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Regional Meeting on Measurement of Early Childhood Development in Eastern and Southern Africa

Meeting Report

24-27 October, 2023 - Kigali, Rwanda

Republic of Rwanda
National Child Development Agency

World Health Organization
African Region

AfECN Africa Early Childhood Network

THE WORLD BANK
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ECDAN Early Childhood Development Action Network

unicef for every child

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Acknowledgements

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Acronyms and Abbreviations

AfECN   Africa Early Childhood Network

AFRO   Regional Office for Africa

AIM-ECD   Anchor Items for the Measurement of Early Childhood Development

CO   Country Office

DHS   Demographic and Health Surveys

ECD   Early Child Development

ECDAN   Early Childhood Development Action Network

ECDI   Early Childhood Development Index

ECDI2030   Early Childhood Development Index 2030

ESARO   Eastern and Southern Africa Regional Office

GSED   Global Scales for Early Development

MDAT   Malawi Development Assessment Tool

M&E   Monitoring and Evaluation

MELQO   Measuring Early Learning Quality and Outcomes

MICS   Multiple Indicator Cluster Surveys

MIS   Management Information System

RIS   Routine Information Systems

UNICEF   United Nations Children's Fund

USAID   United States Agency for International Development

SDG   Sustainable Development Goals

WASH   Water, Sanitation and Hygiene

WB   World Bank

WHO   World Health Organization

Introduction

The regional meeting on the measurement of early childhood development (ECD) took place in Kigali, Rwanda on 24–27 October 2023. This meeting was co-organized by the UNICEF Eastern and Southern Africa Regional Office (ESARO); the World Health Organization (WHO) Regional Office for Africa (AFRO); the World Bank Group (WB); the Africa Early Childhood Network (AfECN); the Early Childhood Development Action Network (ECDAN); and the Government of Rwanda (see Annex 1 for the agenda).

Generating and applying evidence to support decision-making, resource mobilization, and programme delivery is critical to the success of ECD policies and programmes. Thus, the purpose of the conference was first, to provide government representatives, development partners, civil society organizations, and academic institutions with updates on the latest relevant frameworks, policies, and actions, and second, to learn about population-level and implementation-level ECD monitoring tools and indicators, and strengthen approaches to measuring ECD across countries in Eastern and Southern Africa. More specifically, the objectives of the meeting were to: (i) discuss population-level outcome and impact measures of ECD and how to interpret and use the data; (ii) review national monitoring and evaluation frameworks for ECD and facilitate peer learning; (iii) discuss the availability and integration of data at national and sub-national levels, and how available information is being used to strengthen programme implementation; and (iv) agree on priority actions to advance ECD-relevant measurement at the country level, as well as the supportive role of regional and global entities.

140
participants from 20 countries

The main outcomes of the meeting were: i) countries are oriented and equipped to use data from available and forthcoming measurement and monitoring tools to monitor progress in ECD; ii) country-level and regional mappings of data are used to influence policy, budgeting, and programming for ECD; iii) a regional roadmap to guide countries on how they can mainstream/integrate monitoring of ECD into their national statistical systems is developed; and iv) country-specific action plans to strengthen monitoring of programme implementation and children's development outcomes are developed.

The conference brought together 140 participants, including government representatives from the ministries of Community Development, Education, Gender, Health, Population, and the National Statistical Office, from 20 countries (Angola, Botswana, Burundi, Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Republic of Congo, Rwanda, Senegal, South Africa, Uganda, the United Republic of Tanzania, Zambia, Zimbabwe), UNICEF (headquarters, regional offices, country offices), WHO (headquarters, regional offices, country offices), the World Bank (Washington DC and country offices), AfECN, ECDAN, academia (Centre for Public Health Kinetics, India; Centro de Investigação em Saúde de Manhiça, Mozambique; Ifakara Health Institute, the United Republic of Tanzania; Johns Hopkins University, United States of America; McMaster University, Canada; Muhimbili University of Health and Allied Sciences, the United Republic of Tanzania; University of Rwanda, Stellenbosch University, South Africa; University of the Witwatersrand, South Africa); foundations and funders (Conrad N. Hilton Foundation,

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IMBUTO Foundation, LEGO Foundation, United States Agency for International Development (USAID)), DataDrive2030, Maraxis B.V., and PATH (see Annex 2 for the list of participants).

The regional meeting resulted in the harmonization of existing efforts to streamline the measurement of ECD at the population level and the development of country plans prioritizing actions to expand the measurement of ECD at multiple levels including the inclusion of key indicators relevant for ECD in the national monitoring systems.

The presentations and background materials are available at:

https://nurturing-care.org/measurement-of-ecd-in-eastern-and-southern-africa/

Background

Across Eastern and Southern Africa, efforts are underway to collect and use relevant data to inform decision-making at national and sub-national levels. Awareness and utilization of the global tools is, however, nascent. Globally, new measures have become available to strengthen the measurement of early childhood development (ECD). These include the UNICEF Early Childhood Development Index 2030 (ECDI2030), the WHO Global Scales for Early Development (GSED), and the World Bank Anchor Items for the Measurement of Early Childhood Development (AIM-ECD). These measures were developed to facilitate a better understanding of children's development at the population level.

Additionally, within and across countries, questions persist regarding what data is needed to measure implementation of the ECD policies in alignment with the Nurturing Care Framework, and to organize data collection efforts at population and programmatic levels.

It is against this background that this regional meeting was organized. The main issues discussed, and key takeaways are summarized below.

Day
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Welcome

Welcome remarks were provided by:

- **Ozonnia Ojielo**, UN Resident Coordinator,

- **Lynette Okengo**, Africa Early Childhood Network (AfECN),

- **Dr. Valentine Uwamariya**, Minister, Ministry of Gender and Family Promotion.

> "Without knowing who is affected, how large the challenge is, where the families need help, and what help they need, it is almost impossible to plan, develop responsive programmes and critically allocate the right resources".

Ozonnia Ojielo, UN Resident Coordinator

Ozonnia Ojielo, UN Resident Coordinator, extended his profound appreciation to the Government of Rwanda and its partners for hosting the meeting. While countries across Africa have recognized the transformational importance of ECD, as many as two-thirds of children under five years of age in sub-Saharan Africa are at risk of poor development. Many countries have committed to improving the situation — however, they have been hampered in their implementation efforts by the lack of appropriate measurement tools and data. Ojielo highlighted the importance of the meeting as a critical milestone in bringing together key players to harness the power of data to accelerate and measure progress in developing the continent's most valuable asset – its youngest children – to accelerate and sustain human capital for sustainable development.

Lynette Okengo, Africa Early Childhood Network (AfECN), on behalf of the co-convening organizations highlighted the importance of collective support to policies, programmes, and practices that protect, promote, and support child survival and optimal growth and development. She emphasized that in sub-Saharan Africa far too few children are thriving because of poor health, inadequate nutrition, exposure to stress, and limited opportunities for early learning. Building on current achievements, such as the establishment of the early childhood education and development cluster as a platform to convene and activate AU Member States, civil society, academia, and development partners around critical issues affecting young children and their families, and building on multi-sectoral policies that are growing in our region, Okengo called for harmonized action to place early childhood development at the top of the economic and political agenda.

Dr. Valentine Uwamariya, **the honorable Minister of the Ministry of Gender and Family Promotion** officially opened the meeting. Thanking partners for bringing key stakeholders together, Dr. Uwamariya emphasized the need to ensure that early childhood development policies and programmes are a national priority.

She expressed hope that the meeting outcome would result in more effective use of data and clear priority actions to advance ECD in Eastern and Southern Africa.

"Investment in early childhood pays off through better health, enhanced learning capacity, increased adult earnings, poverty reduction, fewer inequalities, and a more peaceful society".

Dr. Valentine Uwamariya, Minister, Ministry of Gender and Family Promotion

Keynote address: Monitoring enabling environments for early childhood development

Linda Richter, University of Witwatersrand

"The human brain changes continually throughout life. But it is built only once – during the first 1000 days and in response to the environment".

Linda Richter, University of Witwatersrand

The human brain is built in response to the environment. The environment includes child- and family-friendly policies, services, community networks and platforms, families, caregiver capabilities, and their own health and well-being. Measuring the facilitating environment must supplement the measurement of children's development.

Strategic action 4 of the Nurturing Care Framework is 'to Monitor Progress'. The guide outlines the three levels of measurement (population, programmatic, individual), the importance of having and using a monitoring plan, and includes signs of progress. The focus of this meeting is on population-level measurement. But, we need to monitor at multiple levels: i) population (advocacy, targeting, policy change, progress check and accountability); ii) programme (evaluate interventions, provision, coverage and utilization of services, quality); and iii) individual (developmental monitoring, support, and referrals). Various tools exist for the three levels of measurement, but more work is needed to improve what is monitored and by whom, harmonize data reporting, and use the data to inform decision-making.

The situation of young children in Eastern and Southern Africa

Oliver Petrovic, UNICEF

Healthy and holistic development is a child's first and chief right. For young children to develop to their full potential, we must ensure good health, adequate nutrition, safety and security, opportunities for early learning, and responsive caregiving. We call these the five components nurturing care (see Figure 1. Components of nurturing care).

FIGURE 1: **Components of nurturing care**
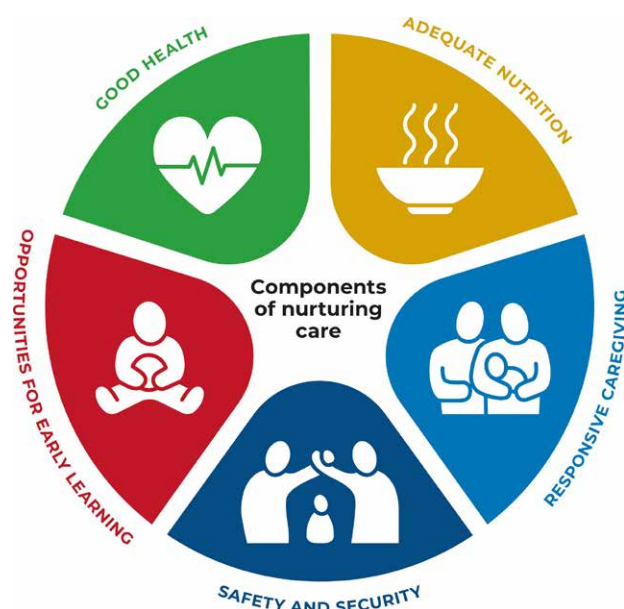
To support holistic early childhood development and inform decision-makers, UNICEF brought together the latest available evidence on all aspects of early childhood development. The analysis revealed significant progress in improving the lives of young children in Eastern and Southern Africa in the past two decades. Mortality rates of children under five have dropped by almost half, and stunting — a silent thief of growth — has receded,

albeit not as rapidly. These commendable achievements demonstrate that positive change for child survival, growth, and development in early life is possible and already happening. However, at the same time, in the countries of Eastern and Southern Africa, too many young children are not meeting key developmental milestones.

Seven countries of the region incorporated the Early Childhood Development Index (ECDI) into their national household surveys[1]. The ECDI (predecessor to the ECDI2030) is the measure of child development at the population level. From the surveys, we found that two-thirds of 3- and 4-year-old children are developmentally on track, with significant variations among countries. Children from the poorest households are markedly behind, thus perpetuating an intergenerational cycle of poverty. Consequently, young children are missing out on a chance to thrive in the early years just as the foundations for healthy, lifelong physical growth, and mental and emotional development and well-being are being laid[2]. The summary of the situation analysis, organized around the five components of nurturing care, is presented in *Annex 3 - A summary of early childhood outcomes in Eastern and Southern Africa*.

We hope that governments, policymakers, practitioners, donors, and the international development community will draw on the latest evidence to design and implement solutions that bring meaningful improvements in the health, nutrition, responsive caregiving, early learning, and safety and security realms of young children's lives in the region – and that this focused action will improve not only the lives of young children, but also of their families and the communities in which they live, starting with the most disadvantaged.

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1   Burundi, Lesotho, Madagascar, Malawi, Rwanda, Uganda and Zimbabwe
2   A Statistical Profile of Early Childhood Development in Eastern and Southern Africa, UNICEF, New York, 2024.

What do the data tell us? Developing robust measurement systems that are relevant for ECD

Bernadette Daelmans, WHO

Our collective goal is that children are developmentally on-track. However, many things need to come together at the level of the child for this to happen. Children need to receive nurturing care. For this to be possible, multiple enabling environments need to be in place to enable caregivers to provide their children with nurturing care. This presents a complexity which requires many sectors to work together to periodically monitor, collect and evaluate data such that every sector can make progressive shifts leading to greater impact.

Data obtained through population-level measures tell us the proportion of children that are developmentally on track. This information is primarily useful for advocacy purposes, to get the attention of leadership and mobilize greater investments. But, this information doesn't indicate where the investments need to go or what needs to change. To build a case and show what must be invested in, we need robust clear programme data that show how best to invest. We need data along the "stairway to impact" (see Figure 2: The stairway to impact). The Nurturing Care Framework logic model and the 'Guidance note on monitoring implementation of the Nurturing Care Framework' provide a starting point for identifying what to measure along the "stairway to impact", using different sources of information including programme data, routine health information systems, civil registration and vital statistics, and health facility and household survey data.

FIGURE 2: **The stairway to impact**

Impact	ECDI2030, GSED, AIMD-ECD and other impact measures
Coverage	Coverage of essential interventions
Utilization	Utilization of the services by caregivers and children
Quality	Quality of these services
Provision	Access to services, community supports, and policy entitlements
Policy	Policies to build the enabling environments
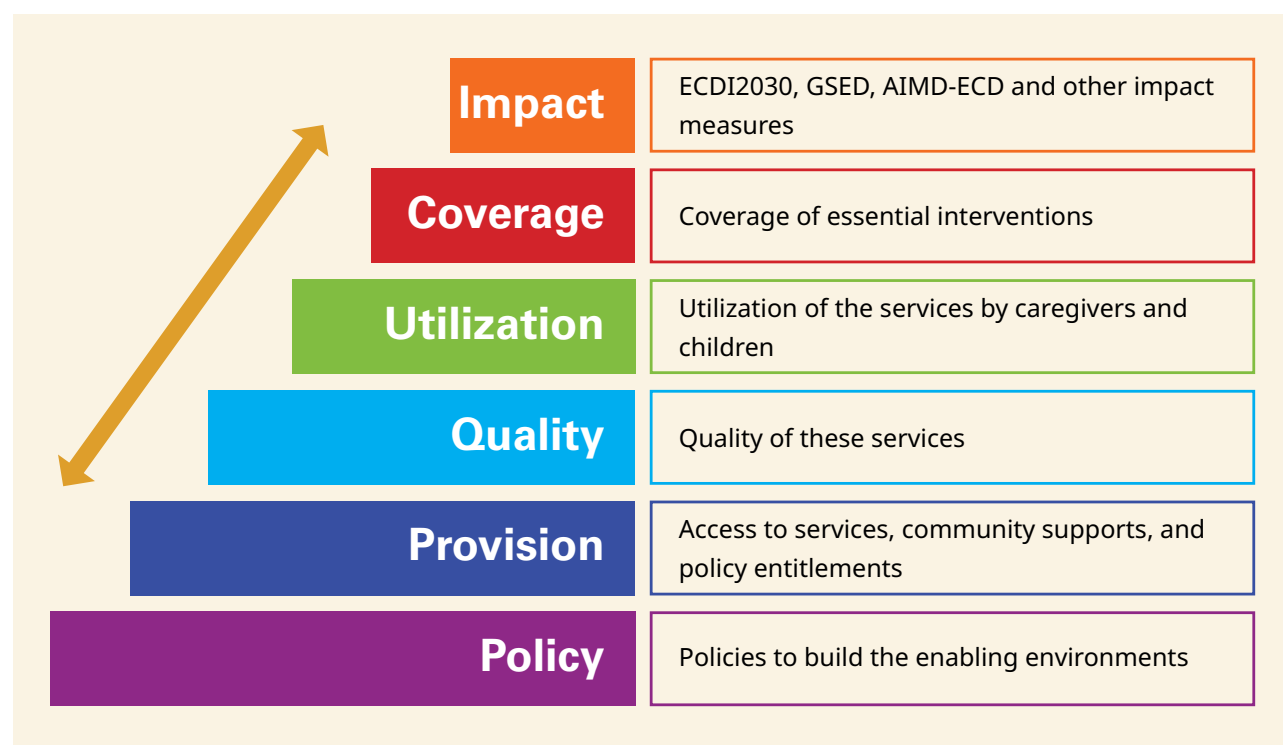
Population-level outcome and impact measures of ECD: What are they and how to interpret and use the data

Nicole Petrowski, UNICEF

Tarun Dua, WHO

Diego Luna Bazaldua, World Bank

Ibrahima Samba, World Bank

Magdalena Janus, McMaster University, Canada (Moderator)

The presenters outlined the rationale and overview of available population-level measures of ECD, as well as uptake, use and joint work to harmonize the ECD population-level measures.

Rationale and overview of population-level measures of ECD: GSED, ECDI2030, AIM-ECD

Measurement of ECD serves different purposes (global monitoring, programme evaluation, individual screening, etc.) so we need to ask some key questions from the outset (why, who, what and how) to guide decisions in selecting the right measurement level and tool(s).

UNICEF, WHO and WB have all developed and validated separate tools to measure ECD outcomes, but a key difference is in the age ranges covered. The tools provide a range of complementary measures of children's development from 0 to 6 years.

Global Scales for Early Development (GSED): Developed by the WHO, the GSED package assesses the development status of children 0–36 months of age at population and programmatic level (currently being tested for use at individual level). At population level, GSED complements the ECDI2030 as it reaches a younger age group focusing on 0-23 months of age. Research relevant to GSED is in progress at multiple sites (for the creation of global norms and standards; the definition of the predictive validity of the measure; testing its use at individual level; and defining correlations with bio markers of child development). The aim is to have a unified set of GSED tools for measuring child

development across different purposes — population monitoring, programmatic evaluation and individual-level assessment that can be incorporated into routine health information systems, in a harmonized way. Furthermore, clear guidance on interpretation and linkages among the tools will facilitate reporting, policy dialogue and intervention design, and monitoring and evaluation for ECD. Currently, 29 countries globally are using the GSED, mostly for research and programmatic evaluations. Governments and partners are invited to join the GSED initiative and expand data available on the status of development of the youngest children.

Early Childhood Development Index 2030 (ECDI2030): Developed by UNICEF, the ECDI2030 assesses the development status of children 24–59 months of age. It is the measure used for official global monitoring and reporting of Sustainable Development Goal (SDG) indicator 4.2.1. The ECDI2030 can be easily integrated in multi-topic household surveys such as the Demographic and Health Surveys (DHS) and the Multiple Indicator Cluster Surveys (MICS) – the two largest global household survey programmes relevant to child health and well-being. To date, 20 countries worldwide have published data on the ECDI2030 through nationally representative household surveys. This new measure replaces the ECDI, implemented previously in over 80 countries globally.

Anchor Items for the Measurement of Early Childhood Development (AIM-ECD): Developed by the WB, the AIM-ECD helps countries monitor early childhood development outcomes for children 4–6 years of age. This toolkit includes a caregiver report questionnaire to gather information on child development from their main caregiver and a child assessment tool for those contexts where it is possible to assess children directly. The AIM-ECD caregiver report questionnaire and additional resources are publicly available in multiple languages and can be embedded in household surveys to complement existing monitoring efforts to measure child developmental outcomes.

The purpose, commonalities, and differences between the three measures are summarized in *Figure 3 (Population-level measures of ECD outcomes)*.

FIGURE 3: **Population-level measures of ECD outcomes**

	GSED	ECDI2030	AIM-ECD
Intended use	Global monitoring, program evaluation, household surveys	Global monitoring of SDG 4.2.1, household surveys	Global monitoring, household surveys
Age range	Children ages 0-3 years (0-35 months; 0-23 months for household form)	Children ages 2-4 years (24-59 months)	Children ages 4-6 years (48-83 months)
Domains covered	Health (motor), learning (language and cognitive), psychosocial (socio-emotional and life skills)	• Health (gross & fine motor, self-care) • Learning (expressive language, literacy, numeracy, pre-writing, executive functioning) • Psychosocial well-being (emotional & social skills, internalizing & externalizing behaviour)	Early literacy, early numeracy, executive functioning, and socio-emotional skills
Length	Short Form: 40 items avg, 15 mins (5 min adaptive) Long Form: 50 items avg, 40 min (15 min adaptive) Household Form: 55 items, avg, 5 mins	20 questions; administration time is 3-5 mins	20 questions; administration time is approx. 5 mins
Respondent	Short and Household Form - Primary caregiver; Long Form - Directly administered to child	Mother or primary caregiver	Mother or primary caregiver

Uptake, use and harmonization of population-level measures of ECD

Global monitoring and reporting within the context of the SDGs is attached to some specific conditions. For this particular purpose, the ECDI2030 is the approved measure and is being used for monitoring and reporting on SDG 4.2.1. If a country is considering measuring ECD at the population level, the ECDI2030 is the tool that is currently available for integration in MICS and DHS. For the younger ages, the GSED is available for use (package available on demand – launch planned for early 2025). Its formal integration as a complementary or optional MICS module is being explored.

Our joint vision is to explore linkages across measurement tools to enhance the monitoring of ECD for children 0-6 years of age, increase the quality of existing measurement efforts, provide guidance to countries on joint implementation of the tools, and facilitate the scale-up of measurement of ECD globally. Building on the joint work in Senegal, the three agencies have articulated a roadmap for collaboration in order to achieve this vision.

The technical assistance for supporting countries to implement these population-level measures exists at the headquarters of all three organizations — WHO, WB and UNICEF.

Country examples

Five countries — Angola, Kenya, Mozambique, Rwanda and the United Republic of Tanzania — shared their experiences of incorporating a measure of ECD outcomes into a national survey and what UN agencies can do to facilitate their integration into national surveys as well as use of the data going forward.

Panellists[3]:
- **Angola:** Dr. Ketha Rubuz Francisco, Head of Primary Care Services, National Directorate of Public Health
- **Kenya:** Beuter Obura, Statistician - Education Statistics, National Bureau of Statistics
- **Mozambique:** Dr. Néllia Mutisse, National Professional Officer - Child and Adolescent Health, WHO
- **Rwanda:** Francois Abalikumwe, Health Statistician and Demographic Survey, National Institute of Statistics
- **Tanzania:** Elinzuu Nicodem, Principal Statistician, National Bureau of Statistics

Collectively, the panellists acknowledged that the process of adding a new module (e.g., ECDI2030) to a national survey is challenging. But all agreed that it is worth it and is needed. The data generated are crucial to developing policies and programmes that are aligned with the needs of the population. The data are also helpful for ongoing advocacy efforts and raising awareness among decision-makers.

In Angola, emphasis will be on generating data that can inform ECD policies and programming. In Kenya, the data will help the National Council for Children Services develop programmes that are in line with the forthcoming Integrated ECD policy. In Mozambique, the data will be used to advocate for the development of a multi-sectoral policy as well as updates to other relevant sector-specific policies and plans. In Rwanda, the full set of ECD indicators was incorporated into two previous DHS surveys and is being used to monitor the ECD policy implementation. Rwanda has already secured inclusion of ECDI2030 in the next DHS survey (2025). All other countries stated that there will be a need to continuously advocate for inclusion of the relevant measures in subsequent national surveys.

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3   For all sessions with country examples, the panellists and summaries are presented in alphabetical order of country, rather than in the order in which they were provided during the meeting.

Day

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Country profiles for ECD

Linda Richter, University of Witwatersrand
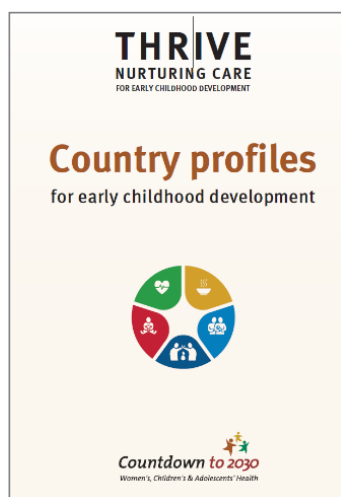
The Country profiles for ECD present in one place the latest information to assess the country's progress in improving the health, development and prospects of young children all over the world. The first set of country profiles for ECD was released in 2018, alongside the launch of the Nurturing Care Framework. They are designed to be an expression of how we could monitor implementation of the Framework at country level, using validated population-based data. Data for the country profiles comes from publicly available global indicator databases that compile comparable data across available sources (e.g., UNICEF MICS, USAID DHS). The indicator definitions and data sources can be found in the accompanying Technical Appendix. It is recommended that you look at the technical appendix for your country to understand the data sources.

The 2023 edition, launched at the Regional Meeting, comprises profiles for 197 countries. There are 40 indicators, including: demographics (4); threats to ECD (8); indicators for each nurturing care component, facilitating environment – policies (5); and international conventions (4). The profiles are a unique resource for stimulating country dialogues on where the gaps are, thus informing priority action. As of now, they are underutilized. All are encouraged to access the profiles on the nurturing care website and use them for policy dialogue, programme reviews and planning. Updated country profiles are produced on a biannual production schedule.

Gaps and new developments in measuring ECD

Bernadette Daelmans, WHO

Nicole Petrowski, UNICEF

It is recognized that globally agreed-upon indicators and measures are needed for countries to better assess progress against all components of nurturing care and respond accordingly. At present, there are gaps in the indicators and measures to assess 'opportunities for early learning' and 'responsive caregiving' at programmatic levels (assessing the impact of interventions) and population levels (in national household surveys). Recognizing this gap, WHO and UNICEF have taken steps to respond. This session provided an overview of activities completed and work underway.

Programmatic level: Currently, we lack reliable and valid indicators and measures to be able to monitor if caregivers are providing nurturing care, in particular, 'opportunities for early learning' and 'responsive caregiving.' The current situation, as concluded in a review commissioned by WHO, is that there is a diverse and wide-ranging set of measures, indicators, and scoring methods in use to assess 'opportunities for early learning,' 'responsive caregiving,' and 'safety and security'. This points to inconsistencies in the definitions of these constructs and how they are measured. Work has advanced on the development of a measure of responsive caregiving using observation of caregiver-child interactions. The measure comprises three dimensions: responsive interactions, caregiver-initiated interactions, and negative affect and action. The tool lends itself to programme monitoring and allows us to look at responsive caregiving at a more granular level. Work is also underway on defining indicators for inclusion in information management systems.

Population level: When it comes to measuring 'opportunities for early learning,' there is an existing question in the ECD MICS module "whether or not the child has been engaged in specific activities in the last three days (e.g., read to, played with, sung a song)". This question provides information on whether the home environment provides opportunities for early learning and stimulating interaction with caregivers; however, it is only administered to caregivers of children 2-4 years of age. When it comes to measuring 'responsive caregiving,' that is, the extent to which the caregiver is sensitive and responsive to the child's cues, there is currently no population-level measure. Responding to the gaps, a new stream of work is underway to improve on the existing question and expand to align with our understanding of responsive caregiving. A population-level survey measure of responsive caregiving for children under age 5 is now at the early stages of development. The respondent will be the caregiver. Once ready this will be added to the UNICEF ECD module resulting in three parts to the ECD module: i) questions on availability of books and playthings at home and inadequate supervision at home;

ii) ECDI2030; and iii) responsive caregiving questions.

Related streams of work:

1) **International classification of violence against children:** This includes standard statistical definitions for all forms of violence, including neglect. The tool helps countries define categories of forms of violence. This will inform the responsive caregiving population-level questions particularly with how neglect equates to the absence of responsive caregiving.

2) **Children living outside of family care:** Countries do not always have accurate and reliable data on this population group. UNICEF has developed a standard protocol and set of data collection tools for countries to conduct a census, enumeration and survey on children in residential care. Phase 1 is a census of residential care institutions and of children living in these institutions. Phase 2 is a follow-up survey on a representative sample of children living in residential care institutions, for the purpose of collecting measures of health and well-being. The questionnaires for the survey have been largely adapted based on existing and validated modules from the MICS (e.g., height and weight of children under age 5, exposure to violent disciplinary practices, child functioning). When the responsive caregiving population-level questions are finalized, they will be integrated into this survey questionnaire.

3) **Measures of (parental) mental health:** As part of MICS7, there are two modules that can capture mental health, including among parents of young children. One is a complementary module on Adult Functioning with items on anxiety and depression for adults (18-49 years). In countries that have collected data in MICS on both adult functioning and child development, it is possible to disaggregate indicators on child development by whether caregivers are experiencing any adult functioning difficulties. There is a separate set of questions in MICS designed to assess mental health among younger ages (15-17 years), which could include young parents.

Regional ECD policy landscape

Overview: from policy to action

Chemba Raghavan, UNICEF

The presentation provided a comprehensive introduction to the global ECD policy landscape, focusing on the need for multi-sectoral ECD policies in the post-COVID-19 pandemic era. The key messages underlined the far-reaching impacts of poverty, emphasizing its implications for health, immune and metabolic functions, and the urgent need for climate-resilient actions. Raghavan highlighted the importance of addressing multiple deprivations, such as extreme income poverty, malnutrition, limited access to essential services, lack of opportunities for early learning, and exposure to discrimination, violence, and environmental crises.

The presentation also outlined the essential ingredients for holistic ECD, emphasizing the need for strong systems and multi-sectoral collaboration. Supportive policies and legislation, engaged parents and caregivers, and comprehensive services and programmes were identified as critical components. The clear definitions and criteria for identifying multi-sectoral ECD policies include the inclusion of various policy documents, plans, and laws within a national scope, and covering the period from preconception or pregnancy to 5 or 8 years of age.

Furthermore, the key elements of an enabling environment for ECD, including governance, coordination, collaboration platforms, financing, monitoring frameworks, and evaluation were presented. The importance of robust data use and measurement strategies, evidence-based practices, advocacy messaging, stakeholder engagement, and community voices were underscored for effective implementation. The significance of family-friendly policies was explored, evaluating their positive impact on children, women, business, and the economy. Emerging trends in monitoring these policies, particularly in the informal economy and during crises, were discussed, emphasizing the need for income support, access to quality childcare, healthcare, and workplace support for breastfeeding. Overall, the presentation set the stage for a deeper exploration of regional ECD policy landscapes.

Overview of multi-sectoral ECD policies in Eastern & Southern Africa

Oliver Petrovic, UNICEF

For children to develop to their full potential, caregivers need to have time and resources to provide nurturing care. This is facilitated by enabling policies, services, community, and family environments.

UNICEF conducted a comprehensive overview of the multi-sectoral ECD policy landscape globally and in Eastern and Southern Africa, offering insights into key features, critical gaps, and potential areas for improvement. The review revealed that in Eastern and Southern Africa, ECD policies are in place in 13 countries, though, some policies are outdated (over 10 years old). In eight countries – Angola, Burundi, Madagascar, Malawi, Namibia, Uganda, Zambia and Zimbabwe – new ECD policies are being developed. In the new set of policies, national ownership is enhanced, governance, coordination, accountability, and monitoring are improved, and evidence and costing determine priority actions. The diverse scope of policies, spanning from health, nutrition (these two components are well defined in most of the countries), to child and social protection and to emerging concerns like climate change, was outlined. Some of the critical gaps in ECD policies are related to early learning and responsive caregiving. For example, the global recommendation is to ensure at least one year of pre-primary services, free of charge. In our region, pre-school education is still not compulsory in most of the countries, and moreover, it is not free of charge. Family-friendly policies, such as for minimum wage, paid parental leave, breastfeeding breaks at work, and affordable childcare — that allow parents more time and resources to provide responsive caregiving — are still not in place in most countries.

ECD financing is the major bottleneck in creating an enabling environment for young children to thrive. Frontloaded expenditure in children is the smart thing to do! The highest return to investment is coming from investing as early as possible, in disadvantaged families. Currently, the investment in early childhood can be summarized into 'too little, too late' or so-called back loaded expenditure.

Country examples

The country examples were organized into two panel discussions. The first highlighted changes in the ECD policy landscape in six countries: Ethiopia, Malawi, Rwanda, Uganda, the United Republic of Tanzania and Zimbabwe. This session was moderated by Maniza Ntekim of the Conrad N. Hilton Foundation. The second panel focused on tools to monitor progress in implementation of ECD policies in four countries: Kenya, Rwanda, the United Republic of Tanzania and Zimbabwe. A summary of the remarks made by the panellists, in alphabetical order rather than in the order they were presented, from the two sessions is provided below.

Panellists:

- **Ethiopia:** Wegen Shiferaw Shirka, National Professional Officer - Child and Adolescent Health, WHO

- **Kenya:** Janette Karimi, Head, Division of Newborn and Child Health, Ministry of Health

- **Malawi:** Justin Hamela, Director Child Affairs, Ministry of Gender, Community Development and Social Welfare

- **Rwanda:** Gilbert Munyemana, Deputy Director General of the National Child Development Agency and Nicole Kiberinka, Innovation & Homegrown Solutions Research Analyst/Rwanda Governance Board

- **Uganda:** Rogers Golooba, Senior Probation and Welfare Officer, ECD focal person and coordinator, Ministry of Gender, Labour and Social Development

- **United Republic of Tanzania:** Abel Sengasenga, Assistant Director, Policy and Planning, Ministry of Community Development, Gender, Women and Special Groups and Alinune Nsemwa, ECD Specialist, UNICEF

- **Zimbabwe:** Mavis Dembedza, National Scaling-Up Nutrition Facilitator, Food and Nutrition Council

Ethiopia: An updated ECD policy was launched in May 2023, evolving from the 2010 version. Actively engaging multiple ministerial offices, the policy aligns with the Africa charter. The unique investment case approach emphasizes a collaborative effort from the Education, Women and Social Affairs, and Health ministries. Ethiopia's investment case aligns the ECD policy with health sector strategies and the national development strategy.

Kenya: While Kenya leverages national surveys for data collection, opportunities lie in strengthening primary healthcare with community health units and implementing integrated programmes to improve ECD outcomes. Kenya commits to leveraging these opportunities and enhancing collaboration across sectors to ensure effective implementation of the forthcoming multi-sectoral ECD policy.

Malawi: Lessons from previous multi-sectoral ECD policies highlight the need for involvement and empowerment of communities. A new policy, currently under development, will emphasize community-level coordination and leadership. Challenges include assessing the sufficiency of volunteers and the professionalization of the ECD workforce.

Rwanda: Rwanda shifted to a multi-sectoral policy in 2016. The policy emphasizes home-based and community-based interventions. The National Child Development Agency coordinates actions across ministries. The scorecard, developed in collaboration between the Agency and the Rwanda Governance Board, includes questions which provide information on service quality and beneficiary satisfaction. Utilizing beneficiary surveys, caregiver interviews, and observations, the scorecard assesses the effectiveness of integrated services. Challenges include activating and aligning numerous components for effective results. Rwanda commits to addressing these challenges and strengthening implementation capacity to ensure comprehensive ECD services for all children.

Uganda: There have been different milestones along the policy development journey with individual sectors taking steps to better address ECD. The learning curve has been how to bring it all together and deliver as one and ensure ongoing connectedness between sectors. Access to relevant services has improved but there is a need to define the simple actions to be completed by the frontline workers. To support this, Uganda has developed, with inputs from civil society and private organizations, a service delivery framework which defines the contact points and what is delivered when and where. Uganda commits to conducting a mapping to understand what services are being delivered and where.

United Republic of Tanzania: The National Multi-sectoral ECD Programme was launched in 2021. The focus is on service delivery, quality assurance, and increased access to services contributing to ECD. The Prime Minister's office oversees the programme, fostering collaboration among different actors. Ensuring different sectors work together at national and sub-national levels is the current focus as is the development of a national ECD dashboard app. The ECD dashboard app will provide a user-friendly interface to monitor progress with 32 indicators across the five components

of nurturing care. While the dashboard enhances data visualization and accessibility, challenges include obtaining sectoral approval for data integration and ensuring data reliability. Tanzania commits to finalizing pending indicators for integration, training personnel at all levels, and fully operationalizing the dashboard to enhance ECD monitoring and evaluation efforts.

Zimbabwe: Coordinated at the president's office, Zimbabwe's policy framework ensures high-level commitment and accountability, breaking silos and fostering sector alignment. The policy emphasizes human capital, critical for Zimbabwe's transformation into a middle-income country. By integrating ECD into the national development framework and establishing multi-sectoral coordination platforms, Zimbabwe ensures a cohesive and concerted effort towards implementation of the ECD policy. The country tracks financing annually but faces challenges in data management and presentation. However, lessons learned highlight the importance of high-level coordination and policy alignment. Moving forward, Zimbabwe commits to establishing implementation structures, operationalizing coordination frameworks, and ensuring multi-sectoral coordination at the decentralized level.

Discussion: key points

- **Alignment of policies to the Nurturing Care Framework:** Newly developed and developing policies have consistently aligned with the Framework, broadening from a focus on early learning to a more comprehensive approach to ECD. Alignment of these policies with national development strategies could be strengthened.

- **Coordination at multiple levels:** Government involvement and coordination frameworks were highlighted as essential elements, emphasizing the need to coordinate efforts above ministry levels, decentralize multi-sectoral platforms, specify responsibilities and coordination mechanisms at national and sub-national levels and strengthen community involvement. Three factors that were identified as critical to facilitating and maintaining an enabling policy environment going forward were: finding strategies for sustaining these mechanisms at multiple levels; clarifying and respecting each sector's mandates and contributions; and allocating sufficient financial resources.

- **Enhancement of quality of services:** Maintaining and enforcing a set of minimum standards and reflections on the quality of services is important for ensuring high-quality interventions that contribute to ECD. Regular policy monitoring and periodic reports can help identify what is working and what needs attention.

- **Data challenges:** There is a need to obtain sectoral approval for data integration (interoperability), ensure data reliability, and address gaps in child protection. Moving forward, finalizing pending indicators, training personnel, and strengthening coordination frameworks are the key priorities for enhancing ECD policy implementation and improving outcomes for children. Periodic reports are needed to assess progress and bring sectoral actors together for accountability at multiple levels.

Marketplace

The marketplace was a learning and exchange session where each country was invited to describe and show how they were putting policy into action. Countries brought a range of materials to amplify their displays including examples of policies, monitoring and evaluation frameworks, measurement tools, operating guidelines, job aids, training materials, videos, and poster presentations.

This was a very lively session (see photos below). It began with countries being divided into groups so that conversations could take place among a sub-set of countries. Each country took a turn telling their story, presenting their materials and responding to questions. Then, participants were invited to explore the displays from all the delegations at their leisure.

Following the marketplace, the delegates regrouped to share their reflections in a plenary session facilitated by **Boniface Kakhobwe, UNICEF** and **Teshome Desta, WHO**. Below is a summary of the participants' reflections.

- **Importance of annual monitoring:** Participants emphasized the significance of annual monitoring in tracking progress and identifying areas for improvement within ECD policy implementation frameworks. Regular monitoring allows for timely adjustments and ensures accountability in achieving desired outcomes.

- **Inclusiveness:** There is a need to ensure early identification and support for children with disabilities and include these children in services. The tool from Rwanda was given as an illustrative example of how to promote inclusiveness.

- **Knowledge hubs:** Ethiopia's establishment of knowledge hubs emerged as a valuable strategy for sharing best practices, research findings, and resources related to ECD. These hubs serve as centralized platforms for stakeholders to access information, exchange ideas, and collaborate on initiatives to enhance ECD outcomes.

- **Starting parenting support early:** Recognizing the importance of parenting in the early years, Burundi highlighted the need to begin parenting support interventions as early as pre-pregnancy. By providing parents with the necessary knowledge and skills before childbirth, countries can foster positive parenting practices from the very beginning of a child's life.

- **Hands-on activities for parents:** Rwanda and Uganda showed examples of hands-on activities and emphasized them as effective tools for engaging parents. By involving parents in practical activities that promote child development, such as interactive play and learning sessions, countries can empower parents to actively participate in their children's early learning and development.

Day

3

Using data to strengthen systems

Overview
Patricia Martin-Wiesner, WHO

Countries are increasingly developing monitoring and evaluation frameworks but how are these frameworks being used to strengthen systems? Harnessing the power of these frameworks will require: a) clarity on who is responsible for generating and using the data; b) utilization of the data across the governance cycles to inform decision-making and financing; c) alignment with sectoral and national development plans as well as global commitments (e.g., the UN SDGs); and d) coherence of data across sectors and systems so as to tell a composite story of what is changing and what is driving the changes. This will require investment in data generation, analysis, distribution, and utilization (within and across sectors) to drive a common agenda.

Country examples

Two countries, Uganda and South Africa, provided examples of how data are being used to strengthen systems.

Uganda
Safina Mutumba, Principal Education Officer, Pre-primary Education, Ministry of Education and Sports, Basic Education

There are many instances where data played a critical role in strengthening systems in various sectors. For example, Uganda's Orphans and Vulnerable Children Management Information System (MIS) facilitated interventions targeted at vulnerable children, ensuring their welfare amidst challenging circumstances. Similarly, the Gender-Based Violence MIS contributed to strengthening judicial services, particularly for women facing violations, by providing crucial data on gender-based violence incidents. Data from the Health Management Information System informed strategies to combat anaemia among pregnant women and facilitated tracking of adolescent pregnancies, leading to the development of tailored interventions and guidelines. Data from the Education MIS informed planning and budgeting processes within the education sector, contributing to improvements in teacher quality and pupil-teacher ratios. Uganda has committed to consolidating data into ECD dashboards and learn from existing national information platforms, such as the Uganda Bureau of Statistics National Information Platform for Nutrition, to provide evidence-based decision making. The Ministry of Education and Sports aims to revamp its sector Education MIS into a productive one-stop centre, facilitating comprehensive data management.

South Africa

Sonja Giese, Executive Director, DataDrive2030, South Africa

The Thrive by 5 index, also known as the Child Outcomes Index, is the largest national survey of preschool children in South Africa. The index revealed that 43% of sampled children enrolled in Early Learning Programs were thriving in both early learning and physical growth, while 53% faced barriers, and 4% encountered extensive challenges. Notably, less than half of children attending Early Learning Programmes in South Africa start school with adequate learning foundations. The data highlighted the significant impact of socio-economic factors on child outcomes, emphasizing the need for broader interventions beyond educational settings.

Key enablers in South Africa's data-driven approach included the development of the ELOM suite of tools, which accurately measured developmental outcomes of children aged 50 to 60 months of age and assessed the quality of early learning environments. A user-centred approach, deep technical expertise, and collaboration with compatible development partners ensured the legitimacy and relevance of the tools. Additionally, supporting mechanisms such as standardized enumerator training, real-time quality monitoring, and ethical data use frameworks were instrumental in maximizing the utility of tools and data.

Routine Management Information Systems: challenges and opportunities

Key Considerations for Routine Information Systems (RIS)

Hillary Kipruto, WHO

> "We are data rich and information poor."

Hillary Kipruto, WHO AFRO

The goal of a national information system is to ensure the availability, quality, and use of data at all levels, supported by robust governance, data generation, storage, transmission, analysis, and use systems. The African region relies on various data sources, including facility and school-level systems, household surveys, civil registration and vital statistics, disease surveillance, and research. However, challenges such as gaps in leadership and governance, limited investments, and fragmentation, capacity constraints, and limited data use hinder the performance of RIS'. To address these challenges, countries need to aim for fully functional RIS' with capacity to generate, store, transmit, analyse, and use data effectively.

The development of an effective RIS requires a comprehensive approach that addresses governance, capacity, technology, and communication. Key strategies include strengthening governance, adopting digital solutions for data collection and transmission, improving data quality and availability, building capacity for data analysis, interpretation, and communication, and establishing mechanisms for regular monitoring and communication of data and information. Additionally, integration with existing initiatives and processes is crucial for sustainability and alignment across government systems. By leveraging existing initiatives and processes and ensuring alignment across government systems, countries can create a sustainable and interconnected system that facilitates the flow of information and supports evidence-based decision-making for early childhood development and beyond.

Country examples

Three countries – Malawi, Uganda and Zambia – shared the status of the RIS in their countries including the successes and challenges with the RIS', efforts to strengthen the RIS' to measure progress in ECD, and recommendations for the way forward. This session was moderated by Hilary Kipruto, WHO.

Uganda, Overview of Health MIS

Dr Migadde Deogratias, Senior Medical Officer - Reproductive and Child Health, Ministry of Health

Data from the Health MIS is synthesized into the Annual Health Sector Performance Report and disseminated annually at the Joint Performance Review involving various stakeholders. Key success facilitators include robust policies and strategies, such as the Ministry of Health Strategic Plan and the Uganda Health Information and Digital Health Strategic Plan. Challenges include the need for investment to expand coverage, data quality issues, and limited reporting from private facilities. In response, Uganda is including digital transformation initiatives, regular revision of reporting tools and indicators, data quality assessments, and standard operating procedures coupled with health worker training.

Zambia, Integrating ECD indicators into the routine health information system

Vichael Silavwe, Chief IMCI Officer and ECD focal point, Ministry of Health

David Ngula, Principal M&E Officer, M&E Unit, Ministry of Health

"The measurement of ECD must receive equal attention alongside other child survival and development programmes. Clear data elements should be included in RIS', and efforts should focus on identifying indicators to track ECD implementation effectively (within and across sectors)".

Vichael Silavwe, Chief IMCI Officer and ECD focal point, Ministry of Health

Key indicators relevant for ECD have been included in the Health MIS since 2021. Key success facilitators include advocacy efforts, the formation of the National ECD Multi-Sectoral Technical Committee, and the inclusion of ECD in national development and sector-specific strategic plans. Challenges include inadequate resources for updating data collection tools and insufficient government-funded structure for data clerks at service delivery levels, leading to overburdening of service providers and the inter-operability of systems across different sectors. In response, Zambia is incorporating relevant indicators into routine data collection tools, orienting service providers on ECD data collection, and identifying process and output indicators to be tracked regularly.

Malawi, Nutrition information system

Felix Pensulo Phiri, Director of Nutrition, Department of Nutrition, Ministry of Health

Malawi's nutrition information system has shown a significant evolution. Transitioning from multiple disparate systems to a more integrated approach, Malawi now operates under the Five Ones Principle which brings together policy, strategy, M&E framework, coordinating office, and social and behaviour change efforts into one unified system. This streamlined approach aims to enhance data collection, analysis, and reporting, providing real-time insights for evidence-based decision-making. Key success facilitators include the availability of a multi-sector nutrition M&E framework, the institutionalization of a coordinating office, and the harmonization of data collection tools. Challenges include the transition from paper-based to tablet-based reporting, ensuring continuous capacity building, and securing sustainable financing for the system. Malawi aims to migrate to tablet-based reporting, simplify data collecting tools, and secure financing for the nutrition information system. The Malawi example underscores the possibility of a robust government-led information system with adequate technical and financial support. It emphasizes the importance of integrating emerging issues into existing systems rather than creating parallel structures to fit specific partner interests.

Question and answer session: key points

- **Assessment of Existing Systems:** It was stressed that before implementing new routine information systems, countries should assess what data are already being generated. A unique identifier system was deemed essential for effective communication across different ministry databases.

- **M&E personnel and decision makers:** The session highlighted the need to engage the M&E department/unit and orient them on the importance of ECD, as well as orient key government decision-makers in key line ministries. Additionally, integrating M&E personnel into ECD monitoring efforts will be crucial for ensuring data reporting completeness and validation.

- **Standardized Indicators:** The three countries recognized the necessity for all programme implementers to collect and report on the same set of indicators, ensuring consistency in data collection. Such a harmonized set of indicators would track ECD progress effectively – within the Health MIS – and be linked to an integrated monitoring platform for ECD across all sectors.

- **Use of Technology:** Innovative digital health technologies are helping communities receive timely health care even in remote areas. For example, Uganda shared its experience with mTrac, a mobile phone-based system for real-time data collection by health workers, improving the timeliness of information on maternal and newborn events.

- **Data Transmission:** This process entails collecting community-level data, including ECD indicators, which are entered into the information management system for analysis.

- **Data Management:** Collaboration across sectors and enhanced data management practices are essential for advancing the measurement of ECD.

Overall, the session emphasized the importance of interoperability, standardization of indicators, and leveraging technology to enhance data collection and transmission in routine information systems.

Group work

Participants were divided into five groups (two health, one education, one cross-sectoral, and one French-speaking countries) to reflect on their own experiences with collecting and using data via RIS' and identify areas for improvement. Below is a summary of the core themes for action that emerged across the groups:

1. Continue sensitizing decision-makers and building the capacity of relevant stakeholders to ensure an accurate understanding of what we mean by ECD and what is needed within and across sectors to achieve ECD. Addressing misunderstandings of ECD was identified as a critical step to making the case for what data is needed and why.

2. Be clear about the services being provided by each sector and then use this to determine what needs to be monitored.

3. Clarify what should be collected via the RIS and what could be collected through surveys or other data collection efforts. Adding indicators to the RIS will be a challenge, hence explore alternative strategies for collecting data.

4. Provide guidance on what indicators need to be added and to which MIS (in particular for responsive caregiving and early learning). Further, enhance the availability of tools and indicators that can be used at different levels, that countries can access (population level, programme level, child level). Global guidance would ensure consistency and facilitate cross-country comparison.

5. Identify and invest in systems that allow for capturing and presenting data in a user-friendly manner to support decision-making. In addition, develop an integrated, centralized system, that pulls from the sector-specific RIS (invest in interoperability of the RIS').

6. Strengthen the sharing of data within and across sectors and at multiple levels. Data within the health sector are fragmented. Interoperability of data management systems is not in place. Data does not flow between national and local levels, or between facilities and communities.

7. Strengthen the use of data and how this is communicated to inform advocacy, financing, and planning.

Monitoring programme implementation

Overview

Mark Tomlinson and **Marguerite Marlow**, Institute of Life Course Health Research at Stellenbosch University

This session summarized why we need to monitor programme implementation and what data need to be collected before and during implementation.

Why: Programme monitoring seeks to answer the questions: Are planned activities being executed effectively and do they lead to expected results?

What: Before and during implementation, data on the delivery agents, the programme, the recipients and stakeholder engagement need to be routinely collected to understand what has been done, what has been missed and what needs improving.

- **Delivery agents:** Concerns the implementers and supervisors. How many people were trained? For how many hours? What are their characteristics (e.g., educational qualifications)? How have their knowledge and skills changed?

- **Programme:** This is about dosage and delivery. How many of the people targeted for the programme were reached? What is their interest in the programme? How many times did they attend? What are the participants' perceptions of the programme? What factors enabled or prevented their participation?

- **Recipients:** This is about attendance uptake and behaviour change. What is the problem that is being addressed? What behaviours in the target

population do you seek to change? What changes in the knowledge, attitudes and behaviours of the participants can be observed or reported?

- **Stakeholder engagement:** This is about the people who are engaged at each stage and how they are engaged. Key questions are: Who was engaged? How many were engaged? What were their roles and responsibilities? How often were they engaged? What decisions did they make?

It is important to understand the implementation factors that contribute to achieving the desired objectives of any programme. Without this information, it becomes difficult to determine what is needed, what is superfluous and what may need modification. As programmes are scaled, questions are often asked about what should be retained or what is essential. Understanding the implementation factors that are contributing to the desired outcomes of the programme can inform these decisions. Evidence is emerging on what is needed to ensure that programmes are effective. This article by Tomlinson et al. provides programmatic guidance for training staff, the frequency and duration of programmes (home visits, parent groups and Early Childhood Education) and attendance (how many sessions does the target population need to attend for it to be effective?). It is based on a review of programmes in sub-Saharan Africa.

Country examples

Two countries, Ethiopia and Rwanda, shared their experiences of developing measures and tools to strengthen programme monitoring. A third country, Mozambique, reflected on lessons learned from developing and administering a programme monitoring framework in the context of implementation research. The session was moderated by Mark Tomlinson and Marguerite Marlow.

Ethiopia: Pre-primary/ O class inspection tool

Effa Gurumu Bati, Chief Executive for Educational Assessment and Research, National Measurement Agency

Ethiopia is using data to improve the quality of early childhood education services. A comprehensive Standards and Inspection Framework covering input, process, and outcomes, categorizes schools into four levels based on their compliance with standards. Findings from a national baseline assessment, using the Measuring Early Learning Quality and Outcomes (MELQO) is informing policy, teacher development, and learning environment improvements. A knowledge hub was created in 2020 to strengthen coordination, reduce fragmentation and duplication, and increase the sharing of resources across partners.

Rwanda: National minimum standards of ECD services

Diane Iradakunda, Acting Head of Child Development, Protection and Promotion Department, National Child Development Agency

The Government of Rwanda partners with civil society organizations at the district level to conduct technical supervision and monitoring of ECD facilities, ensuring compliance of the facilities with the national ECD minimum standards and accreditation (for 3 to 6-year-olds). Different surveys (e.g., DHS, ECD scorecard, education statistics yearbook, child protection assessment, and baseline and endline surveys), as well as joint quality assessments on multi-sectoral interventions, provide complementary data to inform programming. Moving forward, an ECD MIS where all relevant data can be stored and analyzed would help strengthen planning and implementation.

Mozambique: USAID Advancing Nutrition

Cat Kirk, Senior Technical Advisor, Early Childhood Care and Development, USAID

A community-based nutrition and Water, Sanitation and Hygiene (WASH) interventions were enhanced to include two components of nurturing care (responsive caregiving and opportunities for early learning). Implementation research sought to understand the impact of integrating responsive care and early learning on ECD outcomes compared with the nutrition/WASH intervention alone and the feasibility and acceptability of the integrated programme (among other research questions). A monitoring framework was established, capturing dose, quality, experience and impact. However, the urgency to implement the programme left no time before and during implementation to test and refine the monitoring framework. This negatively impacted what data was collected (e.g., did not measure dose - attendance at group sessions, number of home visits) providing an incomplete picture of what had been done. Based on this experience, it is recommended that programmes start small and factor in time to test the monitoring framework. Programme designers should also consider how resources will be allocated between survey-based data collection and implementation monitoring.

Monitoring children's development

Early identification: overview and reflections on current measures and approaches

Magdalena Janus, McMaster University, Canada

Edward Kija, Muhimbili University of Health and Allied Sciences, the United Republic of Tanzania

The three different levels of measurement — population, programme, and individual — vary in terms of the precision, tool choice and population served. Keeping this in mind, it is important to create a continuum between population-level measurement and the individual identification of children who are at risk (See Figure 4. Measuring child development at different levels).
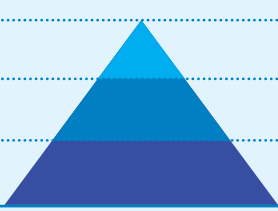
With respect to individual assessment — the focus of this session — there are many considerations including the definition (agree on what "early intervention" means as a country), diagnostic precision (focus on functional assessment rather than a specific diagnosis), ethics (ensure availability and accessibility of care pathways), culture (ensure tools are relevant or adapted to the local context to avoid misidentification), timing (there are many tools so we can be flexible, we can also consider prevention), sectoral involvement (work together across sectors from the start), efficiency and accountability (put in place a system for collecting and using data).

Assessment of developmental milestones and early identification of developmental delays lead to better outcomes, so we need specific tools for this purpose along with an overall system for monitoring, appropriate referral and interventions. Which tool to use is a recurring question. At present, there are many tools available, but most are not applicable to low- and middle-income countries. There is not one universally agreed-upon screening or assessment tool. It is hoped that the GSED will fill this gap. The suite of GSED materials includes measures for population, programme, and individual monitoring. In the 'individual level' project, currently being implemented in Pakistan and the United Republic of Tanzania, testing for diagnostic accuracy will ascertain whether GSED are suitable for identifying children with a neurodevelopmental impairment or children at risk of a neurodevelopmental impairment.

FIGURE 4: **Measuring child development at different levels**

PRECISION	TOOL CHOICE	POPULATION SERVED		MEASUREMENT
High	Many	Small		Individual
Medium		Medium		Program
Low	Few	Large		Population

Resources:

- A Toolkit for Measuring Early Childhood Development in Low- and Middle-Income Countries
- Monitoring children's development in primary care services: moving from a focus on child deficits to family-centred participatory support
- Early detection tools for children with developmental delays and disabilities in the Middle East and North Africa
- Screening tools for children with a developmental delay in low- and middle-income countries: a systematic review

Country examples

Two countries, Mozambique and Rwanda, provided an overview of the tools being used to assess children's development at the individual level.

Mozambique: Malawi Development Assessment Tool (MDAT)/IDEC Monitoring Tool

Katia Melita Mangujo, Nutritionist, Ministry of Health

In Mozambique, the MDAT was tested, and local evidence informed the development of children's developmental milestones. The tool has been implemented in health facilities and community structures. It takes 15 minutes to assess each child and includes 150 items. It has been adapted to the local context and includes not only items to identify children with neurodevelopmental impairment but also assesses other vulnerabilities (e.g., violence). Challenges include using the tool at community level, financial resources, scaling use of the tool nationwide, and sensitizing the health workforce on the tool.

Rwanda: Tools for early identification of developmental delays and disabilities

Diane Iradakunda, Acting Head of Child Development, Protection and Promotion Department, National Child Development Agency

The Early Learning and Development Standards (ELDS) outlines what children should know and be able to do at different stages of development (from birth to 6 years). In addition to the standards, there are developmental checklists and red flag checklists. The standards can be used by care providers as well as parents and include messages for caregivers on how to support children's development. These standards have informed items in the Early Child Disability Detection tool which is administered at the community level (e.g., community health workers, ECD caregivers, and nutrition staff) for children from birth to 6 years. This tool identifies children who are at risk of or who have a developmental delay or disability. The findings are verified by the primary caregiver and, if applicable, used to refer the family to relevant health, education, and social support services. The community health workers follow up with the families to ensure care is being accessed (4 community health workers per 50 households) and they also offer services that include play therapy and book reading. At present, occupational therapy is only available at the district hospital. At the community level, community sensitization efforts have resulted in more children with disabilities attending ECD centres and schools. Rwanda looks forward to the WHO GSED evidence to inform further tool refinement.

Question and answer session: key points

- **Collaboration across sectors:** It was acknowledged that this is a challenge; however, at present, both countries have a package of services for children meeting a specific criterion (e.g., social assistance package or cash transfers).
- **Misidentification:** A concern was raised on the risk of obtaining false negatives and false positives with the use of the tools for early identification of developmental delays and disabilities.

Day

4

Latest developments in measuring child development

Sunil Sazawal, Johns Hopkins University/Centre for Public Health Kinetics

It was once believed that measuring children's development was too difficult or not possible. Stunting and growth measurements were used as proxy indicators, particularly in the context of malnutrition and poverty. However, stunting does not linearly correlate with child development and may lead to misinterpretation of the developmental status of children globally. The earliest tools to measure children's development commonly captured development at later stages, after structural issues had manifested themselves. There was a need to develop tools that could identify and address developmental impairments more accurately and earlier, enabling more targeted interventions that go beyond addressing physical growth.

Today, there is a lot of investment in the space of child development measurement, especially for the early years. Technology is increasingly being leveraged for measurement of child development (e.g., electronic testing and data recording) which minimizes data entry errors and allows for more rapid score calculation. Non-invasive options to measure brain health (e.g., structural MRIs) are increasingly accessible and affordable in low- and middle-income countries (see presentation for examples).

Future directions include: the need for continued advancements and use of brain health measurement technology; long-term follow-up studies looking at external exposures; a better structured interdisciplinary collaboration that leverages expertise across different fields (e.g., neuroscience, developmental psychology, health, etc.); and clear guidance and regulation on ethical implications, and data sharing and use.

GSED Adaptive Testing

The GSED package includes an option to use an adaptive testing algorithm. When employed, an algorithm determines the number of questions to be administered. Results from the testing of this algorithm suggest that with adaptive testing the short and long forms can be administered in less than 5 and 15 minutes, respectively (compared to 15 and 45-60 minutes when administered using the regular or fixed administration modality). Adaptive testing enables faster data collection without compromising precision, making it increasingly possible to integrate into health systems, identify children at risk for neurodevelopmental impairment early, and intervene in a timely manner.

Country priorities

Each country delegation met to reflect on the three days and agree on two or three priority actions that could enhance the measurement of ECD at population, programme, and/or individual levels. During the plenary, each country shared their priority actions (see Annex 4 for the complete list). A few themes emerged for action as follows:

- Finalize ECD policies or strategies
- Establish and/or strengthen multi-sectoral coordination
- Define a common goal and ECD-relevant indicators across sectors
- Develop a dashboard or harmonized data management system with ECD-relevant indicators across sectors
- Incorporate one or more available population-level measures in national surveys
- Strengthen dissemination and use of data to inform policy and planning

Closing remarks on behalf of co-convening organizers

Oliver Petrovic, UNICEF

Janet Kayita, WHO

The meeting brought together a diverse group of stakeholders: government officials, developmental partners, civil society representatives, and academia, providing us with a unique opportunity to take stock of the situation of young children in our region, exchange experience on current ECD policies and programmes, and take a deep dive into monitoring and evaluation tools being used to inform the policies and improve our programmes.

Over the past two decades, we've seen hope woven into the lives of young children in Eastern and Southern Africa, demonstrating that positive change for child survival, growth, and development in early life is not only possible but is already happening. Governments in Eastern and Southern Africa have pledged their commitment to the ECD targets in the SDGs, and we witnessed that the number and quality of ECD policies in the region are growing.

However, many young children are still at risk of poor developmental outcomes. They are not thriving during the crucial first 1,000 days, a period when the foundations for lifelong physical growth and mental development are laid. This means that we are not sufficiently investing in Africa's human capital. Now, it's time to prioritize ECD, invest more, extend our reach, and empower parents to provide responsive care. This meeting was critical in bringing all stakeholders together, to share their experiences and agree on priority actions to put in place robust and reliable information systems that will guide our policy and programmes efforts.

The meeting resulted in multiple commitments – to name a few – WHO, WB and UNICEF committed to exploring linkages across measurement tools to enhance monitoring of ECD outcomes from 0 to 6 years; increase the quality of existing measurement efforts, and articulate a roadmap for collaboration towards harmonizing the tools. Countries committed to developing or revising ECD policies, with robust monitoring mechanisms, and dashboards in place, and to incorporate ECDI2030 into DHS and national surveys. Regional technical teams committed to providing technical support to countries and facilitating meetings with country teams to check up on the progress of country actions and commitments related to ECD measurement.

Official closing

Assumpta Ingabire, Director General, National Child Development Agency

On behalf of the Government of Rwanda, the meeting was closed by Assumpta Ingabire, Director General of the National Child Development Agency. She praised participants for high-level technical discussions, and for taking stock of the available measurement tools and indicators that are important for decision-making, peer learning, and lessons learned that have been enhanced through panel discussions, marketplace, and bilateral meetings. Ingabire noted: "ECD is part of the transformative agenda for 2030, making it an international priority for the 21st century, but even more importantly, the evidence presented is clear: Early childhood development must be a national priority. To back up this pledge with action we need to invest urgently in services that give young children, especially the most deprived, the best start in life. We need to spend more on children and spend it earlier in the life course. What we do now to foster early childhood development will determine the future of young children, our own, and our respective countries". She acknowledged the invaluable contribution of everyone in organizing this regional meeting namely WHO, UNICEF, the World Bank, the Africa Early Childhood Network (AfECN), and the Early Childhood Development Action Network (ECDAN).

"Umwana wanjye Ishema ryanjye"
"My Child, My Pride".

Murakoze Cyane

Thank You!

Annex 1 – Agenda

Regional meeting on measurement of early childhood development in Eastern and Southern Africa

October 24-27, 2023 – Ubumwe Grande Hotel, Kigali, Rwanda

Day 1: Tuesday 24 October

Time	Topic/Activity	Speakers
08:30-9:00	Arrival, registration	
09:00-10:00	**Welcome** Opening remarks Objectives, expected outcomes Introductions Official opening	Ozonnia Ojielo, UN Resident Coordinator Lynette Okengo, Africa Early Childhood Network Eugene Anangwe, Master of Ceremonies Dr. Valentine Uwamariya, Ministry of Gender and Family Promotion
10:00-10:30	**Tea/coffee break + group photo**	
10:30-11:15	**Keynote address** Creating enabling environments for early childhood development	Linda Richter, University of Witwatersrand
11:15-12:00	**The situation for young children in Eastern and Southern Africa** Overview Question and answer	Oliver Petrovic, UNICEF
12:00-12:30	**What do the data tell us? Developing robust measurement systems that are relevant for ECD** Overview Question and answer	Bernadette Daelmans, WHO
12:30-13:30	**Lunch**	
Population-level outcome and impact measures of ECD and how to interpret and use the data **Chair:** Magdalena Janus, McMaster University		
13:30-14:30	**Rationale and overview of population-level measures of ECD: GSED, ECDI2030, AIM-ECD** Rationale for monitoring ECD at population-level Overview of the purpose, similarities and differences of ECDI2030, GSED, AIM-ECD Question and answer	Nicole Petrowski, UNICEF Tarun Dua, WHO Diego Luna Bazaldua, World Bank

Time	Topic/Activity	Speakers
14:30-15:30	**Uptake, use and harmonization of population-level measures of ECD** Regional uptake Implementation considerations and commonalities Harmonization efforts Question and answer	Nicole Petrowski, UNICEF Tarun Dua, WHO Diego Luna Bazaldua, World Bank Ibrahima Samba, World Bank
15:30-16:00	**Tea/Coffee Break**	
16:00-17:00	**Working together to improve the availability and use of population-level data on ECD** Country examples: • United Republic of Tanzania • Mozambique • Kenya • Angola • Rwanda Plenary discussion	**Moderator:** Magdalena Janus **United Republic of Tanzania:** Elinzuu Nicodem, Principal statistician, National Bureau of Statistics **Mozambique:** Dr. Néllia Mutisse, National Professional Officer - Child and Adolescent Health, WHO **Kenya:** Beuter Obura, Statistician - Education Statistics, National Bureau of Statistics **Angola:** Dr. Ketha Rubuz Francisco, Head of Primary Care Services, National Directorate of Public Health **Rwanda:** Francois Abalikumwe, Health Statistician and Demographic Survey, National Institute of Statistics Rwanda

Day 2: Wednesday 25 October

National monitoring and evaluation frameworks for ECD: Peer learning and areas for improvement

Time	Topic/Activity	Speakers
08:30-9:00	Arrival, registration	Tina Asnake, World Bank Boniface Kakhobwe, UNICEF
09:15-09:45	**Country profiles for ECD** Overview Question and answer	Linda Richter, University of Witwatersrand
09:45-10:15	**Gaps and new developments** Overview Question and answer	Bernadette Daelmans, WHO Nicole Petrowski, UNICEF

Time	Topic/Activity	Speakers
10:45 - 12:10	**Regional ECD policy landscape** **Overview:** From policy to action Overview of multi-sectoral ECD policies in Eastern & Southern Africa Country examples: • Rwanda (coordination and implementation) • United Republic of Tanzania (costed plan) • Malawi • Ethiopia (ECD/ECDE policy) • Zimbabwe • Uganda Question and answer	Chemba Raghavan, UNICEF Oliver Petrovic, UNICEF **Moderator:** Maniza Ntekim, Hilton Foundation Rwanda: Gilbert Munyemana, Deputy Director General of the National Child Development Agency **United Republic of Tanzania:** Abel Sengasenga, Assistant Director Policy and Planning, Ministry of Community Development Gender Women and Special Groups **Malawi:** Justin Hamela, Director Child Affairs, Ministry of Gender, Community Development and Social Welfare **Ethiopia:** Wegen Shiferaw Shirka, National Professional Officer, Child and Adolescent Health, WHO **Zimbabwe:** Mavis Dembedza, National Scaling -Up Nutrition Facilitator, Food and Nutrition Council **Uganda:** Rogers Golooba, Senior Probation and Welfare Officer, ECD focal person and coordinator, Ministry of Gender Labour and Social Development
12:10-13:00	**Monitoring progress in implementation of ECD policies: M&E Frameworks** Country examples: • Zimbabwe (M&E framework) •· United Republic of Tanzania (ECD dashboard) • Rwanda (Scorecard) • Kenya (KDHS ECD module findings with equity focus) Question and answer	**Zimbabwe:** Mavis Dembedza, National Scaling -Up Nutrition Facilitator, Food and Nutrition Council **United Republic of Tanzania:** Alinune Nsemwa, ECD Specialist, UNICEF **Rwanda:** Nicole Kiberinka, Innovation & Homegrown Solutions Research Analyst/Rwanda Governance Board **Kenya:** Janette Karimi, Head, Division of Newborn and Child Health, Ministry of Health
13:00-14:00	**Lunch**	
14:00-15:30	**Marketplace** Countries present their policy, M&E Framework and other relevant materials	Oliver Petrovic, UNICEF
15:30-16:00	**Tea/Coffee Break**	
16:00-17:00	**Report back** High-level observations	Boniface Kakhobwe, UNICEF Teshome Desta, WHO

Day 3: Thursday 26 October

Availability and integration of data at national and subnational levels and its utilization to strengthen programme implementation

Time	Topic/Activity	Speakers
09:00-09:15	**Recap day 2** Overview of Day 3	Safila Telatela, WHO Janet Kayita, WHO
09:15-10:00	**Using data to strengthen systems** Overview Country examples: • Uganda • South Africa (DataDrive2030) Plenary discussion	Patricia Martin-Wiesner, WHO **Uganda:** Safina Mutumba, Principal Education Officer, Pre-primary Education, Ministry of Education and Sports, Basic Education (pre-primary focal person) **South Africa:** Sonja Giese, Executive Director, DataDrive2030
10:00 – 11:00	**Routine Management Information Systems: challenges and opportunities** Routine management information systems Country examples: • Uganda: Overview of Health MIS • Malawi: Nutrition information system • Zambia: Integrating ECD indicators into the routine health information system Question and answer	Hillary Kipruto, WHO **Uganda:** Dr Migadde Deogratias, Senior Medical Officer - Reproductive and Child Health, Ministry of Health **Malawi:** Felix Pensulo Phiri, Director of Nutrition, Department of Nutrition, Ministry of Health **Zambia:** Vichael Silavwe, Chief IMCI Officer & ECD focal point, Ministry of Health; David Ngula, Principal M&E Officer, M&E Unit, Ministry of Health
11:00-11:30	**Tea/Coffee Break**	
11:30-12:30	**Breakout groups** Sector-specific groups. Guided discussion.	Patricia Martin-Wiesner, WHO
12:30-13:00	**Report back**	Shekufeh Zonji, ECDAN
13:00-14:00	**Lunch**	
14:00-15:15	**Monitoring programme implementation** Overview Country examples: • Ethiopia: Pre-primary/O class inspection tool • Mozambique: USAID Advancing Nutrition • Rwanda: National minimum standards of ECD services Plenary discussion	Mark Tomlinson & Marguerite Marlow, Institute of Life Course Health Research at Stellenbosch University **Ethiopia:** Effa Gurumu Bati, Chief Executive for Educational Assessment and Research, National Measurement Agency **Mozambique:** Cat Kirk, Senior Technical Advisor, Early Childhood Care and Development, USAID **Rwanda:** Diane Iradakunda, Acting Head of Child Development, Protection and Promotion Department, National Child Development Agency

Time	Topic/Activity	Speakers
15:15-16:30	**Monitoring children's development** Early identification: overview of and reflections on current measures and approaches Country examples: • Mozambique (MDAT/IDEC) • Rwanda (tools for early identification) Plenary discussion	Magdalena Janus, McMaster University Edward Kija, MUHAS **Mozambique:** Katia Melita Mangujo, Nutritionist, Ministry of Health **Rwanda:** Diane Iradakunda, Acting Head of Child Development, Protection and Promotion Department, National Child Development Agency
16:30	**Tea/Coffee & End of Day**	

Day 4: Friday 27 October

Priority actions to advance ECD-relevant measurement at country level, as well as the supportive role of regional and global entities

Time	Topic/Activity	Speakers
09:00-09:20	**Recap day 3** Overview of Day 4	Zewelanji Serpell, UNICEF Zambia Foster Kholowa, UNICEF Malawi Sheila Manji, WHO
09:20-10:00	**New developments** Latest developments in measuring child development Question and answer	Sunil Sazawal, Johns Hopkins University/Centre for Public Health Kinetics
10:00-11.00	**Group work: Country planning** Each country to agree on priority actions, and identify support required	Sheila Manji, WHO
11:00 – 11:20	**Tea/Coffee Break**	
11:20 - 12:30	**Report back** Each country spokesperson to share their two priority actions	Sheila Manji, WHO
12:30-13:00	**Closing** Closing remarks & commitments on behalf of co-convening organizers Highlights video Official closing	Oliver Petrovic, UNICEF Janet Kayita, WHO Assumpta Ingabire, Director General, National Child Development Agency, Government of Rwanda
13:00	**Lunch & End of Meeting**	

Annex 2 – List of Participants

Regional Meeting on Measurement of ECD in Eastern and Southern Africa

24-27 October 2023, Kigali, Rwanda

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Annex 3 – A Summary of Early Childhood Outcomes in Eastern and Southern Africa

Good health	Adequate nutrition	Safety and Security	Early learning	Responsive caregiving
Half of all women in the region received the recommended level of antenatal and postnatal care	Two out of three children are breastfed within the first hour of their life	The region is home to 66 million children under five without a birth certificate	Children in the poorest households are nearly two times less likely to be engaged in activities by an adult household member	Only four in ten children receive responsive care from adults in their household
Three out of four children benefit from traditional vaccine	More than half of all infants are exclusively breastfed	50 million children are not registered	Seven out of ten children are missing out on Early Childhood Education	Mothers are more engaged in responsive caregiving than fathers
The region accounted for 18 % of all under-five deaths globally in 2021	Only one in five children is receiving the dietary diversity required for development	Four in five children in the region experience violent discipline	Investment in early childhood education (ECE) is less than 2% of the educational budget	One in three children experience inadequate supervision
Women and children living in the poorest, rural households and those living in fragile and conflict-affected situations are especially vulnerable	One in three children (or 26 million) have stunted growth	Every country in the region is either at extremely high, medium-high, or high risk for climate shocks	The absence of effective ECE policies, financing plans, and quality assurance frameworks has led to fragmented expansion and inadequate quality of ECE services	Most women workers are not adequately covered by maternity leave and most of the families in need are not receiving cash benefits

Annex 4 – Priority Actions by Country

Country	Priority Actions
Angola	• Advocate for the adoption of the national ECD policy and implementation strategy • Start multi-sectoral monitoring of ECD indicators • Select key indicators to monitor and create a monitoring guide
Botswana	• Advocate for the appointment of a lead person to facilitate multi-sectoral ECD coordination, monitoring, and reporting of ECD-relevant indicators monthly • Advocate for ECD to be elevated in the next national development plan (under development)
Burundi	• Advocate for a high-level multi-sectoral coordination mechanism • Establish a high-level multi-sectoral coordination mechanism • Develop a dashboard
Comoros	• Establish a high-level multi-sectoral ECD coordinating platform • Develop a multi-sectoral ECD policy
Eritrea	• Advocacy with the stakeholders to identify a lead Ministry to move the ECD agenda forward • Conduct an assessment to know where we are now and define where we are going
Ethiopia	• Support the government to include ECD measures in the upcoming demographic health survey • Revise measurement tools for early learning and early learning environments to include attention to all five components of nurturing care
Kenya	• Finalize the Integrated ECD Policy • Develop an implementation strategy and M&E framework
Lesotho	• Strengthen the multi-sectoral platform through high-level advocacy with the parliament • Conduct a baseline study using ECD2030
Madagascar	• Finalize the multi-sectoral ECD strategy • Institutionalize ECD at the highest level • Prioritize the activities and cost them • Integrate ECDI2030 into the MICS 2024
Malawi	• Mainstream ECD in relevant sector policies and plans with clear indicators • Strengthen the M&E and research on ECD for decision-making – develop a one-stop dashboard, harmonize indicators, support use
Mozambique	• Use ECDI2030 results for dissemination, advocacy and planning • Establish a multi-sectoral committee to coordinate ECD • Develop a multi-sectoral strategy for ECD

Country	Priority Actions
Namibia	• Hold a one-day technical debrief meeting on ECD and measuring ECD to increase awareness and achieve common approaches • Conduct mapping of existing measures (and indicators) relevant to ECD across sectors • Finalize and disseminate the ECD policy framework
Rwanda	• Improve monitoring through identification and integration of key indicators at community and facility levels • Broaden what is collected via DHS to go beyond the ECDI2030 – include other relevant measures • Improve access to and quality of, ECD service delivery – preconception, ages 0-3, inclusive development, no imbalance in geographic coverage
South Africa	• Generate alignment around a clear common goal for better-integrated action. Includes defining clear indicators and elevating coordination to the presidency. • Be creative in how we use data to communicate for change – there is an opportunity to build a campaign around the next election cycle. For example, use the data to challenge the politicians, target parents to be the mouthpiece, and demand for political accountability

Uganda	• Complete the national multi-sectoral costed ECD plan and Early Childhood Care and Education policy M&E framework (the framework is with the cabinet) which includes attention to the measurement/actions listed below:
	  - Develop a harmonized ECD dashboard
	  - Continue using and strengthening the ECDI2030
	  - Obtain data for under 3-year-olds using GSED (requires financial support)

United Republic of Tanzania	• Develop a knowledge hub for ECD information (like in Ethiopia) • Enhance the parent council planning unit capabilities to translate raw data in actionable information for use at the local level
Zambia	• Adopt all three population-level measurement tools in a population-based information management system • Establish a harmonized ECD data management system (mandate its establishment in the national multi-sectoral ECD policy)
Zimbabwe	• Revise and improve the national ECD monitoring framework • Develop a multi-sectoral nutrition and child development dashboard