

UNICEF'S PROGRAMME GUIDANCE FOR EARLY CHILDHOOD DEVELOPMENT

UNICEF Programme Division 2017



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LIST OF ACRONYMS

ANC: Antenatal Care

ART: Antiretroviral

ASRH: Adolescent Sexual Reproductive Health

C4D: Communication for Development

CAP: Consolidated Appeals Process

CCD: Care for Child Development

CHPV: Chandipura virus is a member of the Rhabdoviridae family that is associated with an encephalitic illness in humans.

CPIMS: Child Protection Information Management System

CRC: Convention on the Rights of the Child

CSE: Community Sexual Education

ECCE or ECE: Early Childhood Care and Education

ECD: Early Childhood Development

ECDAN: The ECD Action Network

EID: Early Infant Diagnosis

EMIS: Education Management Information System

EPRP: Emergency Preparedness and Response Plan

GPEVAC: The Global Partnership to End Violence Against Children

EWEC: Every Woman Every Child

GBV: Gender-Based Violence

GPE: Global Partnership for Education

HIV/AIDS: HIV stands for human immunodeficiency virus. It is the virus that can lead to Acquired Immunodeficiency Syndrome, or AIDS.

HMIS: Health Management Information System

ICT: Information, Communication and Technology

IFI: International Finance Institutions

IoGT: the Internet of Good Things

IYCF: Infant and Young Child Feeding

M&E: Monitoring and Evaluation

MHM: Menstrual Hygiene Management

MICS: Multiple Indicator Cluster Surveys

NCDs: Non-Communicable Diseases

NutriDash: UNICEF-WHO-World Bank Group Child Malnutrition Dashboard

ODF: Open Defecation Free

PCS and SP Personal Care Services and Service Plan

PIDB: Programme Information Data Base System

RAM: Results Assessment Module

SDGs: Sustainable Development Goals

SitAn: Situation Analysis

SMQs: Strategic Monitoring Questions

SP: UNICEF 2018-2021 Strategic Plan

SUN: Scaling Up Nutrition

UNICEF: United Nations Children's Fund

VAC: Violence Against Children

WASH: Water, Sanitation and Hygiene sector

WHO: World Health Organization

Zika: It is a virus (ZIKV) member of the virus family *Flaviviridae*

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INTRODUCTION

Over 43 per cent of children under the age of 5 are at risk of not fulfilling their full developmental potential,¹ due to risks of poverty, poor nutrition and a lack of access to basic services and early enriching opportunities.² Additionally, in a world where prolonged conflicts and emergencies wrought by a changing climate are increasing, 1 in 11 children aged 7 and younger has spent the formative early years of his or her life surrounded by protracted war and conflict.³ Juxtaposed against this inequity is the invaluable evidence gained from the remarkable advances in neuroscience that show that a child's development (including development of the brain) is fundamentally shaped by their environment in the earliest years of their life. The inclusion of Early Childhood Development (ECD) for the first time on the global development agenda represents a unique opportunity to galvanise efforts around it.



¹ *The Lancet*, 2016. These data have been estimated using globally comparable metrics in low-and middle-income countries.

² *The Lancet*, 2016. These data have been estimated using globally comparable metrics in low-and middle-income countries.

³ Jeffrey C. Tanner, Tara Candland and Whitney S. Odden, 'Later Impacts of Early Childhood Interventions: A Systematic Review', Independent Evaluation Group Working Paper 2015/3, World Bank Group, Washington DC 2015, p.2.

<http://documents.worldbank.org/curated/en/646221468186256866/pdf/95984-REVISED-WP-PUBLIC-ADD-ISBN-Box394829B.pdf>.



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As a multisectoral agency with global reach and long-standing experience in ECD, UNICEF is uniquely positioned to translate new scientific evidence into innovative programmes and bring partners together to deliver results for young children.

Building on existing work, the ECD Programme Guidance does the following:

- **Provides** a framework for articulating a vision, corresponding goals and indicators linked to the commitments made for ECD within the Sustainable Development Goals (SDGs) and the Strategic Plan (SP) (2018-2021);
- **Identifies** evidence-based multisectoral intervention packages, programmatic delivery platforms, contributions to sector goals, implementation strategies and organisational arrangements needed to advance the ECD agenda according to the needs and the situation at regional and country levels.



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WHY INVEST IN YOUNG CHILDREN'S DEVELOPMENT

The arguments in favour of promoting the development of children at a very young age are clear and compelling. These arguments have significant implications for the millions of the world's most disadvantaged children and their societies – and therefore for our work, including in humanitarian crises. UNICEF is uniquely positioned to leverage these arguments to achieve results with equity for all young children.



ECD is essential for all children to achieve their full potential

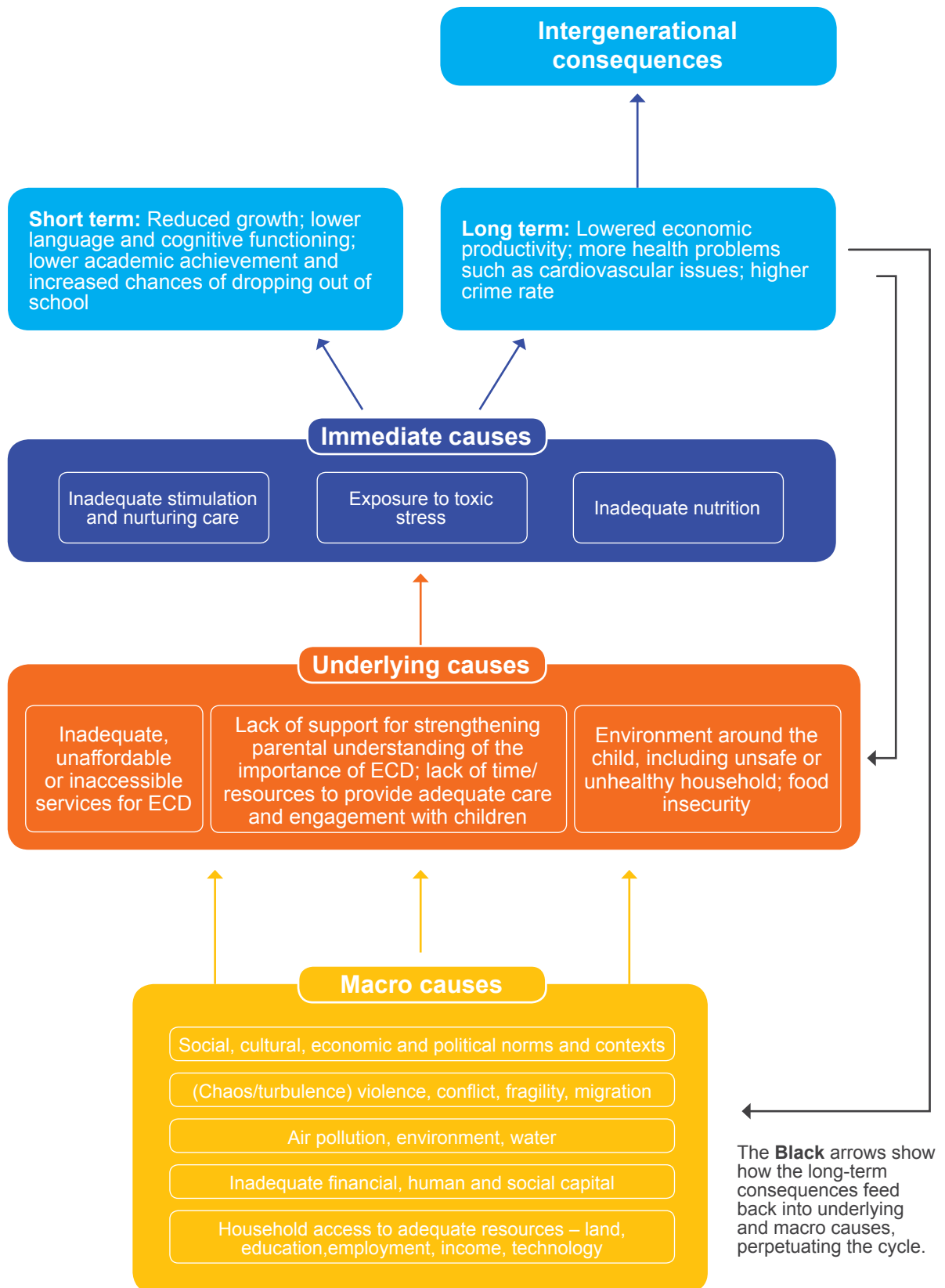
It is estimated that 43 per cent (or 250 million) children under 5 years of age are not achieving their developmental potential.⁴ Figure 1 illustrates an ECD conceptual framework, identifying the causes of poor child development and its negative consequences in the short and long term, and even intergenerationally.



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⁴Maureen M. Black, et al., 'Early Childhood Development Coming of Age: Science Through the Life Course', *The Lancet*, series 0140-6736, no. 16, 4 October 2016, p. 2. [www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(16\)31389-7.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)31389-7.pdf).

Figure 1. ECD conceptual framework





Children who do not receive adequate health, nutrition, early stimulation, learning opportunities, care and protection, all identified as elements of ‘nurturing care’, tend to have lowered cognitive, language and psychosocial outcomes as well as executive functioning, which translates to lowered academic achievement in primary school and, ultimately, dropping out of school. It is estimated that 11 to 17 per cent of children are at risk of or have disabilities. Challenges linked with scaling up multisectoral services have been a limiting factor in promoting ECD. The longer term consequences are noted not just in lowered productivity, earnings and poor health outcomes but also in potential engagement in crime. The latest evidence even indicates that early deprivation leaves a genetic mark that is expressed in future generations as well. Indeed, the structures of immediate, underlying as well as macro-level causes of early deprivation perpetuate cycles of poverty, inequity and the neglect of basic child rights. ECD has been cited as

the most cost-effective equaliser to break the vicious cycle of inequity if evidence-based interventions are provided for all children and families, especially for those most marginalised.⁸

Neuroscience offers compelling evidence on ECD as a critical opportunity to shape brain development and function

The brain develops most rapidly in the first years of life, where neurons form new connections at the astounding rate of up to 1,000 per second.⁹ The science underlines that while genes provide the blueprint for the brain, it is a child’s environment that shapes brain development.¹⁰ And this shaping occurs in a relatively short period of time – to establish the capacity to learn, adapt to change and develop psychological resilience. For all young children – and especially those facing adversity – this small window

⁵ Ibid. Also see Pia R. Britto, et al., ‘Nurturing Care: Promoting Early Childhood Development’, *The Lancet*, vol. 389, no. 10064, January 2017, pp. 91–102. www.sciencedirect.com/science/article/pii/S0140673616313903.

⁶ James J. Heckman, et al., ‘The Rate of Return to the High/Scope Perry Preschool Program,’ *Journal of Public Economics*, 94, 2010, pp. 114–128. And Jorge Luis Garcia, et al., ‘The Life-cycle Benefits of an Influential Early Childhood Program,’ Human Capital and Economic Opportunity Global Working Group, Working Paper 2016–035, Chicago, December 2016. Also see Paul Gertler, et al., ‘Labor Market Returns to Early Childhood Stimulation: A 20-year follow up to an experimental intervention in Jamaica’, *Science*, vol. 344, no. 6187, 30 May 2014, pp. 998. www.nber.org/papers/w19185.pdf.

⁷ Jack P. Shonkoff, et al., ‘The Lifelong Effects of Early Childhood Adversity and Toxic Stress’, *Pediatrics*, vol. 129, no. 1 January 2012, pp. 232–246. <http://pediatrics.aappublications.org/content/pediatrics/129/1/e232.full.pdf>.

⁸ Lori G. Irwin, ‘Early Childhood Development: A Powerful Equalizer’, World Health Organization Commission on the Social Determinants of Health, 2007.

⁹ Center on the Developing Child, Harvard University, Key Concepts: ‘Brain architecture’, <http://developingchild.harvard.edu/science/key-concepts/brain-architecture/>, accessed 1 June 2017, and ‘In Brief: The Science of Early Childhood Development’, <http://developingchild.harvard.edu/resources/inbrief-science-of-eed/>, <http://developingchild.harvard.edu/resources/inbrief-science-of-eed/>.

¹⁰ Jack P. Shonkoff, et al., ‘The Lifelong Effects of Early Childhood Adversity and Toxic Stress’, *Pediatrics*, vol. 129, no. 1 January 2012, pp. 232–246.



of opportunity is critical for all the years that will follow. During this period, the brain requires multiple inputs: it requires stimulation and care to spark neural connections across multiple regions of the brain, to increase its capacity and function for early cognitive and language skills, social competency and emotional development; it requires good health and nutrition at the right time to feed and nourish not only the body but also the brain; it requires safety and protection to buffer against stress and pollution and allow absorption of nutrients for the growth and development of the nervous system, including the brain. All these aspects of the environment must work together to build a better brain during the early childhood period of life.¹¹

Economic evidence indicates that ECD is both the right investment and the smart investment

From a cost-benefit perspective, there is now broad consensus that benefits derived from ECD investments far outweigh costs, with ECD investments giving back almost 13 per cent

annually.¹² These programmes are affordable; on average they cost an additional \$0.50 per capita per year. The returns are actualised in reduced poverty and income gaps,¹³ as well as increased prosperity and competitiveness of economies. Quality integrated ECD programmes have the potential to boost individual adult earning by almost 25 per cent.¹⁴

Development is a child's right

All countries that have ratified the United Nations Convention on the Rights of the Child (CRC) are duty-bound to provide universal access to essential services for early health and well-being, with particular focus on protecting the rights of vulnerable and marginalised children. General Comment no. 7 (2005) on the CRC on 'Implementing Child Rights in Early Childhood' provides specific guidance to States parties on how to fulfill their obligations to young children.¹⁵

ECD is foundational for the SDGs

ECD is part of the transformative agenda for 2030, making it an international priority for the 21st century. Global targets in education (SDG 4.2); health (SDG 3.2); nutrition (SDG 2.2); and protection (SDG 16.2) address key outcomes to realise young children's developmental potential. Addressing inequities early in life can convert a vicious cycle of inequality into a virtuous cycle. ECD also adds value to different strategic frameworks and partnerships, working towards the SDG goals, such as Every Woman Every Child (EWEC), Global Partnership for Education (GPE), Scaling Up Nutrition (SUN), and The Global Partnership to End Violence Against Children (GPEVAC). This inclusion presents both opportunities and challenges in policy setting, planning, budgeting, programming and monitoring results for young children.

¹¹ UNICEF, 'Building Better Brains: New Frontiers in Early Childhood Development', 2015.

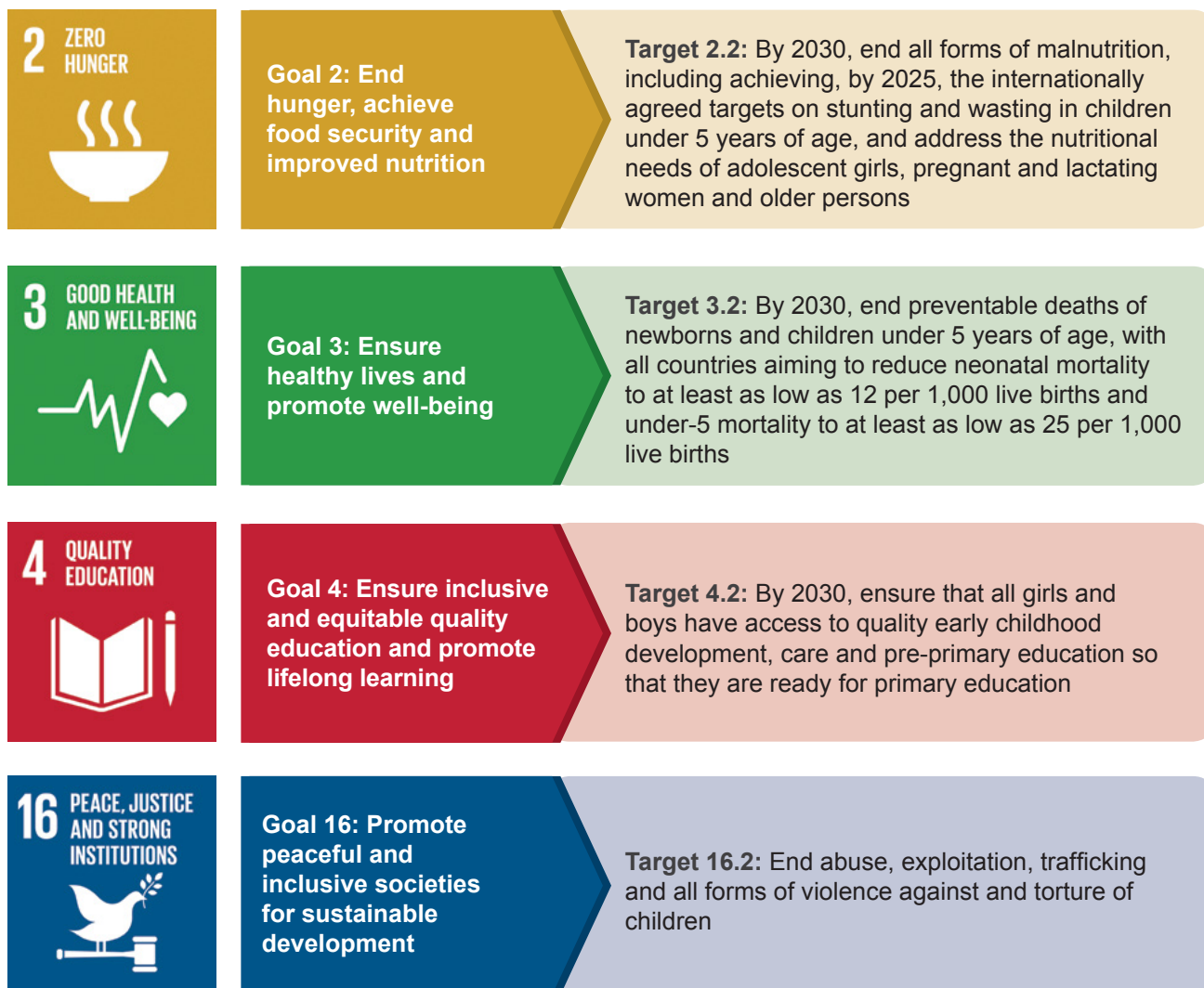
¹² Jorge Luis Garcia, James J. Heckman, Duncan Ermini Leaf, Maria Jose Prados, The Life-cycle Benefits of an Influential Early Childhood Program, NBER Working Paper No. 22993, 2016.

¹³ Linda M Richter et al., (2016). *The Lancet*. Early Childhood Development Series, 'Advancing Early Childhood Development: from Science to Scale 3', 2016.

¹⁴ Gertler, Paul, et al., 'Labor Market Returns to an Early Childhood Stimulation Intervention in Jamaica' *Science*, vol. 344, no. 6187, 30 May 2014, 998-10. www.nber.org/papers/w19185.pdf.

¹⁵ Committee on the Rights of the Child, CRC/C/GC/7/REV.1, General Comment No. 7: Implementing Child Rights in Early Childhood. <http://www2.ohchr.org/english/bodies/crc/docs/AdvanceVersions/GeneralComment7Rev1.pdf>.

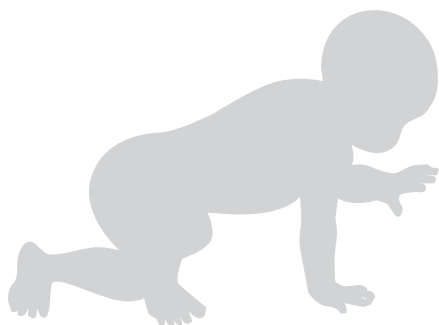
Figure 2. ECD in the SDGs



SHARPENING UNICEF'S APPROACH TO EARLY CHILDHOOD DEVELOPMENT

Defining Early Childhood Development

The definition of ECD has three parts: (i) the 'early childhood' period of life, (ii) what constitutes 'development' and (iii) how development occurs.



When is the early childhood phase? The early childhood period encompasses several quite distinct phases: from 'conception to birth' and from 'birth to 3 years', with emphasis on the first 1,000 days (from conception to 24 months), followed by the 'preschool and pre-primary years (3 years to 5 or 6 years, or the age of school entry). While the definition also includes 6 to 8 years of age, the focus of this Programme Guidance is on the earlier years up to school entry. These are not precise phases, but they are useful categories to ensure policy development and programming responses to the specific sensitive periods along the developmental trajectory.



What is development? Development is an outcome. It is the continuous process of acquiring skills and abilities during this age period – across the domains of cognition, language, motor, social and emotional development – which helps us to think, solve problems, communicate, express our emotions and form relationships. It is also considered the foundation of health, learning, productivity, well-being and the building blocks for future human capital formation.¹⁶

How does development occur? Development is the result of the interaction between the environment and the child (Figure 3).¹⁷ A stable environment is one that is sensitive to children’s health and nutritional needs, with protection from threats, opportunities for early learning, and interactions

that are responsive, emotionally supportive and developmentally stimulating.¹⁸ The key aspect of this environment is ‘nurturing care’, which consists of a core set of interrelated components, including behaviours, attitudes, and knowledge about caregiving (e.g., health, hygiene care and feeding); stimulation (e.g., talking, singing and playing); responsiveness (e.g., early bonding, secure attachment, trust and sensitive communication); and safety (e.g., routines, protection from violence, abuse, neglect, harm and environmental pollution).¹⁹ As an overarching concept, nurturing care is supported by its reinforcement by a large community as well as policy influences.

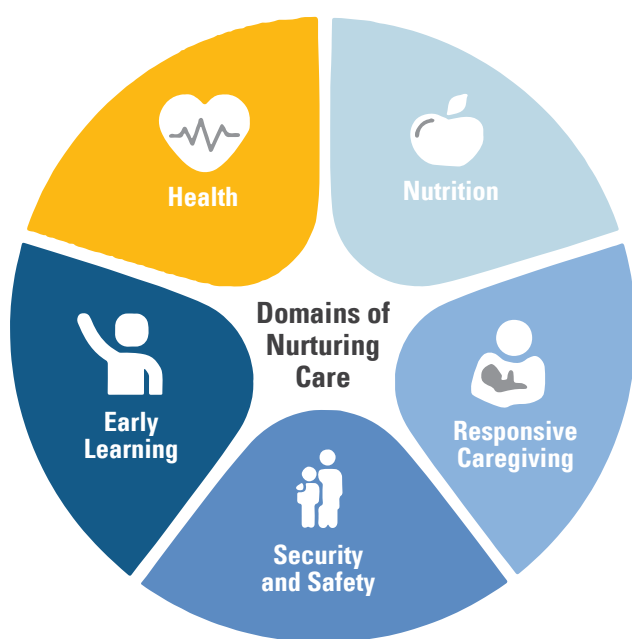
Goals and objectives

The goal for ECD is that all young children, especially the most vulnerable, from conception to age of school entry, achieve their developmental potential, including in humanitarian settings.²⁰ This is enabled by two factors:

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

Since evolving skills in early childhood are acquired through interaction with the environment, parents and caregivers are critical as they are the architects of this environment.²¹ For this reason, from a programmatic perspective, the objectives of ECD address both the children as direct beneficiaries, as well as parents and caregivers, as they create the primary enriched environments for young children.

Figure 3. Domains of nurturing care for children to reach their development potentials



¹⁶ Center on the Developing Child, Harvard University, ‘In Brief, The Science of Early Childhood Development’, accessed 1 June 2017. Also see Garcia, Jorge Luis, et al., ‘The Life-cycle Benefits of an Influential Early Childhood Program’, Human Capital and Economic Opportunity Global Working Group, Working Paper 2, Chicago, December 2016, pp. 016–035.

¹⁷ The *Lancet*, ‘Advancing Early Childhood Development: from Science to Scale’, An Executive Summary for *The Lancet’s Series*, October 2016, p. 3.

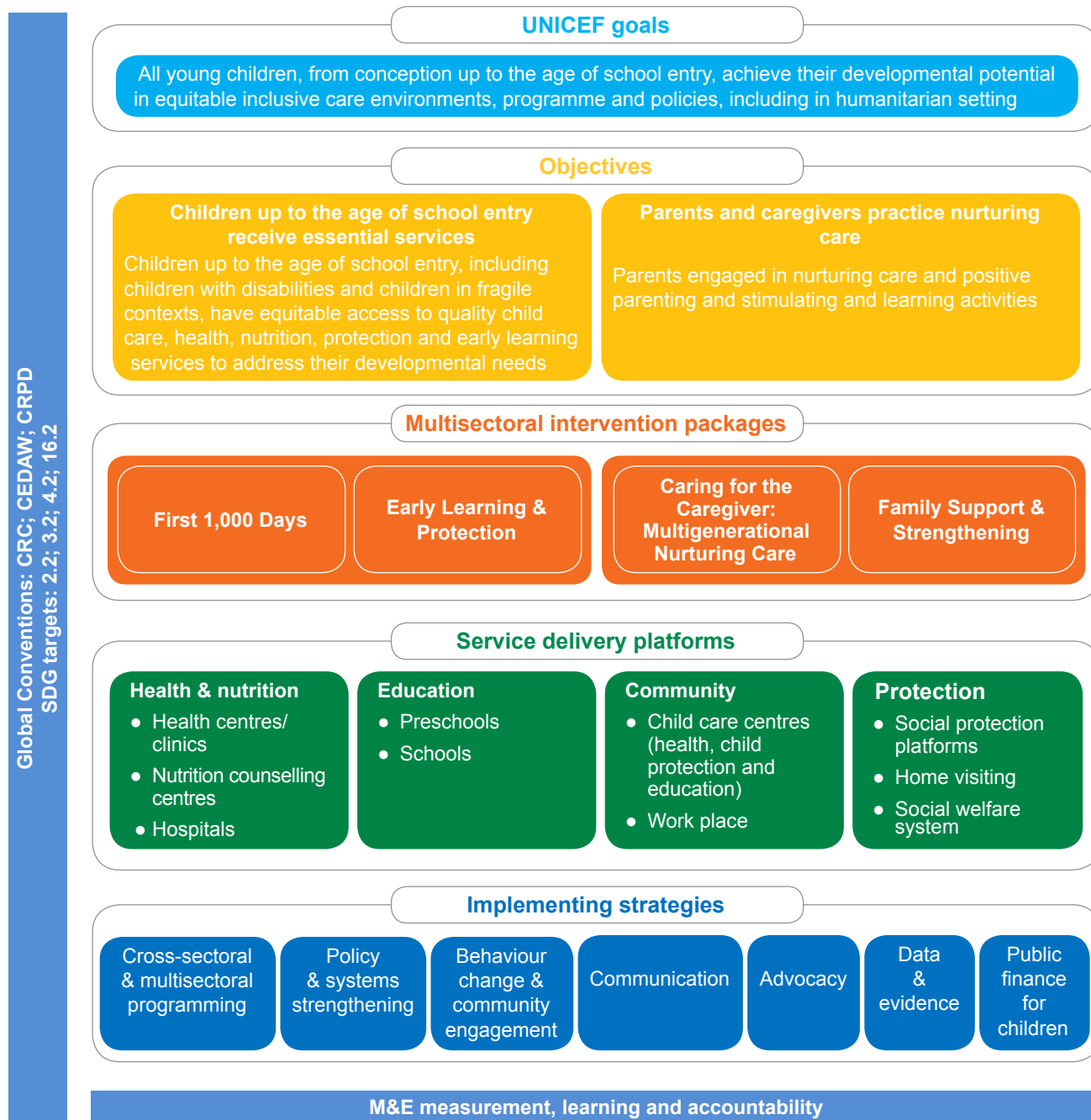
¹⁸ Center on the Developing Child, Harvard University, ‘Key Concepts: Brain architecture’. <http://developingchild.harvard.edu/science/key-concepts/toxic-stress/>, accessed 29 April 2017.

¹⁹ Pia R. Britto, et al., ‘Nurturing Care: Promoting Early Childhood Development’, *The Lancet*, vol. 389, no. 10064, January 2017, pp. 91–102. <http://www.sciencedirect.com/science/article/pii/S0140673616313903>.

²⁰ Age of school entry varies by country. It could be 5 years in some countries but could go up to 7 years in other countries. It includes a particular focus on the pre-primary age group.

²¹ Maureen M. Black et al., ‘Early Childhood Development Coming of Age: Science Through the Life Course’, *The Lancet*, series 0140-6736, no. 16, 4 October 2016, p. 1. [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(16\)31389-7.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)31389-7.pdf).

Figure 4. ECD framework

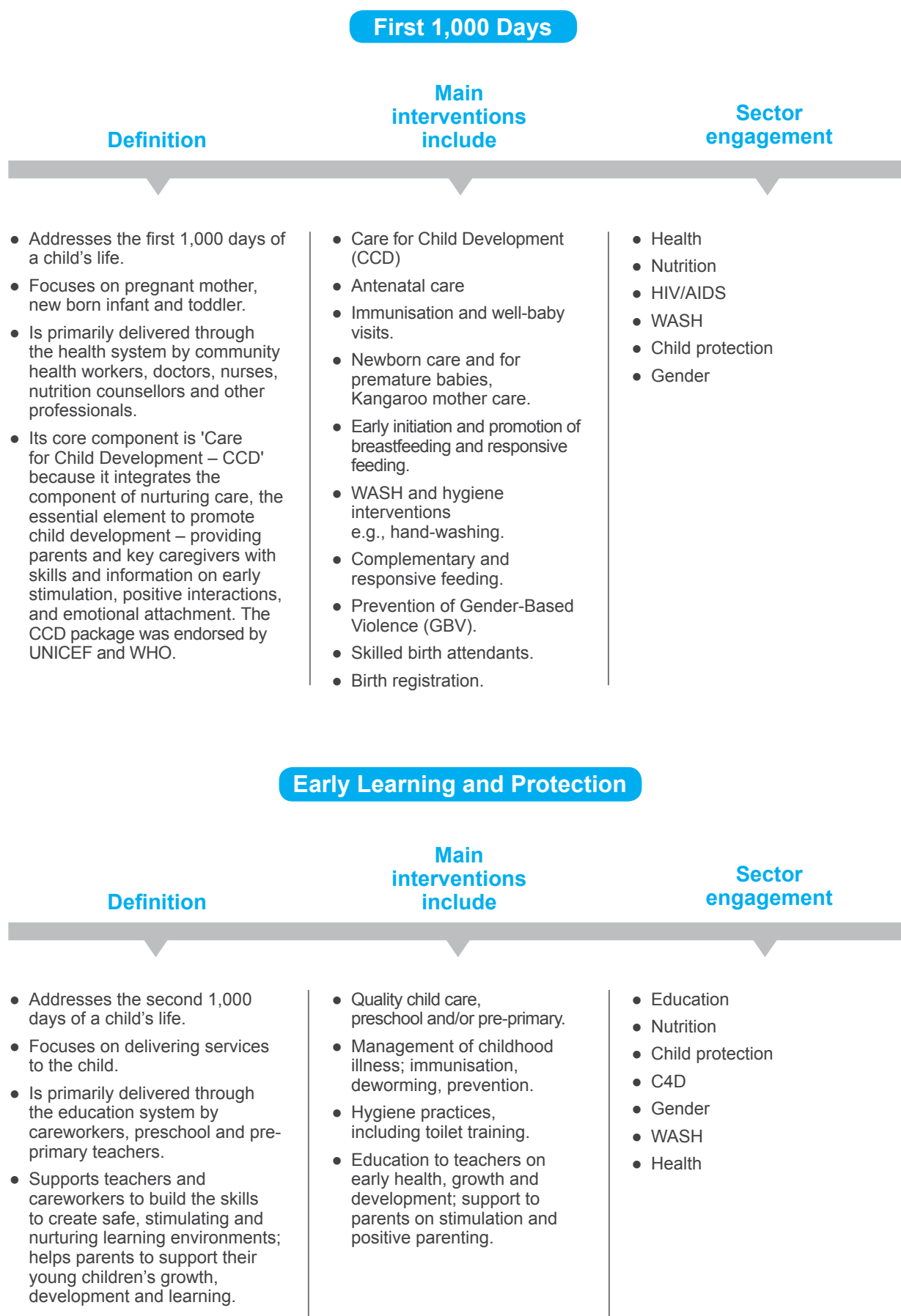


Multisectoral interventions to achieve ECD and linked packages and service delivery platforms

- In order to achieve the proposed goals and objectives, namely that children receive essential services and parents and caregivers provide nurturing care, the guidance proposes four illustrative multisectoral intervention packages that consider:
 - The age of the child, with attention to the context, to ensure the developmental appropriateness and contextual relevance of the interventions and services;
 - Inclusion of the essential elements of stimulation, education, health, nutrition and protection, also termed as nurturing care in *The Lancet* ECD special series (2016);²²
 - Inclusion of necessary support for parents and caregivers as well as for related systems that need to be strengthened.

²² Pia R. Britto, et al., 'Nurturing Care: Promoting Early Childhood Development', *The Lancet*, vol. 389, no. 10064, January 2017, pp. 91–102. <http://www.sciencedirect.com/science/article/pii/S0140673616313903>.

Figure 5. Multisectoral intervention packages for ECD



Caring for the Caregiver: Multi-generational Nurturing Care

| Definition | Main interventions include | Sector engagement |
|---|---|---|
| <ul style="list-style-type: none"> • Is not linked to a specific child age. • Emphasises care and protection of the mother’s and father’s own mental health and well-being while enhancing their capacity to provide nurturing care to their child. • Can be delivered through community-based child care and/or social protection mechanisms. • Several of the interventions are similar to the earlier packages. The key differences are this package focuses on the adult, it is not child-age specific, and it is relevant for humanitarian crises. | <ul style="list-style-type: none"> • Peer-to-peer support. • Social services. • Prevention and management of mental health and well-being. • Care for child development and positive discipline. • Immunisation and prevention of childhood illness. • Nutrition counselling. • Hygiene practices, including hand washing and toilet training. | <ul style="list-style-type: none"> • Child protection • Health • Nutrition • Education • Gender • C4D • WASH |

Family Support and Strengthening

| Definition | Main interventions include | Sector engagement |
|---|--|--|
| <ul style="list-style-type: none"> • Is not linked to a specific child age. • Is meant to support and strengthen the entire family as a unit. • Can be delivered through community-based child care and/or social protection mechanisms. • Consists of providing essential services, skills building and social supports. These combined interventions increase the likelihood that families, especially the most vulnerable, are better able to provide nurturing care for their children. | <ul style="list-style-type: none"> • Quality community-based child care (non-formal, formal and private). • Access to basic health and nutrition services. • Positive and responsive parenting skills-building. • Family-friendly policies – parental leave, sick child leave, breastfeeding breaks. • Social protection and safety networks including cash transfer. | <ul style="list-style-type: none"> • Social protection • Child protection • Education • Health • Nutrition • WASH • Gender • C4D |

The illustrative packages described above draw on the science and evidence based quality interventions combined in a strategic, meaningful manner to achieve holistic development for all children, including those with disabilities. These integrated interventions expand the focus of services for young children, beyond Early Childhood Care and Education (ECCE or ECE), offering an opportunity to identify sector leads and sectoral service delivery platforms, and contribute to achieving traditional sector goals. For example, the promotion of development outcomes contributes to achieving better child health and maternal mental health outcomes; early learning opportunities contribute to less school exclusion and improved learning outcomes; and stimulation and nurturing care help children build resilience to the effects of toxic stress.

To achieve the two objectives of providing essential services to young children and parents and caregivers practicing nurturing care, the multi-sectoral quality interventions need to (i) be packaged based on the identified gaps in the three aspects of 'stimulation' 'nutrition' and 'protection'; and (ii) include interventions from either the 'First 1,000 Days' package or the 'Early Learning and Protection' package depending on the age of the child, and in the case of caregivers, interventions from either the 'Caring for the Caregiver' or 'Family Support and Strengthening' package depending on the needs of the parents and caregivers (see Annex 1 for a comprehensive list of sectoral interventions).

Delivery platforms

The multisectoral quality interventions require a delivery platform, which is a specific mode or channel through which a service is delivered. Delivery platforms are comprised of the setting where the service is delivered, the frontline worker who delivers the service and the point of contact between the service and the beneficiary. From a programme perspective, identifying and using the appropriate delivery platform across the life cycle is critical to implementation because the right platform can provide the opportunity for scaling up and increasing coverage and access. Young children and families are reached through a finite number of delivery platforms as young children are either at home, in the community, at school, or at health facilities. Therefore, each system of delivering

services linked to ECD reaches families through established platforms.

In several countries, the interventions and services in the 'First 1,000 Days' package have been delivered by platforms linked with the health system, such as clinics, hospitals, home visits and community centres. This is because the health system has access to pregnant women and families with young children. This is also a useful package for screening and identifying early delays and disabilities, and supporting programming that is inclusive of and sensitive to young children with developmental delays and difficulties, through a twin-track approach that provides both universal care for all children and targeted services for those identified with disabilities. The 'Early Learning and Protection' package delivery platforms in countries are typically linked with the education system and includes inclusive preschools and pre-primary settings. The education system, inclusive of quality nonformal and private provision, has the ability to reach children typically 3 years of age and older. For the 'Caring for the Caregiver' and 'Family Support and Strengthening' interventions, the delivery platforms are not specifically linked to the age of the child, in that the interventions are relevant across the age spectrum of early childhood and not necessarily tied to a specific age period (e.g. 'First 1,000 Days') and can include social welfare systems, community-based child care and social protection mechanisms. The system of social workers and social welfare are an important part of a safety net to address violence against children working with the police and health services. Community-based child care in particular offers a platform not only for improving child outcomes but also for increasing women's empowerment. Social protection systems offer 'Cash-plus' programmes that support families with increasing resources and access to key services such as parenting support. In some countries, there is a growing role for the Ministry of Social Development or ministries tasked with similar responsibilities (social welfare/social protection) as a key coordinator of the children's agenda, specifically ECD actions. This does not diminish the pivotal role of the sectoral ministries. However, in some contexts, social development ministries are becoming more relevant and are playing key coordination functions that are fundamental for the ECD agenda. Additionally, Information, Communication and Technology (ICT) platforms,

newly emerging and yet to be fully understood, operate through social media and mobile phones or devices. For example, in several countries, the Internet of Good Things (IoGT) delivers messages on nurturing care through feature phones, free of data costs.

Implementation strategies

In order to leverage UNICEF's strengths in programme implementation, six strategies relevant to ECD have been selected from the SP (2018-2021).

1. Fostering multisectoral programming for ECD

This Programme Guidance should help programming for the effective implementation of the multisectoral intervention packages, even in humanitarian settings. It includes three aspects. First, the identification of service delivery platforms through which multisectoral interventions can be delivered. For example, the 'First 1,000 Days' package can be delivered through a health delivery platform using the entry points of routine child immunisation and health services and delivered by community health workers. Second, the promotion of a national policy and implementable budgeted action plan for ECD, led by a coordinating body under the auspices of the head of state or relevant coordinating minister, which can foster convergence of interventions for multisectoral programming, with similar structures proposed at provincial, municipal and village levels, as needed²³. Third, management arrangements, in particular a clear accountability framework that states how multisectorality will be implemented, outlining roles and responsibilities within the office (whether coordinated by the Deputy Representative or another of the senior managers).

2. Improving the delivery of essential services through system strengthening

System strengthening is key to achieving equity in ECD results, as currently, there are significant disparities in access to key services that favour

higher-income urban populations and children without identified delays or disabilities.²⁴ A more equity targeted approach with a focus on the bottom income quintiles needs to be implemented. In humanitarian settings, ECD services are almost non-existent, making the inequity greater.

The delivery of ECD services requires systems to ensure that the workforce, including frontline workers in humanitarian settings, are adequately trained in the essential aspects of nurturing care. Health workers, nutrition counsellors, and social workers should be trained in Care for Child Development to improve the quality of care, with adaptations addressing the identification and care of young children with disabilities. Support is a key element of systems strengthening included in all the ECD intervention packages. To address the reduction of violence, frontline service providers also need to be trained in the detection of risk for young children, and inter-sectoral referral mechanisms, given young children's age vulnerability, that will allow the frontline service providers to activate a response system. Additionally, the delivery platforms should adhere to standards and/or accreditation, be accessible to the target population, and include metrics in monitoring, evaluation and accountability frameworks on child development and nurturing care. System strengthening also requires building the capacity of policy makers, technical decision makers and managers for improved legislation and policies on ECD.

3. Promoting caregiving behaviours, demand for services and social norms for positive parenting

Achievement of ECD outcomes requires sustained investments in the capacity of partners to implement evidence-based, quality strategies that accelerate the uptake of protective caregiving behaviours and norms. UNICEF's Communication for Development (C4D) functions for ECD include engagement and empowerment of communities to demand inclusive, quality ECD services. For example, caregiving messages accompany the implementation of the 'First 1,000 Days' package and cover breastfeeding,

²³ Britto, P.R., Yoshikawa, H., van Ravens, J., Ponguta, L.A., Reyes, M., Oh, S., Dimaya, R., Nieto, A.M., Seder, R. (2014). Strengthening Systems for Integrated Early Childhood Development Services: A Cross-National Analysis of Governance. *Annals of the New York Academy of Sciences*, 1308, 245-255.

²⁴ For UNICEF, system strengthening refers to actions that seek to increase the capacity of national systems to deliver better services and programmes at scale and achieve sustainable results for all children (UNICEF's strategy for health, 2016-2030).

complementary feeding, responsiveness to the child, social norms about child discipline, fathers' engagement in parenting, and gender socialisation. To generate demand, strategies need to be employed to expand innovative engagement with communities. An example would be strengthened social accountability mechanisms that prioritise ECD, such as local data on programme provision, local spending and expenditures on community-based child care.

4. Using advocacy and communications to support programmatic goals

While UNICEF is working to advance ECD programmatic results to achieve a global, regional and national impact, advocacy and communications should serve as a critical lever in synchrony with programmatic priorities. Therefore, advocacy and communication objectives supporting UNICEF's overall programmatic goals and targets on ECD should focus on policy makers, programmers, community influencers, business champions and the public, especially parents and caregivers, as primary audiences, with specific goals for each audience, to address the following agenda:

- Increasing knowledge among the general public, especially parents and caregivers, on the importance of the earliest years of life for healthy brain development;
- Winning support from government decision makers at the highest level of office to make political commitments to ECD such as: increased investment in ECD, adoption of comprehensive ECD policies, and implementation and scale-up of multisectoral ECD interventions;
- Advocating for family-friendly policies in the public and private sector that facilitate positive ECD practices by adopting family-friendly policies in the workplace such as paid parental leave, flexible working hours, breastfeeding spaces at work and childcare;
- Becoming a stronger advocacy, campaigning, and communications force for ECD;
- Building alliances and a movement that aims to give every child the best start in life;
- Recruiting supporters through public engagement, including young people and especially parents/caregivers.

The organisation wide four-year initiative #EarlyMomentsMatter, launched in January 2017, provides an opportunity to bring together programme, advocacy, communication, brand and fundraising efforts around ECD, through the campaign assets and key advocacy tools such as the global report on ECD, *The Lancet* special series on ECD, and the ECD documentary, *The Beginning of Life*.

5. Broadening data- and evidence-gathering systems

Despite the significant progress during the past year, there are still gaps in the generation and usage of data and evidence on ECD in many countries, especially with respect to the measurement of child development outcomes to inform programme, policy and innovation. UNICEF should broaden the data and evidence infrastructure for ECD by strengthening the systems and tools to collect, track and use data. This includes strengthening coding within UNICEF systems and indicators that can be tracked annually, and embedding ECD in UNICEF planning, monitoring, and reporting tools (e.g., ECD dashboard). Key components include: adaptation of global metrics, tools and roll-out; monitoring results and analyses of ECD data and programmes; and research and evaluation of ECD programmes to inform the Programme Guidance for quality improvement and scale-up. UNICEF should support countries in prioritising and collecting data linked with the young child targets of the SDGs (2.2, 3.2, 4.2, and 16.2) to track progress towards 2030.

6. Strengthening public financing for ECD

Given that ineffective, low-quality ECD services and programmes can often be traced to how public financial resources are allocated, Country Offices should aim to influence the allocation and use of public and private funds for ECD-related policies and programmes so that they are strengthened as well as taken to scale. This requires collaboration with national governments, multilateral development banks, international finance institutions and the private sector to influence their investment decisions as well as to identify cost-effective and equitable ways to deliver services. In particular, it includes policy advice to key ministries such as Ministries of Finance to shape national investment plans and leverage International Finance Institutions (IFI)



and development finance for sectors with a high social return for children. UNICEF should develop monitoring and tracking tools for ECD investment at the national level, led by line ministries, including Health, Education and Protection.

Measurement and monitoring

Monitoring ECD progress and measuring results are critical to driving continuous improvement, advancing accountabilities for delivering on commitments, attracting buy-in and commitment from partners and most importantly, spurring and sustaining country-level action.

With the adoption of this Programme Guidance, UNICEF is aligning results for ECD with the agreed-upon global and organisational targets set out in the SDGs, the UNICEF Strategic Plan 2018-2021 (SP) and suggested country-level results. To measure progress in ECD outcomes, the indicators reflect

the frameworks presented in Figures 1 and 4. The impact result – the proportion of children under the age of 5 who are developmentally on track in health, learning and well-being – corresponds to the goal in Figure 4, and the outcome-level results correspond with the two objectives. These results can be measured using the Multiple Indicator Cluster Surveys (MICS). These indicators acknowledge the complexity and challenges of having a single impact indicator capture comprehensive ECD. The country-level output results reflect the levels of causes and consequences presented in Figure 1. These indicators can be measured by UNICEF systems (e.g., RAM indicators, SMQs and forthcoming SP indicators) or monitored by national data systems (EMIS, HMIS, CPIMS). For some indicators, further methodological work is required, which will be done by Programme Division in collaboration with global partners. Further guidance will be produced on the implementation of the indicators to measure the progress in ECD (see Annex 2: RAM standard indicators).

Figure 6. ECD results framework

Impact-level result indicator: Young children developmentally on track

4 QUALITY EDUCATION



SDG 4.2.1.

Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being

Outcome-level results: Coverage of ECD services and nurturing care practice increased

Coverage of essential services increases for children to realise their developmental potential

- % of young children and families participating in multi-sectoral intervention packages for ECD

Parents and caregivers practice nurturing care

- Percentage of children receiving early stimulation and responsive care from their parents or caregivers (SP outcome indicator/ MICS)
- % of children under 5 years of age experiencing harsh discipline at home (MICS)
- % of infant up to 6 months of age exclusively breastfed (NutriDash)

**Index on nurturing care to be created*

Global-level ECD output results in SP 2018-21

GOAL AREA 1

Every child survives and thrives

- # of countries that have adopted ECD packages for children of scale
- # of countries with national ECD policy or implementation plans for scale-up
- % of UNICEF-targeted girls and boys in humanitarian situations who participate in organised programmes with ECD kits through UNICEF-supported programmes

GOAL AREA 2

Every child learns

- # of out-of-school girls and boys who participated in early learning through UNICEF-supported programmes
- # of countries with effective education systems for learning outcomes, including early learning

GOAL AREA 3

Every child is protected from violence and exploitation

- # of mothers, fathers and caregivers reached through parenting programmes

GOAL AREA 4

Every child lives in a safe and clean environment

- # of countries where UNICEF has programmes with specific objectives linked to promoting peaceful and inclusive societies

Country level ECD results

Coverage of services

Monitoring by UNICEF

- # of mothers, fathers and caregivers reached through parenting programmes (SP indicator)
- % (and #) of UNICEF-targeted girls and boys in humanitarian situations who participate in organised programmes with ECD kits through UNICEF-supported programmes (SP indicator)
- # of young children and families reached by ECD intervention packages (placeholder – system needs to be developed)
- # of children benefiting from early childhood education through alternative approaches (such as home-based provision of ECD, accelerated school readiness models, parent education, among others) with support from UNICEF (RAM)
- % of children 0-5 with access to affordable (free or subsidised or reasonably priced and accessible to low-income families) quality child care (SMQ)

Monitoring by national data system (proposed)

- % of newborn babies and caregivers/parents receiving post-natal care with counselling on stimulation and responsiveness (HMIS)
- Gross and net enrolment rate in early learning and pre-primary education (EMIS)
- # of caregivers with children aged 6-23 months accessing IYCF counselling (NutriDash)
- # of children reintegrated with families/benefited from alternative care (CPIMS)
- % of children with birth registration (administrative data)

**All data should be disaggregated by geography, gender and vulnerabilities where possible*

Capacity strengthening

Monitoring by UNICEF

- Existence of national training mechanism on ECD frontline workers (placeholder – system needs to be developed)
- % of community health workers trained to provide counseling for early childhood stimulation as part of their IYCF counseling services (RAM)
- Technical support for inclusion of ECD in national administrative data (e.g., HMIS, EMIS, CPIMS)
- ECD facilitators/teachers who received training with funding provided by UNICEF (placeholder – system needs to be developed)

Monitoring by national data system (proposed)

- # of frontline workers trained and certified in ECD interventions, including community health workers and social workers (placeholder – system needs to be developed)

Scale-up

Monitoring by UNICEF/national data system (placeholder – system needs to be developed for indicators below)

- % of districts implementing at least one ECD intervention packages
- # of registered centres/clinics delivering integrated ECD packages
- Quality ECD programme standards established for clinics/centres
- % of districts with UNICEF-supported community mobilisation programmes for parenting support and child care

Data and measurement

Monitoring by UNICEF

- National reporting on child development outcome using ECD Index or equivalent tool to measure SDG indicator 4.2.1 (RAM)

Monitoring by national data system

- Inclusion of ECD indicators in administrative data

Policy

Monitoring by UNICEF

- Sectors that have adopted ECD packages for children at scale (SP indicator)
- Existence of a monitoring and reporting system on national budget allocation and implementation status on ECD across sectors (RAM)
- Existence of integrated early stimulation, protection and nutrition intervention packages targeting 0 to 35 months old children, including CCD (RAM)
- # of social sectoral policies (e.g., health, nutrition, education and protection) that include stimulation and results on child development (policy review by UNICEF)
- Existence of policies on inclusive ECD covering particularly children with disabilities and other marginalised children (policy review by UNICEF)

4 IMPLEMENTING THE ECD PROGRAMME GUIDANCE

Overall success for ECD is defined as the point at which countries recognise that the first six years of a child's life are critical to ensuring all children reach their full potential, so that they make the appropriate investments with a focus on nurturing care, vis-à-vis health, nutrition, caring relationships, stimulation, learning and protection from violence.



At the country level, success would require five measures by governments with support from partners such as UNICEF:

Action 1: Effective budgeted policies to support multisectoral interventions for ECD;

Action 2: Increased capacity of frontline workers (e.g., social workers, health workers, teachers, child care workers) to deliver quality interventions for ECD;

Action 3: National data and evidence platforms that track progress and inform continuous improvements in quality programming;

Action 4: Sustained finance to support universal coverage of services, especially for marginalised children;

Action 5: Advocacy and communication that empowers and supports parents to demand the best for their children and building partnerships across a diverse group of stakeholders.



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Determining UNICEF's context-specific response to ECD

In each country, the analysis of the situation of children, government capacities, partnerships, and the availability of resources will determine the scope and scale of programmes as well as UNICEF's value added.

The classification of country contexts presented in Figure 7 considers the following components:

- Presence and availability of data to inform the situation analysis, such as data on child outcomes and parenting practices;
- Country capacity for delivery of ECD services, including access, coverage and quality;
- Understanding by families and communities of the importance of early development and the empowerment to demand quality services for children;
- Overall quality of the services, specifically the training of workforce (health workers, social welfare workers, teacher, community workers).

By mapping the context, UNICEF, in partnership with governments and other constituents, can determine the appropriate programming approaches to maximise results. The implications of different contexts influence operational choices. The focus and scope of ECD programming are significantly influenced by the government's ability to implement ECD-friendly programmes and policies in terms of its financial and human resources, as well as the effectiveness of its systems and the delivery platforms in place. Additionally, given that UNICEF programming in a country is implemented with and through other partners, the programmatic response is influenced by the presence as well as the capacity of these actors. The ECD programme across countries will differ because it needs to be adapted to leverage the strengths of the context and respond to the needs.

In emergency contexts and contexts of fragility, the focus would most likely first be on the delivery of essential services for young children and families including building capacity. This includes the intervention packages 'First 1,000 Days' and 'Caring for the Caregiver'. Given the situation of high toxic stress, these services are critical for supporting positive development. ECD interventions are important to prevent and reduce the impact of new health emergencies, such as Zika. The focus

in contexts of low and medium capacity would include building the systems of workforce, data and governance that will help the programmes go to scale. In high-capacity countries, the focus is often on promoting evidence generation. Across all contexts, empowerment of families, caregivers and communities needs to be strengthened. In contexts of limited fiscal resources, there needs to be a thrust towards innovative finance and establishing sustainable funding for ECD; and influencing the allocation and use of domestic resources to meet the ECD goals becomes crucial. Across all contexts, annual financial benchmarks to track advances in expenditure and corresponding results would help in tracking progress.

Annex 2, ECD SitAn guidance, provides guidance for conducting an ECD-sensitive situation analysis.

Over the 2018-21 time period, to build the basis for success for ECD, countries should make investments in the following:

- Creating coordination mechanisms and implementable budgeted policies, establishing systems and allocating required resources to support the effective implementation and tracking of services and results;
- Adapting existing service delivery platforms to deliver multisectoral packages for ECD services:
 - » Integrating health centres or community health home visits into existing basic health services in order to achieve results for SP goal 1
 - » Ensuring that community-based child care, kindergartens and preschools include both quality learning and protection to achieve early learning results in SP goal 2
 - » Delivering violence prevention parenting programmes for young children through child protection delivery platforms such as social worker case management systems, to achieve results in SP goal 3
- Training large cadres of frontline implementers across delivery systems (doctors, nurses, nutrition officers, community health workers, midwives, care providers, early years educators, social workers) and building the capacity of policy makers and key decision makers;
- Establishing programmes that support families and caregivers; and engaging them to demand quality services and family-friendly policies;
- Regularly tracking progress by using validated metrics that monitor ECD results.

Figure 7. Country contexts





Organisational arrangements to deliver at scale on a multisectoral programme

A well-coordinated programming approach for ECD requires the full engagement of senior management at regional and country levels. For example, at the regional level, the Deputy Regional Director, and at country level, the Deputy Representative, can coordinate the programme. Also required is dedicated human resource capacity for ECD, and advocacy for the prioritisation of a holistic approach to addressing young children's needs across sectoral responses, including in humanitarian settings (see Annex 4 for guidance on management indicators).

To enhance UNICEF ECD staff capacities, it is important to provide opportunities for mentoring and learning through platforms like Agora, or sectoral training opportunities, including through partners. However, learning areas would vary across ECD technical domains, coordination, and leadership and advocacy functions. Overall, ECD staff accountabilities should be clearly reflected in work plans and performance appraisals. Additionally, it is recommended to focus on building capacity of staff deployed for emergency and humanitarian crises to be able to deliver services for ECD.

Approaches to deliver multisectoral programming include sector co-leads for ECD programme and matrix management approaches. For example, Nutrition and Early Learning teams co-lead ECD programming in some regions and country offices. The co-leads convene the ECD taskforce to promote coherence in programming guidance and technical assistance to countries. In other instances, a Matrix Results Team, led by the Chief of ECD, has included

core members representing the Health, Education, Child Protection, Nutrition, HIV and C4D sections. The Matrix Results Team can provide guidance, support implementation and advocate for young children. At the country level, the management of the ECD portfolio by the deputy representative has been successful in several countries. By employing collaborative partnership mechanisms within the office that includes ECD in a Situation Analysis (SitAn), sectors are accountable for ECD results and allocate specific funds for ECD initiatives. They all report back to the deputy representative, and accountabilities are clearly outlined in UNICEF performance system, ACHIEVE, and in the Annual Work Plan.

Given the age continuum for those receiving ECD services, programming includes pregnancy to primary school entry, and roles and responsibilities can be also divided along the age continuum. Health and Nutrition staff could take on accountability for the 'First 1,000 Days' programmes, for education, and potentially for protection staff for the 3 to 6 years age group. To institute such innovative approaches to deliver on the multisectoral agenda, clear management arrangements are required, in particular, an accountability framework that states roles and responsibilities within sectors at all levels of the organisation.

Leveraging partnerships for results

At the country level, programming for ECD should leverage existing or new partnerships to increase the reach and influence of ECD programmes, policies and services. UNICEF should invest in an effective and operational ECD Action Network to

support countries with the scale-up of multisectoral interventions to achieve SDG young child targets (see box ‘Shaping Global Partnership for ECD’).

In particular, partnerships with national and subnational governments, civil society and communities are key to strengthen the systems and accountability for ECD. Building on existing work, ECD programming should build on spaces where parents and caregivers can demand services for their children. Support for government to collect data on child outcomes for the purpose of tracking results and reducing inequities is a priority area for action.

Existing networks and global funds managed by development partners, such as the Global Partnership for Education and the Global Financing

Facility, can be leveraged towards the programming of ECD intervention packages that can be delivered by education and health systems respectively. Private sector capacity and platforms can be leveraged to strengthen quality services for young children and families, and give visibility to the issues of parenting and caregiving.

The private sector is growing as a provider of services for young children, including health and child care. This could be leveraged to create a clear agenda for young children that supports their development while also supporting families. UNICEF should continue leveraging the advocacy and public engagement pillars of the cause framework to galvanise various constituencies.

SHAPING A GLOBAL PARTNERSHIP FOR ECD

The ECD Action Network (ECDAN), announced by UNICEF and the World Bank in April 2016, is a global network of countries, UN agencies, multilateral institutions, civil society organisations, researchers and funders that have come together to give all young children a fair chance to reach their developmental potential. ECDAN engages diverse global partners and countries committed to action that have the capacity and will to invest to measurably improve the lives of young children and their families.

As the first global network committed to comprehensive ECD action, ECDAN will engage stakeholders across constituencies; across sectors; across regional, national and decentralised levels of government; and in communities and families, to collaborate and advance progress in many countries toward achieving the SDG targets for young children.

In order to achieve its vision, ECDAN will:

1. Support reporting on relevant SDG targets for young children, integrated into the ECDAN Results Framework, including

health (SDG 3.2), nutrition (SDG 2.2), education (SDG 4.2) and protection (SDG 16.2);

2. Intensify, improve and scale up multisectoral country ECD action;
3. Coordinate action among diverse actors working to support young children at country, regional and global levels; and complement the efforts of related initiatives and strategies);²⁵
4. Set standards through global goods such as programme tools, policy models, approaches to implementation and analytics for data and evidence;
5. Share knowledge through an exchange of noteworthy practices of ECD implementation between countries at the regional and global levels;
6. Give visibility to the ECD agenda through global, national and local advocacy initiatives.

UNICEF will continue to engage with ECDAN at global and national levels, as the technical products and global goods will support and facilitate the programmatic and advocacy work of country offices.

²⁵ This initiative seeks to complement the efforts of related global partnerships and strategies such as Scaling Up Nutrition (SUN), Global Partnership for Education (GPE), End Violence against Children Partnership (EVP), and Every Woman Every Child (EWEC), which are already effectively coordinating action to promote different aspects of early childhood development. ECDAN also builds on the experience of existing regional networks, and the former Consultative Group on Early Child Care and Development.

ANNEXES



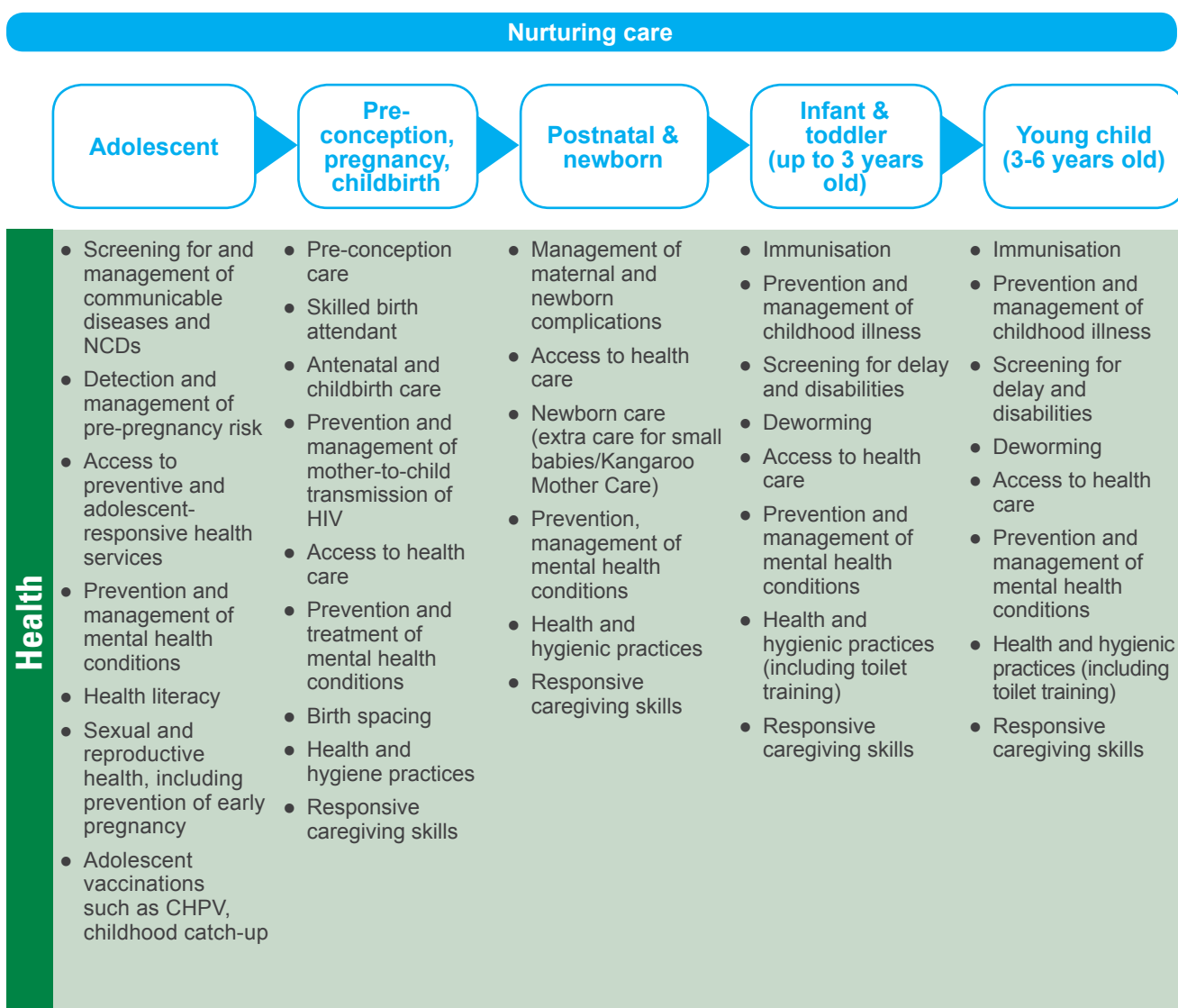
ANNEX 1

Mapping of UNICEF-supported sectoral interventions

The ECD packages described in this guidance are taken from the mapping below, which represents a comprehensive list of evidence-based interventions aligned with Health, Nutrition, Education, Child Protection, HIV and AIDS, Social Inclusion, WASH and C4D programmes. To create context-specific ECD packages, Country Offices can draw on this mapping.

PROGRAMME INTERVENTIONS

Life course approach





| | Adolescent | Pre-conception, pregnancy, childbirth | Postnatal & newborn | Infant & toddler (up to 3 years old) | Young child (3-6 years old) |
|------------------|---|---|---|---|---|
| Nutrition | <ul style="list-style-type: none"> • Intermittent iron and folic acid supplementation • Counselling on adequate diet for adolescent's own health and preparation for parenthood | <ul style="list-style-type: none"> • Iron-folic acid or multiple micronutrient supplementation for pregnant mothers • Iodised salt • Counselling on adequate diet during pregnancy • Promotion of breastfeeding | <ul style="list-style-type: none"> • Breastfeeding counselling and support to mothers • Early initiation and promotion of breastfeeding for 6 months and responsive feeding | <ul style="list-style-type: none"> • Management of severe and moderate acute malnutrition • Micronutrient supplementation and fortification • Continued breastfeeding, complementary feeding and responsive feeding | <ul style="list-style-type: none"> • Management of severe and moderate acute malnutrition • Micronutrient supplementation and fortification • Integration of nutrition in preschool/early learning |
| Education | <ul style="list-style-type: none"> • Primary and secondary school • Alternative learning pathways for adolescents who dropped out or never entered formal school • Skills learning for personal empowerment, employability and active citizenship | <ul style="list-style-type: none"> • Education about early stimulation, growth and development • Support parents with early stimulation and care | <ul style="list-style-type: none"> • Education about early stimulation, growth and development • Support parents with early stimulation and care | <ul style="list-style-type: none"> • Education about early stimulation, growth and development (parent) • Support parents with early stimulation and care • Access to quality early childhood care, learning and development programmes (child) | <ul style="list-style-type: none"> • Education about early stimulation, growth and development (parent) • Support parents with early stimulation and care • Access to quality early childhood care, learning and development programmes (child) • Access to quality preschool, community-based programmes (child) |
| Child protection | <ul style="list-style-type: none"> • Response to violence in and out of emergencies (including gender-based)—health, justice and social welfare services • Prevention of injuries, violence and harmful practices • Social skills for positive interactions • Parent education programmes (protection of adolescent children) | <ul style="list-style-type: none"> • Birth registration • Response to violence in and out of emergencies (including gender-based)—health, justice and social welfare services • Knowledge and support on positive parenting (parent education programmes) • Prevention of child maltreatment, abuse and neglect (health, social welfare services, alternative care) | <ul style="list-style-type: none"> • Response to violence in and out of emergencies (including gender-based)—health, justice and social welfare services • Knowledge and support on positive parenting (parent education programmes) • Prevention of child maltreatment, abuse and neglect (health, social welfare services, alternative care) | <ul style="list-style-type: none"> • Response to violence in and out of emergencies (including gender-based)—health, justice and social welfare services • Knowledge and support on positive parenting and reduction on harsh discipline • Prevention of child maltreatment, abuse and neglect | <ul style="list-style-type: none"> • Peace-building programmes and conflict resolution • Response to violence in and out of emergencies (including gender-based)—health, justice and social welfare • Knowledge and support on positive parenting (parent education programmes) and reduction of harsh discipline • Prevention of child maltreatment, abuse and neglect (health, social welfare and education services, alternative care) |



| | Adolescent | Pre-conception, pregnancy, childbirth | Postnatal & newborn | Infant & toddler (up to 3 years old) | Young child (3-6 years old) |
|------------------|---|---|---|---|---|
| HIV and AIDS | <ul style="list-style-type: none"> • Awareness/CSE • ASRH services • HIV counselling and testing and treatment • Sexual reproductive health services (risk and vulnerability reduction) • Income generation and economic empowerment initiatives | <ul style="list-style-type: none"> • HIV counselling and testing integrated in ANC services • ART • Reduce social and economic barriers, violence and stigma • Strengthen community capacity and action | <ul style="list-style-type: none"> • EID • Paediatric treatment • Access to affordable quality child care • Access to social transfers and services • Community-based Personal Care Services (PCS) to strengthen HIV Service Plan (SP) utilisation • Link health services with SP and PCS | <ul style="list-style-type: none"> • Paediatric testing and treatment • Parenting skills • Protection, care, and support services • Social transfers • Capacitate health-sector services with links to early learning and PCS programmes | <ul style="list-style-type: none"> • Paediatric testing and treatment • Family strengthening • Caregiver training and support • Community-based care and support services • Cash transfers, vouchers, income generation, social protection |
| Social inclusion | <ul style="list-style-type: none"> • Increase access to social protection programmes for vulnerable adolescents | <ul style="list-style-type: none"> • Social transfers facilitate access to services, offset costs, and protect families from destitution • Risk and vulnerability reduction • Family strengthening policy support | <ul style="list-style-type: none"> • Social transfers facilitate access to services, offset costs, and protect families from destitution • Risk and vulnerability reduction • Family strengthening policy support | <ul style="list-style-type: none"> • Social transfers facilitate access to services, offset costs, and protect families from destitution • Risk and vulnerability reduction • Family strengthening policy support | <ul style="list-style-type: none"> • Social transfers facilitate access to services, offset costs, and protect families from destitution • Risk and vulnerability reduction • Family strengthening policy support |
| WASH | <ul style="list-style-type: none"> • Hygiene promotion • Increase access to WASH in schools • MHM • Access to WASH close to home • Improve access to open defecation-free | <ul style="list-style-type: none"> • MHM • WASH maternity newborn assessment • Advocacy for provision of WASH services at health centres • Access to WASH close to home • Deliver open defecation-free communities | <ul style="list-style-type: none"> • MHM • WASH maternity newborn assessment • Advocacy for provision of WASH services at health centres • Access to WASH close to home • Deliver open defecation-free communities | <ul style="list-style-type: none"> • Handwashing with soap • ODF and child faeces management • Access to WASH close to home • WASH in preschools/child-friendly centres • Access to water supply and sanitation close to home | <ul style="list-style-type: none"> • Hygiene promotion • Handwashing with soap • ODF and child feces management • Access to WASH close to home • WASH in preschools/child-friendly centres • Access to WASH close to home |
| C4D | <ul style="list-style-type: none"> • Promotion of access to and use of services (focus on availability of services, demand generation, and ECD-related behaviours and norms as outlined in sectoral interventions) • Parental self-efficacy to engage in positive parenting/ECD practices | <ul style="list-style-type: none"> • Partner (family/spousal) communication and support for positive parenting and • ECD practices • Service provider communication skills and client-provider communication for improved quality of services • Build community trust and | <ul style="list-style-type: none"> • Partner (family/spousal) communication and support for positive parenting and • ECD practices • Service provider communication skills and client-provider communication for improved quality of services • Build community trust and | <ul style="list-style-type: none"> • promote positive attitudes toward ECD services • Foster and model positive social norms on parenting and ECD • Influence attitudes, norms and behaviours associated with stigma and discrimination in ECD | |

ECD SitAn guidance

Based on the overall programming guidance on developing Situation Analysis (SitAn), the following are specific guidelines to be taken into consideration when analysing the early years of a child:

1. Using qualitative and quantitative data, systematically examine the status and trends of realising young children's right to achieve their developmental potential in the country. Identify the inequality in child development outcomes between various population groups and geographic regions within the country, specifically the bottom quintile, children with disabilities, girls, and children affected by the humanitarian context.
2. Analyse the patterns of inequities that affect the young children's right to development, including the immediate, underlying and structural causes, as described in the ECD conceptual framework (Figure 1).
3. Provide policy and programmatic recommendations to address the shortfalls and disparities, with particular reference to access to multisectoral packages of interventions for ECD, and accelerate progress towards the results. The situation analysis should identify strengths and areas of improvement at institutional level to promote cross-sector accountabilities for the delivery of integrated packages of intervention.

Data Sources:

To analyse the situation of young children, Country Offices should draw upon quantitative and qualitative data on ECD domains and parenting. A sample of these data include:

- ECD module in MICS
- Child discipline module in MICS
- ECD index (MICS)
- NutriDash
- DHS and other households surveys
- Early learning assessments where relevant
- ECD policy where relevant
- Early learning strategy
- Relevant sector strategies
- CAP studies
- VAC studies – where age-relevant information is available
- Impact evaluation and institutional assessments
- Sectoral administrative data e.g., EMIS and HMIS

Illustrative questions to guide the analysis:

1. How do outcomes and trends differ across sub-groups of young children and caregivers (e.g. pregnant adolescent mothers, children in institutional care, young children living in mono-parental families), by income quintile, geographical areas, during humanitarian action and in development contexts?
 - a. Who are the most vulnerable groups of young children with greater risk of exclusion from ECD services and not fulfilling their right to achieving development potential?
 - b. Who are the most deprived caregivers in charge of young children and where are they? What are the specific barriers they face to access support?
2. What are the major bottlenecks and barriers perpetuating inequalities in the realisation of developmental potential of young children, at immediate, underlying and structural levels? (see conceptual framework, Figure 1).
 - a. To what extent are caregivers of young children aware of the importance of ECD and the existence of services and programmes to respond to their parenting needs?
 - b. To what extent are caregivers of young children unable to practice nurturing care and positive parenting for ECD because of existing harmful social and cultural practices, and beliefs?
 - c. To what extent are specific needs of young children addressed by existing strategies and programmes in accordance with their age and vulnerabilities?
3. Does the government have a multisectoral ECD policy with an allocated budget and governance mechanisms that articulate solid strategies and outputs needed for implementation within a clear timeframe?
 - a. What capacities (financial, technical and institutional) exist at national, sub-national and community levels to respond to the developmental needs of children and caregivers?
 - b. To what extent are ECD services appropriately equipped for delivering quality services to caregivers and their children? Are standards for ECD services in place and adequately monitored across sectors?

²⁶ Following links for UNICEF "Programme Policy and Procedure (PPP) manual and Guidance on Conducting" a SitAn will provide more comprehensive mythological guidance on SitAn:

<https://unicef.sharepoint.com/teams/OED/PPPMannual/SiteAssets/Programme%20Policy%20and%20Procedure%20Manual.aspx?uid=43>
[https://intranet.unicef.org/pd/pdc.nsf/0/34B6213BDC303F6B8525796C005DF841/\\$FILE/Rights%20based%20equity%20focused%20Situation%20Analysis%20guidance.pdf](https://intranet.unicef.org/pd/pdc.nsf/0/34B6213BDC303F6B8525796C005DF841/$FILE/Rights%20based%20equity%20focused%20Situation%20Analysis%20guidance.pdf).

Results Assessment Module (RAM) standard indicators relevant for Early Childhood Development (ECD)

In addition to health, nutrition, child protection and education RAM indicators (see Figure 6 for a full list) that are relevant for interventions related to young children, the following three ECD-specific indicators have been adopted as the standard indicators for the RAM under Outcome Area 8 (cross-sectoral) and become available for result reporting:

1. Country using the ECD index (MICS) or national equivalent to report on SDG target 4.2.1
2. Existence of integrated early stimulation, protection and nutrition intervention packages targeting children 0 to 35 months old (including Care for Child Development programme)

3. Existence of a monitoring and reporting system on national budget allocation and implementation status on ECD across sectors

These indicators aim to measure the system and policy-level changes towards scaling up evidence-based ECD services in countries. Detailed guidance is available on InSight: <https://icon.unicef.org/apps01/perfasmnt/Shared%20Documents/ECD%20%20-%20Guidance.pdf>.

RAM standard indicators are linked with the PIDB coding entered in VISION. PIDB code allocated for ECD is 08-04. By entering this code, indicators above become available to be selected.

Guide on PIDB coding and standard indicators can be found in: <https://unicef-insight1.uservice.com/knowledgebase/articles/1118470-quick-guide-on-pidb-coding-and-standard-indicators>.

VISION

| SP Outcome Areas | Programme Areas | Activity Focus | |
|--------------------|--|----------------------|--|
| 08. Cross-sectoral | 08-04 Cross-sectoral Early Childhood Development | Enabling Environment | "Country using the ECD Index (MICS) to report on SDG target 4.2.1" |

RAM/inSight

The screenshot shows the 'RAM/inSight' interface for 'RESULTS ASSESSMENT'. The user is in the 'Planning' phase, working on 'Business Area: Romania - 3660/A6/05/R01/001' and 'Outcome/Output: EQUITABLE EARLY CHILDHOOD DEVELOPMENT'. The 'Output Statement' is 'Key Stakeholders support and enhance knowledge, attitudes, practices and services to promote holistic and equitable development in the early years'. The 'Regional Priority' is 'RKLA 7. Young Child Wellbeing (0-3 years)'. The 'Strategic Plan Outcome' is '08: Cross-Sectoral'. The 'Start Date' is 02.01.2013, 'End Date' is 31.12.2017, and 'Results Manager' is 'Pep, Voichita'. The 'Indicate Geographic Coverage' is set to '(Select GecArea)'. The 'PLANNING' section shows 'Select Standard Output Indicators' as the active step. A table lists indicators, with the first one selected: 'National monitoring and reporting system on budget allocation and implementation status on ECD across sectors established and operationalized Country using the ECD Index (MICS) to report on SDG target 4.2.1 (early childhood development)'. A red arrow points from the table above to this selected indicator.

| No | Programme Areas - Domain | Indicator | Baseline | | Add Annual Targets | Target | | Measure | Approved |
|----|---|---|----------|-------|--------------------|--------|-------|---------|----------|
| | | | Year | Value | | Year | Value | | |
| 1 | Cross-sectoral Early Childhood Development-Enabling environment | + Select National monitoring and reporting system on budget allocation and implementation status on ECD across sectors established and operationalized Country using the ECD Index (MICS) to report on SDG target 4.2.1 (early childhood development) | | | | | | | |
| 2 | Cross-sectoral Early Childhood Development-Supply | + | | | | | | | |

Guidance on managing indicators for ECD

Planning and programming for ECD provide the opportunity for Country Offices to realign the internal processes for planning, resource mobilisation and reporting, in a manner that can create convergence across sectors and provide opportunities to deliver on multisectoral results. Country Offices could prepare scorecards carrying a minimum set of indicators to measure and monitor management performance regarding ECD. A sample set of indicators is provided below:

1. Country programme plans that include ECD outputs and outcomes;
2. Annual work plans that include specific advocacy, planning, programming and budgeting targets for early childhood related sectoral initiatives and appropriately cross referenced);
3. Required ECD staffing and capacity;
4. Mechanisms to coordinate planning, implementation and monitoring of ECD programme activities related to early childhood development across sectors within Country Offices;
5. Sectoral result areas implementing ECD intervention packages;
6. Financial benchmarks for programme expenditures on ECD;
7. Funding proposals that explicitly reflect ECD- related targets and indicators; explicitly
8. Partnerships leveraged for ECD;
9. Evaluations that demonstrate progress on achievements related to ECD including effectiveness and scalability of programmes;
10. Effective system for knowledge management and sharing of lessons learnt and best practices;
11. Inclusion of ECD in an Emergency Preparedness and Response Plan (EPRP).

DOCUMENT MANAGEMENT INFORMATION PAGE

| | |
|---|---|
| Document Title | UNICEF's Programme Guidance For Early Childhood Development |
| Document Number | PD/GUIDANCE/2017/001 |
| Effective Date | 21/07/2017 |
| Mandatory Review Date | 21/07/2021 |
| Responsible Business Owner | PD |
| Responsible Manager | Pia Britto |
| Document Summary | <p>The ECD Programme Guidance:</p> <p>Provides a timely framework for articulating a vision, corresponding goals and indicators linked to the commitments made for ECD within the Sustainable Development Goals (SDGs) and the Strategic Plan (SP) (2018-2021);</p> <p>Identifies evidence-based multisectoral intervention packages, programmatic delivery platforms, contributions to sector goals, implementation strategies and organisational arrangements needed to advance the ECD agenda according to the needs and the situation at regional and Country Offices.</p> |
| Regulatory Content the Document Replaces | N/A |
| Topics Covered | Nurturing care, ECD programme interventions, ECD conceptual framework, ECD agenda, First 1,000 days, CCD, Parenting, Emergencies |
| Corporate Risk Area | Organisational strategy |
| Reference/Links to Enabling Legislation and Background | N/A |
| Links to Relevant Policy | N/A |
| Links to Relevant Procedure | N/A |
| Links to Relevant Guidance | N/A |
| Links to Relevant Training Materials | N/A |
| Links to Other Knowledge & Information Resources | <p>Building Better Brains (BBB): https://www.unicef.org/thailand/Building-better-brains-EN.PDF</p> <p>Jamaica study: http://www.nber.org/papers/w19185.pdf</p> <p>Care for Child Development (CCD): https://www.unicef.org/earlychildhood/index_68195.html</p> <p>ECD campaign assets: http://weshare.unicef.org/Detail/2AMZIFTR7GC</p> |

