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

Honduras Country Case Study Report

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

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Acronyms

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

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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 Honduras 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

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.

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

1.1.3. CCD in Honduras

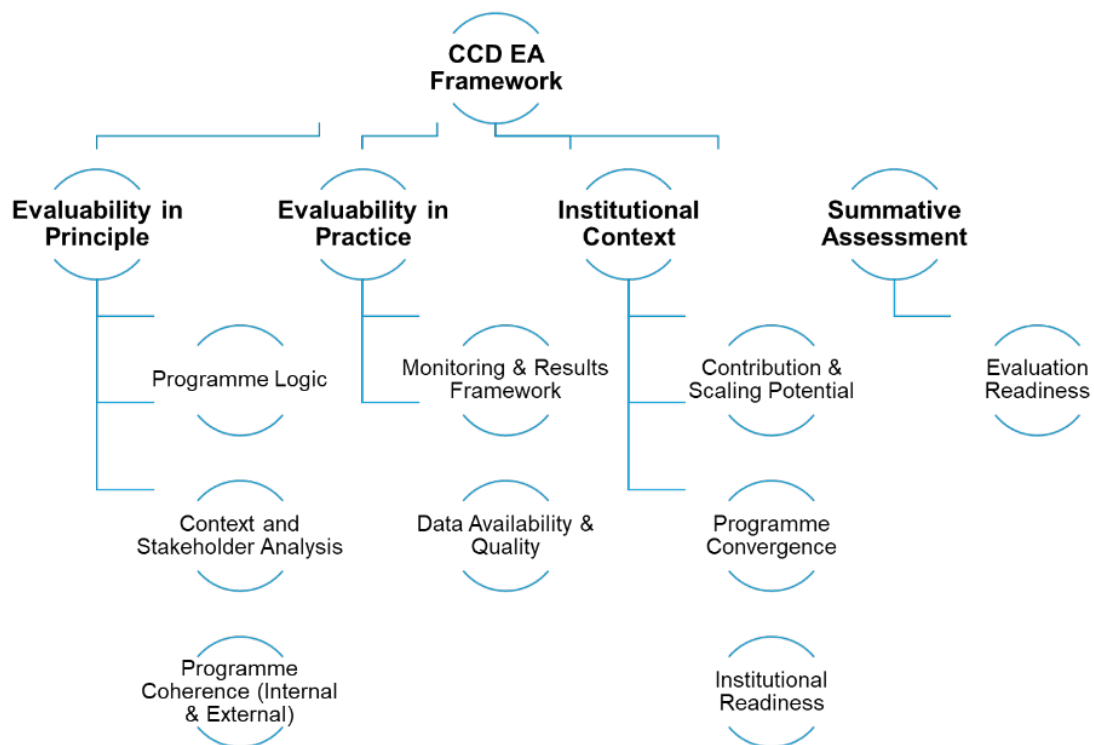
Honduras has implemented the CCD approach since 2017 through its integration into government strategies across prioritised municipalities. The country comprises 18 administrative departments, with evidence of CCD implementation in five of them (Intibucá, Lempira, El Paraíso, Choluteca, and Francisco Morazán). Implementation continued until 2021. Since 2022, UNICEF has renewed CCD partnerships and training initiatives with the aim of scaling up CCD to 100 municipalities.

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 Honduras CCD, a total of 34 documents were reviewed. Additionally, 7 stakeholders participated in Key Informant Interviews (KIIs) and/or Small Group Interviews (SGIs), and an online validation workshop was held to confirm preliminary findings and validate the reconstructed ToC.

Figure 1. CCD Evaluability Assessment Framework





2

Honduras CCD Theory of Change

The CCD approach in Honduras was initially introduced in 2017, with implementation continuing through 2021. Since 2022, UNICEF has renewed CCD partnerships and training initiatives with the aim of scaling up CCD to 100 municipalities. Overall, the CCD approach has focused on strengthening the ECD enabling environment and the health system in prioritised municipalities. This section provides a summary

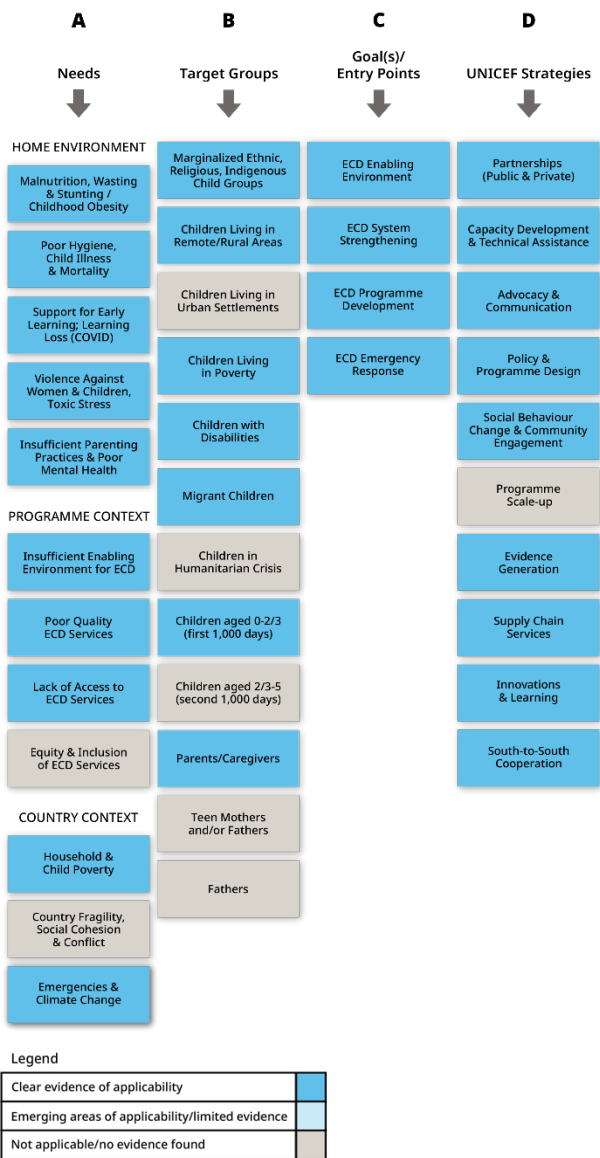
2.1. CCD Strategy

A. Needs

Multiple overlapping needs for nurturing care contributed to the adoption of the CCD approach in Honduras (see Figure 2). The introduction of CCD responded to challenges arising from the Zika emergency and other threats to child development, including malnutrition, child illness and mortality, lack of early learning opportunities, violence against children, and insufficient parenting practices. The CCD approach has been integrated into government strategies addressing weaknesses in the enabling environment for ECD, limited access and low quality of services, high levels of poverty, and vulnerability to climate change.

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

Figure 2. CCD Strategy in Honduras



B. Target Groups

The CCD approach in Honduras targets children from birth to age 3 (the first 1,000 days) and parents/caregivers in general. CCD has been incorporated into government-led, place-based strategies focusing on the most vulnerable communities, including marginalised indigenous populations, children living in remote or rural areas, children living in poverty, and those affected—or at risk of being affected—by climate-related emergencies. More recently, UNICEF has partnered with local NGOs to provide CCD counselling to migrant families.

C. Goals / Entry Points

Four CCD goals or entry points have been identified in Honduras: ECD enabling environment, strengthening of the ECD system, ECD programme development, and ECD

emergency response. Detailed definitions of these goals and entry points are provided in Annex G.

D. UNICEF Strategies

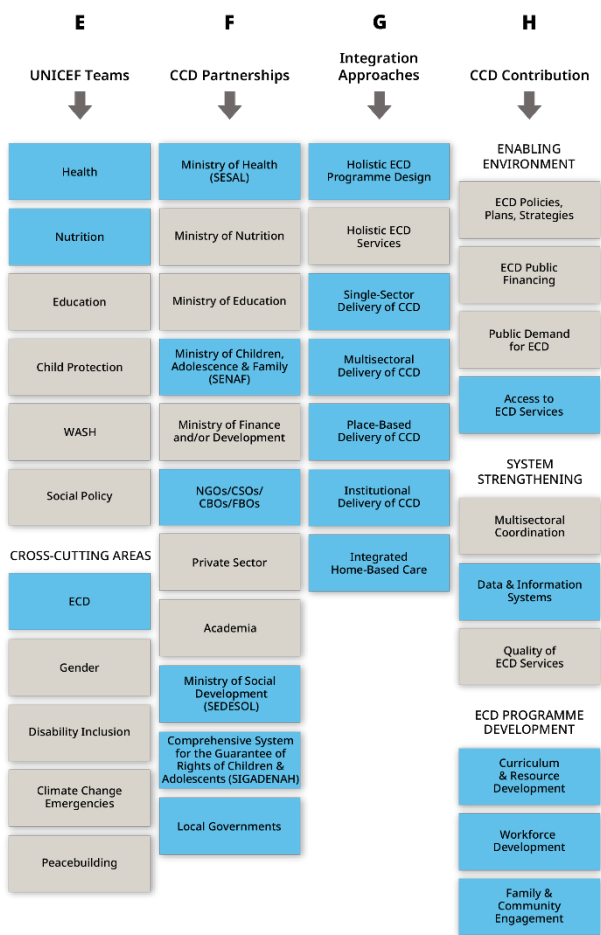
UNICEF has employed multiple strategies to implement CCD in Honduras, including partnerships; capacity development and technical assistance; advocacy, communication, policy and programme design; evidence generation; supply chain services; innovations and learning; and South-to-South cooperation. See Annex G for detailed definitions of these UNICEF strategies.

2.2. CCD Contribution to ECD

E. UNICEF Teams (Inputs)

The design, implementation, and monitoring of the CCD approach in Honduras have been led by UNICEF programme specialists focusing on ECD, health, and nutrition (see Figure 3).

Figure 3. CCD Contribution in Honduras



Legend

Clear evidence of applicability	
Emerging areas of applicability/limited evidence	
Not applicable/no evidence found	

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 Ministry of Child Protection, the Ministry of Social Development, civil society organisations, and local governments. CCD implementation has been achieved through its integration into two national ECD strategies (Criando con Amor, 2017–2021, and Plan Crecer, initiated in 2022), in coordination with the National Early Childhood Commission and the Comprehensive System for Guaranteeing the Rights of Children and Adolescents in Honduras (SIGADENAH).

G. Integration Approach (Policy and System Interventions)

There are six integration approaches identified in Honduras: (1) holistic programme design; (2) single-sector delivery of CCD; (3) multi-sectoral

delivery of CCD; (4) institutional delivery; (5) place-based delivery of CCD; and (6) integrated home-based care. See Annex G for detailed definitions of these integration approaches.

H. CCD Contribution (outputs)

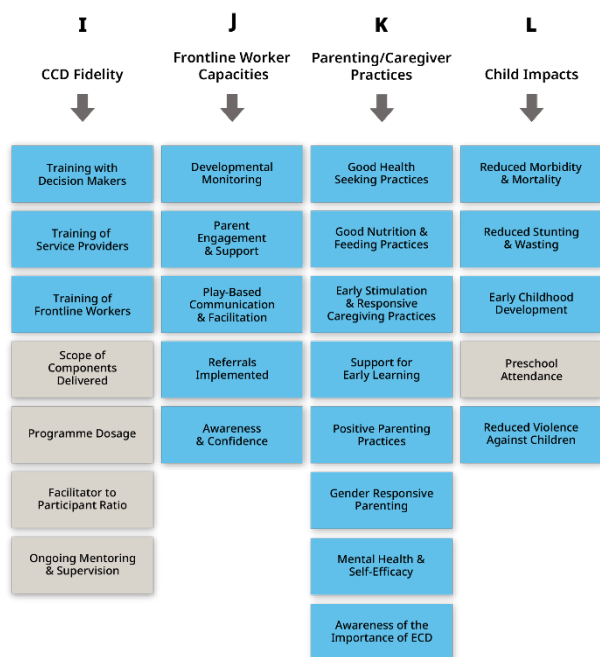
The CCD approach in Honduras was designed to contribute to the ECD enabling environment by expanding access to ECD services, particularly for the most vulnerable groups of children. Implementation of CCD has also contributed to system strengthening by improving data and information systems. Finally, the CCD approach was developed to enhance ECD programmes through contributions to curriculum and resource development for frontline ECD workers, workforce development, and the strengthening of family and community engagement. 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)

The implementation of CCD in Honduras has included training for decision-makers within the health, child protection, and social policy sectors. Training for service providers and frontline workers has primarily focused on the health sector and, to a lesser extent, on civil society actors (see Figure 4).

Figure 4. CCD Delivery and Results in Honduras



Legend

Clear evidence of applicability	
Emerging areas of applicability/limited evidence	
Not applicable/no evidence found	

Delivery of the CCD approach takes place through counselling sessions between a frontline worker and parents or caregivers, mainly during health appointments and/or home visits, and, to a lesser extent, through small group interactions or home visits led by volunteers or by staff working in childcare centres or shelters managed by local NGOs, Community-Based Organisations (CBOs), and Faith-Based Organisations (FBOs). The data gathered do not include information on the scope of components delivered, programme dosage, or ongoing mentoring and supervision. See Annex G for detailed definitions of programme fidelity interventions.

J. Frontline Worker Capacities (Outcomes)

Five expected outcomes of CCD training and implementation on frontline worker capacities were identified in Honduras, including improved knowledge and skills to: (1) conduct

developmental monitoring; (2) engage and support parents; (3) practise play-based communication and facilitation; (4) carry out referrals; and (5) increase awareness and confidence in implementing holistic ECD services. While these are the expected contributions of CCD to frontline worker capacities, there are currently limited data available to demonstrate these results. See Annex G for detailed definitions of frontline worker capacities.

K. Parenting / Caregiver Practices (Outcomes)

The CCD approach in Honduras was designed to contribute to several outcomes for parents and caregivers: (1) good health-seeking practices; (2) appropriate nutrition and feeding practices; (3) strengthened early stimulation and responsive caregiving practices; (4) parental support for early learning in the home; (5) positive parenting practices; (6) gender-responsive parenting; (7) improved mental health and self-efficacy; and (8) greater awareness of the importance of ECD among parents and caregivers. While these are the expected contributions of CCD to parenting and caregiving practices, there are currently limited data available to demonstrate these results. See Annex G for detailed definitions of parenting and caregiver practices.

L. Children’s Rights / SDGs (Impacts)

The CCD approach in Honduras was designed to contribute to four child level impacts: (1) Reduced child mortality and morbidity; (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. See Annex G for detailed definitions of child impacts.



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Evaluability Assessment Results

Figure 5. Evaluability ratings - CCD approach in Honduras

Overall, the assessment found the CCD approach in Honduras to be sufficiently evaluable. 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 Honduras was assessed to be at an advanced state of evaluability with respect to programme coherence (EAQ3) (see Figure 1). The approach was at an established stage in terms of adapting to the context and including key stakeholders (EAQ2), its contribution and scaling potential (EAQ6), and programme convergence (EAQ7). The CCD approach was at an emerging stage of evaluability in relation to programme logic (EAQ1), the monitoring and results framework (EAQ4), data availability and quality (EAQ5), institutional readiness for a future evaluation (EAQ8), and evaluation readiness (EAQ9).



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

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 two criteria (A and B) and partial evidence for three criteria (C, 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	Partial	Partial	Partial

3.1.3. Explanation of Results

Sufficient information was available on the goals, objectives, and intended results of the CCD approach in Honduras. The goals and objectives for using the CCD package in Honduras focused on improving early childhood development outcomes, particularly for the most vulnerable children, by strengthening the capacity of parents and caregivers to provide nurturing care that promotes children's physical, cognitive, and socio-emotional development.

a. Goals

- **Promote Optimal Child Development.** The primary goal of the CCD approach in Honduras is to ensure that the most vulnerable children, particularly those aged 0–3 years, have the opportunity to develop to their fullest potential through nurturing care.
- **Strengthen Parenting Practices.** The CCD package aims to empower families as active agents in their children's development. This includes providing parents and caregivers with the information, support, and resources needed to deliver nurturing care, including responsive caregiving, early stimulation, and positive parenting practices.

- **Support Vulnerable Populations.** The CCD approach in Honduras specifically targets vulnerable groups, including children living in poverty, those in rural and indigenous communities, and those affected by migration or emergencies.

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

ECD Enabling Environment

- **Access to ECD Services.** Access to ECD Services: A key objective of the CCD approach is to improve access to holistic early childhood development services, particularly for vulnerable populations. Honduras has integrated the CCD package into governmental place-based strategies to increase access to ECD—such as Criando con Amor and Plan Crecer—and into health services within UNICEF's Good Health and Nutrition strategy [2, 3, 4, 5]. In 2023, it partnered with local NGOs to expand access to CCD counselling for migrant families [6].

ECD System Strengthening

- **Data and Information Systems.** The implementation of CCD in Honduras was designed to contribute to system strengthening by enhancing ECD data and information systems. The 2017–2021 implementation improved data collection and analysis through the KoBo Collect mobile application and the Power BI data visualisation platform [7]. The current implementation includes the design of a data reporting system in Excel, to be used across 100 municipalities [8].

ECD Programme Development

- **Workforce Development.** The CCD approach in Honduras aims to train and equip frontline workers to effectively implement the CCD methodology and support families in promoting children’s holistic development. The programme focuses mainly on health workers and, to a lesser extent, volunteers and other civil society actors.
- **Curriculum and Resource Development.** CCD training has been explicitly integrated into the Guidelines for the Implementation of Strategies for the Promotion and Protection of Breastfeeding [9].
- **Family and Community Engagement.** The initial CCD implementation (2017–2021) was integrated into the Criendo con Amor strategy, which emphasised training for community volunteers [10]. Reportedly, training efforts in 2022–2023 included local CBOs and FBOs, although coverage varied across municipalities and data on these actors remain limited.

ECD Emergency Response

- **Focus on Climate Change Vulnerability.** The CCD approach in Honduras is part of broader UNICEF strategies targeting vulnerable communities, including those highly exposed to the impacts of climate change. This provides an opportunity to integrate ECD into wider strategies for emergency preparedness, response, and recovery.

c. Intended Results for Caregivers (column K)

- **Good Health Seeking Practices.** The current CCD implementation in Honduras forms part of a broader strategy to promote good health and nutrition, including the encouragement of regular health check-ups and immunisation. The participant manual notes that as parents and caregivers develop skills to detect and respond to their child’s cues, they are more

likely to identify health issues and seek medical assistance [11].

- **Good Nutrition and Feeding Practices.** The current CCD implementation in Honduras is integrated into a broader health and nutrition strategy. The participant manual includes counselling messages promoting appropriate feeding practices [11]. The CCD package has also been incorporated into the national Guidelines for the Implementation of Strategies for the Promotion and Protection of Breastfeeding [9].
- **Early Stimulation and Responsive Care.** The CCD approach is designed to empower caregivers by providing them with knowledge and skills related to responsive caregiving practices.
- **Parent/Caregiver Support for Early Learning in the Home.** The CCD approach contributes to parent and caregiver support for early stimulation and learning by encouraging engagement through play-based communication.
- **Positive Parenting Practices.** The CCD approach encourages caregivers to adopt positive parenting techniques, fostering healthier family dynamics and improved parent–child relationships.
- **Gender Responsive Parenting.** The CCD participant manual includes messages highlighting the importance of encouraging both fathers and mothers to participate actively in early childhood development and caregiving [11].
- **Improved Mental Health and Self-Efficacy.** Improved Mental Health and Self-Efficacy: By equipping caregivers with effective parenting strategies, the CCD approach seeks to reduce frustration and isolation, particularly among those who struggle to understand their child’s needs. The participant manual includes specific guidance on this connection [11].
- **Awareness of the importance of ECD.** Awareness of the Importance of ECD: CCD materials in Honduras include counselling messages that enhance parent and caregiver awareness of the importance of the early years for child development [11,12, 13, 14].

d. Intended Results for Children (column L)

- **Enhanced Early Childhood Developmental Outcomes.** The CCD approach aims to promote optimal physical, cognitive, and socio-emotional development in children aged 0–3 years. This includes improving children’s

ability to learn and to interact positively with their environment.

- **Reduced Child Mortality and Morbidity.** Honduras has integrated CCD into broader strategies designed to promote good health and nutrition and to reduce child mortality among the most vulnerable communities.
- **Improved Health and Nutrition.** The CCD approach in Honduras forms part of larger strategies aimed at reducing malnutrition and promoting healthy growth among young children.
- **Reduced Violence Against Children.** The CCD approach includes strategies for reducing violence against children within the home through positive parenting practices.

e. Pathways and Assumptions

Partial information was available on a CCD Theory of Change (ToC), including the pathways towards the intended results and underlying assumptions. The assessment found evidence of a Criando con Amor ToC (2020) [10] and a UNICEF ToC for the priority area Good Health and Nutrition under the 2022–2026 Country Programme [3]. Both theories of change included components that are associated with or related to the CCD approach; however, these linkages could be made more explicit. The Criando con Amor ToC identified as one of its main results: “Families have competencies to promote care and holistic early childhood development”, which was connected in

the diagram to the output “Fathers and mothers trained for their children’s holistic development and healthy parenting”, and to two activities: “Train and accompany families for the development of competencies for healthy parenting during early childhood” and “Train accompanying volunteers” [10]. However, CCD was not explicitly mentioned. Similarly, although the integration of CCD into health systems is a key activity for achieving the outcome “More children, adolescents, women, and their families in rural and urban environments are provided with quality health care and nutrition services and practise healthy behaviours”, CCD is again not explicitly referenced [3].

Some assumptions that may apply to CCD are included in the Criando con Amor ToC: there is a guarantee of trained human resources; training resources are sufficient and of high quality; and the community is receptive to the transformation of cultural practices and patterns [10]. However, these assumptions are not specific to the CCD approach. Stakeholders identified other assumptions that could be integrated into a CCD-specific ToC, such as: political will and government commitment; adequate allocation of resources, including physical space and personnel to implement the programme; effective coordination and communication mechanisms; and robust systems for collecting and monitoring data.

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 four 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
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3.2.3. Explanation of Results

a. Needs (column A in ToC)

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

Home Environment

- **Malnutrition.** Chronic malnutrition affects 32.6 per cent of children (0–5 years) in the poorest households in Honduras. Additionally, approximately 36.3 per cent of children (5–59 months) have anaemia, and only 30.2 per cent of infants (0–5 months) are exclusively breastfed [3]. The CCD approach in Honduras aims to address these issues by integrating CCD into strategies aimed at reducing stunting and by including messages on adequate feeding within the CCD manual [11].
- **Child Illness and Mortality.** Child Illness and Mortality: Honduras identified high child mortality and low vaccination rates as key needs for the implementation of CCD. Although Honduras has made positive progress in reducing child mortality, significant regional disparities persist. The national immunisation programme reported 78 per cent coverage in 2020 for children under one year of age [3]. The CCD approach is implemented as part of a broader strategy aimed at reducing child mortality and increasing vaccination rates among the most vulnerable communities.
- **Lack of Early Learning Opportunities.** Lack of Early Learning Opportunities: The CCD approach was introduced to address the limited parental involvement in early stimulation and responsive care. In 2019, only 36 per cent of children (aged 2–4 years) had engaged with any adult household member in four or more stimulation and responsive care activities over the previous three days [15]. The CCD approach emphasises the importance of play and communication to strengthen these parent-child interactions within the home.
- **Violence Against Children.** A high proportion of children aged 1–14 years (62.5 per cent)

experienced physical punishment and/or psychological aggression by caregivers during the month preceding the 2019 survey in Honduras [15]. Violent discipline can have long-term negative effects on child development. The CCD approach seeks to reduce physical punishment by promoting positive parenting practices.

- **Insufficient Parenting Practices.** Honduras identified a lack of paternal involvement in child-rearing as a key barrier to optimal development. While 24.9 per cent of mothers reported supporting their children’s learning, only 4.9 per cent of fathers did so according to the 2019 MICS [15]. The CCD participant manual includes messages encouraging fathers to engage in early childhood development and caregiving activities [11].

Programme Context

- **Insufficient Enabling Environment.** Between 2017 and 2021, the CCD approach was implemented under the Criando con Amor framework, a government strategy designed to strengthen the enabling environment for ECD by improving families’ caregiving capacities, enhancing coordination, and increasing local demand for ECD services in targeted communities [2, 10]. Since 2022, UNICEF has collaborated with the new Plan Crecer initiative and with a place-based strategy led by the Secretariat for Children, Youth and Family (SENAF, for its acronym in Spanish), which also emphasises caregiver education and inter-institutional coordination under the Good Health and Nutrition programme [3, 4, 5].
- **Poor Quality ECD Services.** UNICEF identified the need to enhance the quality of health services for young children as one of the main drivers for integrating CCD into government initiatives. The CCD approach was considered a key activity to strengthen frontline workers’ capacities to deliver higher-quality services that

foster children's physical, cognitive, and socio-emotional development.

- **Lack of Access to ECD Services.** UNICEF identified limited access to quality health care, promotion, and disease prevention services as a major challenge. The CCD package has been incorporated as a core component of strategies aiming to expand access to quality health care by improving frontline workers' ability to support families in providing nurturing care. This includes promoting improved health-seeking behaviours through more attentive and responsive caregiving and through referrals to specialised services [11, 13]. In 2023, UNICEF partnered with NGOs to expand access to ECD support for migrant families [6].

Country Context

- **Household and Child Poverty.** Household and child poverty were key considerations in the design of the CCD approach in Honduras, implemented within the framework of government strategies targeting vulnerable communities, including those with the highest poverty rates.
- **Emergencies & Climate Change.** CCD was initially introduced in Honduras as part of the emergency response to the Zika virus outbreak. The package has since been incorporated into government strategies that focus on communities highly vulnerable to the impacts of climate change.

b. Target Groups (column B)

- **Marginalized Ethnic, Religious and Indigenous Child Groups.** The CCD package in Honduras has been implemented through integration into government programmes targeting vulnerable communities, with particular attention to indigenous regions.
- **Children in Remote/Rural Areas.** The CCD package has been implemented through government programmes prioritising vulnerable rural areas. A central component of the CCD approach in Honduras involves training health promoters who reach families living in remote locations.
- **Children Living in Poverty.** Communities with high levels of household and child poverty, including indigenous and rural areas, were specifically targeted to ensure they received appropriate support.
- **Children with Disabilities.** The initial introduction of CCD aimed to respond to the needs of children with microcephaly associated

with the Zika virus. The participant manual contains specific messages for parents and caregivers of children with disabilities [11]. The programme also promotes referrals to specialised services, acknowledging variability in their availability across communities [13].

- **Migrant children.** In 2023, UNICEF partnered with local NGOs to provide CCD counselling to migrant families.
- **Children Aged 0–3 Years.** This age group was prioritised due to the critical importance of early childhood development during these formative years.
- **Parents/Caregivers (in general).** All parents and caregivers in Honduras technically have the opportunity to benefit from the CCD approach; however, implementation has thus far been limited to districts with the highest concentration of vulnerable families.

c. CCD Partnerships (column F)

UNICEF formed or continued ongoing partnerships with a range of stakeholders to support the CCD approach in Honduras. Each stakeholder group has played a distinct role in the design, implementation, monitoring, and evaluation of the approach.

- **Ministry of Health (Secretaría de Salud – SESAL).** Has played a central role in integrating and implementing the CCD approach within primary health-care services by facilitating the training of frontline workers during both phases of CCD implementation. The Ministry of Health also provides supervision for staff in decentralised municipalities.
- **Ministry of Child Protection (Secretaría de Niñez, Adolescencia y Familia – SENAF).** Established in 2023, SENAF is currently the lead government agency responsible for providing CCD training and monitoring its implementation.
- **Ministry of Social Development (Secretaría de Desarrollo e Inclusión Social – SEDIS. Secretaría de Estado en Desarrollo Social – SEDESOL):** Between 2017 and 2021, SEDIS played a key role in integrating CCD into the national ECD strategy *Criando con Amor* and served as the lead partner in its implementation. In 2022, SEDIS was incorporated into the larger Ministry, SEDESOL, which has continued collaborating with UNICEF, SENAF, and SESAL on CCD implementation within the framework of the new national ECD strategy *Plan Crecer*. However, stakeholders noted that this collaboration has weakened

compared with previous implementation stages.

- **Civil Society Organizations, Community-Based and Faith-Based Organizations.** Community-Based and Faith-Based Organisations: Between 2017 and 2024, UNICEF partnered with ChildFund to deliver training for facilitators and frontline workers and to monitor implementation. Local NGOs, CBOs, and FBOs have participated in training sessions, although their involvement has varied across municipalities. In 2023, UNICEF partnered with local NGOs serving migrant families.
- **Comprehensive System for Guaranteeing the Rights of Children and Adolescents (Sistema Integral de Garantía de Derechos de la Niñez y Adolescencia en Honduras – SIGADENAH).** Has played an important role in coordination and planning. At the national level, the Early Childhood Commission and its Technical Committee determined how to best introduce CCD within government programmes. At the local level, Municipal Councils have conducted annual early childhood assessments and developed improvement plans that include the training of health professionals and other local actors in CCD.
- **Municipal Governments.** Play a key role in the local implementation of CCD by adapting national strategies to municipal contexts, allocating resources, engaging communities, and participating in municipal councils. Municipalities that have been decentralised to provide health services employ additional staff to ensure ongoing supervision and support for frontline workers.

d. UNICEF Strategies (column D)

- **Partnerships.** UNICEF leveraged its strong collaboration with the government and with the aforementioned stakeholder groups as a cross-cutting strategy to design, implement, monitor, and evaluate the CCD approach over time.
- **Capacity Development and Technical Assistance.** UNICEF provided technical assistance and capacity development on the CCD approach for policymakers, line ministry ECD managers, service providers, and frontline workers, including doctors, professional nurses, nursing assistants, health promoters, volunteers, and staff from NGOs, CBOs, and FBOs.

- **Advocacy, Communications and Policy Design.** UNICEF engaged in advocacy efforts to promote the importance of ECD and the CCD approach within national policies. This included contributions to the design of the national ECD strategy *Criando con Amor* and the development of the new strategy *Plan Crecer* [10, 5].
- **Social and Behaviour Change and Community Engagement.** The implementation of *Criando con Amor* included the training of volunteers to promote changes in cultural beliefs and practices through peer-to-peer interaction. Key informants reported that CCD training between 2022 and 2024 included members of CBOs and FBOs at the local level, though documentation of their participation remains limited.
- **Evidence Generation.** CCD implementation has included the development of a data-gathering platform specifically designed for frontline workers implementing the approach.
- **Supply Chain Services.** The implementation of CCD in Honduras has included the distribution of supplies that support its delivery, such as play resources and learning materials.
- **Innovations & Learning.** Honduras developed a data collection system for frontline workers using the KoBo Collect mobile application and the Power BI platform, enabling real-time visualisation of coverage data. The current implementation also includes introductory online training modules forming the foundation of the CCD introductory course.
- **South-to-South Cooperation.** Honduras has participated in training and knowledge exchange efforts with other countries in the region through collaboration with the LACRO office. In addition, the Honduras Country Office has supported the government by sharing lessons from Cuba to inform ECD policy and programme design.

e. Adaptations

Several adaptations were introduced to ensure the effectiveness and contextual relevance of the CCD intervention in Honduras.

- **Design of Counselling Materials.** UNICEF revised CCD training materials, incorporating messages that resonate with local cultural practices and beliefs about child-rearing. These include orientation cards for both frontline workers and families [12, 13, 14].
- **Use of Local Resources.** The programme encourages the use of easily accessible

household items for play and learning activities, enabling families to engage in developmental interactions without requiring specialised resources.

Although the programme has been implemented in indigenous communities, stakeholders have

highlighted the need for deeper cultural adaptations and for extending the programme to Afro-Honduran communities. Other stakeholders have recommended further simplification of training materials to better equip non-professional staff, volunteers, and other social actors with lower educational levels.

3.3. EAQ3 – Programme Coherence (Internal and External)

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 five 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

a. Internal Coherence

- **Addressing Vulnerable Populations.** The CCD approach in Honduras specifically targets low-income, rural, and indigenous communities, including those identified as highly vulnerable to climate change. By integrating CCD into existing government strategies, UNICEF aims to support the government in delivering comprehensive care that addresses the distinct challenges faced by these populations.
- **Capacity Building and Training.** UNICEF has supported the training of ECD service providers, focusing primarily on health workers and, to some extent, community volunteers, to strengthen their capacity to deliver CCD interventions effectively. This capacity-building

effort forms part of a broader UNICEF strategy to improve access to and quality of health and nutrition services for the most vulnerable children.

- **Monitoring and Evaluation.** Between 2017 and 2021, the CCD approach contributed to the design of a new data system for monitoring and evaluation. Stakeholders reported that the 2020 evaluation of the national ECD strategy *Criando con Amor*, which incorporated CCD training, was instrumental in informing the design of the subsequent strategy, *Plan Crecer* [10]. This reflects UNICEF’s commitment to using evidence and data to inform policy and programme decisions.

b. External Coherence

- **National ECD Policies and Plans.** CCD is aligned with the National Early Childhood, Childhood, Adolescence and Family Policy (Política Nacional de Primera Infancia, Niñez, Adolescencia y Familia – PONAPINA) and supports the government’s commitment to strengthening early childhood development [16].
- **Commitments for Children.** The CCD package forms part of the national commitment to early childhood development, operationalised through the Comprehensive System for Guaranteeing the Rights of Children and Adolescents (Sistema Integral de Garantía de Derechos de la Niñez y Adolescencia en Honduras – SIGADENAH) [31]. This system aims to ensure that all children, regardless of their circumstances, receive the necessary support for their development. The CCD approach also supports government commitments to protect the nutritional status of the most vulnerable populations by strengthening the health and nutrition systems in Honduras through capacity building, including training on CCD.

c. Collaboration with Other Initiatives

- **Strengthening ECD Strategies.** Between 2017 and 2021, the CCD approach was integrated into the national ECD strategy *Criando con Amor*. The current implementation has been incorporated into the new national ECD strategy *Plan Crecer*.
- **Strengthening Quality of Health Services.** The CCD package complements health services delivered by doctors and nurses in health centres, as well as by health promoters who provide home-based support to families. The added value of the CCD approach lies in the inclusion of counselling guidance that promotes holistic nurturing care, placing greater emphasis on safety, responsive caregiving, and early learning.
- **Regional Learning and Adaptation.** Honduras participated in the LAC regional effort to introduce CCD in response to the needs of children affected by microcephaly due to the Zika virus. This South-South cooperation has enhanced the capacity of other countries to adopt similar ECD approaches and share regional learning.

d. Alignment with Human Rights and SDGs

The CCD approach in Honduras is designed to uphold and promote both children’s and women’s

rights, fostering a supportive environment for child development and caregiver empowerment. The approach contributes to advancing national ECD goals while aligning with the broader framework of the Sustainable Development Goals (SDGs), ensuring that children receive the necessary support for healthy development and well-being.

Child Rights Addressed

- **Right to Development.** The CCD approach promotes the right of every child to reach their full potential by ensuring access to nurturing care, early learning opportunities, and responsive caregiving. This aligns with Article 6 of the *Convention on the Rights of the Child*, which emphasises the right to life, survival, and development.
- **Right to Protection from Violence.** The CCD approach incorporates components aimed at preventing violence against children, addressing issues such as neglect and abuse. This is especially relevant given the high prevalence of violent discipline practices in Honduras.
- **Right to Participation.** The CCD approach encourages the involvement of parents and caregivers in children’s developmental processes, fostering an environment where children’s voices are heard and considered in matters that affect them.
- **Right to Health and Nutrition.** The CCD approach underscores the importance of health and nutrition during early childhood, ensuring that children receive adequate care and support for physical well-being.

Women’s Rights Addressed

- **Empowerment of Caregivers.** The CCD approach provides training and resources to mothers, fathers, and other caregivers, equipping them with the knowledge and skills to support their children’s development. This aligns with women’s rights to education and participation, thereby enhancing their empowerment within families and communities.
- **Promotion of Positive Parenting.** The CCD initiative advocates for positive parenting practices, which not only benefit children but also contribute to gender equality by promoting shared caregiving responsibilities within families.

Sustainable Development Goals Addressed

- **SDG 1: No Poverty.** By addressing the needs of vulnerable populations, the CCD approach

- contributes to breaking the cycle of poverty through early intervention and family support.
- **SDG 3: Good Health and Well-Being.** The CCD approach promotes health and nutrition, aiming to reduce malnutrition and improve overall health outcomes for young children.
- **SDG 4: Quality Education.** By emphasising early learning and stimulation, the CCD approach ensures that children have access to quality education from a young age, laying the foundation for lifelong learning.
- **SDG 5: Gender Equality.** The CCD approach supports the empowerment of women and caregivers through training and capacity development, enhancing their role in nurturing care and equitable family relationships.
- **SDG 16: Peace, Justice, and Strong Institutions.** Through its focus on violence prevention and the promotion of positive parenting, the CCD package contributes to building safer and more resilient communities for children.

3.4. EAQ4 – Monitoring and Results Framework

3.4.1. Evaluability Rating

Weak (1)	Emerging (2)	Established (3)	Advanced (4)
There is no CCD monitoring and results framework, and it is 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), primarily due to the absence of a CCD-specific monitoring and results framework.

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 Honduras currently lacks a dedicated monitoring framework. However, the country has defined CCD-specific indicators for which data are available. UNICEF programme documents for training partners include one performance indicator specifically related to CCD. Additionally, partner reports include complementary information on CCD training activities. Two data-gathering systems have been developed to monitor CCD implementation. Between 2017 and 2024, monitoring was conducted using the KoBo Collect mobile

application and the Power BI platform. For the planned scale-up to 100 municipalities in 2025, monitoring will be carried out through paper-based forms and Excel spreadsheets.

At the broader ECD programming level, the assessment identified three complementary monitoring efforts that could align with CCD. For instance, UNICEF’s 2022–2025 Country Programme Monitoring Framework includes two relevant indicators—one on stunting and one on under-five mortality rate—both directly linked to the objectives of the CCD approach [4]. Additionally,

there is an ongoing effort to establish a National Early Childhood Monitoring System to track the provision of ECD services across multiple sectors [17]. The proposal includes two indicators related to families' competencies and data on parental knowledge and engagement in stimulation activities. If developed and implemented, a CCD-specific monitoring and results framework could be integrated within and contribute to this national system¹.

b. Data Collection Responsibilities

In the absence of a specific monitoring framework, the assessment could only identify partial information on CCD-related data collection efforts, drawn from UNICEF partner reports and stakeholder interviews.

As the primary CCD training partner, ChildFund was responsible for collecting and reporting data on the number of frontline workers trained in CCD. Its reports also included information on workshops with local policymakers, number of CCD training sessions, course duration, field practice components, and participant numbers per session.

Between 2017 and 2024, ChildFund led CCD data collection and analysis, with frontline workers directly reporting information via the KoBo Collect application and the Power BI platform, which provided real-time dashboards. Beginning in 2025, the Ministry of Child Protection (Secretaría de Niñez, Adolescencia y Familia – SENAF) will assume responsibility for CCD data collection and analysis. Frontline workers will use paper-based forms, and SENAF will compile the data in Excel spreadsheets. There remains a need to define precise data collection and analysis responsibilities within a CCD monitoring and results framework.

Additional institutions have contributed to data generation relevant to CCD. The Secretariat of the Office of the Presidency, the National Institute of Statistics, and the Secretariat of Health Data have collected data on parent/caregiver and child outcomes through the National Demographic and Health Survey / Multiple Indicator Cluster Survey (ENDESA/MICS) in 2019 [15]. Local health authorities gather data on child morbidity and mortality, which are then analysed by UNICEF. However, these data sources have not yet been fully linked to CCD implementation.

c. Data Collection Tools

Due to the absence of a specific CCD monitoring framework, the assessment was unable to determine which tools are the most relevant or systematically applied to CCD monitoring. Nonetheless, several instruments were identified that could be integrated into a future CCD monitoring framework or utilised for an evaluation.

The main tools identified include:

- KoBo Collect mobile application and Power BI platform: Used by ChildFund to monitor CCD implementation between 2017 and 2024. The system recorded data disaggregated by municipality, child's gender, disability status, migration status, and ethnicity (including indigenous and Afro-descendant populations) [7].
- Paper-based reporting forms and Excel spreadsheets: To be used by SENAF for monitoring CCD implementation across 100 municipalities. The spreadsheet includes fields for date and location of contact with caregivers; caregiver information (relationship to the child, gender, and age); child information (age in months, gender, migration status, ethnicity, and disability status); observations of parent-child interactions; and follow-up needs [8].
- Evaluation instruments for the Criendo con Amor strategy: Used to assess relevance, effectiveness, efficiency, sustainability, and cross-cutting approaches related to rights and gender equality [10].
- Survey instruments: Currently used in the Lepaterique pilot to assess the knowledge and practices of mothers, fathers, and other caregivers [18, 19].
- National Demographic and Health Survey / Multiple Indicator Cluster Survey (ENDESA/MICS 2019): Includes nationally representative data on parent/caregiver and child outcomes [15].

d. Data Utilisation

Given the absence of a CCD-specific monitoring framework, no formal evidence was found regarding how CCD training or implementation data have been used for programme planning or improvement. Nonetheless, stakeholders reported two notable examples of data use:

- **Policy Development and Advocacy.** Stakeholders reported the utilisation of the

¹ By July of 2025 Honduras was finalizing a monitoring framework for the National Early Childhood Strategy which includes indicators for the CCD components. This effort went

beyond the temporal scope of this evaluation assessment (2012-2024).

Criando con Amor evaluation for policy development and advocacy during the 2022 governmental transition [10]. Lessons learned from this evaluation were integrated into the design of the Plan Crecer national ECD strategy.

- **Service Delivery Improvement:** Stakeholders indicated that the findings of the Lepaterique pilot study will be utilised to inform improvements in CCD delivery during the scale-up to 100 municipalities.

e. Data Quality

There is a clear need to develop a CCD monitoring framework that defines and standardises data

quality assurance procedures. Stakeholders noted that between 2017 and 2024, data quality was overseen by ChildFund, although no official documentation describes the specific quality control mechanisms applied. As the programme scales up, SENAF will be responsible for quality assurance. However, stakeholders highlighted that SENAF currently lacks sufficient staff to ensure systematic quality checks.

While other datasets—such as MICS and independent evaluations—include formal quality assurance mechanisms, these have not yet been applied in the context of CCD monitoring.

3.5. EAQ5 Data Availability and Quality

3.5.1. Evaluability Rating

Weak (1)	Emerging (2)	Established (3)	Advanced (4)
There is no data available to monitor CCD; none of the items in the evaluability checklist were considered.	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.

3.5.2. Evaluability Checklist

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

3.5.3. Explanation of Results

a. Data Alignment

The assessment found that the data available to monitor the CCD approach in Honduras were broadly aligned with the LAC CCD Monitoring Framework, although several key gaps were identified (see Table 1). All Key Performance Indicators (KPIs) associated with the impact of the CCD approach on parents/caregivers and children were tracked through the National Demographic

and Health Survey / Multiple Indicator Cluster Survey (ENDESA/MICS), except for morbidity and mortality indicators, which are assessed separately by UNICEF using administrative data [15]. Several KPIs related to the implementation status and quality of inputs for CCD were tracked through UNICEF training partners' contracts, programme visits, and reports [20, 21, 22, 23, 24, 25, 26, 27].

Details on course structure, field practice, and facilitator-to-participant ratios are specified in the training concept note [28].

The Power BI platform tracked CCD coverage across multiple demographic variables, including age (in months), municipality, gender, disability, migration status, ethnicity, and race [7]. As the programme scales up to 100 municipalities, CCD coverage data will also be gathered using Excel spreadsheets [8]. These spreadsheets include fields to track caregiver-child interactions—an indicator related to the impact on service providers identified in the LAC Framework. However, data limitations remain in assessing equity, as outlined below.

b. Data Disaggregation

Between 2017 and 2024, data gathered through the KoBo Collect mobile application and the Power BI platform were disaggregated, enabling analysis of CCD coverage across demographic variables such as age (in months), municipality, gender, disability, migration, ethnicity, and race [7]. The same categories will be collected using paper-based forms and Excel spreadsheets during the scale-up to 100 municipalities [8]. Despite this, gaps were identified in disaggregation by household wealth and gender:

- **Household Wealth:** The CCD approach targets low-income communities in general but does not currently collect data by household wealth quintile.
- **Gender:** Data collection includes the number of boys and girls, as well as mothers and fathers

receiving CCD services, which allows for partial gender disaggregation. However, evidence was insufficient to determine the gender composition of trained frontline workers.

c. Data Collection Frequency

From 2017 to 2024, frontline workers collected CCD implementation data during each counselling session using the KoBo Collect application. Although the system was designed to report data in real time through the Power BI platform, stakeholders noted technical difficulties with the application's performance on certain operating systems. As the intervention expands, it is expected that frontline workers will submit data on a monthly basis, with SENAF overseeing the overall process. Stakeholders expressed concern regarding potential bottlenecks due to SENAF's limited human resources.

d. Data Sample

Monitoring data collected between 2017 and 2024 through the Power BI platform are currently unavailable. However, ChildFund's 2023 and 2024 reports provide summaries of CCD monitoring data from 34 municipalities across three departments [23, 27]. SENAF anticipates gathering CCD monitoring data from 100 municipalities during the upcoming scale-up phase.

e. Data Validation

The assessment found no evidence that CCD-related monitoring data had undergone independent validation.

Table 1 Key performance measures for CCD tracked by Honduras

KPI Category	Measures	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 an ECD policy framework, but it does not mention CCD [16]
Orientation workshop for policymakers on CCD conducted.	Yes/No	Yes	UNICEF Training partner reports	Partner reports (2022–2024) include data on workshops and names of policymakers at the municipal level [24, 25, 26, 27].

KPI Category	Measures	Country tracking this KPI?	Data Source(s)	Notes
Plan to strengthen existing programmes with CCD prepared and costed.	Yes/No	Yes	UNICEF Contracts	There are three costed action plans that include CCD training for the period July 2023 – April 2024 [6, 22, 23]. Stakeholders reported an ongoing action plan for scaling in collaboration with SENAF
Adaptation of CCD intervention and materials completed.	Yes/No	Partial	CCD Honduras Package	UNICEF has led the materials adaptation and development process for CCD in collaboration with the government. Stakeholders noted a need to continue adaptations to reach additional Indigenous and Afro-Honduran communities.
Training of master trainers and initial course completed.	Yes/No	Yes	List of master trainers	The 2017 COAR report mentions 16 master trainers [29]. A list of master trainers was provided for the current implementation [30].
Baseline and final evaluations conducted in target districts.	Yes/No	Partial	ENDESA/MICS Evaluation of Criando con Amor	ENDESA/MICS data was collected in 2019 and used in the 2020 Criando con Amor evaluation [15, 10]. (Note this evaluation was focused on the whole strategy rather than the specific CCD contribution.) 2019 MICS data could potentially be used as baseline data for a future CCD evaluation.
Progress of implementation (number of districts covered/targeted).	Number/Percentage	Partial	Evaluation of Criando con Amor UNICEF Training partner reports	Two districts benefited from CCD training within Criando con Amor [10]. Coverage information is not available for this period. Partner reports provide evidence for coverage in 34 municipalities in three departments [24, 25, 26, 27]. These are not reported as a percentage of targeted districts. Expansion plans for 2025 could be included in a future evaluation.

KPI Category	Measures	Country tracking this KPI?	Data Source(s)	Notes
Training courses completed (number completed/planned).	Number/Percentage	Partial	UNICEF Training partner reports	No data available for 2017-2021. Data for 2022-2024 are available in training partner reports [24, 25, 26, 27].
Training coverage of supervisors and providers in targeted districts (number trained/total number).	Number/Percentage	Partial	UNICEF Training partner reports	Data on number of supervisors and providers trained was collected for 2022-2024, but not as a percentage of all providers in the target districts [24, 25, 26, 27].
Quality of Inputs				
Course duration (classroom and field practice) for introductory training.	Minimum/Recommended	Yes	Training Concept Note Implementation partner's reports	Initial virtual course (duration is not specified). Basic course: 40 hours (8 hours per day over 5 days) [28].
CCD field practice during introductory training (hours and number of caregivers).	Minimum/Recommended	Yes	Training Concept Note Implementation partner's reports	12 hours (4 hours over 3 days) [28]
Facilitator to participant ratio.	Minimum/Recommended	Yes	Training Concept Note Implementation partner's reports	22-23 participants per facilitator [28, 24, 25, 26, 27]
Intensity of supervision (hours, frequency).	Continuous	No		
Duration of the orientation workshop for policymakers.	Minimum/Recommended	No		
Refresher training frequency and duration.	Minimum/Recommended	No		
Type of supervision.	Categorical	No		
Equity				
Disaggregated data on coverage (by region, district, income, ethnicity, gender, disability).	Number/Percentage	Partial	SENAF Excel spreadsheets (planned)	2017-2024 data were collected through Power Bi. Reports include summaries, but the data are no longer accessible. There are plans to gather the same data in 100 municipalities [8]. Data on

KPI Category	Measures	Country tracking this KPI?	Data Source(s)	Notes
				family income are not available
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	Partial	SENAF Excel spreadsheets (planned)	2017–2024 data were collected through Power Bi, but are currently inaccessible. The February 2024 report includes aggregated data [26, 27]. Plans exist to collect the same data in 100 municipalities using Excel [8].
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		National system under construction could provide data when ready
Impact on Caregivers				
Support for learning in the home: availability of play materials.	Number/Percentage	Yes	ENDESA/MICS	ENDESA/MICS 2019 [15]
Support for learning in the home: adult play and communication activities with the child.	Number/Percentage	Yes	ENDESA/MICS	ENDESA/MICS 2019 [15]
Impact on Children				
Early Childhood Development.	Percentage	Partial	ENDESA/MICS	ENDESA/MICS 2019 [15]
Reduced Violence Against Children.	Percentage	Yes	ENDESA/MICS	ENDESA/MICS 2019 [15]
Reduced Morbidity and Mortality.	Percentage	Yes	UNICEF	UNICEF analyses this information yearly using health data at municipal level.

KPI Category	Measures	Country tracking this KPI?	Data Source(s)	Notes
Reduced Stunting and Wasting.	Percentage	Yes	ENDESA/MICS	ENDESA/MICS 2019 [15]
Preschool Attendance.	Percentage	Yes	ENDESA/MICS	Data is available, but the indicator is not considered relevant to CCD in the country at this time

3.5. EAQ6 – Contribution and Scaling Potential

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.

Evaluability Checklist

For the contribution and scaling potential component, the assessment confirmed sufficient evidence for three criteria (A, B, and C), and no 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	No	No

Explanation of Results

a. Common Understandings

Key stakeholders, including UNICEF and government partners, share a common understanding of the goals and objectives of the CCD approach (see EAQ1), the implementation modalities (see EAQ2), and the intended contribution of CCD to national ECD programming (see EAQ3 and the [Theory of Change Diagram](#)). This shared understanding reflects a general consensus on the importance of responsive caregiving and early stimulation as core components of early childhood development in Honduras.

b. Clarifications required

The assessment identified differing perspectives among stakeholders regarding whether all necessary conditions for scaling CCD are currently in place, as well as varying views on the most effective strategies to expand CCD coverage to reach the most vulnerable children. (a) Human Resources. Some stakeholders expressed confidence that current staffing levels were sufficient to support CCD implementation in the 100 targeted municipalities. However, others raised concerns about capacity limitations, noting that the

Early Childhood Sub-Directorate within SENAF is composed of only three staff members. Additionally, there are substantial disparities between decentralised and centralised municipalities in terms of supervision and technical support, which pose challenges for effective management, coordination, and quality assurance at scale; (b) Financial Resources. Key stakeholders reported the existence of a costed plan for scaling CCD to 100 municipalities. However, this plan was not available among the reviewed documentation, and the assessment was unable to confirm the presence of specific budget lines dedicated to CCD training. This limits the ability to evaluate the financial feasibility of scaling efforts; and (c) Scaling Strategies. There were differing opinions regarding the most effective approaches for scaling. Some stakeholders emphasised that time constraints during health appointments limit the quality of CCD counselling. They recommended allocating additional financial and human resources to establish dedicated spaces and staff for CCD sessions. For instance, technical frontline workers

could engage parents/caregivers and children in structured play and communication activities while they wait for medical appointments.

Conversely, other stakeholders considered that relying solely on government implementation may be insufficient to achieve the desired scale, particularly given staff turnover associated with government transitions. They proposed diversifying delivery mechanisms by integrating CCD into university-level curricula for health and education professionals, and by strengthening partnerships with local NGOs, CBOs, and FBOs that already work with community volunteers. The integration into universities would, however, require addressing potential barriers such as the risk of institutions commercialising CCD training. Similarly, expanding training to NGOs and community-based organisations would necessitate further adaptations of CCD materials to make them more accessible to facilitators with lower literacy levels or limited formal education.

3.6. 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 three criteria (B, D, and E), partial evidence for one criterion (C) and no evidence for one criterion (A).

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.	No	Yes	Partial	Yes	Yes

3.7.3. Explanation of Results

a. Sector Engagement, Roles and Responsibilities

Honduras is at an emerging stage of maturity in the design, implementation, monitoring, and evaluation of a multisectoral or integrated ECD approach. To date, CCD implementation has primarily focused on the health sector, in partnership with child and social protection agencies (see Theory of Change Diagram). The roles and responsibilities of each sector in CCD implementation are as follows:

- **Child protection.** The newly created Ministry of Childhood, Adolescence and Family (SENAF) holds both the funding and the mandate to lead CCD training, coordinate with municipal councils to select health personnel for training, and collect monitoring data on CCD implementation. SENAF management staff have received CCD training; however, SENAF frontline workers have not, and CCD is not currently being delivered directly to parents/caregivers and children through this sector (for example, staff in temporary protection homes have not been trained).
- **Health.** The Ministry of Health (SESAL) has received CCD training from SENAF at the management, municipal, and frontline levels. The main delivery channel for CCD is through health appointments with doctors and nurses, as well as through health promoters. This sector is working to make health services more holistic by integrating early stimulation, responsive caregiving, and child protection components into existing health interventions.
- **Social Protection.** The Ministry of Social Development—previously SEDIS and now SEDESOL—held leadership over CCD training, local coordination, and monitoring between 2017 and 2021, when the child and family unit functioned as a semi-autonomous entity reporting to SEDIS. In the current implementation, SEDESOL management staff have been trained, but frontline workers have not, and CCD is not yet being delivered directly through this sector.
- **Education.** The Ministry of Education has not participated in CCD implementation to date, and no ministry personnel have received training. At the local level, some NGOs and FBOs that provide childcare services have been trained, but this depends on municipal councils' discretion. Stakeholders identified this as a critical gap in sectoral engagement.

Stakeholders consistently emphasised the need to strengthen cross-sectoral involvement. For the child protection sector, there is an opportunity to integrate CCD into specialised services such as temporary protection homes. Within the health sector, collaboration with local nutrition initiatives has been strong, yet coordination with the Ministry's national nutrition unit could be improved. Additional sectors should also be engaged. Although municipal councils have expanded training to include education staff, local NGOs, CBOs, and FBOs, the Ministry of Education remains absent from CCD implementation. Likewise, while some municipal initiatives have improved water and sanitation conditions in hospitals, stronger coordination with this sector at the national level is needed. Several stakeholders expressed concern that current financial and human resources may be insufficient to deliver CCD at scale with adequate quality, suggesting that engagement with the Ministry of Finance will be necessary to secure additional public funding.

Despite these challenges, there is alignment among the three main participating sectors—health, child protection, and social protection—regarding the objectives and expected outcomes of CCD. Nevertheless, recent institutional restructuring within the child and social protection systems has created ambiguity in sectoral mandates and collaboration scopes, requiring further clarification (see EAQ2 – CCD Partnerships).

b. Integration Approaches

Multiple entry points and modalities for cross-sectoral integration of CCD were identified:

- **Holistic Programme Design.** CCD has contributed to the design of ECD policies, systems, and programmes that reflect the Nurturing Care Framework. Examples include UNICEF's collaboration in the design of the national strategies *Criando con Amor* and *Plan Crecer*, which operationalise ECD policy and integrate CCD counselling for parents and caregivers to promote holistic nurturing care.
- **Single-sector delivery of CCD.** CCD has enhanced the delivery of holistic ECD services within the health sector by broadening service scope to include responsive caregiving, early stimulation, and positive parenting.
- **Multi-Sectoral Delivery of CCD.** Evidence indicates coordination between the health, child protection, and social protection sectors for CCD planning, delivery, and monitoring.

- **Place-based Delivery of CCD.** CCD is implemented in specific geographic locations to target municipalities and districts with higher concentrations of vulnerable populations, ensuring localised service delivery.
- **Institutional Delivery of CCD.** CCD is delivered through institutions such as health centres and shelters serving migrant families.
- **Integrated Home-based Care.** CCD is also implemented through home visits by health promoters, who provide an integrated package of nurturing care services to families.

c. Coordination Mechanisms

The Comprehensive System for Guaranteeing the Rights of Children and Adolescents (SIGADENAH) serves as the primary coordination and communication platform for CCD at both national and municipal levels. While stakeholders agreed that the currently involved sectors are working towards shared outcomes for caregivers and

children, they underscored the need to strengthen a unified vision and intersectoral coordination across all entities relevant to CCD.

Coordination was found to vary across municipalities. Since 2018, the Ministry of Health (SESAL) has adopted a decentralised management model, transferring responsibilities and resources to subnational levels—such as regional and municipal health authorities—for service management [32]. Stronger collaboration was reported in decentralised regions, which have additional personnel to oversee and coordinate CCD services, compared to those still managed centrally.

The Criando con Amor evaluation [10] also identified limitations in municipal committee organisation and duplication of efforts, as several inter-institutional committees involved the same entities, which may hinder coordination and resource efficiency for CCD implementation.

3.7. 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 one criterion (B) and partial evidence for four criteria (A, C, D, and E).

Criteria	A	B	C	D	E
For a future evaluation of CCD: (a) there is support and commitment from key stakeholders to conduct the evaluation; (b) 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	Partial	Partial	Partial

3.8.3. Explanation Utility and Focus Areas

Honduras is at an emerging stage of institutional readiness for a future evaluation of the CCD

approach. Stakeholders expressed differing views regarding both the scope and timing of such an

evaluation. Those more directly involved in CCD implementation—through training delivery or service provision—demonstrated a strong interest in participating in a CCD-specific evaluation in the near term. In contrast, stakeholders positioned at higher decision-making levels (management, coordination, or monitoring) offered more varied opinions. Some preferred to conduct an evaluation after the ongoing pilot in Lepaterique is finalised, while others were more interested in a broader evaluation focusing on the national Early Childhood Development (ECD) Strategy or the National ECD Registry, rather than a CCD-specific assessment. Each group identified potential uses for a future evaluation aligned with their preferred focus and level of engagement, as outlined below.

a. Evaluation Utility and Focus Areas

Stakeholders interested in an evaluation specifically focused on CCD were primarily motivated by a desire to understand CCD's implementation processes and impact on families, caregivers, and service providers. They identified several practical uses for such an evaluation, grouped as follows:

Advocacy:

- **Resource Allocation.** Stakeholders could use evaluation results to advocate for increased investment and allocation of financial and human resources to support CCD implementation and scaling efforts, particularly to address identified service gaps in vulnerable communities.

Programme Improvement

- **Identifying Strengths and Weaknesses.** The evaluation could identify effective components of CCD implementation, as well as areas requiring refinement. These insights could inform programme adjustments, improvements to training quality, and the design of targeted interventions.
- **Best Practices.** Documenting and sharing successful strategies could help replicate effective approaches across departments and municipalities, thereby improving child outcomes. Stakeholders expressed particular interest in identifying best practices for working with community personnel and facilitators with lower educational levels.

Capacity Building

- **Training and Development.** Evaluation findings could inform the design and adaptation of training programmes for caregivers and service providers, ensuring that

they are adequately equipped with practical skills and knowledge to support child development.

- **Community Engagement.** Evaluation results could also strengthen community participation and awareness by highlighting the importance of CCD among frontline workers and parents/caregivers.

Monitoring and Evaluation Framework

- **Design of a CCD Specific Framework.** A CCD-focused evaluation would allow Honduras to consolidate existing monitoring components—currently aligned with the LAC CCD framework—into a coherent monitoring and results framework. This would help refine data-collection tools and methodologies and close existing data gaps.
- **Continuous Improvement.** Establishing a cycle of continuous learning and improvement based on evaluation findings would promote sustained enhancements in service quality and outcomes for children and families.
- Stakeholders whose interest centred on the broader ECD strategy focused more on assessing its impact and policy relevance. Their identified evaluation uses were positioned at a higher, system-wide level.

Policy Development and Advocacy

- **Informed Decision-Making.** Government ministries, NGOs, and partners could utilise evaluation results to inform evidence-based policy decisions and to advocate for strategic adjustments in ECD plans and priorities, ensuring responsiveness to identified national needs.
- Finally, stakeholders involved in the National ECD Registry process emphasised the potential for a future evaluation to foster greater collaboration and coordination across sectors.

Collaboration and Coordination

- **Strengthening Partnerships.** Evaluation results could facilitate inter-institutional dialogue among government agencies, NGOs, and community organisations, enhancing coordination in the delivery of CCD and ECD services. Stakeholders underscored the importance of ensuring that all children have equitable access to priority interventions across sectors.
- **Shared Goals.** A joint evaluation process could help align sectoral priorities and reinforce a unified national approach to early childhood development.

b. Participation in Evaluation

As mentioned above, stakeholders demonstrated varying levels of interest in participating in a future evaluation of the CCD approach. Some expressed a strong willingness to participate in a CCD-specific evaluation, while others preferred to be involved in broader ECD evaluations—particularly those related to national efforts to measure child development outcomes and access to ECD services through the National ECD Registry.

Stakeholders who expressed interest in participating in a CCD evaluation identified several possible ways to contribute, including: a) sharing relevant documents and monitoring data; b) serving as key informants during data collection; c) supporting the engagement of frontline staff and intended rights holders in the evaluation process; and d) assisting in the dissemination of evaluation findings to relevant stakeholders at national and local levels. This diversity of participation perspectives reflects the differing mandates and institutional positions of actors across levels of implementation, from operational staff to high-level management.

c. Challenges and Good Practices

Stakeholders interested in a CCD-specific evaluation also expressed a desire to learn about the implementation challenges and good practices associated with the approach. The evidence suggests that, while Honduras faces several challenges in CCD implementation, there are also valuable practices that could be leveraged to improve ECD service effectiveness and sustainability. A continued commitment to capacity building and support for the most vulnerable populations will be essential for addressing these challenges and achieving lasting positive outcomes for children and families.

Challenges

- **Coordination and Collaboration.** Despite the establishment of the Comprehensive System for Guaranteeing the Rights of Children and Adolescents (SIGADENAH), challenges persist in achieving effective coordination and

participation among ministries involved in ECD. There is a clear need to strengthen collaboration across all relevant sectors and to clarify the division of responsibilities between the child and social protection systems at the national level.

- **Resource Constraints.** Limited financial and human resources continue to pose significant challenges to both the sustainability and scalability of CCD. These constraints hinder the capacity to ensure consistent training, supervision, and technical support for service providers.
- **Data Collection and Monitoring.** While notable progress has been made in developing monitoring systems, data collection and analysis remain incomplete across several key performance indicators (KPIs). This limits the ability to evaluate CCD's implementation comprehensively. There is an opportunity to integrate lessons learned from previous phases of implementation to strengthen future monitoring systems.

Good Practices

- **Intersectoral Collaboration.** The establishment of Municipal Councils for the Protection of Child Rights has facilitated intersectoral coordination and integration of multiple actors at the local level. These councils provide a valuable platform for collaboration among government agencies, NGOs, and community organisations, offering an opportunity to document and replicate effective coordination practices from high-performing municipalities.
- **Adaptation of Training Materials.** CCD training materials have been successfully adapted to incorporate virtual modalities, improving accessibility and flexibility for trainees. The current CCD training pathway includes an introductory virtual course that participants must complete before undertaking the in-person basic course. This blended model has increased participation and standardised training quality across regions.

3.8. EAQ9 – Evaluation Readiness

3.9.1. Evaluability Rating

Weak (1)	Emerging (2)	Established (3)	Advanced (4)
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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.
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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 support the evaluation of the relevance and coherence of the CCD approach in Honduras. However, only partial evidence was identified for

assessing effectiveness, efficiency, sustainability, and impact, primarily due to gaps in monitoring data and limited information on implementation coverage.

a. Relevance

Relevance refers to the degree to which the objectives and design of the CCD approach address beneficiaries' needs and priorities, while aligning with national, regional, and global frameworks and partner priorities. Examples of relevance include:

- **Focus on Vulnerable Populations.** The CCD initiative prioritises children aged 0–3 years from the most vulnerable populations, including those facing poverty, malnutrition, and limited access to quality early childhood services. This focus is critical in addressing structural inequalities affecting early development.
- **Alignment with National Policies.** CCD has been integrated within broader ECD strategies that operationalise Honduras's national ECD policy and align with government efforts to expand and improve health services supportive of nurturing care. This integration reflects a systemic commitment to improving early childhood outcomes through government-led mechanisms.
- **Local Participation.** The CCD approach promotes community participation through Municipal Councils, which conduct annual early childhood diagnoses and develop local improvement plans. This participatory

mechanism enables better targeting of interventions and adaptation to local needs.

b. Coherence

Coherence assesses the degree to which the CCD approach is aligned and complementary to other national ECD interventions, including both internal coherence (within UNICEF) and external coherence (with government systems and international standards). Examples of coherence include:

- **National ECD Policies and Plans.** CCD is consistent with the National Early Childhood, Childhood, Adolescence and Family Policy (PONAPINA), which seeks to advance early childhood development as a national priority.
- **Commitments for Children.** CCD implementation through SIGADENAH aligns with Honduras's commitment to ensuring that all children, regardless of circumstance, receive appropriate developmental support. It also reinforces the government's pledge to protect the nutritional and developmental well-being of vulnerable children.
- **Alignment with Human Rights.** The CCD approach aligns with international human rights norms and UNICEF's mandates on child and women's rights, while contributing to the

Sustainable Development Goals (SDGs), particularly SDGs 1, 3, 4, 5, and 16.

c. Effectiveness

Effectiveness refers to the extent to which the CCD approach achieves or is expected to achieve its intended outcomes. The assessment identified some existing data sources that can be used to evaluate CCD effectiveness in Honduras. Indicators from the Multiple Indicator Cluster Survey (MICS) could serve as proxies to assess results for parents/caregivers and children. In addition, Honduras could leverage instruments used in the ongoing Lepaterique pilot study and tools from the evaluation of *Criando con Amor* [10, 18, 19]. Nevertheless, there remains a need to: (a) strengthen the availability and quality of implementation data; (b) ensure that coverage data are sufficiently disaggregated to assess reach and equity; and (c) monitor the consistency of outcomes across subgroups and municipalities.

d. Efficiency

Efficiency examines the extent to which the CCD approach delivers, or is likely to deliver, results in a cost-effective and timely manner. The assessment found limited information on CCD-related expenditures, primarily restricted to a single budget line under UNICEF partner contracts. For a future evaluation of efficiency, it will be necessary to: disaggregate costs by line item in relation to the broader ECD services leveraged for CCD delivery and strengthen coverage data to determine whether resources are reaching priority populations effectively.

e. Sustainability

Sustainability refers to the likelihood that the benefits of the CCD approach will continue over time. This includes: (1) integration of CCD into policy mandates; (2) incorporation into frontline worker

training systems; (3) inclusion in public financing mechanisms; (4) production of public goods (e.g., curricula, communication tools); and (5) building community resilience to maintain nurturing care during crises.

The assessment found partial evidence in four of these areas but no evidence of CCD integration into public financing. While CCD is well aligned with the national ECD policy framework, there is currently no formal policy or regulatory mandate guaranteeing continuity. The recent transfer of training responsibilities to the government represents progress, yet sustainability risks remain—particularly regarding funding continuity and staff turnover after political transitions. Stakeholders also emphasised the need to: integrate CCD content into university-level training programmes, while addressing challenges related to the monetisation of educational materials; establish a binding framework for the use of CCD public goods, and, reinforce community resilience strategies by formalising the role of volunteers, community-based organisations (CBOs), and faith-based organisations (FBOs), which currently varies across municipalities.

f. Impact

Impact assesses the extent to which CCD has generated—or is likely to generate—higher-level positive effects, intended or unintended, particularly regarding the fulfilment of children's and women's rights. Although MICS data provide national and subnational coverage of key outcome measures, the current implementation coverage and dosage data are insufficient to evaluate CCD's full impact in Honduras. Strengthening future data collection and linking CCD monitoring systems with national surveys would enable a more comprehensive impact assessment.



4

Areas for Action

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

- **Action 1:** Build upon and utilise the available Theories of Change (ToCs) and diagrams from UNICEF's Good Health and Nutrition programme and the *Criando con Amor* strategy to develop a CCD-specific ToC. This should clarify the logical pathways and result chains of the CCD approach when integrated into ECD policies, systems, and programmes.
- **Action 2:** Consider adaptations to the CCD design and logic to expand its reach among indigenous and Afro-Honduran populations. Simplify training and counselling materials for personnel with lower levels of education to further strengthen the relevance, quality, and effective use of the package.

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

- **Action 3:** Use the findings from this assessment, together with the LAC CCD Monitoring and Evaluation Conceptual Framework [33], as a foundation to establish a CCD-specific Monitoring and Results Framework, or ensure that existing ECD frameworks include CCD-specific indicators.
- **Action 4:** Ensure the availability and quality of disaggregated data on implementation coverage and dosage to guide ongoing implementation, scaling, and impact assessment. Consider incorporating additional variables such as household

wealth and gender of trained frontline workers.

- **Action 5:** Address data gaps related to the quality of inputs by identifying existing supervision mechanisms and collecting information on the frequency and intensity of supervision, as well as on orientation workshops for policy makers and refresher trainings for service providers.
- **Action 6:** Strengthen data on the impact of CCD on service providers by collecting information on whether frontline workers organise referrals to specialised services, provide play-based recommendations, and support caregivers in addressing developmental challenges.
- **Action 7:** Ensure the availability of sufficient personnel at both national and local levels to maintain regular reporting and to implement quality assurance procedures effectively.

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

- **Action 8:** Determine the actual costs of CCD implementation by working with municipal councils to specify costed line items in relation to the broader services leveraged for CCD delivery.
- **Action 9:** Continue developing the costed action plan for scaling CCD to 100 municipalities. Consider incorporating the education sector and civil society actors more deliberately into the expansion strategy.

- **Action 10:** Build upon lessons learned and good practices in cross-sectoral coordination from municipalities with stronger and more effective Municipal Councils for the Protection of Child Rights.
- **Action 11:** Use the understanding of real costs to advocate for increased public financing for CCD, ensuring sufficient human and financial resources for quality implementation at scale.
- **Action 12:** Clarify scaling approaches and delivery platforms, consolidating overlapping or duplicated CCD service provision where applicable.
- **Action 13:** Prioritise data collection efforts strategically, recognising competing demands for future evaluations. Explore how a strengthened CCD monitoring system—particularly tools assessing the impact on frontline workers and caregivers—can contribute to national efforts such as the design of the National ECD Registry.

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