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

Paraguay Country Case Study Report

Evaluability Assessment of Care for Child Development in Latin America and the Caribbean - Paraguay Country Case Study Report

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Acronyms

CCD	Care for Child Development
CCS	Country Case Study
CO	Country Office
COAR	Country Office Annual Report
CPD	Country Programme Document
EA	Evaluability Assessment
EAQ	Evaluability Assessment Question
ECD	Early Childhood Development
ECE	Early Childhood Education
GEROS	Global Evaluation Reports Oversight System
KII	Key Informant Interview
LAC	Latin America and the Caribbean
LACRO	Latin America and the Caribbean Country Office
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organization
PAHO	Pan American Health Organization

QA	Quality Assurance
RO	Regional Office
SBC	Social and Behavioural Change
SGI	Small Group Interview
SDG	Sustainable Development Goal
TL	Team Leader
ToC	Theory of Change
TOR	Terms of Reference
UN	United Nations
UNEG	United Nations Evaluation Group
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Emergency Fund
WASH	Water, Sanitation, and Hygiene
WB	World Bank
WHO	World Health Organization

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1

Introduction

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

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

1.1. Background

1.1.1. Care for Child Development Overview

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

families feel confident and positive about caregiving.

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

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

1.1.2. CCD in LAC Region

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

such as World Vision, FLACSO Argentina, the Catholic University of Chile, CONASS Brazil, and CARICHILD Jamaica.

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

The LAC CCD package offers more specific guidance, resources, and support for these families

1.2. Methodology

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

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

and caregivers, while emphasising children’s rights, early intervention, and social inclusion.

1.1.3. CCD in Paraguay

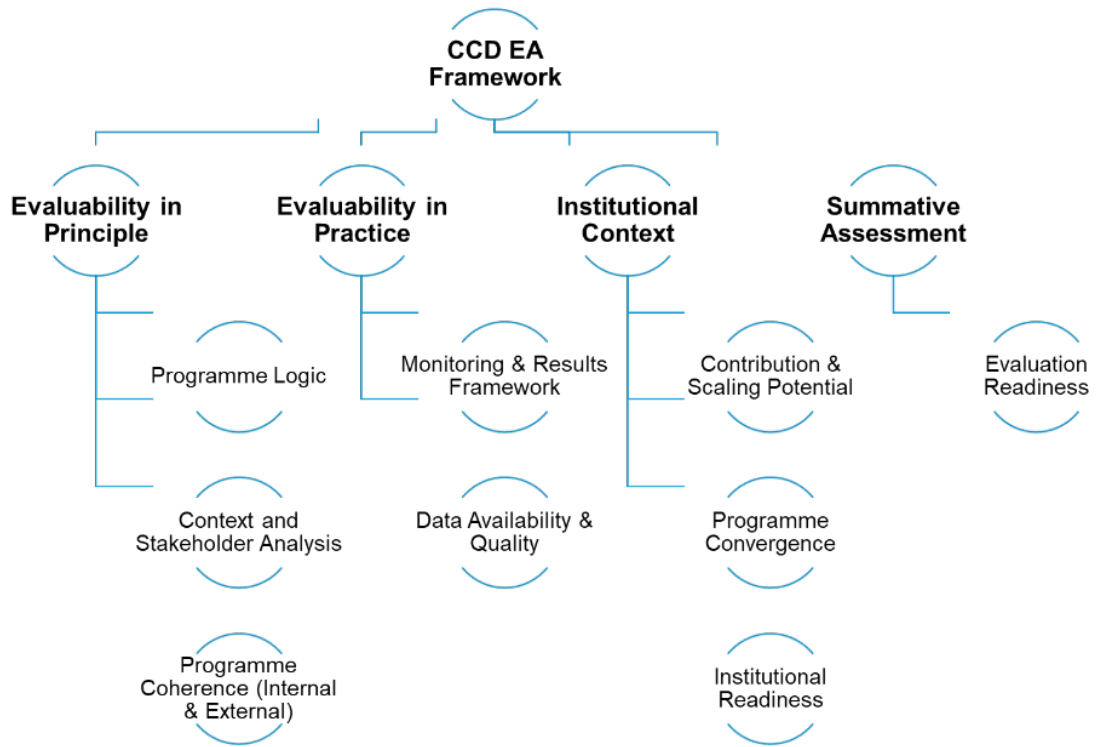
Since 2017, Paraguay has implemented the CCD approach through multiple programmes across the education, child and social protection, and health sectors, expanding access to ECD services for the most vulnerable children. The country’s 17 administrative departments have all reported implementation of the CCD approach in addition to the capital Asunción. The roll-out of CCD aimed to strengthen the knowledge and counselling skills of frontline workers across sectors, enabling them to support parents and caregivers in providing responsive care and playful learning opportunities for young children. CCD was regarded as a practical tool to address poor socio-emotional outcomes among young children.

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

CCD evaluability within each CCS was determined using an EA Checklist and Rating Scale, with qualitative rankings for each case. The Checklist outlined the specific readiness criteria used to assess each dimension and sub-dimensions —such as programme logic, coherence, convergence, and data availability. Evidence was mapped against each criterion using three possible ratings: (1) criterion; (2) criterion not met; or (3) no data available. The Rating Scale provided an overall summary of evaluability according to each assessment question.

Both quantitative and qualitative, primary and secondary data were used to inform the EA. Within the Paraguay CCD, a total of 34 documents were reviewed. Additionally, 13 stakeholders participated in Key Informant Interviews (KIIs) and/or Small Group Interviews (SGIs), and an online validation workshop was held to confirm preliminary findings and validate the reconstructed ToC.

Figure 1. CCD Evaluability Assessment Framework





2

Paraguay CCD Theory of Change

CCD approach was introduced in Paraguay in 2017¹. Overall, it has focused on integrating the package into key ECD service delivery platforms within the education, child and social protection, and health sectors, complemented by communication campaigns and community engagement initiatives. This section provides a summary narrative of the Paraguay CCD Theory

of Change (ToC) and accompanying visual diagrams of the relevant components (see Figures 2–4). Annex G presents detailed definitions of the ToC components, based on the recent UNICEF Global Evaluation on ECD and ECE [1]. Further information on each component is provided in the [evaluability assessment results](#).

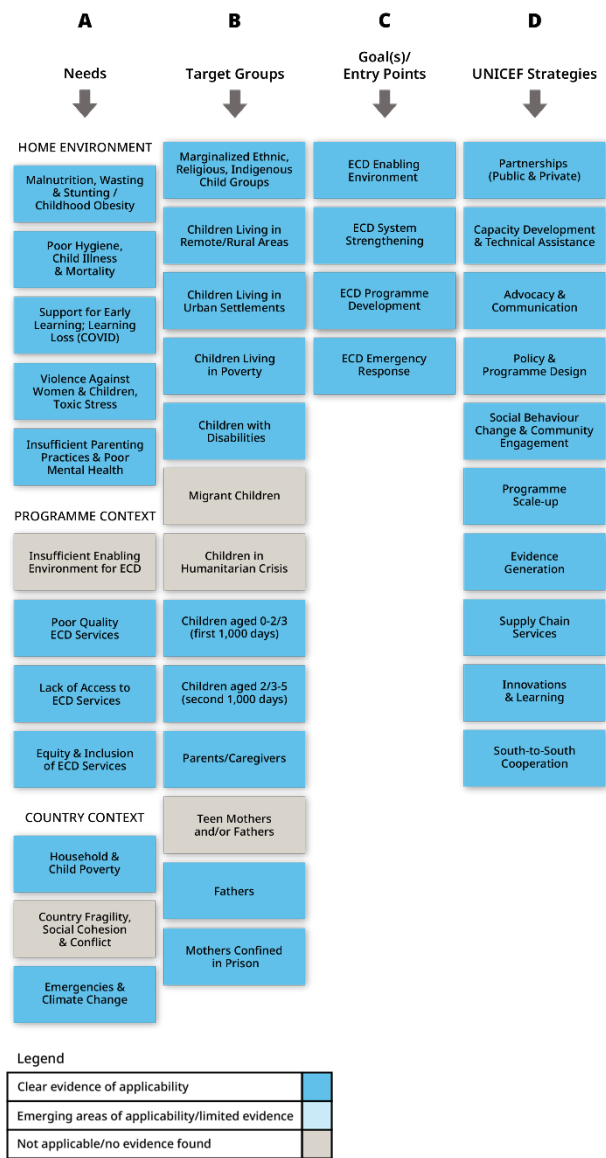
2.1. CCD Strategy

A. Needs

Multiple, overlapping needs related to nurturing care contributed to the adoption of the CCD approach in Paraguay (see Figure 2). The package was implemented to address several threats to child development in the country, including malnutrition, child illness and mortality, limited early learning opportunities, violence against children, poor caregiver mental health, and low paternal involvement in childcare. The approach also responded to the need to enhance access, quality, equity, and inclusion in ECD services, and to strengthen responses to health emergencies such as the Zika outbreak and the COVID-19 pandemic, as well as to persistently high levels of household and child poverty.

¹ The evaluation assessment covered the period from 2012 until 2024.

Figure 2. CCD Strategy in Paraguay



B. Target Groups

Paraguay has targeted children from birth to five years of age, as well as parents and caregivers, by integrating the CCD approach into health, education, social protection, and civil society interventions serving this age group. Children living in remote and rural areas have been reached through education and social protection services specifically designed for these contexts. Those living in poverty and in urban settlements have been targeted through social protection programmes and partnerships with local governments and civil society organisations. Children with disabilities or at risk of developmental delays have been reached through the integration of CCD into health and education programmes tailored to their needs. Paraguay also made a concerted effort to engage fathers through a nationwide communication campaign promoting early stimulation and the

active involvement of fathers and other family members in caregiving. The approach also reached mothers in confinement through prison-based interventions. In addition, Paraguay has taken significant steps to engage indigenous communities by translating CCD materials into Guaraní and reportedly integrating CCD into training programmes for principals of indigenous schools.

C. Goals / Entry Points

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

D. UNICEF Strategies

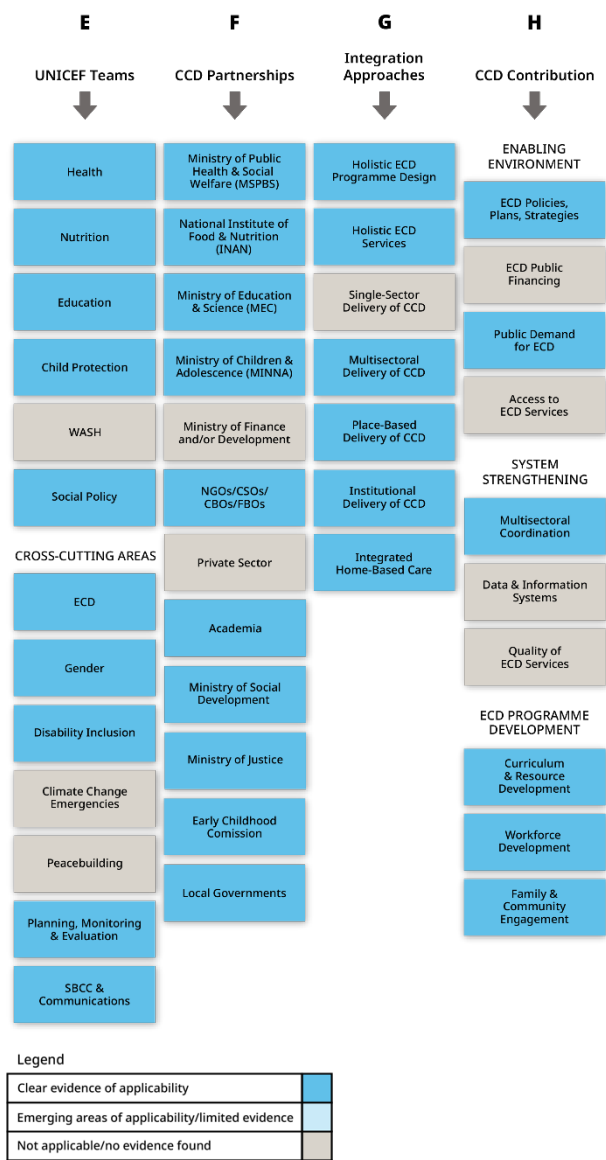
Ten UNICEF strategies were applied across the health, education, and child/social protection sectors: partnerships; capacity development and technical assistance; advocacy and communication; policy and programme design; social and behaviour change and community engagement; programme scale-up; evidence generation; supply chain services; and south-south cooperation. See Annex G for detailed definitions of these UNICEF strategies.

2.2. CCD Contribution to ECD

E. UNICEF Teams (Inputs)

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

Figure 3. CCD Contribution in Paraguay



F. CCD Partnerships (Inputs)

All UNICEF strategies related to the CCD approach were implemented through partnerships with a broad range of stakeholders. These included the Ministry of Health, the National Institute for Nutrition, the Ministry of Education, the Ministry of Children and Adolescents, the Ministry of Social Development, the Ministry of Justice, civil society organisations (NGOs, CBOs, and FBOs), academia, and local governments. The CCD approach also involved collaboration with the National Commission for Early Childhood for the adaptation and validation of the package.

G. Integration Approach (Policy and System Interventions)

Six integration approaches were applied by the UNICEF Paraguay Country Office and its partners to ensure holistic ECD service provision through

the CCD package: (1) holistic programme design; (2) holistic ECD services; (3) multisectoral delivery of CCD; (4) place-based delivery of CCD; (5) institutional delivery of CCD; (6) integration of CCD into home-based care. See Annex G for detailed definitions of these integration approaches.

H. CCD Contribution (Outputs)

The CCD approach in Paraguay was designed to contribute to the enabling environment for ECD, particularly by supporting the development of more holistic national ECD policies, plans, and strategies, and by increasing public demand for early childhood development.

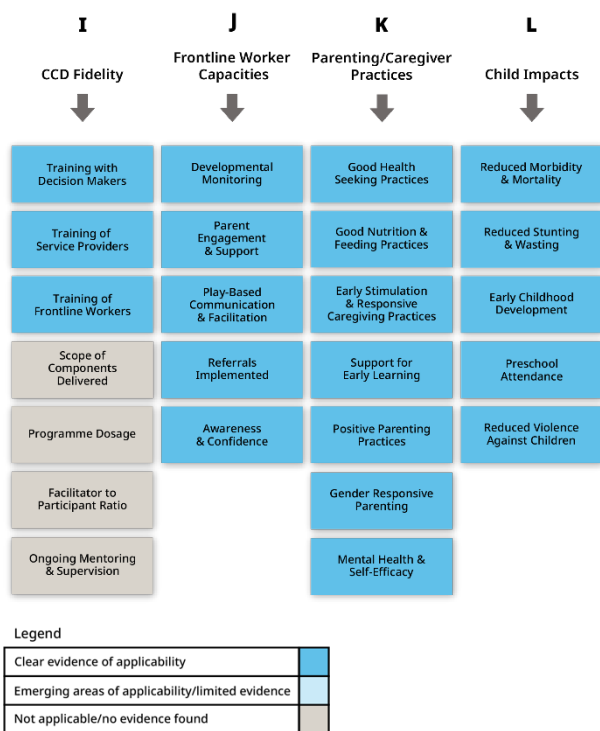
It also aimed to strengthen ECD systems through improved multisectoral coordination and to enhance ECD programmes through contributions to curriculum and resource development for frontline workers, workforce development, and family and community engagement. Additionally, the approach was used to address the needs of children during the Zika outbreak. See Annex G for detailed definitions of these contributions to the enabling environment, systems, and programmes.

2.3. CCD Delivery and Results

I. CCD Fidelity (Programme Delivery Interventions)

CCD implementation in Paraguay centred on training diverse stakeholders, including decision-makers, service providers, and frontline workers from health, education, and child/social protection sectors (see Figure 4).

Figure 4. CCD Delivery and Results in Paraguay



In the education and child protection sectors, CCD was delivered through home visiting programmes designed to reach children in rural communities without access to formal education (*Maestras Mochileras* – Backpack Teachers, and *Educadoras Itinerantes* – Itinerant Educators); through parent meetings organised by early educators in centres and preschools (*Educadoras de Sala*); and through individual meetings between educators and families within programmes for children with disabilities (*Servicio de Atención Temprana* – Early Attention Service, SAT). The Ministry of Justice implemented CCD through group sessions for mothers in contexts of confinement. Within the social protection sector, CCD was delivered through the *Tekoporã* programme, which includes information dissemination, home visits, and community meetings led by Mother Leaders elected by their communities. In the health sector, CCD delivery occurred through one-on-one counselling sessions between frontline workers and parents/caregivers. There was no evidence on programme dosage or the scope of components delivered. Although ongoing supervision and mentoring were reportedly in place within the Backpack Teachers, Early Attention Service, ECD for mothers without liberty, and *Tekoporã* programmes, the assessment could not identify supporting data to confirm this. See Annex G for detailed definitions of programme fidelity interventions.

J. Frontline Worker Capacities (outcomes)

Five outcomes of CCD training and implementation were envisaged across all sectors, reflecting improved knowledge and skills among frontline workers to: (1) Conduct developmental monitoring; (2) Engage and support parents; (3) Practice play-based communication and facilitation; (4) Implement referrals; and (5) Increased awareness and confidence to deliver holistic ECD services. While these are the expected contributions of CCD to frontline worker capacities, limited data currently exists to demonstrate these results. See Annex G for detailed definitions of frontline worker capacities.

K. Parenting/Caregiver Practices (outcomes)

The CCD approach was designed to contribute to multiple outcomes for parents and caregivers across all sector delivery platforms: (1) good health-seeking practices; (2) appropriate nutrition and feeding practices; (3) strengthened early stimulation and responsive caregiving; (4) support for early learning in the home; (5) positive parenting practices; (6) gender-responsive caregiving; (7) improved parental mental health and self-efficacy; and (8) increased awareness of the importance of ECD. Although these are the envisaged contributions of CCD on parent and caregiver practices, limited data is currently available to demonstrate these results. See Annex G for detailed definitions of parenting/caregiver practices.

L. Children's Rights / SDGs (impacts)

The CCD approach in Paraguay was designed to contribute to multiple child-level impacts across all delivery platforms: (1) Reduced morbidity and mortality; (2) Reduced stunting and wasting; (3) Holistic early childhood development encompassing cognitive, social, emotional, and physical dimensions; and (4) Reduced violence against children. While these are the envisaged contributions of CCD to children's rights and the realisation of the SDGs, limited data is available to demonstrate these results at this time. Notably, a pre-post evaluation of the programme *Amor por la Lectura* (Love for Reading), which

integrated the CCD approach, evidenced the potential contribution of the package to increased preschool attendance [18]. See Annex G for detailed definitions of child impacts.



3 Evaluability Assessment Results

Overall, the assessment found the CCD approach in Paraguay to be sufficiently evaluable, although key gaps should be addressed to strengthen evaluability in principle and in practice, as well as to reinforce the institutional context for scaling and for a future impact evaluation.

The design of the CCD approach in Paraguay was assessed to be at an advanced stage of evaluability with respect to programme coherence (EAQ3) (see Figure 1). Other

components were found to be at an established stage of evaluability, including: Programme logic (EAQ1); Context adaptation and stakeholder inclusion (EAQ2); Contribution and scaling potential (EAQ6); Programme convergence (EAQ7); Institutional readiness for a future evaluation (EAQ8); and Evaluation readiness (EAQ9). The country was classified at an emerging stage of evaluability regarding the monitoring and results framework (EAQ4) and data availability and quality (EAQ5).

Figure 5. Evaluability ratings from the CCD approach in Paraguay



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

3.1. EAQ1 – Programme Logic

3.1.1. Evaluability Rating

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

3.1.2. Evaluability Checklist

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

Criteria	A	B	C	D	E
The design of CCD included: (a) identification of clear goals and objectives for the use of the package; (b) identification of the intended results from using the CCD package; (c) articulation of the pathways towards the intended results; (d) specification of the assumptions that must be met to reach the results; and (e) compilation of this information into a coherent ToC narrative and/or visual diagram.	Yes	Yes	Yes	Partial	Partial

3.1.3. Explanation of Results

a. Goals

- **Promote Optimal Child Development.** The primary goal of the CCD approach is to ensure that all children—particularly those aged 0–5 years—develop to their fullest potential through responsive caregiving and playful learning opportunities.
- **Strengthen Parenting Practices.** The CCD approach seeks to empower parents and caregivers with the knowledge and skills required to provide nurturing and responsive care, which is essential for healthy child development. In Paraguay, special emphasis has been placed on promoting playful learning opportunities.
- **Support Vulnerable Populations.** The CCD approach prioritises vulnerable groups, including ethno-linguistic minorities, families living in extreme poverty, and households with children with disabilities, ensuring their access to high-quality ECD services.

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

ECD Enabling Environment

- **ECD Policies and Plans.** The CCD approach aligns with Paraguay's National Plan for Holistic ECD (2011–2020), which promotes comprehensive support for early childhood development across multiple sectors [8], and with the National Childhood and Adolescence Plan (2020–2024), which emphasises positive parenting practices [9]. According to key informants, CCD has also informed the design of the Semillas del Futuro Programme.
- **Public Demand for ECD.** The CCD approach contributed to advocacy for increased public demand and leadership for ECD through public communication campaigns, targeted advocacy directed to policymakers in key ministries, and the strengthening of two demonstration early childhood centres in Asunción to provide care, stimulation, and parenting support.

ECD System Strengthening

- **Multisectoral Collaboration.** The CCD approach fosters collaboration among health, education, and social services to build an integrated support system for young children and families.

ECD Programme Development

- **Curriculum and Resource Development.** The package has been adapted into multiple resources for frontline workers, including bilingual Spanish–Guaraní counselling cards and the Itinerant Guidelines used by educators and volunteers across education, social protection, and health systems [4, 10]. Recently, CCD was incorporated into the Curricular Design – Specific Training for the Early Childhood Education Level [11].
- **Workforce Development.** The CCD approach seeks to train and equip educators, health and social protection workers, and volunteers to effectively implement the methodology and support families.
- **Family and Community Engagement.** The approach is supported by communication campaigns such as “A Thousand Days of Love” and “Toys for a Lifetime”, which unify public and institutional messaging on responsive caregiving and playful learning. CCD has also been implemented through community programmes such as Tekoporã and initiatives for urban settlements in collaboration with the Techo Foundation.

ECD Emergency Response

- **Zika Emergency:** Zika Emergency: CCD was introduced in Paraguay to address the developmental needs of children affected by Zika-related birth conditions.

c. Intended Results for Caregivers (column K)

- **Good Nutrition and Feeding Practices.** CCD includes counselling messages on exclusive breastfeeding and appropriate feeding during early childhood to promote adequate nutrition.
- **Early Stimulation and Responsive Care.** CCD empowers caregivers by providing knowledge and skills for nurturing care practices.
- **Support for Early Learning.** CCD enables parents and caregivers to engage children through play-based communication.
- **Improved Mental Health and Self-Efficacy.** By offering effective parenting strategies, CCD aims to reduce stress, frustration, and isolation, especially among caregivers facing challenges in understanding their children's needs.
- **Positive Parenting Practices.** CCD promotes positive discipline and parenting approaches that strengthen family dynamics and parent-child relationships.

d. Intended Results for Children (column L)

- **Enhanced Early Childhood Developmental Outcomes.** The CCD approach seeks to promote optimal physical, cognitive, and socio-emotional development among children aged 0–3 years, strengthening their capacity to learn and engage positively with their surroundings.
- **Improved Health and Nutrition.** The approach emphasises the critical role of health and nutrition, aiming to reduce malnutrition and promote healthy growth during the early years.
- **Preschool Attendance.** A pre–post evaluation of the Amor por la Lectura (Love for Reading) programme, which integrated CCD, provided evidence of the package's potential contribution to increased preschool attendance [18].
- **Reduced Violence Against Children.** The CCD approach incorporates strategies to reduce domestic violence through the promotion of positive parenting practices.

e. Pathways and Assumptions

Partial information was available on the CCD Theory of Change (ToC), the pathways leading to intended results, and the underlying assumptions. The assessment identified two visual ToC representations that help communicate CCD's logic and facilitate its use by partners and frontline workers [4]. The first visual depicts the overall pathway through which CCD promotes responsive caregiving and playful learning: 1) adaptations of the CCD package are integrated into sectoral programmes and services for training purposes; 2) frontline workers strengthen their capacity to counsel and support caregivers; and 3) caregivers, in turn, provide responsive care and playful learning to their children. A second diagram specifies the programmes through which each sector provides counselling and support to caregivers. However, neither visual explicitly included the overarching goal of holistic child development or the assumptions required to achieve it.

The assessment also identified a UNICEF ECD ToC [2], which includes strategies, outputs, and activities logically aligned with the CCD approach, though the linkages remain implicit. One of its key strategies emphasises strengthening social norms and sociocultural practices that promote nurturing and sensitive care, supporting child development and access to comprehensive

protection services [2]. The third outcome specifies that “parents and caregivers have acquired skills to provide nurturing and sensitive care,” while its activities refer explicitly to parenting programmes adapted to sociocultural contexts and integrated into existing services. This ToC also articulates three assumptions that are relevant to CCD: 1) There is political will to improve the targeting of policies, plans, and programmes for vulnerable populations and to increase early childhood investments; 2) A favourable institutional environment is maintained to expand

and strengthen prevention and care programmes in health and education, as well as to combat violence; and 3) Decentralisation and intersectoral coordination between national and subnational levels are reinforced. These components are logically coherent and relevant to CCD, although the approach is not explicitly mentioned. The logic could be strengthened by integrating the two CCD visual representations with information from this assessment’s ToC and by clarifying the connection between the broader ECD ToC and the CCD approach.

3.2. EAQ2 – Context and Stakeholder Analysis

3.2.1. Evaluability Rating

Weak (1)	Emerging (2)	Established (3)	Advanced (4)
There is no evidence of UNICEF strategies or partnerships in the design of CCD, and it is unclear how CCD addresses the needs of children and their parents or caregivers within the context; none of the items in the evaluability checklist were considered.	There is limited evidence of UNICEF strategies and partnerships in the design of CCD, but the available information is insufficient to assess the relevance and appropriateness of these partnerships and strategies for children’s and caregiver’s needs in the context; one or two items in the evaluability checklist were considered.	There is sufficient evidence of UNICEF strategies and partnerships in the design of CCD, available data are moderately useful for assessing their relevance and appropriateness to children’s and caregiver’s needs in the context; however, some gaps remain. Three or four items in the evaluability checklist were considered.	There is ample evidence of UNICEF strategies and partnerships in the design of CCD, and the data indicate a high level of relevance and appropriateness of these partnerships and strategies for children’s and caregiver’s needs in the context; all items in the evaluability checklist were considered.

3.2.2. Evaluability Checklist

For the context and stakeholder analysis component, the assessment confirmed sufficient evidence for 4 criteria (A, B, C, and D) and partial evidence for one criterion (E).

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

3.2.3. Explanation of Results

a. Needs (column A in ToC)

The CCD approach in Paraguay addressed multiple threats affecting children and caregivers, focusing on enhancing early childhood development and mitigating risks associated with inadequate care.

Home Environment

- **Malnutrition, Wasting & Stunting.** UNICEF Paraguay identified nutritional risks linked to

insufficient caregiver knowledge and information. In 2016, exclusive breastfeeding prevalence was only 31% at six months and declined to 21% at two years of age [2, 3]. The CCD approach seeks to address these gaps by promoting breastfeeding and strengthening caregiving practices that support child nutrition.

- **Child Mortality.** Delays in seeking healthcare are among the main causes associated with child mortality in Paraguay [2]. The CCD approach addresses this by strengthening parents' and caregivers' abilities to observe and respond to their child's health needs and by facilitating health discussions across multi-sectoral programmes.
- **Lack of Early Learning Opportunities.** Many children in Paraguay lack access to environments that foster cognitive and socio-emotional development, partly due to limited awareness of the importance of early stimulation [2]. The CCD approach aims to foster a cultural shift in early learning and stimulation practices through public communication campaigns and targeted support to parents and caregivers to engage in play-based and interactive activities.
- **Violence Against Children.** Domestic violence remains a significant concern, affecting both caregivers and children in Paraguay. Reports indicate that approximately 52% of Paraguayan children experience some form of violence, and many female caregivers suffer domestic abuse [2, 4]. The CCD approach promotes positive parenting practices and non-violent communication to reduce the prevalence and acceptance of violent discipline in the home.
- **Insufficient Parenting Practices & Poor Mental Health.** Caregivers in marginalised communities often face barriers linked to low education levels, which limit their understanding of child development and the value of responsive caregiving [4]. Difficulties in interpreting children's early cues can lead to frustration and depressive symptoms, undermining the emotional bond and the child's developmental progress. The CCD approach provides counselling and support to strengthen parents' emotional well-being and caregiving confidence. Additionally, limited father engagement remains a persistent challenge due to traditional gender norms assigning caregiving primarily to women [4]. The CCD approach addresses this gap through media campaigns promoting fathers' participation in caregiving and by encouraging their involvement during CCD sessions facilitated by frontline workers.

Programme Context

- **Low Quality of ECD Services.** Paraguay identified low-quality ECD service delivery across the health, education, and social

protection sectors [5]. Frontline workers lacked training and knowledge in holistic child development. The CCD approach addressed this by providing comprehensive training on all dimensions of nurturing care and by strengthening intersectoral communication and networking among frontline workers.

- **Access to ECD Services.** Families—especially those in rural and remote areas—face barriers to accessing quality ECD services [4]. The CCD approach enhanced access by integrating its content and counselling components into strategies and programmes targeting poor and vulnerable families who lack formal early education opportunities. This included contributions to the design of the multisectoral Kunu'u Early Childhood Development Strategy (2022–2024) [12], which prioritises ECD access for vulnerable populations. Reportedly, the recently launched Semillas del Futuro (Seeds of the Future) strategy will also integrate CCD.
- **Equity and Inclusion of ECD Services.** Paraguay has a diverse ethno-linguistic composition, with Guaraní spoken in approximately 40% of households [4]. Caregivers in these families often face poverty and functional illiteracy, limiting their access to ECD information and services. The CCD approach addressed these challenges by developing bilingual counselling materials in Guaraní. Additionally, the approach supported families of children with disabilities—particularly those affected by the Zika epidemic—by strengthening caregivers' ability to identify developmental challenges and seek appropriate services [4, 2].

Country Context

- **Household and Child Poverty.** High poverty levels were a major factor in CCD design: in 2016, more than half (52.9%) of Paraguayan children and adolescents lived in multidimensional poverty [6]. Consequently, CCD was integrated into national and local government programmes targeting low-income and extremely poor families.
- **Emergencies and Climate Change.** Paraguay first introduced the CCD package as part of its emergency response to address the needs of children affected by the Zika outbreak [4].

b. Target Groups (column B)

- **Marginalised Ethnic, Religious and Indigenous Child Groups.** Paraguay is a multi-ethnic, multilingual, and multicultural society,

which shapes parenting practices and child-rearing traditions. The CCD approach includes materials in Guaraní—spoken in 35-40% of homes [4,7]. Reportedly, UNICEF has recently integrated CCD into training programmes for directors of indigenous schools.

- **Children in Remote/Rural Areas.** The CCD package was integrated into itinerant educational services (Maestras Mochileras – Backpack Teachers, and Educadoras Itinerantes – Itinerant Educators) designed to reach children who lack access to formal early education in rural and hard-to-reach areas.
- **Children Living in Poverty.** CCD targeted families living in poverty, particularly those excluded from early childhood education. The approach was integrated into: Tekoporã, a conditional cash transfer programme for families in extreme poverty; Programa Abrazo, a social protection initiative for children and adolescents (0–17 years) engaged in hazardous work or living in vulnerability; the National Kunu’u ECD Strategy (2022–2024); and local childcare centres serving informal market workers in Mercado 4 and Mercado de Abasto in Asunción.
- **Children with Disabilities.** Paraguay reached children with disabilities through strategies supporting those affected by Zika-associated birth defects and by integrating CCD into the Early Attention Services (SAT) Programme, coordinated by the Ministry of Education’s Inclusive Education Unit.
- **Children aged 0–5.** CCD has been implemented across health, education, and child protection sectors, reaching children from birth to five years of age.
- **Parents/caregivers.** Through national communication campaigns, CCD reached parents and caregivers with key messages on early stimulation, communication, and play-based learning.
- **Fathers.** Paraguay implemented a public communication campaign informed by research on fathers’ perspectives. Campaign materials portrayed fathers actively interacting with babies and young children. This was reinforced by CCD sessions involving fathers and counselling cards featuring father-child interactions.
- **Mothers in context of Confinement.** Paraguay developed a specific intervention for incarcerated mothers, allowing them to strengthen emotional bonds with their children

through structured early childhood development activities.

c. CCD Partnerships (column F)

UNICEF established and maintained partnerships with a wide range of stakeholders for the design, implementation, monitoring, and evaluation of the CCD approach in Paraguay. Each partner contributed according to its institutional mandate and technical capacity:

- **Ministry of Health (Ministerio de Salud Pública y Bienestar Social – MSPBS).** Played a key role in validating the CCD materials and integrating them into major maternal and child health and nutrition programmes, including Desarrollo Infantil Temprano (DIT), the Maternal and Child Survival Project, and Family Health Units.
- **Ministry of Nutrition (Instituto Nacional de Alimentación y Nutrición – INAN).** Participated in the validation of CCD materials and in the training of health personnel during 2016–2017.
- **Ministry of Education (Ministerio de Educación y Ciencias – MEC).** Contributed to the validation of CCD materials, the training of the early childhood workforce (including Maestras Mochileras – Backpack Teachers, preschool teachers, psychologists, and early intervention educators), and the integration of CCD into the initial curriculum for early educators [11].
- **Ministry of Child Protection (Ministerio de la Niñez y la Adolescencia – MINNA).** Operationalised CCD through its child protection and early care services, including Educadores Itinerantes (travelling educators), Educadores de Sala (centre-based educators), and the Programa Abrazo. MINNA led the design of the multisectoral ECD strategy Kunu’u (2022–2024) and currently leads the recently launched Semillas del Futuro (Seeds of the Future) strategy.
- **Ministry of Social Development (Ministerio de Desarrollo Social – MDS).** Integrated the CCD approach into the Tekoporã conditional cash transfer programme, strengthening links between social protection and ECD interventions.
- **Ministry of Justice (Ministerio de Justicia).** Integrated CCD, in collaboration with the Ministry of Education, into the Programa de Educación Infantil en Contextos de Privación de Libertad, an initiative providing early childhood education to mothers in prison settings.

- **Civil Society Groups and Foundations.** UNICEF collaborated with foundations and NGOs for CCD training delivery and logistical support. Key partnerships included Fundación Alda, Fundación en Alianza, and Educamás, which—together with the Ministry of Education—implemented Amor por la Lectura (Love for Reading) to promote literacy. Additionally, partnerships with TECHO Paraguay and the Ministry of Health supported a community-based intervention promoting maternal health, breastfeeding, complementary feeding, and child development in vulnerable communities.
 - **Academia.** Early implementation included a partnership with Universidad Iberoamericana for CCD training delivery. Training responsibilities have since transitioned to government staff, with NGOs providing logistical support.
 - **Local Governments (Municipality of Asunción and Departmental Government of Central).** Played a vital role in CCD local implementation through the creation and strengthening of Centros de Atención Integral in Mercado 4 and Mercado de Abasto, serving families engaged in informal market work. Local governments from seven municipalities also participated through local ECD councils implementing the Kunu'u strategy.
 - **National Commission for Early Childhood (Comisión Nacional de la Primera Infancia – CONPI).** Validated the CCD approach and facilitated intersectoral coordination to ensure alignment of efforts across sectors.
- d. UNICEF Strategies (column D)**
- **Partnerships.** UNICEF leveraged long-standing partnerships with the Government of Paraguay and key stakeholder groups as a cross-cutting strategy to design, implement, and monitor the CCD approach over time.
 - **Capacity Development and Technical Assistance.** UNICEF provided technical assistance and capacity-building support on CCD for policymakers, ministry-level ECD managers, service providers, and frontline workers—including centre-based and itinerant educators, healthcare workers, and community volunteers.
 - **Advocacy, Communications and Policy Design.** UNICEF engaged in advocacy to promote ECD and the CCD approach within national policy frameworks. Contributions included support to the National Childhood and Adolescence Plan [9] and the Kunu'u National Strategy for Early Childhood Care [12], which explicitly incorporated CCD. More recently, CCD has been integrated into the Curricular Design – Specific Training for the Early Childhood Education Level [11]. UNICEF is currently collaborating with the Government on CCD implementation within the Semillas del Futuro strategy.
 - **Social and Behaviour Change and Community Engagement.** UNICEF supported the Tekoporã social protection programme in providing community-based support for vulnerable families. The programme promotes positive parenting practices through home visits and group sessions led by Mother Leaders elected by their communities.
 - **Programme Scale-Up.** UNICEF supported CCD scale-up through existing ECD programmes and platforms across health, education, and social protection sectors, reaching multiple departments nationwide.
 - **Evidence Generation.** UNICEF produced evidence on CCD implementation through training systematisations that included pre- and post-test assessments of frontline workers' knowledge [13, 14, 15], as well as a pre-post study of the Amor por la Lectura programme [18]. Voices of frontline workers and parents/caregivers who benefited from the approach were also documented through two case studies and multiple life stories [4, 16].
 - **Supply Chain Services.** A central component of CCD implementation in Paraguay involved the distribution of play materials and copies of the Frontline Workers' Guide to facilitate consistent delivery of the approach [4, 17].
 - **Innovations & Learning.** During the COVID-19 pandemic, Paraguay developed online CCD learning courses to sustain training through remote modalities.
 - **South-South Cooperation.** Paraguay actively participated in CCD training and knowledge exchange with other countries in the region, including Cuba, the Dominican Republic, and Panama. UNICEF Paraguay also drew on examples from Colombia to inform the Semillas del Futuro strategy design. Moreover, Paraguayan experts trained professionals from Bolivia, Honduras, and the Dominican Republic, and shared the Backpack Teachers experience with Chile, Colombia, and Ecuador.

e. Adaptations

Several adaptations were made to enhance the effectiveness and contextual relevance of the CCD intervention in Paraguay:

- **Design of Bilingual Counselling Cards.** UNICEF developed counselling cards in Spanish and Guaraní—an essential adaptation for reaching families with limited literacy and access to child development information.
- **Design of Guides for Frontline Workers and Families.** UNICEF produced Parenting Guidelines for Children Ages 0–5 for family educators and complementary guidelines for itinerant educators. These materials are used across education, social protection, and health services in rural, urban, and low-income settings.
- **Use of Local Resources.** The programme encouraged families to use easily accessible household items for play and learning

activities, ensuring inclusivity and cost-effectiveness.

- **Multi-Sensory Toys.** The approach incorporated multi-sensory play materials for children with low vision, improving accessibility.
- **Focus on Violence Prevention.** The CCD package integrated components specifically aimed at preventing violence against children, acknowledging the high prevalence of violent discipline in the region.

Despite these multiple adaptations, some stakeholders emphasised the need for further contextualisation to reach indigenous populations more effectively. Reportedly, UNICEF has recently introduced CCD content into training for directors of indigenous schools. Further evidence is needed to determine whether additional adaptations are required to fully meet the needs of indigenous children and families.

3.3. EAQ3 – Programme Coherence (Internal and External)

3.3.1. Evaluability Rating

Weak (1)	Emerging (2)	Established (3)	Advanced (4)
There is no internal or external coherence in the design of CCD; none of the items in the evaluability checklist were considered.	There is some evidence of internal and/or external coherence in the design of CCD, but the information is insufficient to clearly assess alignment with other ECD policies and programmes, as well as with children's and women's rights; one or two items in the evaluability checklist were considered.	There is sufficient evidence of internal and external coherence in the design of CCD to assess alignment with other ECD policies and programmes, and with children's and women's rights, though information gaps remain. Three or four items in the evaluability checklist were considered.	There is ample evidence of internal and external coherence in the design of CCD, clearly demonstrating alignment with other ECD policies and programmes, and with children's and women's rights; all items in the evaluability checklist were considered.

3.3.2. Evaluability Checklist

For the programme coherence component, the assessment confirmed sufficient evidence for all criteria (A, B, C, D, and E).

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

3.3.3. Explanation of Results

There was clear evidence of alignment between UNICEF's ECD goals and objectives, Paraguay's national ECD priorities, and the design and implementation of the CCD approach in the country.

a. Internal Coherence

- **Addressing Vulnerable Populations.** The CCD approach specifically targets vulnerable groups, including families living in extreme poverty and children with disabilities. By integrating CCD into existing programmes, UNICEF supports the government in providing comprehensive care that addresses the unique challenges faced by these populations.
- **Capacity Building and Training.** UNICEF has strengthened the capacities of ECD providers—including educators, social workers, health workers, and community actors—to deliver CCD interventions effectively. This capacity-building effort forms part of UNICEF's broader strategy to improve ECD service delivery across multiple sectors.

b. External Coherence

- **National ECD Policies and Plans.** The CCD programme aligns with Paraguay's national policies and strategies for early childhood development. Its inclusion in initial and ongoing training within the education sector represents a key step toward sustainability [11].
- **Core Commitments for Children.** The Government of Paraguay has endorsed UNICEF's Core Commitments for Children, which focus on ensuring that every child is born healthy, grows in a nurturing environment, and has opportunities for early learning. The CCD approach contributes to these commitments by promoting evidence-based caregiving practices.
- **Integration Across Sectors.** CCD has been integrated across the education, health, and social protection sectors. This cross-sectoral approach enhances programme coherence and ensures that families receive comprehensive and continuous support.

c. Collaboration with Other Initiatives

- **Strengthening Quality of ECD Programs.** CCD has contributed to improving the quality of multiple ECD programmes. In the education and child protection sectors, it complements two itinerant programmes designed to reach children without access to formal education, as well as parent engagement activities in preschools and childcare centres. In the health sector, CCD counselling complements government health initiatives for mothers and children under five. In the social protection sector, CCD has strengthened the conditional

cash transfer programme Tekoporã by integrating counselling messages that promote holistic child development. Case studies and communication materials highlight increased knowledge and skills among frontline workers and families in support of children's holistic growth.

- **Expanding Access to ECD with Civil Society.** The CCD approach in Paraguay has also advanced access to ECD services through two partnerships with civil society organisations. These initiatives focused on strengthening literacy practices at home and improving young children's nutritional status through collaboration between foundations and government entities.

d. Alignment with Human Rights and SDGs

The CCD approach in Paraguay promotes the fulfilment of both children's and women's rights, creating an enabling environment for child development and caregiver empowerment. It also contributes to national ECD goals and to the broader framework of the Sustainable Development Goals (SDGs), ensuring that all children receive the care and opportunities needed for healthy development and well-being.

Child Rights Addressed

- **Right to Development.** CCD promotes every child's right to reach their full potential through nurturing care, early learning opportunities, and responsive caregiving, in line with Article 6 of the *Convention on the Rights of the Child* (right to life, survival, and development).
- **Right to Protection from Violence.** CCD includes components for preventing violence against children and promoting non-violent communication and interaction, a critical issue in Paraguay where violent discipline remains prevalent.
- **Right to Participation.** By integrating ECD into educational programmes, CCD supports children's right to quality early education, ensuring they are prepared for school and lifelong learning.
- **Right to Health and Nutrition.** CCD emphasises health and nutrition as essential elements of early childhood development, ensuring children receive adequate care for physical well-being.

Women's Rights Addressed

- **Empowerment of Caregivers.** CCD equips mothers, fathers, and caregivers with the

knowledge and skills to support their children’s development, reinforcing women’s rights to education and participation in decision-making concerning childcare.

- **Addressing Postpartum Depression.** CCD recognises the mental health needs of mothers, including postpartum depression, which may hinder caregiving. By providing psychosocial support and practical guidance, the programme enhances maternal well-being and rights.
- **Engagement of Fathers.** CCD encourages fathers’ participation in caregiving, challenging traditional gender norms and fostering shared parental responsibility—key to advancing gender equality.

Sustainable Development Goals Addressed

- **SD1: No Poverty.** CCD supports vulnerable families, helping to break the cycle of poverty through early intervention and support.
- **SDG 3: Good Health and Well-Being.** Good Health and Well-Being. CCD promotes health and nutrition to reduce malnutrition and improve child health outcomes.
- **SDG 4: Quality Education.** CCD ensures access to early learning opportunities, strengthening the foundation for life-long education.
- **SDG 5: Gender Equality.** CCD advances gender equality by empowering women and promoting father engagement in childcare.
- **SDG 16: Peace, Justice, and Strong Institutions.** CCD contributes to safer, more nurturing environments for children through violence prevention and positive parenting.

3.4. EAQ4 – Monitoring and Results Framework

3.4.1. Evaluability Rating

Weak (1)	Emerging (2)	Established (3)	Advanced (4)
There is no CCD monitoring and results framework, and it is unclear what has been done to track progress and results; none of the items in the evaluability checklist were considered.	A CCD monitoring and results framework exists, but it lacks robustness, completeness, and contextual sensitivity. Monitoring has not been adequately implemented due to several factors; one or two items in the evaluability checklist were considered.	A CCD monitoring and results framework is in place and is moderately robust, complete, and context-sensitive, though some gaps remain. Monitoring has been implemented, but inconsistencies persist; three or four items in the evaluability checklist were considered.	The CCD monitoring and results framework is sufficiently robust, complete, and context-sensitive, and monitoring has been adequately implemented; all items in the evaluability checklist were considered.

3.4.2. Evaluability Checklist

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

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

3.4.3. Explanation of Results

a. Monitoring Frameworks

The CCD approach in Paraguay does not have a dedicated monitoring framework. However, UNICEF training partner programme documents include performance indicators specific to CCD training [34], primarily focused on the training process. These partners also deliver reports containing pre-

and post-assessments of frontline workers’ knowledge of key CCD concepts.

When examining the broader ECD programming landscape, the assessment identified three monitoring efforts that could be related to the CCD approach. UNICEF’s Early Years 2020–2024 Monitoring Framework includes three indicators—exclusive breastfeeding, early education

attendance, and exposure to violence at home—which are relevant to the CCD approach in Paraguay [2]. However, explicit links between this framework and CCD have not been established. The National Institute of Statistics and other government entities collect data on parent/caregiver and child outcomes through the Multiple Indicator Cluster Survey (MICS, 2016) and, more recently, through the National Household Survey [33, 26]. These surveys contain indicators that could be associated with the CCD approach, but such connections have not yet been explored.

b. Data Collection Responsibilities

In the absence of a CCD-specific monitoring framework, available information on data responsibilities derives from UNICEF training partner programme documents and stakeholder interviews. Training partners are responsible for collecting data on: number of CCD workshops delivered; training attendance lists; CCD kits distributed; practicum sites selected; training reports produced; and participants entered into the UNICEF database. Partner reports also include pre- and post-tests assessing frontline workers' knowledge of key CCD concepts and a self-evaluation on active listening. Implementing partners reported having no data collection responsibilities specific to CCD.

Regarding parent/caregiver and child outcomes, multiple government entities participated in data collection for the MICS [33], including the Health Services Regulatory Entity, the General Directorate of Statistics, Surveys and Censuses, the Technical Secretariat for Economic and Social Development Planning, and the Ministry of Public Health and Social Welfare. The National Institute of Statistics (INE) currently oversees the National Household Survey, which includes indicators on caregivers' activities supporting learning at home and early childhood development outcomes [26]. However, these data sources have not yet been analysed in connection with CCD.

c. Data Collection Tools

Due to the absence of a defined CCD monitoring framework, the assessment could not identify

which data collection tools are most relevant. Nonetheless, several tools linked to CCD implementation—and others within the broader ECD ecosystem—could potentially serve monitoring and evaluation purposes.

As part of CCD training, UNICEF Paraguay developed tools to assess frontline workers' knowledge of core CCD concepts and self-assessments on active listening. Additionally, the evaluation of the *Amor por la Lectura* programme, which incorporated CCD counselling, included a caregiver survey assessing play, learning, and literacy behaviours; perceptions of children's literacy and numeracy skills; and preschool enrolment. These instruments could be repurposed for monitoring other programmes integrating CCD.

Within the broader ECD framework, the Multiple Indicator Cluster Survey (MICS) collects national-level data on parent/caregiver and child outcomes [33]. Similarly, the National Household Survey includes indicators on caregivers' activities to support learning at home and developmental assessments for children aged 2–4 years [26]. However, it remains unclear whether UNICEF intends to use these data sources to monitor or evaluate CCD implementation, as no monitoring framework currently exists.

d. Data Utilisation

In the absence of a CCD monitoring framework, no evidence was found on how data are used for programme planning or improvement. However, Paraguay could potentially leverage existing data collection tools to strengthen programme management. For instance, measures of frontline workers' knowledge could be integrated into existing supervision systems to identify training needs and inform capacity-building efforts.

e. Data Quality

No information was found regarding data quality assurance procedures for CCD-related indicators. While certain datasets within the broader ECD context—such as those from MICS—have established quality assurance mechanisms, these KPIs are not currently being used to monitor CCD.

3.5. EAQ5 Data Availability and Quality

3.5.1. Evaluability Rating



There is no data available to monitor CCD; none of the items in the evaluability checklist were considered.	Some data are available to monitor CCD, but the information is not aligned with the LAC CCD monitoring framework and/or lacks sufficient quality (i.e., disaggregation, frequency, coverage, or reliability); one or two items in the evaluability checklist were considered.	Sufficient data are available to monitor CCD, and the information is mostly aligned with the LAC CCD monitoring framework and of reasonable quality (i.e., sufficiently disaggregated, frequent, and reliable), though some gaps remain. Three or four items in the evaluability checklist were considered.	Ample data are available to monitor CCD, fully aligned with the LAC CCD monitoring framework and of high quality (i.e., disaggregated, frequent, comprehensive, and reliable); all items in the evaluability checklist were considered.
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3.5.2. Evaluability Checklist

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

Criteria	A	B	C	D	E
The data available to monitor CCD: (a) are aligned with the LAC CCD monitoring framework; (b) are sufficiently disaggregated; (c) are collected at appropriate frequency to assess both progress and results (with baselines and targets established); (d) are representative of the appropriate geographic scale and/or have adequate sampling coverage; and (e) have been independently validated.	Partial	Partial	No	No	No

3.5.3. Explanation of Results

a. Data Alignment

The assessment found evidence that data available to monitor the CCD approach in Paraguay is mostly aligned with the LAC CCD Monitoring Framework, although important gaps remain (Table 1). All KPIs related to the impact of the CCD approach on parents/caregivers and children have been tracked through the Multiple Indicator Cluster Survey (MICS). Additional KPIs on caregiver practices and holistic child development have been incorporated into the National Household Survey. If this survey is to be used for CCD monitoring, an appropriate sample design will need to be determined. Some KPIs related to implementation status and input quality are currently being tracked; however, no information is collected on supervision processes or on the impact of CCD on service providers (frontline worker capacities). Data on implementation coverage are also limited.

b. Data Disaggregation

Data tracking for CCD implementation coverage remains limited. Training partners report the number of children directly reached during training activities, disaggregated by age, gender, area (rural/urban), and disability. However, there is no

disaggregation by geo-graphic location, household wealth, or ethnicity. Indirect reach is estimated, as there is currently no mechanism in place to track implementation coverage after the completion of training activities.

c. Data Collection Frequency

Training partners report the number of trained personnel and children reached each time a CCD training session is delivered, although the precise frequency of these reports is not specified. All KPIs related to parents/caregivers and children were collected through the 2016 MICS, prior to the official start of CCD implementation in Paraguay, and have not been updated since [33]. Nonetheless, the MICS module on ECD was included in Paraguay's household survey in 2025.

d. Data Sample

The assessment lacked sufficient information on caregiver or child coverage to determine whether existing data samples are representative at the appropriate geographic scale.

e. Data Validation

No evidence was found of data validation processes for CCD-related indicators.

Table 1. Key performance measures for CCD tracked by Paraguay

KPI Category	Indicator	Country tracking this KPI?	Data Source(s)	Notes
Implementation Status				
Policy conducive to integrated early childhood development implemented.	Yes/No	Partial	National ECD Policy Framework	There is a Child and Adolescence Policy Framework that includes ECD and positive parenting [9]. It does not mention CCD.
Orientation workshop for policymakers on CCD conducted.	Yes/No	Yes	UNICEF COARs	UNICEF monitors this KPI, as the organisation provides this training. One intersectoral training with the National Commission for Early Childhood (CONPI) was held in 2017 [27].
Plan to strengthen existing programs with CCD prepared and costed.	Yes/No	Yes	UNICEF Annual Work Plans	2018 AWP Social Protection; 2018 AWP Health; 2019 AWP Health; 2020–2021 AWP Health & Child Protection; 2022–2023 AWP Education; and 2022–2023 Health & Child Protection include a budget line for CCD [20, 21, 22, 23, 24, 25].
Adaptation of CCD intervention and materials completed.	Yes/No	Partial	CCD Paraguay Package	UNICEF has led the materials' adaptation and development process for CCD in collaboration with the Government. Stakeholders noted the need for continued adaptations to better reach indigenous communities.
Training of master trainers and initial course completed.	Yes/No	Yes	UNICEF COARs	Master Trainers were trained in 2017 and 2024 [27, 30].
Baseline and final evaluations conducted in target districts.	Yes/No	Partial	MICS	MICS data were collected in 2016, prior to the implementation of CCD, and could potentially serve as baseline data for a future impact evaluation [33]. No comprehensive final evaluation of CCD has been conducted.
Progress of implementation (number	Number/Percentage	Partial	Case studies	The case study mentions the number of departments

KPI Category	Indicator	Country tracking this KPI?	Data Source(s)	Notes
of districts covered/targeted).				reached by different programmes, but coverage data are lacking [4].
Training courses completed (number completed/planned).	Number/Percentage	Partial	UNICEF COARs Training Partner Reports	COARs and partner reports provide number of trainings [13, 14, 15, 27, 29]. Not reported as percentage of planned workshops.
Training coverage of supervisors and providers in targeted districts (number trained/total number).	Number/Percentage	Partial	UNICEF COARs	COARs and partner reports provide the number of trainings conducted [13, 14, 15, 27, 28, 29, 30, 31]. These are not reported as a percentage of the total staff, and informants reported a lack of information on staff turnover.
Quality of Inputs				
Course duration (classroom and field practice) for introductory training.	Minimum/Recommended	Yes	Training Partner Reports	The basic course has been offered in three formats: 21 hours (7 hours over 3 days), 28 hours (7 hours over 4 days), and 35 hours (7 hours over 5 days) [14, 15].
CCD field practice during introductory training (hours and number of caregivers).	Minimum/Recommended	Partial	Training Partner Reports	The number of children is specified (a minimum of two children per team), but the number of hours is not indicated [14, 15].
Facilitator-to-participant ratio.	Minimum/Recommended	Yes	Training Partner Reports	An average of 23 participants per facilitator was reported [14, 15]
Intensity of supervision (hours, frequency).	Continuous	No		The CCD case study mentions Backpack Teachers, Early Attention staff, prison staff, and Tekoporã Mother Leaders receiving supervision; however, no supporting data were found to confirm that supervision occurred [4]
Duration of the orientation workshop for policymakers.	Minimum/Recommended	No		Orientation workshops for policymakers have not taken place since 2017.

KPI Category	Indicator	Country tracking this KPI?	Data Source(s)	Notes
Refresher training frequency and duration.	Minimum/Recommended	No		
Type of supervision.	Categorical	No		The CCD case study mentions Backpack Teachers, Early Attention staff, prison staff, and Tekoporã Mother Leaders receiving supervision; however, no supporting data were found to confirm that supervision occurred [4]
Equity				
Disaggregated data on coverage (by region, district, income, ethnicity, gender, disability).	Number/Percentage	Partial	Monitoring Sheet	The number of children reached is reported by age, gender, zone (rural/urban), and disability for 2022 [32]. Direct reach refers to training participation; indirect reach is estimated but not reported.
Proportion of marginalised communities or children receiving the intervention.	Percentage	No		Coverage data have not been analysed in relation to the total child population.
Impact on Service Providers				
Caregiver-child interactions assessed by provider.	Checklist	No		
Recommendations for play and/or communication given.	Checklist	No		
Recommendations to address CCD-related challenges provided.	Checklist	No		
Referrals to specialised services organised.	Checklist	No		
Impact on Caregivers				
Support for learning in the home: availability of play materials.	Number/Percentage	Yes	MICS/National Household Survey	MICS 2016 [33]. Recently integrated into the National Household Survey, conducted quarterly [26]

KPI Category	Indicator	Country tracking this KPI?	Data Source(s)	Notes
Support for learning in the home: adult play and communication activities with the child.	Number/Percentage	Yes	MICS/National Household Survey	MICS 2016 [33]. Recently integrated into the National Household Survey, conducted quarterly [26]
Impact on Children				
Early Childhood Development.	Percentage	Yes	MICS/National Household Survey	MICS 2016 [33]. Recently integrated into the National Household Survey, conducted quarterly [26]
Reduced Violence Against Children.	Percentage	Yes	MICS	MICS 2016 [33]
Reduced Morbidity and Mortality.	Percentage	Yes	MICS	MICS 2016 [33]
Reduced Stunting and Wasting.	Percentage	Yes	MICS	MICS 2016 [33]
Preschool Attendance.	Percentage	Yes	MICS	MICS 2016 [33]

3.6. EAQ6 – Contribution and Scaling Potential

3.6.1. Evaluability Rating

Weak (1)	Emerging (2)	Established (3)	Advanced (4)
There is no common understanding among stakeholders regarding the CCD strategy, its contribution to the broader ECD vision and objectives, or its potential for scaling; none of the items in the evaluability checklist were found.	A common understanding exists among some, but not all stakeholders, regarding the CCD strategy and its contribution to the wider ECD vision and objectives; one or two items in the evaluability checklist were found.	Most stakeholders share a common understanding of the CCD strategy and its contribution to the broader ECD vision and objectives, though differing views remain on its potential for scaling; three or four items in the evaluability checklist were found.	All stakeholders share a common understanding of the CCD strategy, its contribution to the national ECD vision and objectives, and agree on its potential for scaling; all items in the evaluability checklist were found.

3.6.2. Evaluability Checklist

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

Criteria	A	B	C	D	E
Stakeholders share a common understanding of: (a) the goals and objectives of CCD; (b) the approaches to implementation; (c) the intended contribution of CCD to national ECD programming; (d) the requirements for scaling CCD (e.g., human and financial resources, clearly codified intervention, etc.); and (e) the scaling approaches (e.g., integration with existing government systems, frontline workforce development for community-based ECD programmes, etc.).	Yes	Yes	Yes	Partial	Partial

3.6.3. Explanation of Results

a. Common Understandings

Key stakeholders — including UNICEF and government partners — share a consistent understanding of the CCD goals and objectives (see EAQ1), the implementation approaches (see EAQ2), and the intended contribution of CCD to national ECD programming (see EAQ3 and the ToC Diagram). Stakeholders emphasised that training strategies played a pivotal role in establishing this shared understanding. The training of mid-level technical staff was identified as a particularly effective mechanism, as these professionals acted as multipliers—disseminating knowledge and advocating for CCD during government transitions. Cross-sector training of frontline workers was also cited as an essential strategy. It facilitated mutual learning about service delivery modalities across sectors and fostered informal professional networks (for example, through WhatsApp groups) that continue to support knowledge exchange and peer learning.

b. Clarifications required

Stakeholders expressed differing perspectives on whether the necessary conditions for scaling CCD have been achieved in Paraguay, as well as on the most effective strategies for expanding coverage beyond current levels.

Human Resources. Some stakeholders considered the number of Master Trainers adequate for current needs, while others highlighted the importance of expanding the training pool to include universities and other social actors beyond government staff.

Financial Resources. There was broad consensus on the need for increased financial resources and better integration of CCD activities within ministerial budgets. However, existing documentation provides limited detail on actual investment requirements. A more comprehensive cost analysis should account for elements essential to maintaining quality—such as monitoring systems, refresher training, and cost-efficient production and distribution of play and learning materials, which are currently financed through UNICEF contracts with NGOs.

Cultural Adaptations. There was partial agreement regarding the extent of CCD adaptation. While translation into Guaraní was considered a significant achievement, stakeholders emphasised the need for a deeper understanding of indigenous cultural practices to guide further adaptations that ensure contextual relevance.

Emerging Opportunities for Scale-Up. UNICEF Paraguay has identified additional avenues for expanding CCD's reach. Potential opportunities include integrating CCD into the curriculum of the National System of Training and Labour Capacity Building (SINAFOCAL), as well as incorporating the approach into UNICEF's ongoing initiative to promote family-friendly policies within the private sector through the Companies that Care (Empresas que Cuidan) programme. Both initiatives will require additional funding to be operationalised effectively.

3.7. EAQ7 – Programme Convergence

3.7.1. Evaluability Rating

Weak (1)	Emerging (2)	Established (3)	Advanced (4)
There is no evidence in the design of CCD regarding its intended contributions to the multisectoral or integrated ECD approach; none of the items in the evaluability checklist were considered.	Some evidence exists in the design of CCD regarding its intended contributions to the multisectoral or integrated ECD approach, but it is insufficient to assess implementation and coordination; one or two items in the evaluability checklist were considered.	Sufficient evidence exists in the design of CCD regarding its intended contributions to the multisectoral or integrated ECD approach, as well as information to assess implementation and coordination, though some gaps remain; three or four items in the evaluability checklist were considered.	Ample evidence exists in the design of CCD regarding its intended contributions to the multisectoral or integrated ECD approach and to assess implementation and coordination; all items in the evaluability checklist were considered.

3.7.2. Evaluability Checklist

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

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

3.7.3. Explanation of Results

a. Sector Engagement, Roles and Responsibilities

Paraguay is at an established stage of maturity in the design, implementation, monitoring, and evaluation of its multisectoral and integrated ECD approach. Implementation has involved the three core ECD sectors —health, education, and child/social protection— with evidence that all are working toward shared outcomes and impacts (see [Theory of Change Diagram](#)). Stakeholders highlighted differences in the institutionalisation and availability of financial resources across sectors. The Ministry of Education has integrated CCD into the initial training for early education professionals [11], demonstrating a sustained commitment to continuous CCD capacity-building. In contrast, the health sector experienced a halt in scaling following the end of initial funding. Meanwhile, the Ministry of Children and Adolescents (MINNA) has reaffirmed its commitment to CCD through the Semillas del Futuro strategy; however, funding remains to be secured. These financial constraints underscore the need for closer collaboration with the Ministry of Finance to identify and secure sustainable funding mechanisms for continued scaling across all sectors. Stakeholders also noted that government transitions caused temporary confusion regarding sectoral roles and responsibilities and led to a short-term weakening of the National Early Childhood Commission (CONPI).

b. Integration Approaches

Multiple entry points and mechanisms for cross-sectoral integration were identified:

- **Holistic Programme Design:** CCD served as a catalyst for designing ECD policies, systems, and programmes consistent with the Nurturing Care Framework. For example, UNICEF collaborated in the design of the National ECD Strategy Kunu’u (2022–2024), which includes CCD counselling to strengthen holistic

caregiving practices among parents and caregivers [12].

- **Multisectoral Delivery of CCD:** CCD delivery involved several sectors —health, child/social protection, and education— coordinated through CONPI. However, the strength and consistency of this coordination fluctuated during government transitions.
- **Place-based Delivery of CCD:** CCD was implemented in specific geographic areas through partnerships between national and local governments and foundations, expanding holistic ECD service delivery to highly vulnerable populations.
- **Institutional Delivery of CCD:** CCD has been implemented within institutions such as health centres, childcare centres, and preschools, ensuring integration into existing service platforms.
- **Integrated Home-based Care:** CCD was delivered through home visits as part of comprehensive service packages, particularly within the Tekoporã social protection programme, where “mother leaders” supported caregiving and stimulation activities at the community level.

c. Coordination Mechanisms

Two levels of intersectoral coordination operate in Paraguay: (1) National Coordination. The National Commission for Early Childhood (CONPI) validated the CCD approach, identified specific programmes for integration, and facilitated coordination of initial CCD training. Nonetheless, stakeholder interviews indicated that changes in the Commission’s composition during government transitions temporarily weakened coordination and blurred sectoral responsibilities; and (2) Local Coordination: The Kunu’u Strategy (2022–2024) introduced local ECD councils at the municipal level as a second coordination layer. These inter-institutional teams ensured that priority interventions reached the same families—for example, by aligning CCD delivery across health, education, and justice pro-programmes.

The recently launched Semillas del Futuro strategy reportedly builds upon lessons learned from Kunu’u, incorporating enhanced monitoring mechanisms and stronger intersectoral collaboration.

3.8. EAQ8 – Institutional Readiness

3.8.1. Evaluability Rating

Weak (1)	Emerging (2)	Established (3)	Advanced (4)
There is no support or commitment from key stakeholders to conduct a future evaluation of CCD; none of the items in the evaluability checklist were found.	Some support and commitment exist among key stakeholders to conduct the evaluation, but current data and alignment with stakeholder needs are insufficient; one or two items in the evaluability checklist were found.	Sufficient support and commitment exist among key stakeholders to conduct the evaluation, along with adequate data and alignment with stakeholder needs, though some gaps remain; three or four items in the evaluability checklist were found.	Strong support and commitment exist among all key stakeholders to conduct the evaluation, with sufficient data and clear alignment with stakeholder needs; all items in the evaluability checklist were found.

3.8.2. Evaluability Checklist

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

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

3.8.3. Explanation Utility and Focus Areas

a. Evaluation Utility and Focus Areas

The assessment found partial support and commitment among key stakeholders in Paraguay to conduct an evaluation of the CCD approach. All parties recognised the significant progress achieved and expressed interest in documenting lessons learned. Some participants, however, suggested that the evaluation should be scheduled after the implementation of the Semillas del Futuro strategy begins, to capture its contribution. If undertaken, a CCD evaluation in Paraguay could provide valuable insights to strengthen policy, programming, and learning in several key domains:

Policy Development and Advocacy

- **Informed Decision-Making:** Evaluation findings could guide ministries, NGOs, and partners in making evidence-based policy decisions and advocating for adjustments to national ECD plans to better reflect identified needs.
- **Resource Allocation:** Results could inform more strategic allocation of financial and human resources—particularly in caregiver training and service delivery for underserved communities.

Programme Improvement

- **Identifying Strengths and Weaknesses:** The evaluation could highlight what components of CCD work well and where refinements are needed, allowing for improved design of training, counselling, and monitoring mechanisms.
- **Best Practices:** Documented good practices could be shared and replicated across sectors and regions. Stakeholders particularly emphasised the potential to leverage informal frontline worker networks for knowledge sharing.

Capacity Building

- **Training and Development:** Findings could guide the refinement of training models, helping determine optimal modalities (e.g., four- vs. five-day formats) and content depth for frontline workers.
- **Community Engagement:** Evaluation insights could strengthen outreach strategies and community mobilisation around nurturing care and early learning.

Monitoring and Evaluation Framework Enhancement

- **Design of a CCD Specific Framework:** An evaluation could inform the creation of a dedicated monitoring and results framework for CCD, including refined tools, indicators, and data-collection methods.
- **Continuous Improvement:** Institutionalising a learning culture based on evaluation findings could promote iterative enhancement of service quality and child outcomes.

Collaboration and Coordination

- **Strengthening Partnerships:** Findings could facilitate evidence-based dialogue among ministries, NGOs, and community actors, leading to stronger collaboration and shared accountability.
- **Shared Goals:** A joint understanding of the evidence base could help align partners around common objectives for early childhood development.

b. Participation in Evaluation

Key informants from UNICEF and government agencies expressed a strong interest in taking part in the evaluation. Identified avenues for participation included: (a) contributing to the design of tools and methodologies; (b) sharing documentation and monitoring data relevant to CCD; and (c) facilitating the participation of rights-holders, especially caregivers and frontline workers, through established local and sectoral networks.

c. Challenges and Good Practices

Key informants also expressed interest in learning about both challenges and good practices through a future evaluation. The evidence indicates that, while the implementation of the CCD initiative in Paraguay has faced several challenges, there are also notable good practices that can be leveraged to enhance the effectiveness of ECD services. The ongoing commitment to capacity building and intersectoral collaboration remains crucial to overcoming these challenges and improving outcomes for children and families.

Challenges

- **Coordination and Collaboration:** Despite the establishment of the National Commission for Early Childhood (CONPI), there remains a need to further strengthen intersectoral coordination and sustain local councils as coordination mechanisms.
- **Resource Constraints:** Limited financial and human resources continue to challenge the

sustainability and scalability of CCD, as well as effective monitoring and ongoing training.

- **Data Collection and Monitoring:** While some indicators are aligned with the CCD LAC monitoring framework, data collection remains uneven across sectors and requires systematisation.

Good Practices

- **Integration Across Sectors:** P CCD has been successfully integrated across health, education, and social protection programmes. Stakeholders expressed particular interest in documenting the process of

institutionalisation—especially its inclusion in initial teacher training curricula.

- **Adaptation of Training Materials:** CCD resources **have** been culturally and linguistically adapted (e.g., bilingual Spanish–Guaraní materials, simplified graphics), improving accessibility for providers and volunteers with varying literacy levels.
- **Creation of Champions at Multiple Levels:** Through national campaigns, community engagement, and informal technical networks across ministries, Paraguay has cultivated CCD champions at community, institutional, and policy levels—strengthening advocacy and long-term ownership of the approach.

3.9. EAQ9 – Evaluation Readiness

3.9.1. Evaluability Rating

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

3.9.2. Evaluability Checklist

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

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

3.9.3. Explanation of Results

The assessment found sufficient evidence to evaluate the relevance, coherence, and sustainability of the CCD approach in Paraguay, and partial evidence to evaluate its effectiveness, efficiency, and impact.

a. Relevance

Relevance refers to the extent to which the objectives and design of the CCD approach respond to the needs and priorities of beneficiaries, and

align with national, global, and partner institutional policies and priorities. Examples of evidence of relevance in Paraguay include:

- **Focus on Vulnerable Populations.** The CCD initiative prioritises vulnerable children — including those living in rural and remote areas, in poverty or extreme poverty, in urban settlements, and children with disabilities. This focus is particularly relevant in a context where

many children face structural barriers to accessing inclusive early childhood services.

- **Alignment with National Policies and Priorities.** The CCD programme aligns with Paraguay's national early childhood development strategies, including the National Plan for Holistic ECD (2011–2020), the National Childhood and Adolescence Plan (2020–2024), the Kunu'u ECD Strategy (2022–2024), and reportedly the recently launched Semillas del Futuro strategy [8, 9, 12]. This alignment ensures that CCD contributes directly to a coherent national framework aimed at improving child outcomes.
- **Community Engagement.** CCD implementation in Paraguay has engaged families and communities through community-based approaches such as the Tekoporã programme and place-based interventions targeting urban settlements. These mechanisms strengthen the contextual relevance of CCD by responding to families' specific needs.

b. Coherence

Coherence assesses the extent to which the CCD approach aligns with other national ECD interventions and with UNICEF's internal frameworks. It includes both internal coherence (within UNICEF) and external coherence (with government and partners). Examples of coherence in Paraguay include:

- **National ECD Policies and Plans:** CCD implementation is consistent with national early childhood development policies and strategies. Its inclusion in initial teacher training represents an important step toward institutionalisation and sustainability [11].
- **Commitments for Children:** The Government of Paraguay has endorsed UNICEF's Core Commitments for Children, which emphasise nurturing environments and access to early learning. CCD supports these goals by providing structured, evidence-based strategies to enhance caregiving practices.
- **Alignment with Human Rights:** CCD implementation reflects UNICEF's human-rights-based approach and is consistent with international frameworks, particularly the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women, as well as the Sustainable Development Goals.

c. Effectiveness

Effectiveness refers to the extent to which the CCD approach achieves—or is expected to achieve—its objectives and results. The assessment identified several data sources that could support an evaluation of the CCD approach's effectiveness in enhancing ECD out-comes. Paraguay has gathered information to assess results for both caregivers and children. However, there remains a need to strengthen data availability to assess KPIs related to input quality and impact on service providers, as well as to improve the quality and scale of coverage data to determine whether the programme is effectively reaching the intended population and achieving consistent outcomes across subgroups.

Paraguay has also collected qualitative evidence that amplifies the voices of frontline workers and parents/caregivers who have benefited from the CCD approach. Systematisations and case studies highlight observable changes among service providers and families [4, 14, 15, 16]. Teachers reported improved listening and observation skills, shifting from directing play to facilitating caregiver–child interactions and recognising the developmental value of play. Early attention workers transitioned from a diagnostic approach to a relationship-based model, focusing on children's strengths and integrating play and communication into family routines. Health professionals reported a deeper understanding of responsive caregiving and playful learning, forming peer networks to promote child- and family-centred practices within their institutions. Municipal staff applied CCD practices both professionally and personally, following up with mothers over time to reinforce learning. ECD staff in prisons learned to prioritise caregiver–child interaction over direct engagement with children. Tekoporã mother leaders experienced personal transformations during training as they practiced play with their own children, gaining new insights into positive parenting. Par-ents and caregivers also reported improved understanding of the importance of play for early childhood development, even when using simple or homemade toys; increased confidence to engage in play and communication; greater ability to recognise and respond to their children's cues; and adoption of daily practices—such as talking, singing, and playing during routine activities like feeding and bathing—that foster responsive caregiving.

d. Efficiency

Efficiency refers to the extent to which the CCD approach delivers—or is likely to deliver—results in an economic and timely manner. Some information on CCD-related costs was available within UNICEF's plans with the Ministries of Social Protection, Education, Health, and Child Protection [19, 20, 21, 22, 23, 24, 25]. For a future efficiency evaluation, it will be important to clarify the costs of specific line items in relation to the broader services being leveraged for CCD delivery. Moreover, improving coverage data will be essential to assess whether financial and human resources have been allocated strategically to reach priority populations and ensure equitable implementation across sectors.

e. Sustainability

Sustainability refers to the extent to which the net benefits of the CCD approach continue—or are likely to continue—over time. This may include: (1) integration of CCD into policy mandates; (2) integration of CCD into frontline worker training systems; (3) integration of CCD into public financing for ECD services; (4) production of public goods such as curricula or advocacy and communication assets; and (5) strengthening community resilience to provide nurturing care in response to shocks associated with climate-related disasters or other emergencies.

There is evidence of CCD sustainability in Paraguay across multiple contexts. The CCD package has been incorporated into frontline worker training systems through its integration into the Curricular Design – Specific Training for the Early Childhood Education Level [11]. Through this mechanism, the Ministry of Education has committed public financing to sustain CCD training. Paraguay has

also developed public goods that are being used across several governments programmes. The Frontline Workers' Guide has been applied within education, child and social protection, and health services. However, additional information is needed to determine the extent to which these guides continue to be used in health programmes that no longer receive technical accompaniment, as well as in municipalities that participated in the implementation of Kunu'u. Finally, there is some evidence that CCD has contributed to building community resilience and promoting nurturing care through interventions that strengthened the capacities of volunteers, such as the Tekoporã programme and place-based initiatives in urban settlements. It will be important to further examine how these strengthened capacities have contributed to community resilience in the face of climate-related disasters and other emergencies, and to explore opportunities to better integrate CCD within emergency response frameworks.

f. Impact

Impact refers to the extent to which the CCD approach has generated—or is expected to generate—significant positive or negative, intended or unintended, higher-level effects, such as the realisation of women's and children's rights. While MICS data provide national and district-level coverage of key impact indicators, current data on CCD implementation coverage and dosage are insufficient to enable a robust evaluation of the CCD approach's impact in Paraguay. Strengthening the linkage between population-level indicators and programme-level data will be essential to assess CCD's contribution to broader child development outcomes.



4

Areas for Action

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

- **Action 1:** Strengthen visual representations of the CCD Theory of Change by including additional information identified through the current assessment.
- **Action 2:** Add explicit mentions of CCD to UNICEF ECD ToC so the contributions are explicit.

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

- **Action 3:** Use the information from this assessment as a starting point to create a CCD-specific Monitoring and Results Framework.
- **Action 4:** Devise cost-effective ways to gather disaggregated data on implementation coverage and dosage to inform ongoing implementation, scaling and impact.
- **Action 5:** Address gaps in the availability of data on the quality of inputs and the impact on service providers (frontline worker capacities).
- **Action 6:** Consider alternatives to ensure personnel at the national level and local levels can oversee adequate frequency of reporting and implementation of quality assurance procedures.

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

- **Action 7:** Determine the real costs of implementation by working with partners who are currently implementing the CCD approach, clarifying costs of specific line items in relation to the larger service that is being leveraged for the delivery of CCD.
- **Action 8:** Include this information in costed action plans for continuous scaling within the health and social protection sectors and/or with expanded partnerships with civil society actors.
- **Action 9:** Use the understanding of costs to increase public financing for the CCD approach to ensure sufficient human and financial resources for continuous scaling with quality.
- **Action 10:** Clarify scaling approaches and platforms and consolidate overlapping service provision of CCD (if applicable).
- **Action 11:** Identify and strengthen supervision and mentoring platforms to ensure frontline worker capacities and integrate data collection on implementation quality.

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