Informing design and implementation for early child development programmes

An Archives of Disease in Childhood Series

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This series is funded by the Bernard van Leer Foundation and coordinated by the London School of Hygiene & Tropical Medicine

Archives of Disease in Childhood
Around 250 million children risk not reaching their developmental potential. The SDGs and Global Strategy for Women’s, Children’s and Adolescents’ Health 2016-2030 envision a world in which children thrive and the WHO, UNICEF & World Bank’s Nurturing Care Framework provides a policy framework for this. However, there is a major gap for evidence-based guidance on how to implement early child development programmes at scale, especially in low- and middle-income countries. While there is a clear case for investment, policymakers, programmers, health workers and communities face questions about where to start, what to do, and how to reach all children.

This series of papers, with 33 authors from 24 institutions, provides practical, evidence-based information for how to do this, guiding policymakers and programmes regarding key decisions points: where, what and how to implement in varying contexts? Who is paying for what?

Overview of the 5 papers launched in this series.

**Editorial: Reaching the dream of optimal development for every child, everywhere – what do we know about ‘how to’?**

**Paper 1: Contextual design choices and partnerships** for scaling early child development programmes

**Paper 2: Counting outcomes, coverage and quality** for early child development programmes

**Paper 3: Rating early child development outcome measurement tools** for routine health programme use

**Paper 4: Accountability for funds for Nurturing Care**: what can we measure?

**Paper 5: Scaling early child development**: what are the barriers and enablers?

Read the editorial introducing the series:
Banerjee A, Britto PR, Daelmans B et al. Reaching the dream of optimal development for every child, everywhere: what do we know about ‘how to’? Arch Dis Child. 2019;S1:S1-S2.

Join the conversation #everychildthrive
This paper describes processes and decision points for scale-up of early child development programmes, specifically relating to:

**WHY?**

It is time to accelerate implementation for ECD, translating unprecedented global policy support, including the Nurturing Care Framework, into action requires evidence-informed guidance about how to implement ECD programmes at national & regional scale.

**CASE STUDY:**
Designing an enhanced responsive care & early learning programme through government services in central Colombia, with the Universidad de los Andes
See paper for more information!
What is new?

✓ **Partnerships & leaderships:** emerging networks focusing on action at national level and South-South learning provide a resource for those with responsibilities for programme development and implementation.

What to do?

✓ **Accelerating progress requires more structured tools** for situation analyses and design decisions including how to integrate care of children with disabilities and in humanitarian settings. Implementation research to understand impact at much larger scale, over longer time frames, and including cost-effectiveness data, needs to be embedded in programming.

What are the key gaps?

✓ **Contextual design choices:** targeted situational analyses are crucial for adaptation and should be guided by pathways to impact and local formative data where possible.

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This paper examines approaches to monitoring and evaluation of early child development programmes in low- and middle-income countries, specifically relating to:

**WHY?**

*Improved measurement of outcomes, quality and coverage* in ECD programmes is crucial to accelerating and tracking progress towards ECD-related Sustainable Development Goals and the Nurturing Care Framework.

**CASE STUDY:**
Monitoring quality in an enhanced, early learning intervention for 5000 children, aged 0-6 years, of construction workers across 20 states of India, with Mobile Creches. See paper for more information!

This paper is based on the Saving Brains evaluation funded by Grand Challenges Canada. It forms part of the Archives of Disease in Childhood series, funded by the Bernard van Leer Foundation;
What is new?

✓ **Tracking programme impact at scale** requires effective “real world” approaches. While a multitude of child development outcome measurement tools are available, in practice, a lack of standardised, meaningful measures of ECD outcomes which can be used at scale impedes measurement of intervention impact.

✓ **Measurement of coverage** in ECD programmes has had relatively little attention in literature to date. Understanding coverage is crucial for measuring impact at scale and requires agreed definitions of interventions and target populations, with data.

What to do?

✓ **Intervention quality** is crucial but inconsistently defined and measured: lessons from approaches used in early childhood education may inform efforts to improve quality metrics in ECD programmes through health.

What are the key gaps?

✓ **More standardised measures of the caregiving environment** (i.e. ‘home-readiness’ for ECD promotion) are feasible but challenges remain especially for simpler, routine, multi-domain outcome measurement and measurement of coverage and quality.

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This paper rates early child development measurement tools for use in health programmes in low- and middle-income countries, specifically relating to:

**WHY?**

Of the 100 tools that exist for early child development, few are fit-for-purpose in routine health systems: 27 met criteria for rating (i.e. measurement started <2 years and covered at least 3 developmental domains).

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What is new?

✓ Remit and range of tools: of the tools identified, few adequately address multiple domains required for monitoring ECD, and most omitted vision and hearing.

![Individual level screening tools n=14](image)

What to do?

✓ Accuracy and feasibility of tools: few existing tools are both accurate (i.e. valid, reliable) and feasible for training and routine use (e.g. time, cost accessibility) in LMIC settings.

What are the key gaps?

✓ An optimal individual-level tool remains a gap. Population-level tools CREDI, IYCD and the D-Score are being harmonised into the WHO-led Global Scales for Early Development. Additional research on tool assessment is needed to improve reporting, link to action and and utility in evaluating early intervention.

This paper identifies barriers and enablers for effective scaling-up of early child development programmes, specifically relating to:

**What were the total inputs?**

An average of US$7.9 billion donor funding were disbursed per year between 2007 and 2016 for early child development domains included in the Nurturing Care Framework – health, nutrition, responsive caregiving, security and safety, and early learning, plus disability.

**What are the time trends?**

Donor funding related to Nurturing Care increased faster than Official Development Assistance to health over the last 10 years. An estimated US$79.1 billion were disbursed, from US$4.9 billion in 2007 to US$10.9 billion in 2016. The overall average annual rate of increase averaged 8.3% but varied by domain: nutrition & growth (24.5%), responsive care (22%), early learning (21.9%), security and safety (7.9%), good health (6.5%), and disability (-11.4%).

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What is new?

**Relative investment:** donor investment for early child development is dominated by health and nutrition, with security and safety, responsive care, early learning, and disability following. Health represented 78% of all investments from 2007 to 2016.

![Relative investment chart]

What are the key gaps?

**Data on domestic and out-of-pocket funding are lacking.** In most low and middle-income countries, government expenditure is hard to track especially for specific programmes such as early childhood services. Improved data on out-of-pocket payments for services are needed. A particular concern relates to the enhanced needs of families with children with disabilities.
Paper 5: Scaling early child development: what are the barriers and enablers?

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This paper identifies barriers and enablers for effective scaling-up of early child development programmes, specifically relating to:

WHY?

Contextual adaptation of early child development programmes is more complex than for most health programmes as the determinants of child development span multiple sectors. Integrating relevant services to create a holistic package is desirable, but care must be taken not to overload delivery channels.

"Why should you invest in this? The first question is: why should I care about ECD at all? ...once you get them to agree to that, then the question is okay, what is the best way to do it?"

- key informant, NGO

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What is new?

✓ **Programme design and implementation:** motivation of community members to improve their own children’s wellbeing along with salaries or non-monetary incentives, capacity building, and opportunities for professional development and community recognition should be recognised as important to sustained, high-quality service. Respondents saw such compensation as needed for both effectiveness and fairness.

What to do?

✓ **Data to drive and monitor scale-up:** moving to scale requires data to track coverage and to enable course correction. These data are often different to those needed for research studies. In addition, measuring and tracking costs and expenditures is critical for accountability.

What are the key gaps?

✓ **Leadership and partnership:** small projects often depend on individual leaders and their relationships. To transition to scale, programmes require deeper organisational capacity, more leaders, and strategic partnerships with government and often also with the civil society and private sector.

"Intentionality is the most important issue. You have to have the intention of going to scale, to go to scale. You have to plan for it.”

- Key informant, academic researcher

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5 papers launched in this series. Each paper addresses a link on the programme cycle for design, implementation and scaling of early child development programmes.

Editorial: Reaching the dream of optimal development for every child, everywhere – what do we know about ‘how to’?

Paper 1: Contextual design choices and partnerships for scaling early child development programmes

Paper 2: Counting outcomes, coverage and quality for early child development programmes

Paper 3: Rating early child development outcome measurement tools for routine health programme use

Paper 4: Accountability for funds for Nurturing Care: what can we measure?

Paper 5: Scaling early child development: what are the barriers and enablers?

Health and nutrition dominate donor investments for ECD, with much less funding directed at safety/security, responsive care, early learning and, especially, disability. Donor interest is growing but large data gaps on domestic and out-of-pocket funding remain.

Accelerated implementation and scale-up for early child development requires targeted situational analyses using more structured tools for design decisions as well as partnership and leadership at regional and national levels.

Contextual adaptation of early child development programmes requires careful integration of multiple sectors alongside sustainable community incentivisation. Strong organisational capacity as well as reliable coverage and cost data are crucial for moving to scale.

Tracking impact at scale requires effective ‘real world’ approaches. However, measurement of programme coverage and quality is inconsistent and application of more standardised measures of the caregiving environment as well as child development could strengthen monitoring and evaluation.

While there are multiple tools for 0-3 years outcome measurement, few are fit-for-purpose for monitoring ECD in routine health systems in LMIC. An optimal individual-level tool remains a gap.

Tracking impact at scale requires effective ‘real world’ approaches. However, measurement of programme coverage and quality is inconsistent and application of more standardised measures of the caregiving environment as well as child development could strengthen monitoring and evaluation.

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PAPER 1

B. SITUATION ANALYSIS

F. SCALING

A. PARTNERSHIPS & LEADERS

C. PROGRAMME DESIGN & IMPLEMENTATION

D. MONITOR, EVALUATE AND LINK TO ACCOUNTABILITY: MEASUREMENT

E. TRACKING FUNDING WITH ACCOUNTABILITY

PAPER 2

PAPER 3

PAPER 4

PAPER 5
What can we do now?

**Intersectoral linkages beyond health** will be key to driving and maintaining change for early child development programmes.

**Health professionals** can champion **scale-up** of policies and interventions that support ECD, making the case for policymakers and leading sustainable change through international partnerships, including South-South networks.

**Researchers** can help close the gaps in evidence around implementation within routine health systems at larger scale, with more consistency, and a focus on cost-effectiveness, especially for the most vulnerable populations.

**Policymakers** can call for **increased global investment** in measuring and tracking change and accountability in funding.

“Together, we can work towards ensuring that these efforts benefit all children, everywhere, today and tomorrow.”