEF ECD agenda in the region.

Respondents indicated that the choice of UNICEF model to support ECD should be based on the country context – particularly government capacity on ECD.

5.5.1 The UNICEF model for delivery of ECD enables efficient and effective promotion of the UNICEF ECD agenda at the country level

Respondents explained that a more integrated approach to ECD has improved coordination with governments, leading to more effective programming. As noted earlier for Research Question 3, most respondents believed that implementing a cross-sectoral approach to ECD resulted in more effective programming at the country level. For example, a respondent

from the Zambia country office reported that the UNICEF approach to ECD has translated into integrated ECD programming, spearheaded by the government: “[The Ministry of Health] takes a leading role in ensuring that ECD interventions are integrated, are part of the comprehensive integrated, life-cycle implementation.” Findings from the recent ESARO ECD report also suggest that a cross-sectoral approach to ECD improves programming.¹⁶

In addition, respondents reported that the relevance and effectiveness of an ECD model depended on the local context. For example, one respondent at the regional level said, “Well, it depends basically on ... the context. In some countries where the government systems are very strong, you most likely might not need somebody in the country office to focus on the ECD. But in countries where sometimes there is government lack of leadership and also weak systems, then having somebody in the UNICEF country office directly focusing on ECD helps a whole lot.” Another informant at the regional level emphasised that the variation in ECD models helps make programming responsive to realities on the ground.

5.6 To what extent are the ECD framework’s five principles embedded in the approaches that country offices use to strengthen ECD? And what are the barriers and facilitators to following these principles?

This criterion had a single indicator, examining the alignment of UNICEF ECD systems strengthening and service provision with the UNICEF principles of (1) progressive universalism, (2) quality, (3) sustainability, (4) pragmatism and (5) value added.

Progressive universalism is strongly embedded in UNICEF work in the region in terms of reaching the most marginalised, but there is a lack of scaling to the less marginalised.

*Most of the UNICEF ECD efforts in the region are intended to promote **quality**.*

*There are numerous examples of success by UNICEF in promoting **scaling and sustainability** across the region. However, scaling and sustainability are difficult to address where government systems are weak and/or in humanitarian contexts where nearly all efforts are focused on meeting immediate needs.*

*UNICEF uses **pragmatic** approaches by leveraging or coordinating others’ efforts. However, there were perceptions on the part of partners that UNICEF was siloed around ECD, making it more difficult to collaborate.*

*All respondents reported that UNICEF efforts in ECD **add value**.*

¹⁶ United Nations Children’s Fund, ‘RMT Paper: Early childhood development models in ESAR 2020’, UNICEF, 2020.

5.6.1 Alignment of UNICEF ECD systems strengthening and service provision with the five principles

We explored UNICEF efforts in relation to each of the five principles, using a combination of desk review and KIIs.

To what extent do UNICEF ECD system-strengthening efforts reflect the principle of progressive universalism? We reviewed the UNICEF 2019 Country Office Annual Reports for all countries in the region and examined reports for evidence of progressive universalism in the UNICEF approaches. Overall, UNICEF has a strong focus on reaching the most vulnerable first. Fourteen of the 21 countries in the region described a focus on reaching families, communities or districts that needed ECD support most, and the other seven countries were not specific about whom they served (or supported others to serve). There were no UNICEF country offices that seemed to focus their ECD efforts on more advantaged (wealthy) communities first (or encouraged governments or partners to do so).

In some country contexts, the focus is on strengthening the government's ability to benefit their most vulnerable (such as UNICEF Ethiopia efforts to build government capacity in the health sector to serve the neediest communities) or on supporting some priority districts and/or those who are refugees (such as in Angola, Botswana and Kenya). In other countries, UNICEF is more focused on working with partners to reach the most vulnerable directly with essential supports (including in ECD). This approach is most often used in humanitarian contexts where a large segment of the population needs help getting its basic needs met (such as in Eritrea, Somalia and South Sudan) or where governments are not able to provide well for their own populations (such as in Madagascar, Mozambique and Zimbabwe).

We did not find much discussion in the UNICEF Country Office Annual Reports of efforts that start with the most marginalised and then scale nationally. One exception to this is Lesotho, where UNICEF helped the government develop and scale a social protection tracking system that progresses from covering rural areas to eventually covering urban areas as well (and ultimately the whole country). Otherwise, the UNICEF efforts seemed focused on national efforts that serve everyone or designed for the most vulnerable. However, efforts do not seem to start by reaching underserved populations with a plan to then scale services to others.

To what extent do UNICEF efforts at strengthening systems (for ECE) and delivery platforms (for maternal and child nutrition and health) emphasise quality? To address this indicator, we used a combination of Country Office Annual Reports and KIIs with ECD focal points and sector leads at the country level. For most countries, data from the Country Office Annual Reports did not explicitly describe efforts to strengthen systems (for ECE) or delivery platforms (for maternal and child nutrition and health) to improve quality. However, from interviews with UNICEF CO staff, we learned that there were more quality improvement aspects in system strengthening than what was reflected in the reports.

In countries across the region, UNICEF works with the government to strengthen systems dedicated to maternal and child nutrition and/or health and on improving quality in ECE systems. In several countries, the focus is on improving the availability of data that measure outcomes and/or quality of the government's ECD programming. For example, in Eswatini, UNICEF supported the development of Ministry of Health systems that generate quality disaggregated information on ECD and the use of the data to improve programme quality. Further, Kenya offers an example of very comprehensive support in this area. UNICEF Kenya provided technical assistance to the government to develop its MIS and create scorecards to track progress in maternal, newborn, child and adolescent health and nutrition – including indicators for quality of care. Where governments have not yet developed their own MIS, UNICEF country offices have also played a role in improving quality by carrying out monitoring and evaluation directly. For example, UNICEF Botswana conducted a review of the causes of increasing neonatal and infant mortality and provided the government with evidence-based recommendations to improve quality of care. In Ethiopia, UNICEF improved quality of nutrition support in 100 *woredas* (districts) and leveraged efforts to provide evidence for the government on how programming could be implemented and monitored more effectively.

Some country offices focused directly on the delivery points to build and enhance quality within maternal and child health nutrition and delivery platforms – especially through the provision of training and support for community health workers and staff at health facilities. We find examples of this focus in Madagascar, Tanzania, Mozambique, Malawi, Zambia, Zimbabwe, Namibia and South Sudan. In South Sudan, UNICEF supported training of more than 1,000 providers in maternal and/or newborn care and built the capacity of 2,800 community health mobilisers. In Tanzania, Zimbabwe and Zambia, there was a continuation in the implementation of community-based interventions delivered through community health workers and community health volunteers. UNICEF country offices also focused on strengthening the community platforms by training community health workers and community health volunteers on ECD domains.

In some countries, there were also efforts to improve the enabling environment for maternal and child nutrition and health supports. For example, UNICEF Zimbabwe helped strengthen the supply chain for essential medicines. And in Mozambique, UNICEF supported the development of tools for maternal and child health nurses to register screenings, enhanced nurses' knowledge of counselling and stimulation, and created linkages and referral systems with the broader health system.

Weak government systems sometimes complicated the ability of UNICEF to improve the quality of ECD programming. For example, in Madagascar, UNICEF struggled to integrate ECD concepts into the Ministry of Health's programming due to weak delivery mechanisms. However, UNICEF Madagascar used existing entry points within the nutrition sector to deliver ECD components by updating the curriculum for community health workers and

health clinic staff. A respondent from Namibia also indicated that the presence of a weak government infrastructure limited the implementation of nutrition interventions. For this reason, UNICEF Namibia is currently working on improving delivery mechanisms and services such as birth registrations.

To what extent do the UNICEF ECD system-strengthening and service-provision approaches reflect considerations of scaling and sustainability? We answered this question based on a desk review of the 2019 Country Office Annual reports for all countries, plus KIIs with UNICEF staff. We found that UNICEF as an organisation values scaling and sustainability. Both KIIs and documentation provided numerous examples of UNICEF supporting the scaling and sustainability of ECD across most countries the region. Further, UNICEF country offices are also focusing on certain strategies to scale up and improve sustainability initiatives such as strengthening the existing government systems. For instance, UNICEF Mozambique has shifted its approach away from supporting non-governmental organisations (NGOs) and community-based organisations (CBOs) and instead now focuses on building the capacity of government systems. One respondent from Mozambique explained, “We provided a lot of support to NGOs and CBOs in previous years, but we learned that whenever a project ended, the momentum also ended – and [project] was not sustainable. That is why we made this shift to strengthening the existing government systems so that they are able to continue to work and make sure that the policies and regulations are in place. That’s how you get a sustainable service.”

In addition, in Ethiopia, UNICEF focused on developing proof of concepts to provide the government with evidence-based practices that can be utilised to scale up pilot programmes. In other countries, such as Zambia and Malawi, UNICEF helped the government leverage an existing social cash transfer programming network to scale other ECD initiatives. In South Sudan, UNICEF is addressing scaling and sustainability through a combination of political mobilisation, government capacity building in budgeting and building the capacity of in-country NGOs to support ECD. In Malawi, Mozambique and Tanzania, UNICEF is focusing on leveraging the presence of community health centres and community health workers. In Malawi, a UNICEF stakeholder stated that the country office always takes into account the issues of scaling, sustainability and equity. The stakeholder mentioned the success of scaling up with the presence of 30,000 community centres along with improving the quality of tools, guidelines and trainings. In Zambia, UNICEF has supported the government’s development of key policies and guidelines across sectors. In Uganda, UNICEF is working to improve government funding for issues that encompass ECD (health, HIV, nutrition, WASH, ECE). UNICEF advocacy increased government support for ECE in Namibia, Lesotho and Kenya. There are numerous other examples across ECD sectors and across countries.

At the country level, the ability of UNICEF to promote scaling and sustainability are highly dependent upon context. For example, in Comoros, UNICEF has worked to strengthen the government's ability to scale ECD programming across sectors, but these efforts face substantial challenges such as poor coordination between different government sectors and very low levels of funding at the government level. In Madagascar and Zimbabwe, UNICEF has also been attempting to strengthen government systems that promote ECD, but difficulties such as the lack of efficient collaboration with the government and challenges in piloting initiatives make progress difficult. Further, in very fragile contexts such as Somalia and Eritrea, scaling and sustainability are major challenges due to (1) the urgent need to directly reach the population with lifesaving programming, (2) reliance on donor funding and (3) the inability of government to take over programming after donor support ends because of high costs associated with scale-up and sustainability of the efforts.

For example, a respondent from Tanzania supported UNICEF efforts to scale up via strengthening community platforms and stated, "That is the issue sometimes with UNICEF: We create models that are too expensive. They're a bit like Rolls Royce models. And we need to go much more towards what we call in Tanzania the 'tuk-tuk model'. It is very simple and effective. It can still get you from place A to B, but it's much more suited for the conditions here. And it requires less investment to scale that up." For example, the same stakeholder from Malawi who supported the strengthening of community platforms for scale-up also mentioned the challenges of incentivizing community health workers and community health volunteers. These workers and volunteers are a critical part of the community-based delivery platform, and the respondent stated that it was important that they be integrated into the government system in order for services to be sustained. Further, in Madagascar, an ECD component that was developed by the World Bank for the social protection sector is likely too expensive to be scalable by the government. In Zimbabwe, the challenge is poor, short-term funding for several pilots combined with lack of engagement from the government to identify programming that could and would scale and sustain (if a pilot showed its effectiveness).

To what extent are UNICEF ECD system-strengthening and service-provision approaches pragmatic? To answer this question, we combined a review of the 2019 Country Office Annual Reports with KIIs at the regional and national levels, including with partners. Mostly, the respondents perceived that UNICEF approaches were pragmatic. For example, in the area of nutrition, the ESARO had developed a concept note and articulated strategies to identify existing entry points. Another respondent suggested UNICEF partnerships with other organisations to develop tools and guidelines to implement ECD through existing platforms.

UNICEF partners had mixed opinions about whether UNICEF approaches were pragmatic. Some respondents representing partners stated that UNICEF employed approaches which promoted the NCF to strengthen coordination between different programmes and sectors. The efforts were seen to be pragmatic, as they focused on scaling and sustainability and

strengthening existing systems, which led to the development of policies. National partner representatives from Uganda, Malawi, Tanzania and Mozambique stated that the UNICEF approaches were pragmatic because UNICEF collaborated with different ministries, leveraged existing networks and engagement practices and developed solutions from a holistic point of view. For example, in Ethiopia, UNICEF used the government's revision of food importation guidelines as an entry point to improve nutrition. In Mozambique, UNICEF contributed a chapter on ECE to the government's new education sector plan, and in Rwanda, UNICEF used the WASH budgeting process to add a sector analysis that would improve planning.

Further, some key informant respondents and some documentation provided more general information about how a country office used cross-sectoral and partnership-based pragmatic approaches, such as serving as a catalyst or as an organiser for other partners, reaching out to the business community and promoting community engagement. For example, UNICEF was able to leverage activities in one sector to also meet needs in another. UNICEF Somalia built upon nutrition programming to help reach families with a social cash transfer programme. In Namibia, UNICEF worked with the government to leverage existing health facilities and reached nearly the entire population to increase birth registrations. A UNICEF country office also leveraged a partner's funding to community-based infant and young child feeding interventions to prevent chronic malnutrition in several districts.

However, some partners indicated a disconnection between UNICEF approaches at different levels, such as a gap between regional and country levels or between working at ministry and district levels within a country. Furthermore, a respondent from one regional partner organisation stated that UNICEF efforts under ECD were not pragmatic due to a siloed nature. The respondent stated that the siloed teams working on ECD provide contradictory or confusing directions to partners. For instance, a regional partner provided an example of a missed opportunity for pragmatic alignment in Rwanda and Uganda. In Rwanda, the presence of two separate teams (pre-primary and ECD) working on ECE and ECD standards could have been more effective if the teams had aligned their efforts towards a common ECD agenda. In Uganda, UNICEF support for the implementation of an integrated ECD policy was welcomed by the regional partner, as it included one policy with several components from child protection to parental education. However, UNICEF also started funding and supporting a separate ECE policy under the Ministry of Education, which weakened the efforts of other ministries and set back particular sectors.

To what extent do UNICEF ECD system-strengthening and service-provision approaches add value to what others are doing at the country level? All respondents – ranging from representatives of regional offices to country offices, government stakeholders and partners at the regional and country levels – stated that the UNICEF ECD approaches added value to their efforts. Our analysis from the data collected from KIIs determined that value was added mainly due to aligned goals, aims and objectives. Several national and regional

partners mentioned complementary goals with UNICEF, indicating the ability of UNICEF to diversify its support to partners on specific objectives as needed. The complementary goals between different national partners and UNICEF country operations included (but were not limited to) improving the well-being and health of children, provision of literacy programmes to pre-primary children, meeting the goals of the NCF and strengthening systems for ECD and play-based learning. In addition, an international partner also mentioned the value of collaborating with UNICEF to fill in specific gaps that exist due to the international organisation's targeted objectives under ECD. The respondent indicated that collaborating with UNICEF on gaps made the overall ECD strategy more comprehensive. A representative from a second international organisation partnering with UNICEF under the United Nations umbrella stated, "The H6¹⁷ UN agencies are encouraged to work together at country level to create synergy and maximise the impact of their support to government. UNICEF and our organisation are like twins at country level."

Further, some respondents also mentioned that the value came from UNICEF collaborating efforts with the government and provision of technical assistance such as capacity building, influencing policy development and spearheading coordination. For example, in the area of coordination, UNICEF Namibia adds value by coordinating ECD efforts across three government ministries. And in Mozambique, UNICEF collaborated with other stakeholders to bring greater visibility for ECD. However, one partner in Mozambique also noted that national-level coordination with UNICEF does not extend to their work on the ground.

A regional partner also agreed that UNICEF efforts add value due to the identification of entry points to integrate platforms, build capacities of country offices and influence government agenda. For example, in the area of ECE, UNICEF Lesotho successfully advocated (through the development of concept notes) to the government for the addition of 'reception classes' for pre-primary school-age children within the national education system. In the area of technical assistance to governments, UNICEF country offices documented their support for the development of national policies and initiatives for social protection and education (in the Country Office Annual Reports). For example, in South Sudan, UNICEF contributed to the development of the country's Multisectoral Nutrition Strategic Plan 2022–2030, including an implementation road map that was adopted by the Ministry of Health. In other cases, UNICEF strengthened the capacity of community health workers through the development of practical guidelines for health service implementation, training packages and quality assurance mechanisms (such as in Somalia, Zambia and Mozambique).

Review of Country Office Annual Reports revealed a different type of added value through C4D that did not emerge from interviews. According to the Country Office Annual Reports, many UNICEF country offices provided C4D support to governments to help with messaging for initiatives in WASH, nutrition, health and the promotion of positive parenting. For

¹⁷ See <<https://www.who.int/life-course/partners/h4/about-h4-plus/en/>> for information on the H6 Partnership.

example, in Madagascar, UNICEF helped facilitate the spreading awareness on “six essential family practices” (exclusive breastfeeding, discouraging child marriage, schooling, food diversification, handwashing and vaccinations) through key influencers such as athletes, singers, journalists and religious and community leaders. To change social norms and foster transformative attitudes, the messages were disseminated through 18 television stations and 25 radio stations. In Uganda, UNICEF C4D support focused on the dissemination of vitamin A supplements to young children, identification of children with disabilities and prevention of disease outbreaks. For example, through C4D messaging within the Integrated Child Health Days programme, over 2.7 million children received vitamin A supplements. However, there were four countries in the region (Angola, Comoros, Eswatini and Zimbabwe) that did not indicate any systems-strengthening efforts in their most recent Country Office Annual Reports.

5.7 To what extent has the NCF been operationalised in the region, and to what extent has it driven improvements in ECD systems?

Countries in the region used the NCF far more than was apparent from UNICEF documentation. Looking at UNICEF Country Office Annual Reports (2019), most countries do not mention the NCF by name. However, when we talked with stakeholders, we found that use of the NCF was widespread amongst country offices in the region. We examined one indicator on this topic: the integration of NCF values and approaches in how UNICEF country offices support ECD.

Regional-level partners use the NCF for cross-sector collaboration.

The NCF is underutilised for cross-sector collaboration with the ESARO due to silos and lack of buy-in.

Countries varied as to whether the NCF was being used effectively to promote cross-sector collaboration and whether the NCF was well integrated into UNICEF programming at national and subnational levels.

The NCF was particularly useful for clarifying roles and the contributions of different sectors to ECD.

The responsive caregiving aspect of the NCF was not as well understood, and stakeholders wanted it to be presented in greater depth.

Government stakeholders reported that the holistic approach of the NCF was not reflected in service delivery platforms.

The NCF seemed to have particularly low uptake in fragile/crisis contexts and other contexts where there was a strong focus on survival.

5.7.1 Integration of the NCF values and approaches in how country offices support ECD

We assessed the extent to which (1) UNICEF country offices used the NCF as a foundation for the promotion of ECD policies and programming; (2) UNICEF country offices use the NCF to promote cross-sector collaboration in ECD; (3) NCF concepts are embedded into UNICEF programmes and interventions at national and subnational levels; and (4) country policies, funding choices and service delivery platforms reflect understanding and use of the NCF.

To what extent do UNICEF country offices use the NCF as a foundation for the promotion of ECD policies and programming? To address this indicator, we reviewed Programme Strategy Notes and 2019 Country Office Annual Reports for all 21 countries in the region. These documents suggest that the NCF is not explicitly used as a foundation for the promotion of ECD policies and programming in the region. Mozambique was the only country that explicitly referred to the NCF in its strategy notes, reporting that the ECD strategy developed by the country office is based on the concept of nurturing care. In addition, a few countries (Malawi, Swaziland, South Africa and Uganda) mentioned concepts or elements associated with the NCF in their strategy notes (such as nurturing care, parenting support and early learning) but did not explicitly refer to the NCF. Only Zambia referred to the NCF directly in its Country Office Annual Report, noting that UNICEF used the NCF as a catalyst for the government's development of a comprehensive ECD framework. Further, a subset of countries (Mozambique and Rwanda) mentioned using certain concepts of the NCF in the promotion of ECD policies and programming but did not cite the NCF directly. However, as we discuss in more detail later, data from KIIs suggest that the NCF has been influential in the development of ECD programming and cross-sector collaboration across the region, although this may not be apparent from the document review.

To what extent do UNICEF country offices use the NCF to promote cross-sector collaboration in ECD? We investigated this indicator through a review of programme strategy notes and KIIs with ESARO staff, country office staff and implementing partners. As mentioned earlier, Mozambique was the only country that explicitly mentioned the NCF in its Programme Strategy Notes. In particular, the UNICEF Mozambique ECD programme strategy seeks to promote ECD collaboration across relevant government sectors and NCF domains. In addition, Programme Strategy Notes from South Africa, Swaziland and Uganda mention concepts related to the NCF but do not articulate how these concepts promote cross-sector collaboration in ECD.

Data from KIIs suggest that the NCF is used much more widely for cross-sector collaboration than is evident from documentation. All regional-level partners reported that they engaged with NCF to promote cross-sector collaboration in the region in some way. Most of these partners noted that they were doing work directly with ESARO around the NCF, including Save the Children, WHO, Hilton and LEGO. However, at the regional level, UNICEF staff reported that the NCF was not sufficiently used for cross-sectoral collaboration within

UNICEF. In particular, the ESARO ECD focal point believed that there was not enough buy-in amongst her colleagues about the NCF and that there was resistance amongst other sector leads to attach themselves to the NCF because it is seen as the “job” of the ECD focal point.

Reported take-up of the NCF was widespread at the country office level, although not universal. About half of UNICEF country office staff who discussed this topic stated that the NCF was used to promote cross-sector collaboration in their country, including respondents from Zambia, Tanzania, Uganda, Mozambique and, to a lesser extent, Malawi, Ethiopia and Zimbabwe. For instance, the lead for planning, monitoring and evaluation for UNICEF Zambia stated, “[The NCF] is the basis of the multisectoral programming framework that they have in the office, because the NCF has aspects related to health, also related to nutrition, also related to child protection, then the ECE aspect. At the heart of the programming framework is the NCF.” Though the NCF was mentioned by country office staff in all sectors, it was most often mentioned in relation to the health and nutrition sectors.

In addition, several respondents believed that the NCF was a useful tool to clarify roles and the contributions of different sectors to ECD. For instance, a UNICEF WASH chief noted, “In terms of clarifying the roles and contributions of the different ministries (...), [the NCF] ... sets out a very clear indication of what are the ... platforms that could be leveraged, you know, so it (...) has helped bring together the different ministries around that nurturing care.”

However, there was variation in the degree to which NCF was used for cross-sector collaboration. In some countries, like Tanzania and Zambia, the NCF appears to be central to the country offices’ ECD frameworks and/or multisectoral approaches. Country office staff from these countries described the NCF as being “the foundation” or “at the heart” of their multisectoral programming framework. Further, in Tanzania, Zambia and Uganda, the NCF has also been taken up by the government, particularly in health. In Zambia, the Ministry of Health is leading the Ministry of General Education and the Ministry of Community Development and Social Welfare in collaboration around the NCF. One UNICEF Zambia staff member stated that the NCF is “the glue that brings all these ministries together.” In Uganda, the Ministry of Gender, Labour, and Social Development is leading the multisectoral ECD approach and has been coordinating with other ministries to make sure that the NCF is adopted. In Tanzania, the Ministry of Health is taking the lead in promoting cross-sector collaboration around the NCF.

In addition, a couple of respondents identified challenges in using the NCF, such as confusion about who is leading the effort within the UNICEF country office (in Uganda) or struggles in promoting the NCF to health stakeholders in the government (in Zimbabwe). For example, although there is strong collaboration between the UNICEF Zimbabwe country office and the health ministry, UNICEF staff cited challenges in promoting aspects of the NCF that go beyond survival interventions. In particular, UNICEF staff noted that given several ongoing crises in the country (economic deterioration, cholera outbreaks, the COVID-19

pandemic), the overstretched government was prioritizing survival-oriented interventions. This was similar to the situation described by UNICEF staff in Somalia, another protracted crisis context. In some cases, the reported use of the NCF seemed to vary across sectors in a country office. In Mozambique, for example, some sector staff reported that they used the NCF extensively, whilst others were unfamiliar with it.

Some (but less than half) of country office respondents said that they did not use the NCF to promote cross-sector collaboration. This included respondents from Malawi, Mozambique, Lesotho, Madagascar, Somalia and Zimbabwe. Some of these respondents were not familiar with the NCF, whilst others were but did not use it themselves. The NCF seemed to have particularly low take-up in country offices that were dealing with crisis/conflict, such as Madagascar and Somalia. A UNICEF staff member in Madagascar, for instance, explained that the NCF had not been promoted enough in her country office, noting that it has been a challenge to promote it because staff don't have time and "just try to run away."

Use of the NCF amongst country-level implementing partners was mixed. About half of the country-level implementing partners who discussed the NCF reported using it for cross-sectoral collaboration. This included the World Bank in Malawi, Save the Children in Uganda and PATH and the National ECD Network (R-DPI) in Mozambique. These partners indicated that they used the NCF as a tool for planning and implementation (PATH), a framework to engage partners and governments (Save the Children) and the main foundation of their ECD approach (R-DPI). PATH also noted that they co-designed the NCF, whilst Save the Children indicated that they are well aligned with the NCF.

To what extent are NCF concepts embedded into UNICEF programmes and interventions at national and subnational levels? We gathered information about this indicator through a review of 2019 Country Office Annual Reports for all 21 countries in the region and KIIs with UNICEF country office staff in Group B and Group C countries. We focused our analysis on whether two NCF concepts – a multisectoral approach and responsive caregiving – were embedded into UNICEF programmes and interventions at the country level.

The Country Office Annual Reports suggest that some NCF concepts (such as multisectoral approaches) are used widely in the region, whilst others (like responsive caregiving) are still nascent. All 21 countries in the region have incorporated multisectoral approaches in some aspect of their programming. Most country offices cited multisectoral approaches in two or more programme areas, most often including nutrition, child protection and ECD. However, responsive caregiving seems to have much less take-up in the region. Only five countries cited responsive caregiving when describing their country-level programming, including Angola, Ethiopia, Kenya, Mozambique and Zambia. Responsive caregiving was most often cited in relation to ECD programming or parenting interventions.

In addition, we asked country office staff who were familiar with the NCF to what extent multisectoral approaches and responsive caregiving were incorporated into UNICEF programming at the national and subnational levels. Several of these respondents believed that NCF concepts were well incorporated into their country office programming, including respondents from Zambia, Malawi, Uganda, Mozambique and Lesotho. Most of these respondents believed that the multisectoral approach was well integrated into UNICEF programmes, whilst only a few stated that responsive caregiving was well integrated. In addition, some respondents from Zambia and Mozambique felt that the responsive caregiving aspect was not well understood and could be presented more in depth. In Zambia, the ECD focal point noted that UNICEF is putting more focus on responsive caregiving in their programming, for instance, through a playful parenting programme funded by the LEGO Foundation.

Further, some respondents reported that use of NCF concepts was at the beginning stages or only partially integrated into UNICEF programming. This group included respondents from Tanzania, Uganda, Mozambique, Madagascar, Ethiopia and Zimbabwe. In some cases, respondents from the same country office had different assessments of the extent to which NCF concepts were incorporated into country office programming, indicating variation between sectors. Respondents from Tanzania and Madagascar reported that the nutrition sector was pioneering the use of NCF concepts such as multisectoral approaches but that other programs were still very sectoral (siloed). In addition, some respondents identified challenges in incorporating the NCF into programming, including difficulties in advocating for the prioritization of ECD (Uganda) and making links between sectors (Zimbabwe). Only one country office respondent who was familiar with the NCF reported that neither cross-sector approaches nor responsive caregiving were well integrated into UNICEF programs at the country level. The UNICEF Somalia staff member explained that it was a challenge to promote nurturing care in an emergency/crisis context like that of Somalia, saying, “Trying to stop children from dying is our main focus. But we’d love to be able to do more in terms of complementary feeding, which is a critical opportunity for parents to provide nurturing care through our complementary feeding interventions. ... We need to provide a lot more resources.”

To what extent do country policies, funding choices and service delivery platforms reflect understanding and use of the NCF? For this indicator, we spoke to government stakeholders in Group B and Group C countries. Most government stakeholders were familiar with the NCF, including respondents from Malawi (Ministry of Health; Ministry of Gender, Children, Disability, and Social Welfare), Tanzania (Ministry of Community Development, Gender, Elderly, and Children), Mozambique (Ministry of Health), Lesotho (Ministry of Education), Namibia (Ministry of Gender) and Zimbabwe (Ministry of Primary and Secondary Education). Government stakeholders who were not familiar with the NCF included those from the Ministry of Gender and Social Welfare in Mozambique and the Ministry of Health in Madagascar.

Government stakeholders had mixed views about the extent to which NCF concepts were reflected in countries' policies. About half of the government stakeholders who were familiar with the NCF reported that NCF concepts were well reflected in their countries' policies (Tanzania, Mozambique, Malawi). The other half stated that their countries' policies did not fully reflect the NCF (Namibia, Lesotho, Malawi), noting a few challenges related to policy formulation and implementation. For instance, a staff member from the Ministry of Health in Malawi stated that whilst the operational policies in nutrition had taken up concepts from the NCF, the policies themselves had not. Similarly, the Namibia Ministry of Gender representative mentioned that all domains of the NCF were reflected in policies but that the policies themselves were not well articulated. The Lesotho education stakeholders explained that although they have an Integrated Early Childhood Care and Development policy, this policy did not translate into funding, budgets or the will to provide services needed by children. In addition, in some cases there were mixed views of NCF integration into policy in the same country. Whilst the representative from the Ministry of Health in Malawi did not believe that the country's policies reflect understanding and use of the NCF, a representative from the Ministry of Gender, Children, Disability, and Social Welfare in Malawi thought that recent policies in her sector did take the NCF into account.

Very few government stakeholders discussed the extent to which funding choices and delivery platforms reflected understanding and use of the NCF. Of these stakeholders, most respondents thought that funding decisions did reflect NCF concepts. One noted the importance of engaging the Ministry of Finance in funding discussions about ECD (Tanzania). Another stated that the NCF is a tool to establish guidelines and help address needs of staff members and training (Namibia). Most respondents reported that service delivery platforms did not reflect NCF concepts. A health stakeholder in Malawi believed that they were moving towards a greater integration of NCF concepts in service delivery platforms – for instance, by reviewing packages to include stimulation and ECD. A health stakeholder in Mozambique reported that they experience difficulties in service delivery platforms such as a reduced number of health personnel, which can be barrier for integrating NCF.

5.8 To what extent has ECE been operationalised in the region, and to what extent have UNICEF efforts driven improvements in ECE systems?

To answer this question, we looked at the extent to which UNICEF-supported system diagnoses (1) promote the creation of an enabling environment for ECE, (2) catalyse progress in key action areas for ECE and (3) assess the level of integration of ECE into UNICEF country-level education sector plans and activities. It is important to note that only 10 of the 21 countries in the region completed an ECE diagnostic assessment during the period covered by this review (Angola, Eswatini, Ethiopia, Lesotho, Madagascar, Malawi, Mozambique, Rwanda, South Sudan and Zambia).

UNICEF-funded ECE diagnostic assessments play a valuable role in the promotion of an enabling environment for ECE and serve as a catalyst in key action areas for ECE. They bring together stakeholders, help identify gaps and priorities, and in some cases have led to national-level improvements and large-scale investment.

ECE diagnostic assessments require an enabling environment to maximise their effectiveness, including engaged and committed UNICEF country office staff and government counterparts.

In many countries, UNICEF has made progress (often substantial progress) on ECE in terms of policies, funding and service delivery platforms.

Progress is difficult when governments do not prioritise ECE, or there are frequent changes in government personnel or ECE is not under the ministry of education.

5.8.1 Extent to which UNICEF-supported ECE systems diagnoses promote the creation of an enabling environment for ECE

We used a combination of KIIs and a desk review to examine the extent to which UNICEF-supported ECE systems diagnoses have helped create an ECE enabling environment at the country level (such as policy and legislation, leadership and capacity, financing and/or public demand). For this indicator, we gathered data from the regional level and from those Group B and Group C countries that had completed an ECE diagnostic assessment (including Ethiopia, Lesotho, Mozambique and Zambia). The diagnostic assessments typically covered topics such as government leadership, financing, policies and supply/demand. According to ECD leadership at the ESARO, the enabling environment for ECE at the country level includes a UNICEF country office that will promote the ECE agenda. And for the agenda to meet its objectives, COs need the ECD/ECE agenda to be a priority for governments, the presence of a policy development process and the availability of funding.

UNICEF ESARO staff felt that the ECE diagnostic assessments helped governments gain an understanding of the ECE status in their countries and make a commitment to ECE, including increases in financing. The diagnostic assessments also reveal critical gaps in a country's ECE framework and curriculum – hence allowing countries to make strategic decisions about where to invest in ECE – and lead to effective planning and system-strengthening efforts. Some of these efforts include increased financing, revision of a national early childhood care and education (ECCE) policy, development of an ECCE strategic plan and ECE sector analysis. One respondent also indicated that the ECE diagnostic assessments led to improvements in quality assurance, assessment tools and school readiness. The respondent summed up the ECE diagnostic assessments by stating, “I would say in almost every setting that the diagnostic has taken place, we have seen it deliver some kind of result even outside of the UNICEF program. I think it has been the best thing we've done.”

At the country level, UNICEF staff supporting ECE reported a wide-ranging set of benefits as a result of conducting ECE diagnostic assessments such as identification of gaps, priority actions for government, improved preschool education and improved stakeholder collaboration.

For example, in Ethiopia, the process helped identify gaps in the ECE system with regard to budgets, teacher training activities, curriculum, community engagement and quality assurance. There were also gaps in the national ECE strategy and operational plans. In Lesotho, the process helped bring a strategic focus on ECE and school readiness with the promotion of preschool education by the government. In Mozambique, the exercise identified priority actions for the government's education sector plan. Finally, in Zambia, it led to the identification of bottlenecks in the ECE sector and brought together different stakeholders who were not collaborating to critically engage with each other in order to address the bottlenecks. Through a round-table discussion of the ECE diagnostic system, there was also development of recommendations which UNICEF was to convert into an action plan with the Zambian government in 2020. A stakeholder from Zambia said, "[The diagnostic assessment] was an extremely, extremely useful exercise which brought the key stakeholders around the table to really critically scrutinise the ECE sector. The process was very useful because for the first time [we had] all these players around the table, and they faced each other, and they were able to engage in a critical manner and were able to identify some of the challenges that are existing and see what else can be done."

Due to the identification of strategic gaps as just described, ECE diagnostic assessments can also help countries attract donor funding to support ECE reform. For example, in Zambia, as a result of the ECE diagnostic assessment, the World Bank funded plans to support the government's development and national scaling of ECE centres that (1) provide a safe space for children to have structured opportunities to play and learn under the guidance of a qualified adult and quality play-based learning materials to develop the socio-emotional and cognitive functions needed to succeed in school; (2) build parents' and caregivers' skills and capacity to engage children in early stimulation and to ensure proper child nutrition and health; and (3) promote continuous assessment of children's progress to ensure that children have the individualised attention needed to develop to their full potential.

Our analysis also found that if the ECE agenda was not fully implemented, the bottlenecks can be attributed to low levels of ownership on behalf of the UNICEF country office as well as the government (leaving the ESARO to move the process forward and limiting progress).

5.8.2 Extent to which UNICEF-supported systems diagnoses catalyse progress in key action areas for ECE

For this criterion, we looked at indicators that assessed the extent to which UNICEF-supported ECE diagnoses (1) promote the creation of an enabling environment for ECE and (2) catalyse progress in key action areas for ECE. Respondents at both the regional and national levels consistently saw the ECE diagnostic assessments as a catalyst for progress in

ECE. At the regional level, ESARO staff reported that the ECE diagnosis identified critical gaps that need to be addressed through revision, reformation or strengthening of ECE programming. They felt that the diagnosis also helped bring attention to ECE as a subsector and create partnerships, strengthened the development and implementation of ECE policies, informed the development of national ECE curricula and drove improvements in financing for ECE (primarily by governments but also by giving donors the evidence and guidance needed to inform and encourage their investment in ECE in the specific areas needed by a particular country). In Mozambique, a respondent said, “It helped the government and partners to identify gaps and strengths and a platform to build a proper ECE system with strategic actions.” And a respondent from Lesotho reported, “Progress is slow, but I do think it has created at least the initiation of change where the discussion [amongst stakeholders] is about what needs to happen going forward.” On the other hand, action on areas such as ECE workforce development and family/community engagement have progressed more slowly.

UNICEF country office staff who focused on ECE (in countries which had undergone an ECE diagnostic assessment) also believed that the diagnoses served an important role in catalysing improvements in ECE. Some of the main improvements that resulted from the diagnoses included curriculum-related changes such as revisions to include ECE and the incorporation of ECD into a country’s education sector plan. For example, staff members from UNICEF ESARO expressed that the diagnostic process helped incorporate ECD into a country’s education sector plan, such as in Mozambique; prompted governments to complete an education sector analysis, such as in Malawi; and led to development of a subsector for ECE and strengthened partnerships to support ECE. In addition, in Zambia, the government leveraged the ECE diagnostic assessment to gain substantial investments from the Global Partnership for Education and the World Bank towards building up the ECE system. In Malawi, the curriculum was updated to complement new policies and approaches for ECE. Further, UNICEF Ethiopia supported the revision of the curriculum to include more play-based learning, parenting education and the EDE units through nonformal pre-primary education modalities.

5.8.3 Level of integration of ECE into UNICEF country-level education sector plans and activities

To assess levels of integration of ECE into UNICEF country-level education sector plans and activities, we considered (1) whether UNICEF country office strategies and activities reflect prioritization of ECE; (2) whether UNICEF country offices have been able to advance ECE, given competing demands and priorities; and (3) the extent to which countries in the region have strengthened their ECE policies, funding and service delivery platforms.

To what extent do UNICEF country office strategies and activities reflect prioritization of ECE? To assess prioritisation of ECE, we reviewed documentation such as the Strategic Plan Country Profiles and Country Office Annual Reports and asked country office ECD focal points, deputy representatives and other country office staff responsible for ECE. When we

look at the Strategic Monitoring questions, most countries do not mention ECE. And 11 of the 21 countries in the region do not note any allocation to ECE in their Strategic Plan Country Profiles. However, this documentation does not seem to accurately reflect the substantial prioritization of ECE across the region. For example, based on interviews with stakeholders and other documentation, it is clear that UNICEF Mozambique does prioritise ECE, but there is no mention of funds allocated to ECE in the Strategic Plan Country Profile.

Of the 21 countries in the region, we found evidence that 16 have made substantive efforts towards the advancement of ECE in their country. In some cases, UNICEF efforts are focused on building government commitment and capacity to provide ECE. In others, UNICEF has engaged and supported partner organisations to provide direct services. Several UNICEF country offices have also prioritised ECE as part of their programming for refugee populations. Next, we describe how these efforts are advancing ECE, given competing demands and priorities, and then how countries have strengthened their ECE policies, funding and service delivery platforms as a result of UNICEF efforts.

To what extent have UNICEF country offices been able to advance ECE (given competing demands and priorities) and strengthen their ECE policies, funding and service delivery platforms? We combined these two indicators (addressing UNICEF efforts and country strengthening) because the evidence overlaps substantially between them. We assessed these indicators through a combination of 2019 Country Office Annual Reports, 2018 Strategic Plan Country Profiles and discussions with both UNICEF country office ECE staff and their government counterparts.

Most countries were making progress in the area of ECE based on support from UNICEF – and in some cases, substantial progress. In the area of funding, we found several examples of how UNICEF advocated for or facilitated greater investment in ECE. In Botswana, Comoros, Namibia and Uganda, we found examples showing that UNICEF successfully advocated for greater government investment in ECE. For example, in Comoros, the combination of advocacy and technical assistance with budgeting by UNICEF led to the government dedicating 5 per cent of the state budget to a dedicated line for ECE. In Namibia, the government doubled its budget allocation to ECE (as a percentage of the total budget). In Burundi, UNICEF has been engaged in ongoing advocacy with the government to increase the availability of resources for early learning. And in Angola, UNICEF was also able to advocate for a doubling of the national ECE budget, but the country office noted that the total allocation was still far below what was needed, at just 0.17 per cent of the total education budget.

UNICEF has helped facilitate the adoption of ECE policies as well. For example, in Kenya, UNICEF provided support for the development of policies to strengthen the national education system and meet national development goals, including a national pre-primary policy. In Uganda, UNICEF supported the finalization of the national Early Care and Education Policy. In Zimbabwe, UNICEF supported the development and finalisation of the national Early Care and

Education Policy (based on an earlier policy).. A key aspect of this effort has been UNICEF advocacy for policy reforms in the early care and education subsector, informed by evidence and best practices. As a result of UNICEF efforts, a national early learning policy was drafted and validated and, as of 2019, was pending submission to the national cabinet. And in Eritrea, UNICEF supported the development of a new national early care and education strategy.

In the area of service delivery platforms, UNICEF has made substantial contributions in many countries. For example, many UNICEF country offices have supported the development of national ECE learning and/or quality standards, including Comoros, Mozambique and Rwanda. In Lesotho, UNICEF has engaged in multiple activities with the government to expand and strengthen ECE platforms, including the development of a costed plan for universal ECE and a scale-up strategy, as well as strengthening the ECE workforce (although note that one government stakeholder from Lesotho felt that the government was not being included sufficiently in the UNICEF planning process for these activities). In several countries, UNICEF has developed an ECE teacher training package and/or supported the training, including in Madagascar, Rwanda, South Africa and Tanzania. UNICEF directly supported the procurement and large-scale distribution of ECE teaching and learning materials in low-resource countries – including Burundi, Madagascar, South Sudan and Zimbabwe – and expanded access to ECE for refugee children in Ethiopia.

In some countries (such as Somalia and Zimbabwe), UNICEF staff highlighted their governments' lack of prioritisation for ECE – making it difficult for UNICEF to make progress in that area. And in countries with frequent changes of government (such as Madagascar and Lesotho), UNICEF staff described having to begin again with each new government to advocate for the value of ECE.

Progress on ECE tended to be less effective when efforts were not spearheaded by a country's education ministry. For example, a respondent in Malawi explained that ECE did not feature into the Ministry of Education's agenda, so it did not necessarily prioritise ECE. Multiple respondents from Mozambique also identified the challenges in advancing ECE, because it is fragmented between several ministries, with no one ministry in charge. This situation is improving in some countries. For example, in 2019, South Africa shifted the responsibility for ECE provision from the Department of Social Development to the Department of Basic Education. The country office notes, "This is a significant game changer in the ECD landscape, as it not only coincides with an administrative change but also strongly emphasises the importance of integrating ECD into the country's basic education system. UNICEF had advocated for this shift and is now supporting the transition process."

5.9 To what extent does the framework drive effective ECD system strengthening in the region? And what are the barriers and facilitators to strengthening ECD systems to sustainability?

Ultimately, the ECD framework is intended to strengthen ECD systems across the region. We address this research question with one criterion: evidence that the ECD framework has been used (directly or indirectly) to strengthen ECD systems at the country level.

Many stakeholders (UNICEF, partners and governments) used the ECD framework to strengthen their work in the region – but not all.

UNICEF respondents cited a variety of ways in which they were using the framework, ranging from internal planning and advocacy to engaging external stakeholders, especially government.

Most of those who did not use the ECD framework either were not familiar with it or did not think it was relevant to their work.

The ECD framework seems to require a champion at the country office level to move it forward and can require several years to really gain traction.

5.9.1 Evidence that the framework has been used directly or indirectly to strengthen ECD at the country level

We examined three indicators in relation to this criterion and drew upon KIIs with UNICEF country office staff plus Country Office Annual Reports. We considered (1) the extent to which UNICEF country offices use the framework to focus their efforts towards strengthening ECD and (2) the extent to which countries in the region show improvements in ECD policies, funding and service delivery platforms for ECD. Given the overlap in information, the section on improvements in ECD also addresses the indicator “UNICEF country office staff are able to use the framework as an effective driver for change.”

To what extent do UNICEF country offices use the framework to focus their efforts towards strengthening ECD? More than 20 UNICEF respondents reported that they used the ECD framework to focus their efforts towards strengthening ECD in their respective countries/regions. This included UNICEF respondents from the ESARO, Zambia, Malawi, Tanzania, Uganda, Mozambique, Madagascar, Ethiopia and Zimbabwe. They used the framework in a variety of ways, ranging from internal planning and advocacy to engaging external partners. The respondents who mentioned using the framework for internal planning tended to describe using it to structure and identify gaps in programming, sharpen their focus on ECD, advocate for ECD internally and coordinate with other sectors on ECD.

In terms of collaboration with governments, respondents from Malawi and Uganda said that they used the framework to engage directly with government stakeholders on activities such as development and review of policies and national guidelines – mostly in health/nutrition and ECE. And government respondents from Zambia and Mozambique mentioned that the ECD framework had helped strengthen their work on ECD. Respondents from partner organisations in Mozambique and Uganda reported using the ECD framework directly or indirectly to strengthen their work as well. Some regional partners said that they had not discussed the framework with UNICEF although their work is well aligned with it.

A handful of UNICEF respondents reported that the framework was not being used to strengthen ECD. Some of them were not familiar with the framework. Others identified challenges in using the framework – specifically, that the framework was released when the country programme was well under way (Mozambique) and that the framework was not the most appropriate for a crisis setting (Somalia). A UNICEF staff member from Somalia explained, “I don’t think ... this is the country. I mean, I think it is baby steps ... for things like utilizing a framework like this. ... And this is just not the time and the entry to press a new framework.”

At the regional level, UNICEF staff felt that the ECD framework is a good road map, but it requires a champion at the country office level to move it forward, and that it can take four or five years to truly integrate a framework like this into programming. A few respondents believed that more advocacy was needed on the part of UNICEF and/or governments themselves to maximise the use of the framework. Further, one respondent stated that district-level strengthening was an area that UNICEF could improve on to promote the use of the framework.

To what extent do countries in the region show improvements in ECD policies, funding and service delivery platforms for ECD? We found examples from every country in the region of improvements in ECD policies, funding and/or service delivery platforms. Here, we will address ECD without including ECE (as we cover these topics for ECE under section 5.8). For example, in the area of policies, Angola made progress in the development of a national policy for ECD, for official adoption in 2020.

Further, our analysis indicated that the implementation of policies was usually driven by UNICEF efforts and advocacy. For example, in Mozambique, the government and UNICEF collaborated to ensure that the strategies and plans match with global guidelines and are in compliance with children’s rights. In Uganda, there are two policies: the ECD policy and the integrated national ECD policy. A respondent from the Ministry of Education, Government of Uganda, also explained that the latter policy was largely driven by UNICEF and the collaboration of UNICEF with the government. Further, UNICEF collaboration has also moved from national to subnational levels, such as establishing ECCE coordinators at the local government level and a centre management committee. In Lesotho, the development of the ECCE strategic plan and policy was also driven by UNICEF, and the efforts led to

improvements in service delivery platforms, which in turn led the government to provide ‘reception classes’ that provided ECE and are attached to primary schools belonging to churches, communities and government.

Within the area of funding, most improvements were in the area of ECE, and, again, were largely influenced by UNICEF (*see section 5.8*). We did find one example from Botswana where UNICEF Botswana supported the launch of a new campaign called Early Moments Matter, and at this launch, the government pledged to increase its funding for ECD. A government representative from Mozambique indicated that funding decisions were influenced by UNICEF activism efforts, especially through the production of strategic instruments which are harmonious with UNICEF global guidelines.

And in the area of improving service delivery platforms, we found examples on a variety of topics. In Burundi, UNICEF is working with the Ministry of Health to expand a ‘first 1,000 days programme’ to reach more health facilities – including possibly in community nurseries. With support from the ESARO, the UNICEF Eritrea country office supported the government to develop national guidelines on essential newborn care and kangaroo mother care and achieved progress in capacity building of health workers and community health workers on essential newborn care. In Kenya, UNICEF supported the implementation of maternal and newborn health quality of care structures at the national level. This initiative included formation of a taskforce and adaptation and validation of standards and assessment tools. In Mozambique, UNICEF significantly strengthened a mentoring model for ante-natal and post-natal care and helped double the number of community health workers. In Namibia, the EU and UNICEF together provided technical support to develop the MIS for ECD so that it now provides quality, timely, accessible and easy-to-use data for decision-makers, enabling the government to monitor coverage and quality of centre-based ECD services. UNICEF South Africa played a critical role in the development of a comprehensive maternal, newborn and child health package, so that all pregnant women and mothers with children below the age of 2 receive all the health and development services at every visit to the health facility. The Department of Health, with UNICEF support, has rolled out this package in five of the country’s nine provinces. And finally, UNICEF Eswatini provided technical and financial support to the government for the use of an evidence-based birth registration acceleration plan.

How do stakeholders recommend strengthening the use of the ECD framework and/or promotion of ECD in the region? Many participants from across the region called for greater opportunities for exchanges of best practices and sharing of resources amongst countries in the region. For example, one participant from Lesotho said, “If there’s a programme that’s very effective in one country, it could be very strongly advised or recommended to roll out in a different or similar country, right? Based on the local context. I think we duplicate a lot of work, and it’s always again starting from scratch and not enough learning from each other.” Respondents from crisis-affected countries like Somalia and Zimbabwe noted the

need to adapt the framework and to share examples of good ECD practices from contexts of conflict and instability. For instance, a health sector lead from UNICEF in Somalia said, “ESARO is a region with a wide variety of countries. You have countries like South Africa, who are more advanced in terms of government stewardship and leadership and policy; you have countries who are middling; and then you have Uganda, Lesotho, etc.; and then you have countries like Somalia, like South Sudan, Burundi, where government stewardship is very limited and it’s much more subject to violence and conflict and instability. So it would be good to (...) have somebody who could provide focus, support, and meaningful support and contextually relevant support pulling on the examples, not only from the region, but even from other parts of the world, maybe in Afghanistan, for example, there’s some very good practices taking place, which would be relevant for us to look at in Somalia. But somebody who would be able to really distil that and share those examples, especially at key strategic moments, that would be very useful.”

Other respondents pointed out that countries need to have an idea of how long it should take for ECD frameworks to reach stakeholders (so the country office can plan accordingly) and to receive support to best know how to do that kind of integration work – including how to remove bottlenecks at subnational levels and how to gain multisectoral government support. For example, one respondent said, “If we can pay more attention to those kinds of recommendations and attempt to remove the bottleneck at that level, things can also work better. Because you can have this beautiful framework at the national level, but implementation is supposed to happen at the decentralised level. Capacity may not be there, and there are challenges. That’s an area for improvement.”

Countries also seemed to need more support to use the ECD framework well in general. A respondent from the regional level felt that the ESARO had provided the country offices with “clear guidance” on the ECD framework and the NCF but then realised that the country offices were still asking for more support. At the country office level, several respondents stated that it would be very beneficial for the ESARO to provide a refresher on the ECD framework (including familiarizing new staff with it). One respondent also felt that countries needed more support than the ESARO could currently provide, saying, “I feel at the regional office level, there is not enough human resources to deploy and provide support to all countries. So, I think how they finally prioritised it is that sort of like first come, first served.”

A respondent from the ESARO said that, given the high level of attention being paid to ECD and ECE by multiple actors in the region, it is important that UNICEF work to keep its leadership role. Regional partners called for better coordination between development partners such as UNICEF, World Bank, Global Partnership for Education and foundations to prevent duplication of efforts, slow progress and inefficient use/duplication of funding. There was a recommendation from one regional partner for the ESARO to complete a mapping of ECD funding and serve in a coordinating role for funding. An in-country partner from Mozambique recommended a move towards their organisation having an ongoing

partnership with UNICEF rather than receiving short-term UNICEF funding. This partner said that their organisation stopped trying to get funding from UNICEF due to getting “bogged down by the constant fundraising and business development” required and because they felt the unstable levels of funding made it difficult to focus on quality.

There was also a request from two partners that UNICEF conduct more robust studies to improve evidence for what works to support ECD and from a third partner for regular review meetings between regional partners to improve monitoring and share experiences.

5.10 How has the region responded to the pandemic in relation to ECD?

When UNICEF issued the TOR for this work, there was no COVID-19 pandemic. However, given the tremendous global effects of the pandemic, UNICEF requested that we explore its response. Here, we provide our findings with regard to (1) how UNICEF has responded to the pandemic and (2) what additional support UNICEF country offices require to address the effects of the pandemic.

5.10.1 How has UNICEF responded to the COVID-19 pandemic in relation to ECD?

Across UNICEF country offices, the most common type of response to the COVID-19 pandemic included the development of home-based content with ECD strategies to support parents, shifting the medium of ECD initiatives and educational programmes to radio and the provision of personal protective equipment (PPE). Further, respondents from ESARO mentioned that the regional office developed and provided guidance for countries to understand and implement the NCF during COVID-19 pandemic, especially with an emphasis on supporting parenting during this time. One of the first steps that the regional office took within ECD was to partner with an animation NGO which produces materials that children can watch online or on television to improve virtual learning. In addition, the ESARO ensured that each country’s emergency plan addressed ECD (including ECE), plus provision of supports to help prevent family separation (which decreases the number of abandoned children). There have also been trainings (distance learning) on the provision of support to families with COVID-19 for para-social workers, and UNICEF ESARO worked on reuniting institutionalised children with their families. A staff member from the Malawi UNICEF country office confirmed the swift guidance received from UNICEF Headquarters and the ESARO on how to address ECD during the COVID pandemic.

As noted earlier, most country offices are focused on online dissemination of information related to COVID-19, development of ECD-based components for parents and collaborating with the government to support the national COVID-19 response plans and in-service delivery. With regard to the increased focus on virtual strategies, a respondent from the Mozambique country office stated, “Our communications team has been super busy on social media with Facebook posts or videos or recordings from our national ambassadors or different things about how to support kids during COVID.” In Uganda, the country office focused on assisting the government to continue service delivery through mobilizing secure funds to procure PPE

for community health workers, who are a critical part of service delivery. In the nutrition sector, the Uganda country office supported development of guidance for general nutrition and the maternal nutrition programming to include guidance on the feeding of infants and young children during the pandemic. Similarly, in Malawi, a country office representative stated that the major change was the intensification of communication materials and dissemination of information to the frontline workers and the public. The representative stated, “We did the national risk communication in regard to the COVID, reaching out to eight million people, basically through all radio stations – national and local ones – through faith-based organisation and faith-based leaders. Then one of the major TV channels also was working with us on [communicating with people about the risks].”

Further, in other countries, the response has included augmentation of cash transfer programmes. For example, in Malawi, the UNICEF country office collaborated with the government to include social protection mechanisms in the national response plan. These mechanisms included top-ups to households and fast-track payments. UNICEF Malawi and UNICEF Madagascar also included cash transfers as part of their response plans.

Despite the pragmatic actions taken by ESARO, a regional respondent cautioned that their responses were new and ongoing. The respondent stated, “Because COVID is unique in the sense that it’s not like other recurring emergencies – like, you know, typhoons or landslide – it’s a disease that we are unfamiliar with. So it feels like we are continuously adapting to the new situation that it brings and making available new materials and new going on.”

5.10.2 How can the ESARO better support country offices to address the effects of the pandemic?

Staff from some UNICEF country offices suggested specific strategies to enhance their current COVID-19 responses. For example, a respondent from UNICEF Mozambique suggested support from ESARO to identify different ways of implementing routine programs which have been severely impacted due to the pandemic. The respondent highlighted the critical need for support in this sphere, as community outreach activities need to be modified in the face of social-distancing requirements. In addition, there was also a request for guidelines on how to train community health workers and community health volunteers differently through the use of media and technology to deliver communication programs. The guidelines will help support continuity of programming, given the limitations and requirements imposed by the pandemic. And finally, it seemed that countries in the region that were already focused on the provision of basic services in sectors such as WASH and health care were better prepared to mobilise their response to the pandemic. Otherwise, country offices had to relocate funding from other programming to address the pandemic (leaving the other programming short of resources). And a respondent from the Namibia country office noted that in wealthier countries, UNICEF country budgets are typically more limited, and the country office has to fundraise before it can address the urgent issues associated with emergencies such as the pandemic.

6. Conclusions

In this section, we present the evaluation's conclusions. We address (1) the regional enabling environment for ECD, (2) the use of the ECD framework and the extent to which it serves as a catalyst for change in the region, (3) the extent to which UNICEF ECD work in the region is aligned with its five underlying principles, (4) how the choice of ECD delivery models by UNICEF affects its ability to work effectively, (5) the extent to which the NCF has been operationalised in the region and drives improvements in ECD approaches, (6) the extent to which ECE diagnostic assessments have created an enabling environment for ECE in the region and (7) the region's response to the COVID-19 pandemic. In the next sections, we summarize the lessons learnt from this evaluation, and finish with our recommendations (*see section 7 and section 8*).

6.1 The regional enabling environment for ECD

Our examination of the enabling environment for ECD included consideration of policies and mandates, funding, collaboration and accountability mechanisms plus the UNICEF focus on ECD.

6.1.1 The enabling environment at the country level

Only 6 of the 21 countries in the region had both national policies and implementation plans to advance ECD that were multisectoral. Where countries did have these plans, they were often a result of some combination of advocacy, capacity building, technical assistance, logistics, funding, evaluation and research on the part of UNICEF. At the sectoral level, countries were most likely to focus on health, nutrition and ECE. Where countries did not have these plans, typical bottlenecks included government restructuring, lack of buy-in and/or inadequate funding.

It was very difficult to establish what the levels of funding were for ECD in the region, with the possible exception of ECE. Country budgets in sectors such as health rarely specify the allocation to ECD within that sector, and initiatives such as WASH benefit the broader population. In most countries, funding for ECD was *not* allocated using a multisectoral approach. Amongst the countries that do have multisectoral ECD funding, it was also unclear how much of the funding that was allocated was actually raised and spent. And finally, the reliance on external donors for the provision of ECD programming makes it very difficult to understand the full level of investment.

In many country contexts, there were high levels of collaboration between UNICEF and the government. The form of this collaboration varied by country and included training and technical assistance, coordination, the organisation of working groups, C4D, piloting of ECE models, advocacy, policy development and strengthening service delivery. Stakeholders from both UNICEF and governments were generally satisfied with their level of collaboration – and the closer the collaboration, the higher the level of satisfaction. In

addition, countries that took a more integrated approach to ECD tended to have better levels of collaboration.

UNICEF collaboration with government was more limited in fragile contexts where governments are weak and it is difficult for UNICEF to gain buy-in. In addition, UNICEF can have difficulty collaborating with governments that have insufficient human resources (lack of staff and/or high staff turnover in the government) or where there is a lack of funding and/or a coordinating body to facilitate the collaboration.

In the area of accountability mechanisms, UNICEF accountability at the country level usually addressed both priority areas – every child survives and thrives, and every child learns. However, some countries only focused on the ECE priority. Most countries had accountability mechanisms that covered many or all four of the multisectoral intervention packages included in the ECD framework. However, in humanitarian contexts, the focus was typically on direct provision of essential services in areas such as health and nutrition. In terms of government accountability systems, some countries have begun to take on multisectoral approaches, but most continued to focus on the sector level (and did not always track ECD specifically within that sector).

6.1.2 The enabling environment within UNICEF

All 21 countries in the region included ECD in their strategic planning in one or more sectors. However, there were significant gaps between what country offices were doing and what was being reported across different sources. These gaps included (a) programming that exists but is not reflected in reporting; (b) only capturing the activities for one sector of a multi-sector effort, or (c) noting the existence of programming but providing no further information (such as progress or desired outcomes). In sum, all countries are engaging in activities to promote ECD, but a weakness in reporting structures in UNICEF makes it difficult to rely on documentation to gain an understanding of what UNICEF is doing and how well it is working.

The human resource allocation to ECD at country offices seemed mostly adequate, but there were concerns that ECD focal points were overworked (*see section 6.3 for more discussion of this issue*). ECD funding within UNICEF was limited, and the significant funding gaps made it more difficult for UNICEF to prioritise ECD at the country level.

6.2 Use of the ECD framework and its effects on the region

In this section, we are discussing the evaluation results related to Research Question 2 (whether the ECD framework acts as a catalyst for multisector ECD advocacy and programming) and the related Research Question 9 (the extent to which the ECD framework drives effective ECD system strengthening in the region).

6.2.1 Use and effects of the framework within UNICEF

Most ESARO staff used the ECD framework consistently in their work with country offices, and it promoted accountability and strategic planning. At the country level, the ECD framework was a useful tool for ECD focal points in their collaboration with the ESARO, including for review of the country office's ECD programming, technical assistance that the ESARO provided to the country office and alignment between country-level and regional ECD indicators. For the ECD focal points and other staff, the framework was useful for internal planning (as well as with government and partners), and helped country offices adopt a more integrated view of ECD across sectors and think of children and ECD programming more holistically. The framework seems to be especially useful in UNICEF country offices that take a life-cycle planning approach. Some countries also had adapted the framework for their own context. However, there were also substantial gaps in terms of UNICEF staff being aware of the framework, or knowing about the framework but being unaware of how it applied to their own work.

6.2.2 Use and effects of the framework with partners (including governments)

The ECD framework was developed for UNICEF's internal use, but we did find evidence that it was also shared with partners to inform cross-sector collaboration. At the regional level, UNICEF ESARO staff shared the ECD framework with partners (although it did not seem to be actively used to facilitate cross-sector collaboration). In some countries, the ECD framework has helped UNICEF build collaboration with governments and partners by guiding discussions and encouraging collaboration – mostly around health, nutrition and ECE. However, this effect of the ECD framework is limited to countries where UNICEF has engaged and interested partners, and where the UNICEF country office ECD team actively brings the framework to the attention of others.

The ECD framework may be especially relevant in fragile or humanitarian contexts, where children face so many challenges to their healthy development and wellbeing. However, it has not been applied in those contexts and may need adaptation and/or more advocacy by the ESARO to become beneficial.

6.3 Choice of models to deliver ECD

We did not identify one single model that worked best. Rather, the choice of model should be informed by the local context – especially the amount of government capacity in ECD. Where government capacity is weak, a dedicated ECD section or stand-alone thematic ECD structure seems to be the best option. Overall, the involvement and coordination of staff across sectors within the country office resulted in a more integrated approach to ECD (including through ECD working groups). When ECD is placed within a single sector, such as education, it can be difficult to promote holistic thinking around ECD, as the focus of that sector (e.g., ECE) will often predominate.

Cross-sector collaboration was most likely to take place when there was strong support from leadership, such as from the deputy representative. In the absence of this support, it can be difficult for ECD focal points to gain the attention and cooperation of their colleagues. The role of ECD focal point can also place a burden on staff, who are required to carry out ECD coordination activities within the country office in addition to their normal duties. These findings were supported by the desk review, which also highlighted the importance of cross-sector collaboration and indicated that active leadership by the deputy representative was beneficial.

6.4 Alignment of UNICEF ECD work with the five underlying principles

Overall, we found that the five underlying UNICEF principles (progressive universalism, quality, scaling and sustainability, pragmatism and value added) were embedded in the approaches that country offices use to strengthen their ECD work in the region. However, there were some limitations in the areas of progressive universalism, scaling and sustainability, and pragmatism.

6.4.1 Progressive universalism

In the area of progressive universalism, we found that UNICEF has a strong focus on both (1) reaching marginalised populations and (2) national-level activities that benefit the population overall. We did not find any evidence of UNICEF activities that were contrary to the principle of progressive universalism (i.e., reached the more advantaged first). UNICEF efforts included strengthening governments' ability to serve their most vulnerable populations (such as in the health sector or programming for refugees). In humanitarian contexts where a large portion of the population has urgent needs, UNICEF works directly with partners to improve their ability to provide essential, lifesaving programming (overall as well as in relation to ECD specifically).

However, we saw little evidence that UNICEF strategies involved progressing from the most marginalised to the somewhat-less marginalised to eventually reaching the entire country or all of those with any need (the concept of progressive universalism). This gap is a concern, because it creates situations where the wealthy can access what they need on their own, the most marginalised get ECD supports, but those in the middle still lack access to supports in areas such as nutrition, health care and ECE. In addition, shocks such as the current pandemic, natural disasters or economic downturns can quickly push people from the working or middle classes into poverty; yet they may not qualify for needed assistance. In addition, UNICEF and other donors have a strong tendency to focus their efforts geographically, so that districts with high levels of poverty receive their attention but people living in less impoverished districts (who have similar needs) are not reached.

6.4.2 Quality

A large portion of UNICEF work in the region involves strengthening government systems and delivery platforms to improve the quality of health, nutrition and ECE services. One important area of focus is building or improving MIS so that governments have the information they need to monitor their own progress. Where this approach is not possible due to limitations in government capacity, UNICEF has helped improve quality by conducting its own assessment of the situation and then helping the government know what to do. Another way in which UNICEF builds quality is through providing technical assistance to improve workforce capacity (mostly in health and ECE) and helping build service delivery systems (such as supply chains and quality oversight systems).

When UNICEF struggles to improve quality, weak government systems are the most common source of the bottleneck. We found several examples where, when necessary, UNICEF country offices shifted their focus to addressing the bottleneck, either by removing it or creating a work-around.

6.4.3 Scaling and sustainability

Across the region, UNICEF values scaling and sustainability. Over time, UNICEF country offices have moved *away* from supporting direct service provision through NGOs and CBOs and *away* from short-term, project-based efforts (that fizzle out when the project ends). To improve sustainability at scale, UNICEF has moved towards strengthening governments' capacity to meet their own countries' needs. These efforts involve policies, funding, capacity building in the use of evidence-based practices, helping the government identify entry points (such as leveraging existing cash transfer programming or existing health programming to reach large populations with other services or initiatives) and the development of tools and systems that are necessary for sustainable programming at scale (such as MIS and quality assurance). When short-term projects are initiated, they are often used to test innovations that can be scaled if effective. However, in some cases, programming that UNICEF and others (such as the World Bank) provided may have been too expensive for governments to be able to take on and scale and sustain.

The ability of UNICEF to promote scaling and sustainability is highly dependent upon the country context. Country offices face difficulty promoting scaling and sustainability in fragile contexts and/or where governments are weak. Common bottlenecks include poor coordination between government sectors, lack of efficiency in government systems and low or a lack of government funding. In humanitarian contexts, scaling and sustainability are extremely challenging due to three factors: (1) a necessary focus on meeting people's basic needs for survival, (2) the fact that donors are often the ones providing programming and (3) the fact that the government lacks the capacity to take on programming and scale it if donors step back.

6.4.4 Pragmatism

UNICEF leveraged entry points to promote ECD programming and used pragmatic approaches such as serving as an organiser or catalyst for its partners and gaining support from the business community, and sometimes leveraged activities in one sector and “piggybacking” supports from another sector. UNICEF partners viewed UNICEF efforts as pragmatic in their focus on scaling and sustainability, strengthening existing systems, policy development and coordination. However, there were gaps in how UNICEF efforts worked across levels, including inconsistencies between UNICEF approaches at the regional and country office levels as well as within-countries gaps between working at national and subnational levels. UNICEF’s ECD efforts are often siloed – which creates inefficiencies for the partner as well as UNICEF itself.

6.4.5 Value added

UNICEF staff, partners and government officials were universal in their support for the idea that UNICEF adds value to what others are doing around ECD at the country level. The key to UNICEF value added was the alignment of its goals, aims and objectives with the interests of other actors. UNICEF adapted and diversified its approaches to supporting others when needed. UNICEF also added value when it served a coordinating function, identifying gaps in ECD programming, creating synergies and efficiencies across organisation funding and supporting and/or providing programming; and through its provision of support and technical assistance to governments in areas such as policy development, capacity building and coordination. UNICEF also provided C4D support to improve the reach and effectiveness of others’ efforts across the region. These efforts have intensified in response to the COVID-19 pandemic (*see section 6.7*).

6.5 Use of the NCF in the region

We examined the use of the NCF in relation to its use at the regional level and its integration with how country offices support ECD. At the regional level, UNICEF and its partners used the NCF to promote cross-sector collaboration that advances ECD. However, within the ESARO, the use of the NCF is limited by siloed approaches and lack of buy-in.

There was substantial variation at the country level with respect to whether the NCF was in use and whether it was well integrated into UNICEF programming at national and subnational levels. Where it was in use at the country office level, the NCF acted as a catalyst and/or foundation for cross-sector collaboration. The NCF also served as a tool to clarify the roles and responsibilities of different actors across sectors in promoting ECD. The NCF has also been taken up by some governments, and can play a critical role in bringing staff together from across government ministries.

In addition, many UNICEF country offices were in the early stages of integrating the NCF into programming – often starting with the nutrition or health sections. Uptake of the NCF by UNICEF country offices and governments was not moving past the level of collaboration and

planning and was not (yet) reflected in service delivery platforms. In fragile contexts, it was difficult for UNICEF to internally or externally promote the NCF given the focus on immediate needs for lifesaving programming. However, it was valued in principle.

Not all aspects of the NCF are equally operationalised. Whilst most countries that use the NCF engage in collaboration across programme areas (such as health and nutrition), few seemed to be placing any emphasis on responsive caregiving. The responsive caregiving element was less well understood by UNICEF staff than other aspects of the framework..

6.6 Operationalisation and expansion of ECE in the region

We looked at two aspects of ECE in the region: (1) the extent to which UNICEF-supported ECE diagnostic assessments catalyse progress around ECE and (2) the level of integration of ECE into UNICEF country-level education sector plans and activities.

6.6.1 Extent to which UNICEF-supported ECE diagnostic assessments catalyse progress

Only 10 of the 21 countries in the region had completed a UNICEF-funded ECE diagnostic assessment by 2019. In those countries, the diagnostic assessments played a critical role in the development of the enabling environment for ECE in key areas (such as policies and funding). They achieved these results by bringing together stakeholders to draw attention to ECE as a subsector, create partnerships, identify gaps and develop shared priorities.

The diagnostic assessments have helped governments understand the status of ECE in their country (including where they faced critical gaps), make strategic and evidence-based decisions about how to invest in strengthening ECE and develop effective plans and systems to roll out these improvements. The most common areas of focus for ECE sector strengthening include the development and implementation of ECE policies, the design of new or revised curricula, development of quality standards and improvements in financing. These types of progress in ECE can also attract donor investment to help governments carry out their reforms.

However, not all countries receive these benefits from completing an ECE diagnostic assessment. If UNICEF country offices and/or governments are not engaged and committed to the process, the ESARO ends up with ownership – limiting progress within the country. In countries that have completed an ECE diagnostic assessment, action has tended to be much slower in the areas of ECE workforce development and family/community engagement around ECE (compared with the other areas described earlier). Governments also make slower progress in ECE when it is situated outside of their ministry of education (such as a ministry for women's and children's affairs) or when no one ministry has ownership.

In addition, the ECE diagnostic assessments so far have taken place in countries that elected to do so based on their priorities. Therefore, we cannot assume that ECE diagnostic assessments would yield the same benefits for countries that are not asking to complete them.

6.6.2 Level of integration of ECE into UNICEF education sector plans

There was a gap between what UNICEF country offices were doing in the area of ECE and how ECE was addressed in UNICEF planning documents. Most countries do not mention ECE in reference to the Strategic Monitoring Questions, and only 10 (out of 21) mention allocation of country office resources to support ECE. However, when we spoke with UNICEF country office staff, we found several instances where countries that seemed to be allocating little to ECE were actually doing a great deal in the sector. And other countries that seemed to be allocating substantial resources to ECE were not really prioritizing it.

We established that 16 of the 21 countries in the region seemed to be integrating ECE into their education sector plans. These plans included building government commitment and capacity around ECE and (in some countries) supporting NGOs and CBOs to provide ECE – including for refugee populations.

6.7 The UNICEF response to the COVID-19 pandemic

The COVID-19 pandemic was not originally a focus of this evaluation, but given its effects across the region, we looked at the UNICEF response and asked UNICEF staff what they felt was needed for the region to be able to respond to shocks like this one. UNICEF mobilised an extensive response across the region, including the promotion of public health and prevention through programming and C4D, the re-deployment of initiatives in virtual formats and the promotion of supports for parents who are likely to be stressed and disconnected from their usual support systems.

UNICEF country office staff made several requests for additional supports from the ESARO. These included help in identifying how programming already in place could continue to be implemented in the context of the pandemic and guidelines for how to train community health workers and community volunteers through distance learning. UNICEF staff also expressed concern about the re-deployment of funds to address the emergency (which takes away from other essential programming) and the fact that UNICEF offices in wealthier countries in the region lack a sufficient pool of financial resources to quickly mobilise a response.

7. Lessons Learnt

We learned a number of generalisable lessons in the course of this evaluation. Here, we do not articulate lessons for every research question or indicator, but rather focus on issues of broader interest where they arose.

1. There is a lack of data on ECD funding across the region, both within UNICEF and the country level (with the possible exception of ECE specifically). Even when there are designated allocations for ECD, it is often unclear how much was actually funded or spent. There is a corresponding dearth of outcome data, as well. This lack of data hampers UNICEF's ability to monitor the effectiveness of its ECD advocacy, to track the efficiency of ECD investments, and to hold governments accountable.
2. The greater the levels of UNICEF collaboration with government partners, the more satisfied those partners are with their relationship UNICEF.
3. Both the ECD framework and the NCF can promote holistic thinking about children's development and can serve as a foundation for cross-sector collaboration in the region – if UNICEF staff know about the frameworks and understand why they are relevant. Also, in humanitarian contexts, stakeholders are often too consumed with meeting urgent basic needs to use the ECD framework and/or the NCF (as they are presented now).
4. It is unreasonable to expect ECD focal points to effectively drive UNICEF's ECD agenda on their own. The promotion of ECD within UNICEF requires stronger commitment from leadership, and greater engagement and ownership across sectors.
5. UNICEF applies the principle of progressive universalism in the right starting place (with the most marginalized), but does not typically go any further – missing both the “progressive” and “universal” aspects. This issue seriously risks leaving out portions of the population that are slightly less vulnerable (but still need ECD support to promote their child's healthy development and wellbeing). Relatedly, when UNICEF prioritises certain geographic areas for support, there is an (unlikely) assumption that people in other geographic areas can take care of their own needs.
6. ECE diagnostic assessments are a wise investment for UNICEF, as long as they are undertaken in country contexts where both the government and UNICEF are engaged and ready to act on the information.

8. Recommendations

We formulated our recommendations based on a combination of (a) direct input from stakeholders in the course of interviews, and (b) review of the evaluation data across sources to identify actionable areas of need or gaps. We provide 10 recommendations to the ESARO:

1. Within UNICEF, the ESARO itself needs to find ways to promote cross-sector collaboration at both the regional and country levels. Whilst some areas such as nutrition and health seem to be increasing their collaboration, other sectors such as social protection and child protection do not understand their critical role in the promotion of ECD. If UNICEF country offices are working in silos, it makes it more difficult for them to promote cross-sectoral collaboration amongst partners (including governments) and for partners to engage with UNICEF.
2. Relatedly, in countries where cross-sector collaboration is taking place at national and system levels, UNICEF should begin to work with partners to determine how to better bring this integration into service delivery platforms.
3. The ESARO should provide systematic refresher trainings on the ECD framework to country offices (and an initial orientation for new staff). These trainings should include staff from sectors that should be playing a role in the promotion of ECD but do not typically see how their work is relevant (especially staff from the social protection and child protection sectors).
4. Country office ECD focal points need greater support to be able to fulfil their roles effectively. The ESARO should expect Deputy Representatives to advocate for and support the work of the ECD focal points, so that the focal points can gain the attention, engagement and cooperation of their colleagues across sectors. At the same time, the ESARO should identify additional ways that the ECD focal point role can be made less overwhelming for staff, given their other responsibilities.
5. In the area of progressive universalism, UNICEF as an organisation needs to consider the fact that its efforts usually begin and end with the most vulnerable and almost never then scale up to the less vulnerable (but still needy) as the name 'progressive universalism' implies. In addition, UNICEF needs to reflect on how its geography-based approaches (focusing on selected districts) leave out others who may be just as needy but live outside the priority area(s). These issues are not unique to UNICEF, and the attempts of UNICEF to address them may be most effective in collaboration with its partners (including other United Nations agencies as well as other organisations).
6. The ESARO should provide greater information and technical assistance to countries and partners to help them (a) understand the responsive caregiving element of the NCF, (b) learn how to integrate it into programming and (c) know how to advocate with other stakeholders (such as governments) regarding its importance.

7. UNICEF should continue to promote the use of ECE diagnostic assessments in countries that have shown a commitment to the process (on the part of both the UNICEF country office and the government).
8. UNICEF should re-examine its reporting requirements for countries, as we found many instances where country-level documentation did not accurately reflect what was happening in the country around ECD.
9. In humanitarian contexts, there is tremendous need across sectors, with an individual child or family requiring holistic support for their well-being. At the same time, these were the contexts least likely to be using the ECD framework or the NCF. The ESARO should conduct a study or similar exercise to determine how best to begin to integrate these two frameworks into humanitarian contexts.
10. There is a strong need for the ESARO to promote greater exchange of resources, technical knowledge and best practices across the region (and even from countries outside of the region). This kind of exchange would help increase efficiency and improve the quality of UNICEF efforts. Materials or approaches created for one country could be adopted by or adapted for another rather than repeatedly being developed from scratch. These exchanges may be especially effective amongst countries in subregions with similar contexts.




Annex A. Terms of reference

(TOR inserted into PDF version of this report.)

Annex B. ESAR country profiles

For each of the 21 countries in the region, the table indicates whether they are above (light grey), around (medium grey) or below (dark grey) average levels for the region (see Table 2). The classification was determined based on the regional average for each indicator; for example, the average under-5 mortality rate was 60 deaths per 1,000 live births, so countries below and above that average were categorised as such. Income-level averages were based on classifications by the World Bank, which determined that most countries in the region were lower-middle income. The refugee population average for countries in the ESAR was considered to be 10,000–100,000 based on United Nations Human Rights Council (UNHRC) data.

Table 2. ESAR country profiles

 > Regional Average
  ≈ Regional Average
  < Regional Average

Countries	Demographics				
	Income-level classification ¹⁸	Refugee population ¹⁹	2018 Urban population (% of total population) ²⁰	Under-5 mortality (per 1,000 live births) ²¹	Pre-primary gross enrolment rate ²²
Angola	Lower middle	10,000–100,000	66%	83 deaths	39.61%
Botswana	Upper middle	Less than 10,000	69%	41 deaths	21.45%
Burundi	Low income	10,000–100,000	13%	72 deaths	15.37%
Comoros	Lower middle	Less than 10,000	29%	73 deaths	21.81%
Eritrea	Low income	Less than 10,000	36%	45 deaths	23.33%
Eswatini	Lower middle	Less than 10,000	24%	70 deaths	27.43%
Ethiopia	Low income	More than 100,000	21%	58 deaths	29.44%
Kenya	Lower middle	More than 100,000	27%	49 deaths	75.8%
Lesotho	Lower middle	Less than 10,000	28%	94 deaths	38.94%
Madagascar	Low income	Less than 10,000	37%	46 deaths	39.61%

¹⁸ World Bank Country and Lending Groups, World Bank, <<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519>>, accessed 19 June 2020.

¹⁹ UNHCR 2016 Statistical Yearbook, United Nations High Commissioner for Refugees, Geneva, Switzerland, 2017 <<https://www.unhcr.org/en-us/statistics/country/5a8ee0387/unhcr-statistical-yearbook-2016-16th-edition.html>>, accessed 19 June 2020.

²⁰ Urban population (% of total population), World Bank Data, World Bank, <<https://data.worldbank.org/indicator/SP.URB.TOTL.IN.ZS?locations=MW-ET-MZ-TZ-ZM-UG-AO-BW-BI-KM-ER-SZ-KE-LS-MG-NA-RW-SO-ZA-SS-ZW>>, accessed 19 June 2020.

²¹ Progress for Every Child in the SDG Era Dashboard, UNICEF Data, 2018 <<https://data.unicef.org/resources/progress-every-child-sdg-era-dashboard/>>, accessed 19 June 2020.

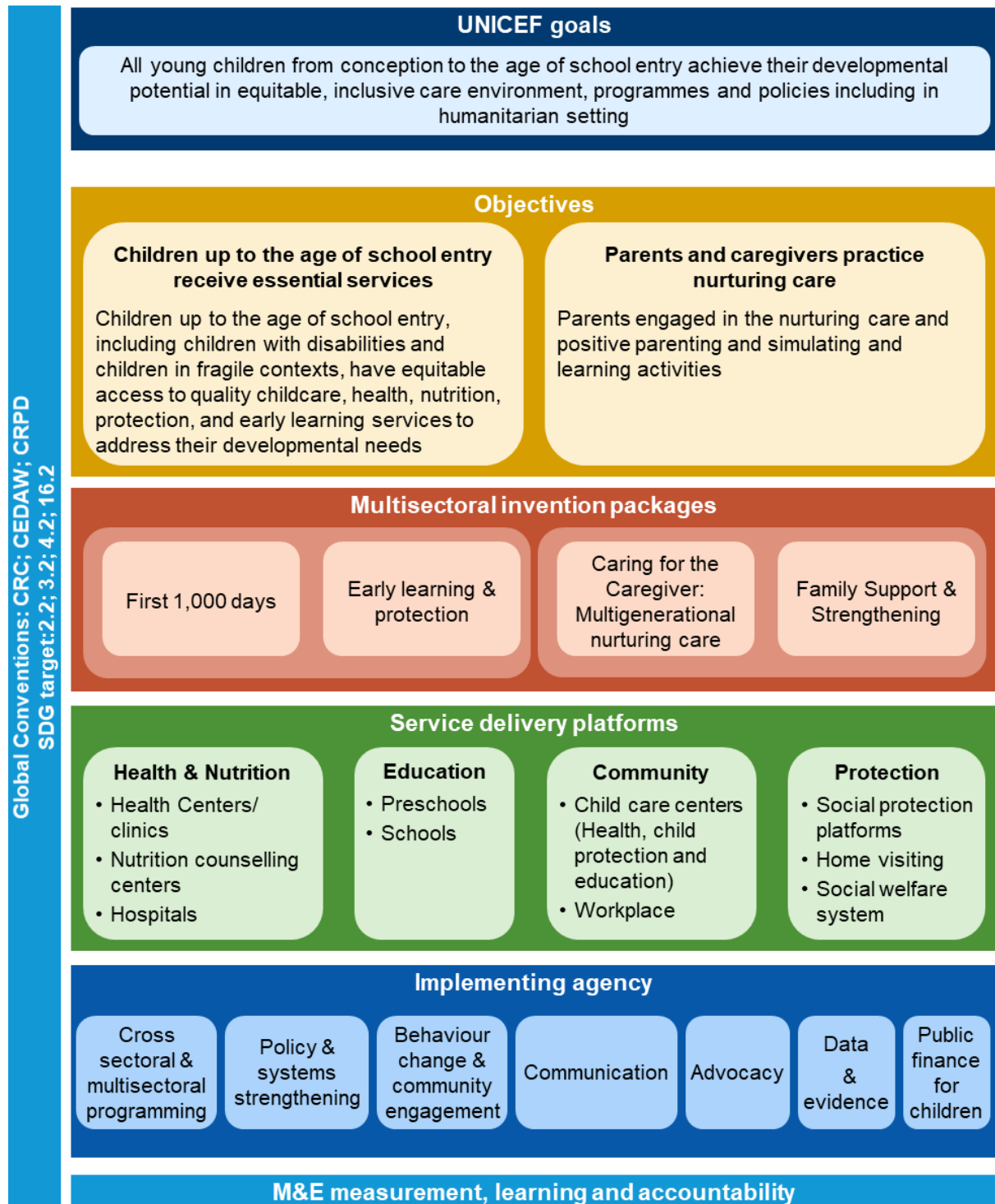
²² Participation in Education, UNESCO Data <<http://uis.unesco.org/>>, accessed 19 June 2020.

Countries	Demographics				
	Income-level classification ¹⁸	Refugee population ¹⁹	2018 Urban population (% of total population) ²⁰	Under-5 mortality (per 1,000 live births) ²¹	Pre-primary gross enrolment rate ²²
Malawi	Low income	Less than 10,000	17%	55 deaths	83.58%
Mozambique	Low income	Less than 10,000	36%	71 deaths	No data
Namibia	Upper middle	Less than 10,000	50%	45 deaths	34.2%
Rwanda	Low income	More than 100,000	17%	39 deaths	22.47%
Somalia	Low income	10,000–100,000	45%	133 deaths	No data
South Africa	Upper middle	10,000–100,000	66%	43 deaths	24.62%
South Sudan	Low income	More than 100,000	20%	91 deaths	11.26%
Tanzania	Low income	More than 100,000	34%	57 deaths	41.4%
Uganda	Low income	More than 100,000	24%	53 deaths	14.41%
Zambia	Lower middle	10,000–100,000	44%	63 deaths	7.57%
Zimbabwe	Lower middle	Less than 10,000	32%	56 deaths	28.09%

Annex C. The UNICEF ECD Framework for Action

Annex C presents the UNICEF Eastern and Southern Africa Region ECD Framework for Action (see Figure 2).

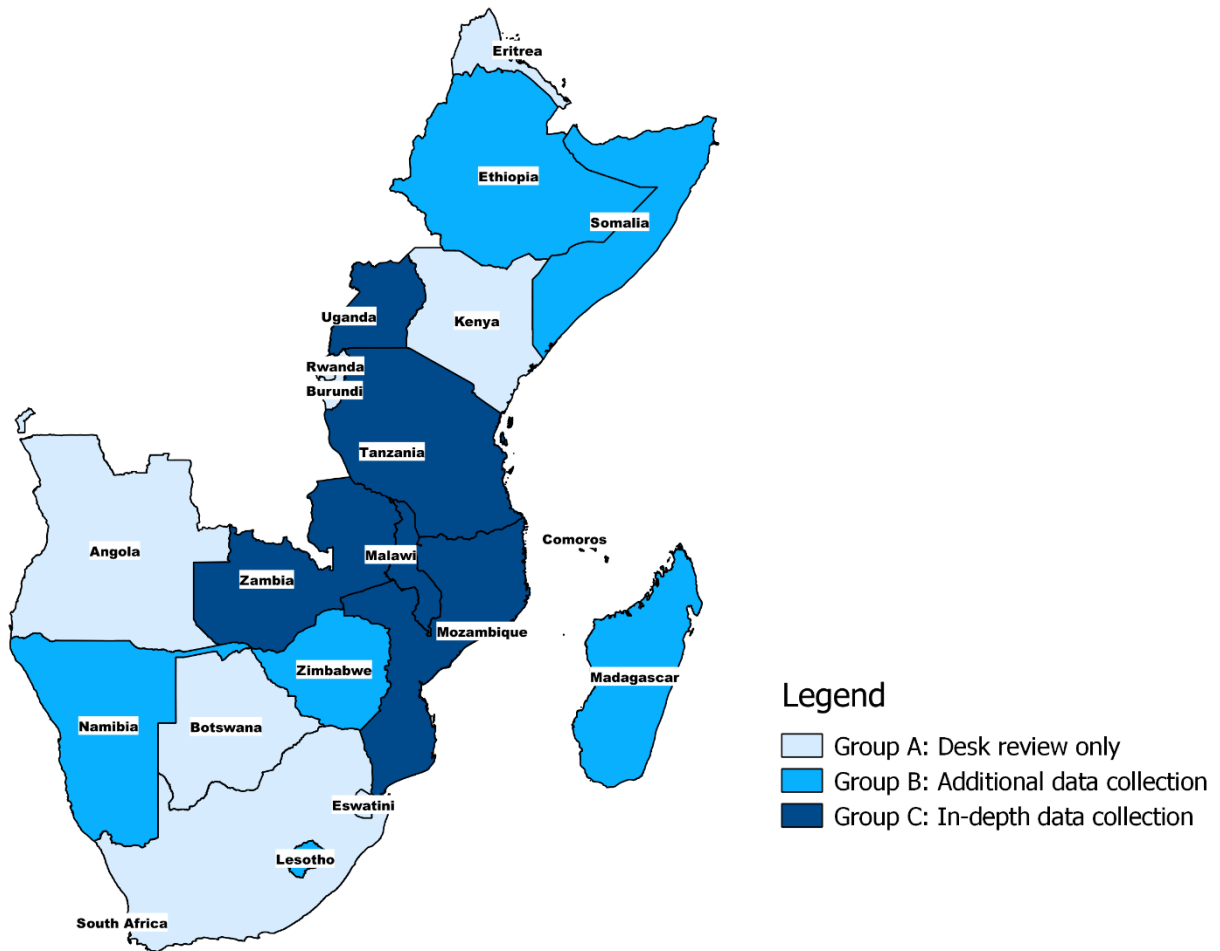
Figure 2. The UNICEF Eastern and Southern Africa Region ECD Framework for Action



Annex D. Geographic scope

In this annex, we display the geographic scope for this evaluation.




Figure 3. UNICEF Eastern and Southern Africa Region



Annex E. Chronological scope

Light shading indicates the current country programme cycle, darker shading the previous country cycle, and the box the evaluation timeframe (see Table 3).

Table 3. ESAR countries programme cycles

 Evaluation timeframe
  Current programme cycle
  Previous programme cycle

Countries	Programme cycle years										
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Angola											
Botswana											
Burundi											
Comoros											
Eritrea											
Eswatini											
Ethiopia											
Kenya											
Lesotho											
Madagascar											
Malawi											
Mozambique											
Namibia											
Rwanda											
Somalia											
South Africa											
South Sudan											
Tanzania											
Uganda											
Zambia											
Zimbabwe											

Annex F. Data availability mapping

Annex C summarises the evaluability assessment conducted by AIR during the inception phase (see Table 4). As demonstrated, there were substantial gaps in the availability of data and timeliness of the data across countries in the region.

Table 4. Availability of DHS and MICS data

Country	DHS	MICS
	2016–2019	2016–2019
Angola	2015–2016	None
Botswana	None	None
Burundi	2016–2017	None
Comoros	None	None
Eritrea	None	None
Eswatini (Swaziland)	None	None
Ethiopia	2016	None
Kenya	None	None
Lesotho	None	2018
Madagascar	None	2018
Malawi	2015–2016	None
Mozambique	None	None
Namibia	None	None
Rwanda	None	None
Somalia	None	None
South Africa	2016	None
South Sudan	None	None
Tanzania, United Republic of	2015–2016	None
Uganda	2016	None
Zambia	None	None
Zimbabwe	None	2019

Annex G. Evaluation matrix

This annex presents the evaluation matrix developed by AIR. We specify our judgement criteria, indicators, sources of information and data collection approaches (see Table 5).

Table 5. Evaluation matrix

Indicators	Sources of Information	Methods
Question 1: To what extent is there an enabling environment in the region for the implementation of the ECD framework? (Relevance)		
Judgment Criterion 1.1. Evidence that countries have included ECD in their priorities, policies, funding and planning		
1.1.1. Countries have policies and mandates in place for the provision of ECD systems and services.	Strategic Monitoring Questions related to whether countries have national multisectoral policies and/or action/implementation plans for ECD	Desk review all ESAR
1.1.2. Countries provide funding for ECD systems and services.	Strategic Plan Country Profiles (ECE as a percentage of national education budget)	Desk review all ESAR
	Government documents and data. ²³ World Health Organization and OECD Development Cooperation Directorate reporting	Desk review all ESAR
1.1.3. Countries engage in ongoing collaboration and dialogue with UNICEF regarding ECD.	Government stakeholders (position varies by country)	KIIs Group C
	UNICEF ECD focal points	KIIs Groups B + C
	UNICEF deputy representatives	KIIs Group C
1.1.4. Countries have accountability mechanisms for the delivery of ECD.	Government documents (vary by country)	Desk review Groups B + C
Judgment Criterion 1.2. Evidence that UNICEF country offices focus on ECD and allocate adequate resources to promote it		
	Country Office Annual Reports (reporting on Objective 1)	Desk review all ESAR

²³ Note that in areas such as health, not all countries/reports of national expenditures isolate the portion of those resources that are allocated to ECD specifically. We will report the information in a way that is ECD-specific to the extent possible, and will note in our reporting when it is not feasible to isolate ECD-specific investments.

Indicators	Sources of Information	Methods
1.2.1. UNICEF country offices have incorporated ECD into their strategic planning.	Programme Strategy Notes (nutrition, education, social protection, health and C4D)	Desk review Groups B + C
	Results Assessment Monitoring reports indicate that countries are actively engaged in supporting activities toward Goal 1 and/or Goal 2	Desk review all ESAR
1.2.2. UNICEF country offices have sufficient human and material resources towards carrying out their ECD agenda.	UNICEF country office Annual Management Plans	Desk review all ESAR
	Results Assessment Monitoring percentage of country office budget allocated to ECD in Goal 1	Desk review all ESAR
	UNICEF ECD focal points	KIIs Groups B + C
	UNICEF deputy representatives	KIIs Group C
	UNICEF country office education, health, nutrition, social protection and C4D sector staff	KIIs Group C
Question 2: To what extent does having the regional ECD framework act as a catalyst for multi-sector ECD advocacy and programming? (Coherence)		
Judgment Criterion 2.1. Evidence that stakeholders actively use the framework as a catalyst for cross-sector engagement		
2.1.1. UNICEF ESARO makes use of the framework in planning and collaboration with country offices.	UNICEF regional education, health, nutrition, social protection and C4D sector staff	KIIs with ESARO
2.1.2. UNICEF staff make use of the framework in planning and collaboration with partners.	UNICEF Country Office Compacts of Mutual Accountability	Desk review all ESAR
	UNICEF ECD focal points	KIIs Groups B + C
	UNICEF deputy representatives	KIIs Group C
	UNICEF country office education, health, nutrition, social protection and C4D sector staff	KIIs Group C
Question 3. What are the pros and cons of the different models used by UNICEF country offices to deliver ECD? (Efficiency)		
Judgement Criterion 3.1. Evidence for the challenges and benefits associated with the four different models		
	Formalised ECD working groups (where they exist)	KIIs Group C

Indicators	Sources of Information	Methods
3.1.1. The selected model allows for efficient and effective engagement with stakeholders.	ECD focal points	KIIs Groups B + C
	UNICEF deputy representatives	KIIs Group C
	UNICEF country office education, health, nutrition, social protection and C4D sector staff	KIIs Group C
Question 4. Does UNICEF have adequate systems in place to monitor implementation of the framework through its regional and country offices? (Efficiency)		
Judgment Criterion 4.1. Evidence that UNICEF has systems and procedures in place to monitor the use of the ECD framework in its work at the regional level		
4.1.1. UNICEF has formal systems and/or procedures that it routinely applies to monitor implementation of the framework (as a whole) at the <u>regional</u> level.	UNICEF ESARO lead for ECD	KIIs ESARO
	UNICEF ESARO leads for health, nutrition, child protection, C4D	KIIs ESARO
	UNICEF ESARO monitoring and evaluation staff	KIIs ESARO
Judgment Criterion 4.2. Evidence that UNICEF has systems and procedures in place to monitor the use of the ECD framework at the national levels		
4.2.1. UNICEF has formal systems and/or procedures that it routinely applies to monitor implementation of the framework (as a whole) at <u>country</u> levels.	Country Office Annual Reports (sections addressing Goal 1 and Goal 2)	Desk review all ESAR
	Country Office Compacts (use of scorecard indicators)	Desk review all ESAR
	ECD focal points	KIIs Groups B + C
	UNICEF deputy representatives	KIIs Group C
	UNICEF country office monitoring and evaluation staff	KIIs Group C
Question 5. What is the relative effectiveness of the different models used to deliver ECD? (Effectiveness)		
Judgment Criterion 5.1. Evidence of more versus less effective implementation of UNICEF's ECD agenda at the countries level, based on model		
5.1.1. UNICEF's model for delivery of ECD enables efficient and effective promotion of UNICEF's ECD agenda at the country level.	Formalised ECD working groups	KIIs Group C
	ECD focal points	KIIs Groups B + C
	UNICEF deputy representatives	KIIs Group C
	UNICEF country office education, health, nutrition, social protection and C4D sector staff	KIIs Group C

Indicators	Sources of Information	Methods
Question 6. To what extent are the ECD framework’s five principles embedded in the approaches that country offices use to strengthen ECD? And what are the barriers and facilitators to following these principles? (Effectiveness)		
Judgment Criterion 6.1. Alignment of UNICEF’s ECD system-strengthening and service-provision approaches with the framework’s five principles		
6.1.1. UNICEF’s ECD system-strengthening efforts reflect the principle of progressive universalism.	Country Office Annual Reports (sections addressing Goal 1 and Goal 2, plus any other sections addressing application of the principle of progressive universalism in reference to ECD)	Desk review all ESAR
6.1.2. UNICEF’s efforts at strengthening systems (for ECE) and delivery platforms (for maternal and child nutrition and health) emphasise quality.	Country Office Annual Reports (sections addressing Goal 1 and Goal 2, plus any other sections addressing application of the principle of quality in reference to ECD)	Desk review all ESAR
	Country-level diagnostic assessments and sector reports (as available) in relation to ECE, and maternal and child nutrition and health	Desk review Group C
	ECD focal points	KIIs Groups B + C
	UNICEF country office health, nutrition and education sector staff	KIIs Group C
6.1.3. UNICEF’s ECD system-strengthening and service-provision approaches reflect considerations of scaling and sustainability.	Country Office Annual Reports (sections addressing Goal 1 and Goal 2, plus any other sections addressing application of the principle of progressive universalism in reference to ECD)	Desk review all ESAR
	Country-level diagnostic assessments and sector reports (as available) in relation to ECE, and maternal and child nutrition and health	Desk Group C
	ECD focal points	KIIs Groups B + C
	UNICEF country office health, nutrition and education sector staff	KIIs Group C
6.1.4. UNICEF’s ECD system-strengthening and service-provision approaches are pragmatic.	Country Office Annual Reports (sections addressing Goal 1 and Goal 2, plus any other sections addressing application of the principle of pragmatism in reference to ECD)	Desk review all ESAR
	Country-level diagnostic assessments and sector reports (as available) in relation to ECE, and maternal and child nutrition and health	Desk review Group C
	ECD focal points	KIIs Groups B + C

Indicators	Sources of Information	Methods
	UNICEF country office health, nutrition and education sector staff	KIIs Group C
	UNICEF partners at the country levels (will vary by country)	KIIs Group C
	UNICEF partners at the regional level	KIIs at the ESAR level
6.1.5. UNICEF’s ECD system-strengthening and service-provision approaches add value to what others are doing at the country level (e.g., through serving a coordinating function, providing C4D materials).	Country Office Annual Reports (sections addressing Goal 1 and Goal 2, plus any other sections addressing application of the principle of added value ECD)	Desk review all ESAR
	Country-level diagnostic assessments and sector reports (as available) in relation to ECE, maternal and child nutrition and health, and C4D	Desk review Group C
	ECD focal points	KIIs Groups B + C
	UNICEF country office health, nutrition, education and C4D sector staff	KIIs Group C
	UNICEF partners at the country levels (will vary by country)	KIIs Group C
	Formalised ECD working groups	KIIs Group C
	UNICEF partners at the regional level	KIIs at the ESAR level
Question 7. To what extent has the NCF been operationalised in the region, and to what extent has it driven improvements in ECD systems? (Effectiveness)		
Judgment Criterion 7.1. Integration of the NCF values and approaches into how the country offices support ECD		
7.1.1. UNICEF country offices use the NCF as a foundation for the promotion of ECD policies and programming.	Programme Strategy Notes (nutrition, education, social protection, health and C4D)	Desk review all ESAR
	Country Office Annual Reports (section addressing Goal 1)	Desk review all ESAR
7.1.2. UNICEF country offices use the NCF to promote cross-sector collaboration in ECD.	Programme Strategy Notes (nutrition, education, social protection, health and C4D)	Desk review all ESAR
	Formalised ECD working groups	KIIs Group C
7.1.3. NCF concepts are embedded into UNICEF programmes and interventions at national and sub-national levels.	Programme Strategy Notes (nutrition, education, social protection, health and C4D)	Desk review all ESAR
	UNICEF country office health, nutrition, education and C4D sector staff	KIIs Group C

Indicators	Sources of Information	Methods
7.1.4. Country policies, funding choices and service delivery platforms reflect understanding and use of the NCF.	Government ECD stakeholders in health, nutrition, child protection and social protection	KIIs Group C
Question 8. To what extent has ECE been operationalised in the region, and to what extent have UNICEF’s efforts driven improvements in ECE systems? (Effectiveness)		
Judgment Criterion 8.1. Extent to which UNICEF-supported systems diagnosis promotes the creation of an enabling environment for ECE		
8.1.1. UNICEF-supported ECE systems diagnoses have helped create an ECE enabling environment at the country level (such as policy and legislations, leadership and capacity, financing and/or public demand).	ECE system diagnostic reports and/or situational analyses	Desk review Groups B + C
	UNICEF country office ECE leads	KIIs for all Group C + for Group B countries that prioritise ECE
Judgment Criterion 8.2. Extent to which UNICEF-supported systems diagnosis catalyses progress in key action areas for ECE		
8.2.1. UNICEF-supported ECE systems diagnoses have helped countries advance on key action areas (such as effective planning; curriculum; personnel; family and community engagement; and monitoring, regulation and quality assurance).	ECE system diagnostic reports and/or situational analyses	Desk review Groups B + C
	UNICEF country office ECE leads	KIIs for all Group C + for Group B countries that prioritise ECE
Judgment Criterion 8.3. Level of integration of ECE into UNICEF country-level education sector plans and activities		
8.3.1. UNICEF country office strategies and activities reflect prioritisation of ECE.	Programme Strategy Notes for education sector	Desk review Group C
	Country Office Annual Reports (ECE components described under Objective 2)	Desk review all ESAR
	Strategic Plan Country Profiles (indication of whether ECE system strengthening is included in country’s SMQ responses)	Desk review all ESAR

Indicators	Sources of Information	Methods
	Strategic Plan Country Profiles (percentage of country office education expenditures allocated to ECE)	Desk review all ESAR
	ECD focal points	KIIs Groups B + C
	UNICEF country office staff responsible for ECE	KIIs in Group C + in Group B countries with a dedicated ECE person
	UNICEF deputy representatives	KIIs Group C
8.3.2. UNICEF country offices have been able to advance ECE, given competing demands and priorities.	Country Office Annual Reports (ECE components described under Objective 2)	Desk review all ESAR
	UNICEF country office staff responsible for ECE	KIIs in Group C countries + Group B countries with a dedicated ECE person
8.3.3. Countries in the region have strengthened their ECE policies, funding and service delivery platforms.	Country Office Annual Reports (ECE components described under Objective 2)	Desk review all ESAR
	2018 Strategic Plan Country Profiles (section 2.b.3.a)	Desk review all ESAR
	Government stakeholders responsible for ECE	KIIs Groups B + C
Question 9. To what extent does the framework drive effective ECD system strengthening in the region? And what are the barriers and facilitators to strengthening ECD systems to sustainability? (Sustainability)		
Judgment Criterion 9.1. Evidence that the framework has been used (directly or indirectly) to strengthen ECD systems at the country level		
9.1.1. UNICEF country offices use the framework to focus their efforts towards strengthening ECD.	ECD focal points	KIIs Groups B + C
	UNICEF deputy representatives	KIIs Group C

Indicators	Sources of Information	Methods
	UNICEF country office health, nutrition, education, child protection and C4D sector staff	KIIs Group C
9.1.2. UNICEF country office staff are able to use the framework as an effective driver for change.	ECD focal points	KIIs Groups B + C
	UNICEF deputy representatives	KIIs Group C
	UNICEF country office health, nutrition, education, child protection and C4D sector staff	KIIs Group C
9.1.3. Countries in the region show improvements in ECD policies, funding and service delivery platforms for ECD.	Country Office Annual Reports (sections addressing Goal 1 and Goal 2)	Desk review all ESAR

Annex H. Key informants

The following annex summarises the list of respondents interviewed for this evaluation (see Table 6).

Table 6. Key informants

Organisation	Respondent's Role
Regional Level	
UNICEF ESARO	Regional ECD Lead
UNICEF ESARO	Regional C4D staff
UNICEF ESARO	Regional Education Staff
UNICEF ESARO	Regional Nutrition Staff
Gates Foundation	Deputy Director, Strategy, Planning and Management
Save the Children – Africa	Early Childhood Care and Development Senior Specialist
World Bank	Global Lead for Early Childhood Development
WHO	Medical Officer for Child and Adolescent Health
LEGO Foundation	Director of Early Learning
Hilton Foundation	Senior Program Officer
Country Level	
Ethiopia (Group C)	
UNICEF Ethiopia	Early Childhood Education and Development Specialist
UNICEF Ethiopia	Social Policy Specialists (3)
UNICEF Ethiopia	Chief of Health
Lesotho (Group B)	
UNICEF Lesotho	ECD Specialist
UNICEF Lesotho	Education Chief and ECD Focal Point
UNICEF Lesotho	ECE Lead
Government	Education Planners for the Lesotho Government (2)
Government Ministry of Education and Training	Chief Education Officer
Madagascar (Group B)	
UNICEF Madagascar	Nutrition ECD Focal Point (Chief of Nutrition)
UNICEF Madagascar	Education ECD Focal Point
UNICEF Madagascar	WASH ECD Focal Point

Organisation	Respondent's Role
UNICEF Madagascar	Child Protection ECD Focal Point
UNICEF Madagascar	C4D ECD Focal Point
UNICEF Madagascar	Social Policy ECD Focal Point
Government	Coordinator in Nutrition Office
Government	Director of Nutrition Office
Malawi (Group C)	
UNICEF Malawi	ECD Focal Points (2) – Education Specialists
UNICEF Malawi	Deputy Representative
UNICEF Malawi	Nutrition Manager
UNICEF Malawi	Health Specialist
UNICEF Malawi	Social Protection Specialist
UNICEF Malawi	WASH Specialist
UNICEF Malawi	Monitoring and Evaluation
Government Ministry of Health	Head of the Nutrition and HIV Department
Government Ministry of Gender, Children, Disability, and Social Welfare	Social Welfare Officer
World Bank	Senior Education Specialist
KfW	Project Coordinator
Mozambique (Group C)	
UNICEF Mozambique	ECD Focal Points (2) – Child Survival Development Specialist; Education Specialist
UNICEF Mozambique	Deputy Representative
UNICEF Mozambique	Lead for Education – Chief of Education
UNICEF Mozambique	Social protection Lead – Lead for Social Policy, Evaluation & Research, and Social Protection
UNICEF Mozambique	Chief of C4D
UNICEF Mozambique	Lead – Chief of Research & Evaluation
UNICEF Mozambique	Chief of Health & Nutrition and Co-Chair of ECD-WG
UNICEF Mozambique	Child Protection Leads (2) – Chief of Child Protection; ECD Focal Point in Child protection
Government Ministry of Health	Coordinator
Government Ministry of Gender and Social Action	Director of Child Affairs
Save the Children	Education Specialist

Organisation	Respondent's Role
World Vision	Food Assistance Manager; Sponsorship Development Facilitator
PATH	ECD Advisor
National ECD network (R-DPI)	Coordinator
Mozambican Association of Paediatricians (AMOPE)	Paediatrician; Coordinator of ECD project
Namibia (Group B)	
UNICEF Namibia	ECD Focal Point (Education)
Somalia/Somaliland (Group B)	
UNICEF Somalia/Somaliland	Education Leads (2) – Chief of Education; Education Specialist
UNICEF Somalia/Somaliland	Chief of Health
UNICEF Somalia/Somaliland	Chief of Nutrition
UNICEF Somalia/Somaliland	Chief of Social Protection
Government Ministry of Health	Director of Planning
Tanzania (Group C)	
UNICEF Tanzania	ECD Focal Points (2) – Lead for education; Chief of Health
UNICEF Tanzania	Deputy Representative
UNICEF Tanzania	Child Protection Leads (2) – C4D, Child Protection Specialist; Child Protection Specialist
UNICEF Tanzania	Lead for Gender
UNICEF Tanzania	Nutrition Specialist
UNICEF Tanzania	C4D Specialist
UNICEF Tanzania	WASH Specialist
Government Ministry of Community Development, Gender, Elderly, and Children	Assistant Director for Children Rights and Development
USAID	Foreign Service Officer
Uganda (Group C)	
UNICEF Uganda	ECD Focal Points (2) – Education Specialist; Early Child Development Specialist
UNICEF Uganda	Deputy Representative
UNICEF Uganda	ECD area of special need for refugees – ECD Officer
UNICEF Uganda	Child Protection & Social Protection Leads (2) – Social Policy Manager; Child Protection Specialist

Organisation	Respondent's Role
UNICEF Uganda	C4D Specialist
UNICEF Uganda	Planning and Monitoring Officer
UNICEF Uganda	Education Specialist
UNICEF CO in Uganda	Nutrition Lead
UNICEF CO in Uganda	Health Specialist
Government Ministry of Education, Science, and Technology	Education Officer, Pre-Primary
Uganda Muslim Supreme Council	National Program Coordinator
AVSI Foundation	Director of Programs; Program Manager
Church of Uganda	Program Coordinator
Save the Children	Director of Program Development and Quality
Zambia (Group C)	
UNICEF Zambia	ECD Focal Point
UNICEF Zambia	Deputy Representative
UNICEF Zambia	Chief of Planning, Monitoring and Evaluation
UNICEF Zambia	Chief of Health
UNICEF Zambia	Chief of Social Policy
UNICEF Zambia	Chief of Nutrition
UNICEF Zambia	Chief of WASH
Government Ministry of Community Development and Social Welfare	Social Welfare Officer
ChildFund	Education Technical Advisor
Zimbabwe (Group B)	
UNICEF Zimbabwe	CO Sector Leads (3) – Education Chief; ECD specialist; Health Manager
UNICEF Zimbabwe	Social Protection Specialist
Government Ministry of Primary and Secondary Education	Focal Point

Note. This table includes just those key informants who participated in interviews.

Annex I. Desk review documents

In this annex, we present a list of documents consulted for this evaluation (see Table 7).

Table 7. Desk review documents

Document	Notes
All Countries	
2018 Strategic Plan Country Profiles	
2019 Country Office Annual Reports	
Programme Strategy Notes (nutrition, education, social protection, health and C4D)	Unavailable for Comoros
Results Assessment Monitoring	Unavailable for Comoros, Eritrea, Madagascar
UNICEF Country Office Annual Management Plans	
UNICEF Country Office Compacts of Mutual Accountability	
Countries in Groups B Only	
ECE system diagnostic reports and/or situational analyses	Received for Ethiopia, Lesotho, Mozambique, Zambia
Government documents (vary by country)	
Programme Strategy Notes for Multiple Sectors (nutrition, education, social protection, health and C4D)	
Countries in Group C Only	
Country-level diagnostic assessments and sector reports (as available) in relation to ECE, and maternal and child nutrition and health	Only received for Zambia
ECE system diagnostic reports and/or situational analyses	Received for Ethiopia, Lesotho, Mozambique, Zambia
Government documents (vary by country)	
Programme Strategy Notes for Education sector	
Programme Strategy Notes for Multiple Sectors (nutrition, education, social protection, health and C4D)	

Annex J. Mapping of respondent types to protocols

This annex presents the list of interview protocols used for each type of respondent (see Table 8).

Table 8. Mapping of protocols to respondent types

Protocol	Respondent Type
Key Informant Interviews	
KII-1	<ul style="list-style-type: none"> UNICEF Regional Office ECD Focal Point UNICEF Regional Office Sector Leads (Health, Nutrition, Nurturing Care, Social Policy, Child Protection, C4D)
KII-2	<ul style="list-style-type: none"> Regional Level Partners
KII-3	<ul style="list-style-type: none"> UNICEF Deputy Representative Country Level ECD Focal Point
KII-4	<ul style="list-style-type: none"> Government Stakeholders (e.g., Ministry of Health, Ministry of Education, Ministry of Gender/Social Welfare, etc.)
KII-5	<ul style="list-style-type: none"> Country Office Sector Leads (Education, Health, Nutrition, Social Policy, Child Protection, C4D), M&E Staff
KII-6	<ul style="list-style-type: none"> Country-level partners

Annex K. Key informant interview protocols

KII-1: UNICEF Regional ECD focal point and sector leads

Introduction

Hello, my name is [enumerator's name]. Thank you very much for speaking with me today.

I work for American Institutes for Research. We are conducting an independent evaluation of the implementation of the UNICEF's early childhood development (ECD) Framework for Action in the Eastern and Southern Africa region. As you know, UNICEF has been supporting the use of the ECD framework to advance ECD and ECE goals in the region. UNICEF commissioned this study to learn how well country offices and the region as whole have been able to implement the ECD framework so far, and where changes or additional supports are needed to improve future use of the framework.

This interview should take about an hour. I will tell you more about the activity, and you can decide if you want to take part. I will ask questions about the use of the ECD framework in the region. These questions are not about you personally and are not intended to judge you or your organisation. If you do not know how to answer a question, or do not want to answer a question, that is fine. You are not required to answer any questions.

We cannot promise that your responses will be confidential. We will not use your name in any reports, but it is possible that a reader could determine that you were the source of information based on your organisation and/or position. Before we start, I would like your permission to audio record this discussion. Only members of the research team will be allowed to listen to this recording.

[Confirm willingness to participate and to be audio recorded.]

I would like to begin our conversation with a few questions related to your position.

1. Please tell me a bit about your background and responsibilities in your current position.
2. How much of your job is dedicated to ECE/ECD (versus other areas of focus or kinds of work)?

[Coherence]

First, I will ask some questions about the use of the ECD framework.

3. Have you ever referred to the ECD framework when developing country office/regional plans? If yes, to what extent did it change the nature or effectiveness of your planning? If no, why not?

- a. Have you ever shared the framework with partners (such as government) to help engage them in planning? If yes, to what extent did it change the nature or effectiveness of your planning? If no, why not?

[Efficiency]

Now, I will ask about your views on different ECD models and ECD framework monitoring systems.

4. UNICEF country offices use different models to support ECD (*give examples*). In your experience, which models have been more and less effective in promoting UNICEF's ECD agenda at the country-level?
 - a. In what ways are these models effective? What do you think makes them effective?
 - b. In what ways are these models not effective? What do you think makes them not be effective?
5. Which systems and/or procedures does UNICEF's regional office use to monitor the implementation of the ECD framework at the regional level (beyond monitoring individual components)?
 - a. How often does monitoring take place?
 - b. Who is involved, and what happens with this information?
 - c. Are there any shortcomings of these systems and/or procedures? If yes, please describe.
 - d. How could these systems and/or procedures be improved?

[Effectiveness]

I will now ask some questions about the effectiveness of UNICEF's ECD and ECE efforts in the region.

6. In your view, how pragmatic is UNICEF's approach to strengthening ECD systems and delivery platforms for maternal and child nutrition and health? Please describe.
7. To what extent do UNICEF's efforts to strengthening ECD systems and delivery platforms for maternal and child nutrition and health add value to ongoing efforts by governments and other organisations at the regional level?
8. To what extent is the NCF used to promote cross-sector collaboration in ECD at the regional level?
9. Based on your experience, how well have UNICEF's ECE systems diagnoses helped create an enabling environment for ECE in the region?
 - a. Which countries have been able to do this well? Why do you think that is?
 - b. Which countries have not been able to do this well? Why do you think that is?

- c. Are there any areas where UNICEF’s approach to ECE diagnostic assessments should be improved?
10. To what extent have UNICEF-supported ECE system diagnoses helped countries in the region advance ECE?
- a. Specifically, to what extent have countries in the region used ECE diagnostic assessments to advance key action areas of ECE, such as effective planning, curriculum, personnel, family and community engagement, and monitoring, regulation, and quality assurance.

[Sustainability]

Finally, I will ask questions about the sustainability of the ECD framework overall, and in the context of responding to COVID-19.

11. To what extent is the ECD framework used to drive change at the regional level? Please describe.
- a. Is this level appropriate for the region’s future needs?
 - b. If insufficient, how could the framework be better used to drive change at the regional level?
12. How is UNICEF ESARO responding to the COVID-19 crisis as it relates to ECD and ECE?
- a. How, if at all, is the ECD/ECE system landscape in the region changing in response to COVID-19?
 - b. How well-equipped are the ECD/ECE systems of countries in the region to respond to crises such as COVID-19?
 - c. How well equipped are country offices in the region currently to help promote the wellbeing of children in this pandemic [**add “in your sector” for sector-level staff**]? Where are the current gaps?
 - d. Assuming the COVID-19 pandemic will continue for the foreseeable future, what will your UNICEF ESARO need to do differently to continue to promote and protect the wellbeing of children [**add “in your sector” for sector-level staff**]? What will change about the kinds of resources and supports your office will need to do your jobs well?

Those are all of my questions. Is there anything else that you would like to add to our conversation? Do you have any questions for me?

Thank you so much for your time and sharing your thoughts.

KII-2: Regional-level partners

Introduction

Hello, my name is [enumerator's name]. Thank you very much for speaking with me today.

I work for American Institutes for Research. We are conducting an independent evaluation of the implementation of the UNICEF's early childhood development (ECD) Framework for Action in the Eastern and Southern Africa region. As you know, UNICEF has been supporting the use of the ECD framework to advance ECD and ECE goals in the region. UNICEF commissioned this study to learn how well country offices and partners and the region as whole have been able to implement the ECD framework so far, and where changes or additional supports are needed to improve future use of the framework.

This interview should take about 30 minutes. I will tell you more about the activity, and you can decide if you want to take part. I will ask questions about the use of the ECD framework in the region. These questions are not about you personally and are not intended to judge you or your organisation. If you do not know how to answer a question, or do not want to answer a question, that is fine. You are not required to answer any questions.

We cannot promise that your responses will be confidential. We will not use your name in any reports, but it is possible that a reader could determine that you were the source of information based on your organisation and/or position. Before we start, I would like your permission to audio record this discussion. Only members of the research team will be allowed to listen to this recording.

[Confirm willingness to participate and to be audio recorded.]

Interview Questions

I would like to begin our conversation with a few questions related to your position.

1. Please tell me a bit about your organisation, as well as your background and responsibilities in your current position.
2. Could you briefly describe your role and responsibilities with regards to ECE/ECD?
3. How much of your job is dedicated to ECE/ECD (versus other areas of focus or kinds of work)?

[Relevance]

I would like to ask about your organisation's partnership with UNICEF at the regional level.

4. What is the focus of the partnership between UNICEF and your organisation regarding ECD/ECE?
 - a. Prompts: ECE, Health, Nutrition, Social Protection, C4D, Child Protection
 - b. How strong and/or effective is this partnership?

- c. Does this partnership include addressing issues of equity, including, and/or gender?
 - d. Are there any barriers in the relationship between UNICEF and your organisation? If so, what kinds of barriers exist? And how can the relationship be improved?
5. In your view, how adequate is the allocation of UNICEF resources to ECD programme activities in your specific program/sector?
- a. Prompt: ECE, health, education, nutrition, social protection
 - b. To what extent do you think the current allocation of resources to ECD is sufficient for your organisation to be able to advance UNICEF's ECD goals and agenda in the region?
 - c. [If not 100% aligned], where do you see gaps between the resources you need and the resources you have? And what are the consequences of these gaps, if any?

[Coherence]

Next, I would like to ask about UNICEF's ECD Framework for Action.

6. Are you familiar with UNICEF's regional ECD framework?
- a. In your understanding, what is the purpose of the regional ECD framework?
 - b. Has UNICEF ever shared the framework with you to help engage you in planning or programming? If yes, to what extent did it change the nature or effectiveness of your planning or programming? If no, why not?

[Efficiency]

Now I would like to ask about your organisation's collaboration with UNICEF.

7. Does your organisation take part in or contribute to any systems and/or procedures to monitor implementation of UNICEF's ECD activities in the region?
- a. How often does monitoring take place?
 - b. Who is involved, and what happens with this information?
 - c. Are there any shortcomings of these systems and/or procedures? If yes, please describe.
 - d. How could these systems and/or procedures be improved?

[Effectiveness]

8. In your view, how pragmatic is UNICEF's approach to strengthening ECD systems and delivery platforms for maternal and child nutrition and health? Please describe.
9. To what extent do UNICEF's efforts to strengthening ECD systems and delivery platforms for maternal and child nutrition and health complement your own work?

10. Are you familiar with the Nurturing Care Framework?
- In your understanding, what is the NCF?
 - Has UNICEF ever shared the NCF with you to help engage you in planning or programming? If yes, to what extent did it change the nature or effectiveness of your planning or programming? If no, why not?
 - To what extent is the NCF reflected in your organisation's planning and programming in the region?

[Sustainability]

Finally, I will ask questions about the sustainability of the ECD framework overall, and in the context of responding to COVID-19.

11. To what extent is the region's ECD Framework for Action used (directly or indirectly) by your organisation to strengthen ECD initiatives in the region?
- Is this level appropriate for the region's future needs?
 - If insufficient, what can be done to maximise the use of the ECD framework to strengthen ECD at the regional level?
12. How is your organisation responding to the COVID-19 crisis as it relates to ECD and ECE?
- How, if at all, is the ECD/ECE system landscape in the region changing in response to COVID-19?
 - How well-equipped is the region's ECD/ECE system to respond to crises such as COVID-19?
 - How well equipped is your organisation currently to help promote the wellbeing of children in this pandemic [add "in your sector" for sector-level staff]? Where are the current gaps?
 - Assuming the COVID-19 pandemic will continue for the foreseeable future, what will your organisation need to do differently to continue to promote and protect the wellbeing of children [add "in your sector" for sector-level staff]? What will change about the kinds of resources and supports your organisation will need to do your jobs well?

Those are all of my questions. Is there anything else that you would like to add to our conversation? Do you have any questions for me?

Thank you so much for your time and sharing your thoughts.

KII-3: UNICEF deputy representative or ECD focal point

Introduction

Hello, my name is [enumerator's name]. Thank you very much for speaking with me today.

I work for American Institutes for Research. We are conducting an independent evaluation of the implementation of the UNICEF's early childhood development (ECD) Framework for Action in the Eastern and Southern Africa region. As you know, UNICEF has been supporting the use of the ECD framework to advance ECD and ECE goals in the region. UNICEF commissioned this study to learn how well country offices and the region as whole have been able to implement the ECD framework so far, and where changes or additional supports are needed to improve future use of the framework.

This interview should take about an hour. I will tell you more about the activity, and you can decide if you want to take part. I will ask questions about the use of the ECD framework in the region. These questions are not about you personally and are not intended to judge you or your organisation. If you do not know how to answer a question, or do not want to answer a question, that is fine. You are not required to answer any questions.

We cannot promise that your responses will be confidential. We will not use your name in any reports, but it is possible that a reader could determine that you were the source of information based on your organisation and/or position. Before we start, I would like your permission to audio record this discussion. Only members of the research team will be allowed to listen to this recording.

[Confirm willingness to participate and to be audio recorded.]

Interview Questions

I would like to begin our conversation with a few questions related to your position.

[If there is one respondent, please ask the introduction questions below]:

- Please tell me a bit about your background and responsibilities in your current position.
- Could you briefly describe your role and responsibilities with regards to ECE/ECD?
- Probe for what kind of model the country office uses to support ECD.
- How much of your job is dedicated to ECE/ECD (versus other areas of focus or kinds of work)?

[If there is more than one respondent, please ask the introductory question below]:

- Let's start by having each person introduce themselves and tell me a bit about your background and responsibilities in your current position, specifically your role and responsibilities regarding ECD/ECE.
 - Probe for what kind of model the country office uses to support ECD.

[Relevance]

Now I would like to ask about UNICEF's collaborations in the ECD and ECE sectors, as well as resources allocated to these sectors.

1. What is the focus of the collaboration between UNICEF and [country's] government regarding ECD? [Probe for priorities, policies, funding, and planning]
 - a. Prompts: ECE, Health, Nutrition, Social Protection, C4D, Child Protection
 - b. How strong and/or effective is this collaboration?
 - c. Does this collaboration include addressing issues of equity, including, and/or gender?
 - d. Are there any barriers in the relationship between UNICEF and [country's] government? If so, what kinds of barriers exist? And how can the relationship be improved?
2. In your view, how adequate is the allocation of human resources to ECD programme activities in your specific sectors?
 - a. Prompt: ECE, health, education, nutrition, social protection
 - b. To what extent do you think the current allocation of human resources to ECD is sufficient for your office to be able to advance UNICEF's ECD goals and agenda in your country/region?
 - c. Where do you see gaps between the resources you need and the resources you have? And what are the consequences of these gaps, if any?

[Coherence]

Next, I would like to ask you about how the ECD framework is used by your country office.

3. Have you ever referred to the ECD framework when developing country office plans? If yes, to what extent did it change the nature or effectiveness of your planning? If no, why not?
 - a. Have you ever shared the framework with partners (such as government) to help engage them in planning? If yes, to what extent did it change the nature or effectiveness of your planning? If no, why not?

4. Do you think that the ECD framework is well reflected in ESARO's planning and collaboration with your country office?
 - a. If yes, in what ways do you see that? Does it make a difference in the quality of your work?
 - b. If the UNICEF regional office staff planning does not reflect the ECD framework very well, why do you think that is? And what could be done better?

[Efficiency]

Now, I would like to ask you more about how your country office operates.

5. Which systems and/or procedures does UNICEF use to monitor implementation of the ECD framework at the country level (beyond monitoring individual components)?
 - a. How often does monitoring take place? How is monitoring data generally used?
 - b. Who is involved, and what happens with this information?
 - c. Are there any shortcomings of these systems and/or procedures? If yes, please describe.
 - d. How could these systems and/or procedures be improved?

[Effectiveness]

Next, I would like to learn your views about the effectiveness of UNICEF's approaches to doing its work in ECD across sectors (including ECE).

6. Please describe UNICEF's efforts to strengthen delivery platforms for maternal and child nutrition and health at the country level.
 - a. To what extent do these efforts emphasise building quality (not just quantity) of programming?
 - b. [If any focus on quality] To what extent does a focus on quality relate to UNICEF's equity agenda in your country? For example, is there a focus on improving equitable access to quality maternal and child nutrition and health services (and not just access overall)?
 - c. [If not working on this] Why is your country office not currently focused on quality in service delivery platforms?
7. How does UNICEF's approach to strengthening ECD systems (including ECE) and delivery platforms for maternal and child nutrition and health take into consideration issues of scaling and sustainability?
 - a. How adequately does UNICEF's approach address scaling and sustainability? Please describe.

- b. Looking to the future, what approaches to scaling ECD/ECE systems and delivery platforms for maternal and child nutrition and health should be continued as they are, and what should be changed?
8. To what extent is the NCF used to promote cross-sector collaboration in ECD?
 9. How well are NCF concepts, such as emphasis on multisectoral approaches and focus on responsive caregiving, embedded into UNICEF programmes and interventions at the national and subnational level?

[Q10-11: Specifically for Education sector leads in countries where an ECE diagnostic assessment has been conducted – Malawi, Mozambique, Zambia, Lesotho, Ethiopia, Madagascar (in process)]

10. To what extent have UNICEF's ECE systems diagnoses helped create an enabling environment for ECE?
 - a. Specifically, to what extent has UNICEF in [country] used its ECE diagnostic assessment to drive policy and legislation, leadership and capacity, financing and/or public demand for ECE?
 - b. Are there any areas where UNICEF's approach to ECE diagnostic assessments should be improved?
11. To what extent have UNICEF-supported ECE system diagnoses helped countries advance ECE?
 - a. Specifically, to what extent has UNICEF in [country] used its ECE diagnostic assessment to advance key action areas of ECE, such as effective planning, curriculum, personnel, family and community engagement, and monitoring, regulation, and quality assurance.
12. In your view, have UNICEF country offices been able to advance ECE sufficiently, given competing demands and priorities in the education sector?
 - a. Is the level of prioritization sufficient for your country to achieve the SDGs related to universal access to quality ECE?
 - b. Under what conditions has your country office been able to advance ECE?
 - c. Under what conditions has your country office not been able to advance ECE?

[Sustainability]

Finally, I will ask questions about the sustainability of the ECD framework overall, and in the context of responding to COVID-19.

13. Please describe the support your country office receives from ESAR. How adequate is this level of support, given your country's needs? What could the ESARO do to better meet the needs of your country office?

14. How is the UNICEF country office responding to the COVID-19 crisis as it relates to ECD and ECE?

- a. How, if at all, is the ECD/ECE system landscape in the country changing in response to COVID-19?
- b. How well-equipped is the country's ECD/ECE system to respond to crises such as COVID-19?
- c. How well equipped is your country's office currently to help promote the wellbeing of children in this pandemic [add "in your sector" for sector-level staff]? Where are the current gaps?

Assuming the COVID-19 pandemic will continue for the foreseeable future, what will your country office need to do differently to continue to promote and protect the wellbeing of children [add "in your sector" for sector-level staff]? What will change about the kinds of resources and supports your office will need to do your jobs well?

Those are all of my questions. Is there anything else that you would like to add to our conversation? Do you have any questions for me?

Thank you so much for your time and sharing your thoughts.

KII-4: Government stakeholders

Introduction

Hello, my name is [enumerator's name]. Thank you very much for speaking with me.

I work for American Institutes for Research. We are conducting an independent evaluation of the implementation of the UNICEF's early childhood development (ECD) Framework for Action in the Eastern and Southern Africa region. As you know, UNICEF has been supporting the use of the ECD framework to advance ECD and ECE goals in the region. UNICEF commissioned this study to learn how well country offices and partners have been able to implement the ECD framework so far, and where changes or additional supports are needed to improve future use of the framework.

This interview should take about an hour. I will tell you more about the activity, and you can decide if you want to take part. I will ask questions about the use of the ECD framework in the region. These questions are not about you personally and are not intended to judge you or your organisation. If you do not know how to answer a question, or do not want to answer a question, that is fine. You are not required to answer any questions.

We cannot promise that your responses will be confidential. We will not use your name in any reports, but it is possible that a reader could determine that you were the source of information based on your organisation and/or position. Before we start, I would like your permission to audio record this discussion. Only members of the research team will be allowed to listen to this recording.

[Confirm willingness to participate and to be audio recorded.]

I would like to begin our conversation with a few questions related to your position.

1. Please tell me a bit about your background and responsibilities in your current position.
2. Could you briefly describe your role and responsibilities with regards to ECE/ECD?
3. How much of your job is dedicated to ECE/ECD (versus other areas of focus or kinds of work)?

[Relevance]

Now I would like to ask about your sectors' collaboration with UNICEF.

4. What is the focus of the collaboration between [your ministry or government agency] and UNICEF regarding ECD (including ECE, Health, Nutrition, Social Protection, C4D, Child Protection)?
 - a. How strong and/or effective is the collaboration?
 - b. Does this collaboration include issues of equity, including, and/or gender?

- c. What kinds of assistance has UNICEF given to [your ministry or government agency] in terms of ECD?
- d. Are you satisfied with UNICEF's assistance to [your ministry or government agency] on the topic of ECD? Why or why not?
- e. How could UNICEF's assistance on ECD be more useful in the future?

[Coherence]

5. Are you familiar with UNICEF's ECD framework?
 - a. If so, what is the purpose of the ECD framework?
 - b. Has UNICEF ever shared the framework with your ministry/government agency to help engage you in planning? If yes, to what extent did it change the nature or effectiveness of your planning? If no, why not?

[Efficiency]

6. To what extent do you think UNICEF's model for delivery of ECD is effective in promoting UNICEF's ECD agenda at the country level?
 - a. In what ways is it effective? What do you think makes it effective?
 - b. In what ways is it not effective? What do you think makes it not be effective?
 - c. Looking to the future, what practices should be continued as they are, and what should be changed?

[Effectiveness]

7. In your understanding, what is the Nurturing Care Framework?
 - a. To what extent do national policies reflect the NCF?
 - b. To what extent are funding decisions influenced by the NCF?
 - c. To what extent are national service delivery platforms for maternal and child nutrition and health influenced by the NCF?

Next, I would like to ask you about how your country's government is supporting ECD & ECE.

[Questions 8-10 only for government stakeholders knowledgeable about education].

8. To what extent do your country's national policies support ECE?
 - a. What has driven the development of these policies?
 - b. To what extent have these policies been influenced by UNICEF's advocacy efforts?
 - c. Are there areas where UNICEF has not been able to achieve as much as you would like in terms of building your country's ECE systems?

9. To what extent is there adequate funding allocation for ECE?
 - a. What has driven funding allocations for ECE?
 - b. In your opinion, have funding decisions been influenced by UNICEF's advocacy efforts?
10. To what extent are national service delivery platforms supporting ECE?
 - a. What has driven the development of national service delivery platforms for ECE?
 - b. In your opinion, have these platforms been influenced by UNICEF's advocacy efforts?
11. To what extent do UNICEF's efforts to strengthening ECD systems and delivery of maternal and child nutrition and health add value to ongoing efforts by government and other organisations?

[Sustainability]

And finally, I would like to ask you about the sustainability of the ECD framework in general, and when considering the current pandemic.

12. To what extent is the UNICEF ECD framework used (directly or indirectly) by your ministry/government agency to strengthen ECD initiatives?
 - a. Is this level appropriate for your country's future needs?
 - b. If insufficient, what can be done to maximise the use of the ECD framework to strengthen ECD in your country?
13. How is your [ministry or government agency] responding to the COVID-19 crisis as it relates to ECD and ECE?
 - a. How, if at all, is the ECD/ECE system landscape in the country changing in response to COVID-19?
 - b. How well-equipped is the country's ECD/ECE system to respond to crises such as COVID-19?
 - c. How well equipped your [ministry or government agency] currently to help promote the wellbeing of children in this pandemic [add "in your sector" for sector-level staff]? Where are the current gaps?
 - d. Assuming the COVID-19 pandemic will continue for the foreseeable future, what will your [ministry/government agency] need to do differently to continue to promote and protect the wellbeing of children?

Those are all of my questions. Is there anything else that you would like to add to our conversation? Do you have any questions for me?

Thank you so much for your time and sharing your thoughts.

KII-5A: Sector leads

Introduction

Hello, my name is [enumerator's name]. Thank you very much for speaking with me today.

I work for American Institutes for Research. We are conducting an independent evaluation of the implementation of the UNICEF's early childhood development (ECD) Framework for Action in the Eastern and Southern Africa region. As you know, UNICEF has been supporting the use of the ECD framework to advance ECD and ECE goals in the region. UNICEF commissioned this study to learn how well country offices and the region as whole have been able to implement the ECD framework so far, and where changes or additional supports are needed to improve future use of the framework.

This interview should take about 30 min. I will tell you more about the activity, and you can decide if you want to take part. I will ask questions about the use of the ECD framework in the region. These questions are not about you personally and are not intended to judge you or your organisation. If you do not know how to answer a question, or do not want to answer a question, that is fine. You are not required to answer any questions.

We cannot promise that your responses will be confidential. We will not use your name in any reports, but it is possible that a reader could determine that you were the source of information based on your organisation and/or position. Before we start, I would like your permission to audio record this discussion. Only members of the research team will be allowed to listen to this recording.

[Confirm willingness to participate and to be audio recorded.]

Interview Questions

I would like to begin our conversation with a few questions related to your position.

- Can you briefly describe your role and responsibilities with regards to ECE/ECD?

[Relevance]

Now I would like to ask about UNICEF's collaborations in ECD in your sectors, as well as resources allocated to your sector.

1. What is the focus of the collaboration between UNICEF and [country's] government regarding ECD in your specific sector? [Probe for priorities, policies, funding, and planning]
 - a. How strong and/or effective is this collaboration?
 - b. Does this collaboration include addressing issues of equity, including, and/or gender?

- c. Are there any barriers in the relationship between UNICEF and [country's] government? If so, what kinds of barriers exist? And how can the relationship be improved?
2. In your view, how adequate is the allocation of human resources to ECD programme activities within UNICEF in your specific sector?
 - a. To what extent do you think the current allocation of human resources to ECD is sufficient for your office to be able to advance UNICEF's ECD goals and agenda in your country/region?
 - b. Where do you see gaps between the resources you need and the resources you have? And what are the consequences of these gaps, if any?

[Coherence]

Next, I would like to ask you about how the ECD framework is used by your country office in your sector.

3. Have you ever referred to the ECD framework when developing country office plans in your sector? If yes, to what extent did it change the nature or effectiveness of your planning? If no, why not?
 - a. Have you ever shared the framework with partners (such as government) to help engage them in planning? If yes, to what extent did it change the nature or effectiveness of your planning? If no, why not?

[Effectiveness]

Next, I would like to learn your views about the effectiveness of UNICEF's approaches to doing its ECD work in your sector.

4. Thinking about your sector's interventions related to ECD, to what extent do these focus on quality (not just quantity) of programming?
 - a. [If any focus on quality] To what extent does a focus on quality relate to UNICEF's equity agenda in your country? For example, is there a focus on improving equitable access to quality maternal and child nutrition and health services (and not just access overall)?
 - b. [If not working on this] Why is your country office not currently focused on quality in service delivery platforms?
5. How does UNICEF's approach to strengthening ECD systems and delivery platforms in your sector take into consideration issues of scaling and sustainability?
 - a. How adequately does UNICEF's approach address scaling and sustainability? Please describe.
 - b. Looking to the future, what approaches to scaling ECD/ECE systems and delivery platforms should be continued as they are, and what should be changed?

6. To what extent is the NCF used to promote cross-sector collaboration in ECD?
7. How well are NCF concepts, such as emphasis on multisectoral approaches and focus on responsive caregiving, embedded into UNICEF programmes and interventions at the national and subnational level?

[Q 8-9: Specifically for Education sector leads in countries where an ECE diagnostic assessment has been conducted – Malawi, Mozambique, Zambia, Lesotho, Ethiopia, Madagascar (in process)]

8. To what extent have UNICEF's ECE systems diagnoses helped create an enabling environment for ECE?
 - a. Specifically, to what extent has UNICEF in [country] used its ECE diagnostic assessment to drive policy and legislation, leadership and capacity, financing and/or public demand for ECE?
 - b. Are there any areas where UNICEF's approach to ECE diagnostic assessments should be improved?
9. To what extent have UNICEF-supported ECE system diagnoses helped countries advance ECE?
 - a. Specifically, to what extent has UNICEF in [country] used its ECE diagnostic assessment to advance key action areas of ECE, such as effective planning, curriculum, personnel, family and community engagement, and monitoring, regulation, and quality assurance.

[Q10: Ask only of Education Leads]

10. In your view, have UNICEF country offices been able to advance ECE sufficiently, given competing demands and priorities in the education sector?
 - a. Is the level of prioritization sufficient for your country to achieve the SDGs related to universal access to quality ECE?
 - b. Under what conditions has your country office been able to advance ECE?
 - c. Under what conditions has your country office not been able to advance ECE?

[Sustainability]

Finally, I will ask questions about the sustainability of the ECD framework overall, and in the context of responding to COVID-19.

11. Please describe the support your country office receives from ESAR in your sector. How adequate is this level of support, given your country's needs? What could the ESARO do to better meet the needs of your country office in your sector?

12. How is the UNICEF country office responding to the COVID-19 crisis as it relates to ECD and ECE?
- a. How well equipped is your country's office currently to help promote the wellbeing of children in this pandemic [add "in your sector" for sector-level staff]? Where are the current gaps?
 - b. Assuming the COVID-19 pandemic will continue for the foreseeable future, what will your country office need to do differently to continue to promote and protect the wellbeing of children in your sector? What will change about the kinds of resources and supports your office will need to do your jobs well?

Those are all of my questions. Is there anything else that you would like to add to our conversation? Do you have any questions for me?

Thank you so much for your time and sharing your thoughts.

KII-5B: M&E or C4D leads

Introduction

Hello, my name is [enumerator's name]. Thank you very much for speaking with me today.

I work for American Institutes for Research. We are conducting an independent evaluation of the implementation of the UNICEF's early childhood development (ECD) Framework for Action in the Eastern and Southern Africa region. As you know, UNICEF has been supporting the use of the ECD framework to advance ECD and ECE goals in the region. UNICEF commissioned this study to learn how well country offices and the region as whole have been able to implement the ECD framework so far, and where changes or additional supports are needed to improve future use of the framework.

This interview should take about an hour. I will tell you more about the activity, and you can decide if you want to take part. I will ask questions about the use of the ECD framework in the region. These questions are not about you personally and are not intended to judge you or your organisation. If you do not know how to answer a question, or do not want to answer a question, that is fine. You are not required to answer any questions.

We cannot promise that your responses will be confidential. We will not use your name in any reports, but it is possible that a reader could determine that you were the source of information based on your organisation and/or position. Before we start, I would like your permission to audio record this discussion. Only members of the research team will be allowed to listen to this recording.

[Confirm willingness to participate and to be audio recorded.]

Interview Questions

I would like to begin our conversation with a few questions related to your position.

[If there is one respondent, please ask the introduction questions below]:

- Could you briefly describe your role and responsibilities with regards to ECD/ECE?

[Relevance]

Now I would like to ask about UNICEF's collaborations in the ECD and ECE sectors, as well as resources allocated to these sectors.

1. What is the focus of the collaboration between UNICEF and [country's] government regarding ECD in your specific sector? [Probe for priorities, policies, funding, and planning]
 - a. How strong and/or effective is this collaboration?
 - b. Does this collaboration include addressing issues of equity, including, and/or gender?

- c. Are there any barriers in the relationship between UNICEF and [country's] government? If so, what kinds of barriers exist? And how can the relationship be improved?
2. In your view, how adequate is the allocation of human resources to ECD programme activities in your specific sector?
 - a. To what extent do you think the current allocation of human resources to ECD is sufficient for your office to be able to advance UNICEF's ECD goals and agenda in your country/region?
 - b. Where do you see gaps between the resources you need and the resources you have? And what are the consequences of these gaps, if any?

[Coherence]

Next, I would like to ask you about how the ECD framework is used by your country office.

3. Have you ever referred to the ECD framework when developing country office plans? If yes, to what extent did it change the nature or effectiveness of your planning? If no, why not?
 - a. Have you ever shared the framework with partners (such as government) to help engage them in planning? If yes, to what extent did it change the nature or effectiveness of your planning? If no, why not?
4. Do you think that the ECD framework is well reflected in ESARO's planning and collaboration with your country office?
 - a. If yes, in what ways do you see that? Does it make a difference in the quality of your work?
 - b. If the UNICEF regional office staff planning does not reflect the ECD framework very well, why do you think that is? And what could be done better?

[Efficiency]

Now, I would like to ask you more about how your country office operates.

[Q5: For M&E Leads only]

5. Which systems and/or procedures does UNICEF use to monitor implementation of the ECD framework at the country level (beyond monitoring individual components)?
 - a. How often does monitoring take place? How is monitoring data generally used?
 - b. Who is involved, and what happens with this information?
 - c. Are there any shortcomings of these systems and/or procedures? If yes, please describe.

How could these systems and/or procedures be improved? **[Effectiveness]**

Next, I would like to learn your views about the effectiveness of UNICEF's approaches to doing its work in ECD across sectors (including ECE).

6. To what extent does your ECD and ECE-related work emphasise building quality (not just quantity) of programming?
 - a. [If any focus on quality] To what extent does a focus on quality relate to UNICEF's equity agenda in your country? For example, is there a focus on improving equitable access to quality maternal and child nutrition and health services (and not just access overall)?
 - b. [If not working on this] Why is your country office not currently focused on quality in service delivery platforms?
7. How does your ECD and ECE-related work take into consideration issues of scaling and sustainability?
 - a. How adequately does UNICEF's approach address scaling and sustainability? Please describe.
 - b. Looking to the future, what approaches to scaling ECD/ECE systems and delivery platforms should be continued as they are, and what should be changed?
8. Are you familiar with the Nurturing Care Framework? To what extent is the NCF used to promote cross-sector collaboration in ECD?

[Sustainability]

Finally, I will ask questions about the sustainability of the ECD framework overall, and in the context of responding to COVID-19.

9. Please describe the support your country office receives from ESAR. How adequate is this level of support, given your country's needs? What could the ESARO do to better meet the needs of your country office?
10. How is the UNICEF country office responding to the COVID-19 crisis as it relates to ECD and ECE?
 - a. How well equipped is your country's office currently to help promote the wellbeing of children in this pandemic [add "in your sector" for sector-level staff]? Where are the current gaps?
 - b. Assuming the COVID-19 pandemic will continue for the foreseeable future, what will your country office need to do differently to continue to promote and protect the wellbeing of children [add "in your sector" for sector-level staff]? What will change about the kinds of resources and supports your office will need to do your jobs well?

Those are all of my questions. Is there anything else that you would like to add to our conversation? Do you have any questions for me?

Thank you so much for your time and sharing your thoughts.

KII-6: Country-level partners

Introduction

Hello, my name is [enumerator's name]. Thank you very much for being here today.

I work for American Institutes for Research. We are conducting an independent evaluation of the implementation of the UNICEF's early childhood development (ECD) Framework for Action in the Eastern and Southern Africa region. As you know, UNICEF has been supporting the use of the ECD framework to advance ECD and ECE goals in the region. UNICEF commissioned this study to learn how well country offices and partners have been able to implement the ECD framework so far, and where changes or additional supports are needed to improve future use of the framework.

This focus group should take about 30 minutes. I will tell you more about the activity, and you can decide if you want to take part. I will ask questions about your organisation's collaboration with UNICEF the use of the ECD framework in the region. These questions are not about you personally and are not intended to judge you or your organisation. If you do not know how to answer a question, or do not want to answer a question, that is fine. You are not required to answer any questions.

We cannot promise that your responses will be confidential. We will not use your name in any reports, but it is possible that a reader could determine that you were the source of information based on your organisation and/or position. Before we start, I would like your permission to audio record this discussion. Only members of the research team will be allowed to listen to this recording.

[Confirm willingness to participate and to be audio recorded.]

Interview Questions

I would like to begin our conversation with a few questions related to your position.

1. Please tell me a bit about your organisation, as well as your background and responsibilities in your current position.
2. Could you briefly describe your role and responsibilities with regards to ECE/ECD?
3. How much of your job is dedicated to ECE/ECD (versus other areas of focus or kinds of work)?

[Relevance]

Next, I would like to ask you about your organisation's collaboration with UNICEF in the area of ECD (including ECE).

4. What is the focus of the partnership between [your organisation] and UNICEF regarding ECD (including ECE, Health, Nutrition, Social Protection, C4D, Child Protection)?
 - a. How strong and/or effective is the partnership?
 - b. Does this partnership include issues of equity, including, and/or gender?
 - c. Are there any barriers in the relationship between UNICEF and [your organisation]? If so, what kinds of barriers exist? And how can the relationship be improved?
5. In your view, how adequate is UNICEF's support for ECD in your specific program/sector?
 - a. Prompt: ECE, health, education, nutrition, social protection
 - b. [If not 100% aligned], where do you see gaps between what UNICEF is doing and what is really needed? And what are the consequences of these gaps, if any?

[Coherence]

6. Are you familiar with UNICEF's ECD Framework for Action for the Eastern and Southern Africa region?
 - a. In your understanding, what is the purpose of the ECD framework?
 - b. Has UNICEF ever shared the framework with your organisation to help engage you in planning or programming? If yes, to what extent did it change the nature or effectiveness of your planning or programming? If no, why not?

[Efficiency]

7. Does your organisation take part in or contribute to any systems and/or procedures to monitor implementation of UNICEF's ECD activities in your country?
 - a. How often does monitoring take place?
 - b. Who is involved, and what happens with this information?
 - c. Are there any shortcomings of these systems and/or procedures? If yes, please describe.
 - d. How could these systems and/or procedures be improved?
8. In your view, how pragmatic is UNICEF's approach to strengthening ECD systems and delivery platforms for maternal and child nutrition and health? Please describe.
9. To what extent do UNICEF's efforts to strengthening ECD systems and delivery platforms for maternal and child nutrition and health complement your own work?
10. Are you familiar with the Nurturing Care Framework?
 - a. In your understanding, what is the NCF?

- b. Has UNICEF ever shared the NCF with you to help engage you in planning or programming? If yes, to what extent did it change the nature or effectiveness of your planning or programming? If no, why not?
- c. To what extent is the NCF reflected in your organisation's planning and programming in the region?

[If organisation focuses on ECE, ask Q9]

- 11. To what extent is ECE integrated into your organisation's partnership with UNICEF?
 - a. In your opinion, is this sufficient to advance UNICEF's ECE goals in the region?

[Sustainability]

And finally, I want to ask you about the sustainability of the ECD Framework for Action in general, and in light of the current pandemic.

- 12. To what extent is the region's ECD Framework for Action used (directly or indirectly) by your organisation to strengthen ECD initiatives in your country?
 - a. Is this level appropriate for the country's future needs?
 - b. If insufficient, what can be done to maximise the use of the ECD framework to strengthen ECD at the country level?
- 13. How is your organisation responding to the COVID-19 crisis as it relates to ECD and ECE?
 - a. How, if at all, is the ECD/ECE system landscape in the country changing in response to COVID-19?
 - b. How well-equipped is the country's ECD/ECE system to respond to crises such as COVID-19?
 - c. How well equipped is your organisation currently to help promote the wellbeing of children in this pandemic [add "in your sector" for sector-level staff]? Where are the current gaps?
 - d. Assuming the COVID-19 pandemic will continue for the foreseeable future, what will your organisation need to do differently to continue to promote and protect the wellbeing of children? What will change about the kinds of resources and supports your organisation will need to do your jobs well?

Those are all of my questions. Is there anything else that you would like to add to our conversation? Do you have any questions for me?

Thank you so much for your time and sharing your thoughts.

Annex L. Ethical clearance



AIR IRB

Exemption Notification

To: Elizabeth Spier
From: IRB Administrator
Subject: B&P# 89160
Date: 06/23/2020

B&P# 89160 -Full Submission ECD System Evaluation UNICEF Eastern and Southern Africa has been verified by Chris Paek as **Exempt** on 06/23/2020.

On the basis of this review, the IRB has determined that the activity, as described in the materials submitted, does not meet the definition of research provided in 45 CFR §46.102(i). The purpose of the activity is to conduct a formative evaluation of UNICEF's ECD Framework for Action in the Eastern and Southern Africa region. The data collection is not a systematic inquiry designed for the development of generalizable knowledge. Therefore, the activity is not research involving human participants, and IRB oversight does not apply.

Please note that changes to your protocol may affect its exempt status. Please contact the IRB directly to discuss any changes you may contemplate.

Thank you,
Erin Morrison
IRB Administrator
emorrison@air.org

Please be reminded that all projects must undergo IRB review before initiating any recruitment or data collection/analyses. Material changes to project activities also must undergo review via the Amendments tab.

Annex M. ECD policies and implementation plans

This annex summarises the presence of ECD policies and implementation plans by country (see Table 9).

Table 9. Presence of ECD policies and implementation plans in the region

Country	National multisectoral ECD policy?	ECD action/implementation plan?
Angola	No	No
Botswana	Yes	Yes
Burundi	No	Yes
Comoros	No	No
Eritrea	Yes	Yes
Eswatini (Swaziland)	No	Yes
Ethiopia	Yes	Yes
Kenya	Yes	No
Lesotho	No	Yes
Madagascar	Yes	No
Malawi	No	Yes
Mozambique	Yes	No
Namibia	No	Yes
Rwanda	Yes	Yes
Somalia	Yes	No
South Africa	No	Yes
South Sudan	Yes	No
Tanzania	Yes	Yes
Uganda	Yes	Yes
Zambia	No	No
Zimbabwe	No	No



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