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Global Child Thrive Act USAID Implementation Guidance

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ACRONYMS AND ABBREVIATIONS

ADS	Automated Directives System
APCCA	Advancing Protection and Care for Children in Adversity
CDCS/RDCS	Country/Regional Development Cooperative Strategy
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
DDI/ID	Bureau for Development, Democracy, and Innovation, Inclusive Development Hub
ECCE	Early childhood care and education
ECD	Early childhood development
ELIKIA	Enhancing Services and Linkages for Children Affected by HIV and AIDS
IECD	Integrated Early Childhood Development activity
GCTA	Global Child Thrive Act
INSPIRE	Implementation and enforcement of laws; norms and values; safe environments; parent and caregiver support; income and economic strengthening; response and support services; education and life skills
IYCF	Infant and young child feeding
OVC	Orphans and vulnerable children
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PIRS	Performance Indicator Reference Sheets
REAL Fathers Initiative	Responsible Engaged and Loving Fathers Initiative
SUN	Scaling Up Nutrition
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	Water, sanitation, and hygiene
WHIP	Western Highlands Integrated Program
WHO	World Health Organization

SUMMARY

It is the law of the U.S. government that every U.S. federal department and agency should incorporate early childhood development into foreign assistance programs that serve vulnerable children and their families and promote the rights and inclusion of the world's most marginalized and underserved children.

The [Global Child Thrive Act](#) recognizes that the future health, prosperity, and stability of individuals and societies require promoting and protecting young children's development, which necessitates coordination and integrated approaches across various sectors, including health; nutrition; child protection; water, sanitation, and hygiene; and education. Integrated and inclusive approaches to early childhood development were introduced more than four decades ago. However, the aspiration of fully equitable policy and programs for early childhood development has not yet been achieved. The act has established a mandate to do so across U.S. foreign development and humanitarian assistance.

This publication is based on an extensive review of global evidence, as well as consultations with an internal United States Agency for International Development (USAID) advisory group and a wider group of stakeholders across multiple USAID bureaus and working groups. Its aim is to guide the implementation of the Global Child Thrive Act. USAID Missions and Operating Units involved in identifying, planning, implementing, monitoring, and evaluating programs for early childhood development may find this publication useful for understanding:

- **What** should be done (illustrative actions)
- **How** to integrate the Global Child Thrive Act within the USAID Program Cycle
- **Who** should be involved in the act's implementation

Recommendations for operationalizing the Global Child Thrive Act in this guidance cut across three main sections outlined below.

PART I: IMPLEMENTATION AREAS AND STRATEGIES

IMPLEMENTATION AREA I: INCREASE EQUITABLE AND MEANINGFUL INTERVENTIONS FOR EARLY CHILDHOOD DEVELOPMENT

The Global Child Thrive Act establishes that the policy of the U.S. government is to support early childhood development in foreign assistance by integrating evidence-based, efficient, and effective interventions into relevant strategies and programs. This section of the guidance describes illustrative ways in which health; nutrition; water, sanitation, and hygiene; child protection; and education can identify areas within existing programming that are already contributing to early childhood development, and ways this programming can be enhanced to improve early childhood development outcomes.

Although it is essential to promote children's physical health and nutrition for optimal growth and development, health and nutrition alone are insufficient to advance the social, emotional, and cognitive development children need to thrive. This guidance focuses heavily on supporting parents and caregivers across sectors to integrate the following elements of nurturing care into the care of their young children:

- **RESPONSIVE CARE:** Responsive caregiving includes observing and responding to children's movements, sounds and gestures, and verbal requests. It is the basis for (1) protecting children against injury and the negative effects of adversity; (2) recognizing and responding to illness; (3) supplying enriched learning; and (4) building trust and social relationships. Responsive caregiving also includes responsive feeding, which is especially important for low-weight or ill

infants. These engagements between young children and their caregivers create an emotional bond and stimulate connections in the brain.

- **OPPORTUNITIES FOR EARLY LEARNING:** Children do not start to learn only when they begin kindergarten or pre-primary classes at the age of 3 or 4. Rather, learning begins at conception, initially as a biological mechanism called epigenesis. In the earliest years, we acquire skills and capacities interpersonally—in relationship with other people, through smiling and eye contact, talking and singing, modeling, imitation, play, and simple games, such as “wave bye-bye.” Even a busy caregiver can be motivated and given confidence to talk with a child during feeding, bathing, and other routine household tasks. These interactions form early experiences of social learning.
- **SAFETY AND SECURITY:** Young children are vulnerable to unanticipated danger, physical pain, and emotional stress. Pregnant women and young children are the most susceptible to environmental risks, including air pollution and exposure to chemicals and heavy metals. An unclean or unsafe environment is full of potential threats for young children. Young children can experience extreme fear when people abandon them and are often exposed to harsh punishment that can negatively affect their emotional, mental, and social development. Ensuring caregivers’ mental health and working with them to promote safety and security is essential.

Caregiver’s mental health underpins their ability to provide this nurturing care to their children. Consequently, the guidance also focuses on integrating interventions that support caregivers’ mental health across sectors.

IMPLEMENTATION AREA 2: FACILITATE MULTI-SECTORAL COORDINATION AND MORE INTEGRATED APPROACHES FOR EARLY CHILDHOOD DEVELOPMENT

The Global Child Thrive Act calls for federal departments and agencies to support inclusive early childhood development in all relevant sector strategies, and to improve coordination with foreign governments and organizations regarding official country policies and plans to improve early childhood development. This section of the guidance outlines strategies for coordination across sectors and at the point of service delivery, both of which require engagement with cross-sectoral stakeholders to align thinking and structures to support an enabling environment for holistically supporting early childhood development.

IMPLEMENTATION AREA 3: STRENGTHEN AND EXPAND THE EVIDENCE BASE ON EARLY CHILDHOOD

The Global Child Thrive Act states that it is the U.S. government’s policy to monitor and evaluate programs for purposes of enhanced quality, transparency, equity, accountability, efficiency, and effectiveness in improving child and family outcomes. This section of the guidance provides information on USAID standard indicators and other measures of early childhood development outcomes, as well as measurement around conditions for healthy growth, opportunities for early learning, protecting children from violence, and family-based care.

IMPLEMENTATION AREA 4: BUILDING LOCAL CAPACITY

The Global Child Thrive Act states that it is the U.S. government’s policy to encourage partner countries to lead early childhood development initiatives that include incentives for building local capacity. This section of the guidance discusses important considerations around workforce development and capacity strengthening, because the mandate to promote integrated approaches for improving early childhood development requires identifying the appropriate workforce and focusing on modifying existing responsibilities for strengthening responsive care, early learning, and safety and security, instead of adding new responsibilities.

PART 2: BUILDING THE GLOBAL CHILD THRIVE ACT INTO THE USAID PROGRAM CYCLE

This section of the guidance provides practical information about how to integrate the Global Child Thrive Act's mandate throughout the program cycle, taking into consideration whether a Mission is at the phase of designing a new or has an ongoing Country Development Cooperation Strategy. Considerations include (1) tools for incorporating early childhood development into assessments to inform planning, (2) considerations for how project and activity designs can work together and complement each other to support the provision of all components of nurturing care for young children and families, and importantly (3) how to use monitoring, evaluation, and ongoing collaboration, learning, and adapting to find strategies for continuous improvement in programming to support early childhood development.

PART 3: ROLES AND RESPONSIBILITIES

Operationalizing the mandate of the Global Child Thrive Act to promote inclusive early childhood development is the responsibility of all of USAID. This section discusses the role of USAID's Children in Adversity team in the Bureau for Development, Democracy, and Innovation, which is responsible for both the overall coordination of the law and the implications for all Missions and Operating Units, and their staff, to work collaboratively to implement the Global Child Thrive Act mandate.

INTRODUCTION

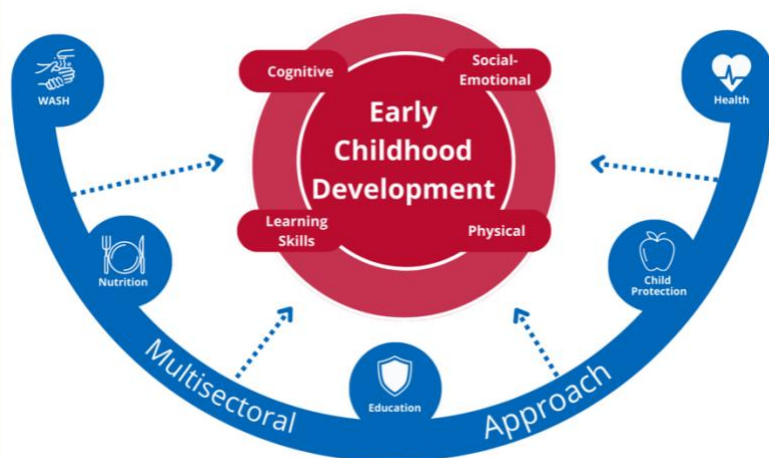
The [Global Child Thrive Act](#) became law in January 2021 and is the first of its kind, with an explicit focus on **inclusive early childhood development (ECD)**. It recognizes that ensuring that children not only survive but thrive, including children with disabilities and developmental delays, is crucial for human capital development and a society’s future health, prosperity, and stability.

Implementation Policy—Global Child Thrive Act

The Administrator of the United States Agency for International Development (USAID), in coordination with the Secretary of State, shall direct relevant federal departments and agencies to incorporate, to the extent practical and relevant, early childhood development (ECD) into foreign assistance programs to be carried out during the following 5 fiscal years and promote inclusive ECD in partner countries.

The Act builds on the evidence and priorities outlined in *Advancing Protection and Care for Children in Adversity: A U.S. Government Strategy for International Assistance 2019–2023* and the responsibilities of the U.S. Government Special Advisor for Assistance to Orphans and Vulnerable Children (OVC) housed at USAID.

Figure 1. Multi-sectoral approach for improving ECD outcomes



The law adopts a multi-sectoral approach and is directed at programming in **maternal and child health; nutrition; protection; water, sanitation, and hygiene (WASH); and education** (Figure 1). It directs federal departments and agencies to incorporate ECD into relevant foreign assistance programs and promote the rights and inclusion of the world’s most marginalized and underserved children. Additional requirements of the law are outlined in later sections.

Marginalized and underserved children¹ may be subject to persecution, harassment, and/or violence, and suffer from stigma and discrimination in the application of laws and policy and access to resources, services, and social protection. In many areas, service availability is limited, or access to such services is hindered—for example, in cases of displacement or conflict. These children may include but are not

¹ Some groups may use or prefer other terms, such as “underrepresented,” “at-risk,” or “vulnerable.” For clarity and consistency, this document exclusively uses the term “marginalized and underserved groups,” per USAID’s guidance on inclusive development.

limited to, children with disabilities or developmental delays; children who are orphans, living outside of family care or child laborers; children affected by or emerging from armed conflict or humanitarian crises; children in remote or rural areas, religious or ethnic minorities, indigenous peoples, lower castes, and families of diverse economic class; and children affected by HIV/AIDS, acute illness, or having been born prematurely.

The Global Child Thrive Act emphasizes the importance of respecting children’s holistic development. It defines [ECD](#)² as the development and learning of a child **younger than 8 years of age**, including their physical development, cognitive development, social and emotional development, and skills for learning. The development of all four domains is equally important for lifelong health, learning, and productivity. Healthy ECD can be considered a desired outcome and be influenced, both positively and negatively, by the immediate home environment; parenting and family relationships; the community context, including health, nutrition, education, child protection, and other programs and services; and the broader social, economic, and cultural contexts and policies.

The law broadly conceptualizes an [ECD program](#) as any program in health, nutrition, child protection, WASH, or education that ensures conditions for healthy growth, nurturing family-based care, protection from violence, or early learning opportunities. Not only programs, but also policies and services across multiple sectors provide the “inputs” for strengthening ECD outcomes, both directly and indirectly.

AIM OF USAID’S GLOBAL CHILD THRIVE ACT IMPLEMENTATION GUIDANCE

This guidance is for USAID Missions and Operating Units. The aim is to help inform, within existing appropriations, how the Global Child Thrive Act could be integrated as Missions and Operating Units develop or revise their strategies, design and implement new projects and activities, and plan for and report on their portfolios. A significant amount of work is already happening within existing USAID health, nutrition, child protection, WASH, and education programming to advance healthy growth, family-based care, protection from violence, and provision of early learning opportunities. However, as the passing of the Global Child Thrive Act signals, there is a need to further advance programs to promote and protect the development and learning of young children, and ensure coordination across and among these programs. USAID works in many fragile contexts affected by conflict and crisis, where support is particularly crucial for improving child outcomes, yet chronically neglected and deprioritized in humanitarian responses.

USAID Missions and Operating Units might consider a three-pronged approach to program development or enhancement: **identify, strengthen, and integrate**.

- **Identify** both what is already happening in USAID programs and the gaps in order to know what needs to continue to improve ECD outcomes.
- Think about how to **strengthen** USAID programming wherever there are gaps and make meaningful progress in ensuring inclusive, equitable, and high-quality programming.
- Coordinate, implement, and monitor within and across sectors to construct more **integrated** models of program delivery that recognize children’s holistic development.

² Nurturing care for early childhood development is the term the USAID Bureau for Global Health uses for multi-sectoral early childhood development. It usually emphasizes the period from pregnancy to age 3, and draws attention to the role of the health sector in delivering interventions to support ECD. Some might also use the term early childhood care and education (ECCE) or emphasize pre-primary education.

This guidance provides concrete ideas on how to do this.

Organization of the guidance

Following the introduction, this implementation guidance is presented in three parts.

- [Part 1](#) outlines **what** type of illustrative actions within and across sectors can support implementation of the Global Child Thrive Act.
- [Part 2](#) describes **how** to integrate the Global Child Thrive Act into the USAID Program Cycle.
- [Part 3](#) outlines **who** should be involved in Global Child Thrive Act implementation.

THE IMPORTANCE OF ECD

BUILDING STRONG BEGINNINGS

Advances in brain science and findings from a number of long-term studies tracking large groups of children have revealed how early development shapes mental and physical health and influences educational and economic outcomes throughout the lifetime. Early childhood is a crucial time for shaping the life course, because the brain develops most rapidly during this period—building the foundation for physical, cognitive, social, and emotional development, and approaches to learning, which will shape subsequent capabilities and skills. Neural connections in the brain are shaped by environments, experiences, and relationships, which can either support (positive protective factors) or inhibit (adverse experiences) healthy development.

Supporting healthy development goes beyond looking after the physical needs of infants and children. It gives focus to the positive protective factors children need to develop and thrive, including nurturing relationships and environments and experiences that support good health and nutrition, protection from violence, and opportunities for play and learning. Adverse childhood experiences, such as physical and emotional abuse, neglect, caregivers' mental illness, and household violence, can cause what is known as toxic stress and can derail healthy development.

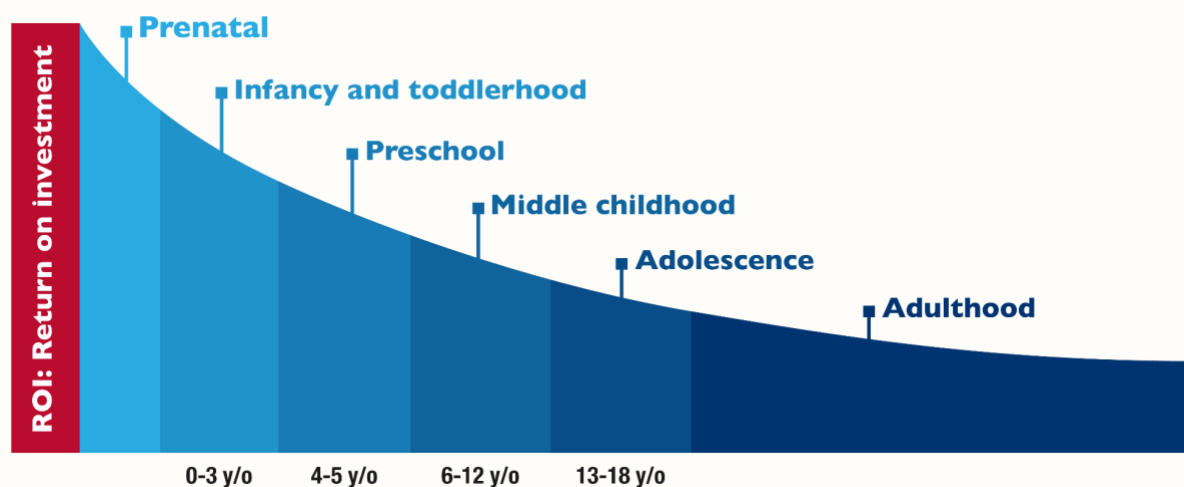
The importance of the relationship between a child and their primary caregiver cannot be underestimated. For children to thrive, they need nurturing caregivers and adults around them. A caregiver's ability to support a child depends on their own well-being and health. A stable and stimulating home environment, with sensitive and responsive parent-child relationships, is associated with enhanced social competence and stronger cognitive skills. While primary caregivers play a critical role in supporting children's early development, their capacity and ability are inextricably linked to the network of people and services around a child and their primary caregivers, as well as broader policies, such as parental leave.

ECONOMICS OF THE EARLY YEARS

The economic benefits of high-quality ECD programs, particularly for marginalized and underserved children, have been widely acknowledged. Much of the evidence on cost-effectiveness from a life course perspective comes from the U.S. Professor James Heckman and his colleagues, who conducted an analysis of the long-term adult outcomes of children who had attended intensive integrated ECD programs in the 1970s, including nutrition, access to health care, and early learning. The research looked at a wide variety of life outcomes, such as health, the quality of life, involvement in crime, income, schooling, and academic attainment. It concluded that programs can deliver a potential 13 percent return on investment annually through childhood and adulthood. As shown in the widely referred to [Heckman Curve](#) (Figure 2), the highest rate of economic returns comes from the earliest investments in

children, starting before birth. A small-scale longitudinal [study](#) from Jamaica confirmed large education and economic returns to an early childhood nutrition and stimulation intervention in a low- and middle-income country context.

Figure 2. The economic impact of investing in early childhood (adapted from <https://heckmanequation.org>)



Life course phases in early childhood and key aspects of foreign assistance programming

- **Prenatal and the first weeks after birth:** Health services and programs have traditional prominence during this phase, focusing on antenatal preparation, respectful maternity care, and neonatal care. Infants born prematurely or small for gestational age are at increased risk of stunting, developmental delay and disability, and non-communicable diseases later in life. In addition to the emphasis on health, bonding and breastfeeding promote caregiver–child relationships, with lasting benefits for cognitive and socioemotional development.
- **Infancy and toddlerhood (birth to 3 years):** Health interventions continue to have prominence during this phase, along with nutrition interventions that are increasingly combining routine nutrition counseling with responsive caregiving. WASH programs are also important as children start to crawl and explore their surroundings. Birth registration is crucial for entitlement to social protection. Quality childcare is critical.
- **Preschool years (4 to 5 years):** This phase marks a major transition in policy and programming, with a much stronger engagement from the education sector and opportunities for early intervention and respite programs for learners with disabilities. Multiple studies demonstrate the potential impact of pre-primary education, but there continues to be significant challenges with low-quality and inequitable access to pre-primary education.
- **Middle childhood (age 6 to 12 years):** Early childhood is a part of the transition to the first few years into compulsory school and tends to focus on early academic learning.

WHERE WE ARE NOW

More than 250 million children in low- and middle-income countries are “at risk of not reaching their developmental potential” by age 5 (Lu et al. 2016). Children with developmental disabilities are at an increased risk of suboptimal early outcomes, especially because of access barriers to health, education and other services and higher risks of being exposed to abuse and neglect, stigma, and discrimination (Global Research on Developmental Disabilities Collaborators 2022). Similarly, more than 35 million children are forcibly displaced (UNHCR 2021) and 449 million children live in conflict-affected areas (Strømme et al. 2022), both of which compound challenges in accessing basic services and providing a nurturing home environment.

43%

of children under 5 are at risk of poor child development in low- and middle-income countries. Furthermore, children with developmental disabilities have a heightened risk of poor development due to societal discrimination on the basis of disability.

Numerous families struggle with forms of adversity and for many the COVID-19 pandemic has made problems worse. A research roundup of more than 400 studies related to COVID-19 and ECD in low- and middle-income countries reported increases in orphanhood due to the death of a primary caregiver, violent discipline toward children and intimate partner violence, and caregivers’ poor caregiver mental health ([Hackett, Proulx and Zonji 2021](#)). Further, the pandemic severely disrupted access to essential maternal and child health services, child protection services, and pre-primary education. Several studies looked specifically at the experiences of families of children with developmental disabilities and reported financial constraints, social isolation, deteriorated health conditions, reduced access to health services, and negative behavioral impacts.

Donors’ official development assistance disbursements for ECD are significantly underfunded, and few donors have an explicit focus on inclusive ECD or cross-sectoral programming ([Light of the World 2021](#)). As a result, the Global Child Thrive Act is needed more than ever to ensure appropriate foreign assistance to address the heightened risks faced by young children and their caregivers.

Relevance of the Global Child Thrive Act to Global Priorities and Programs

The major international human rights instrument for ECD is the [Convention on the Rights of the Child \(CRC\)](#), which establishes that all signatory countries shall respect and ensure the rights of the child, including the protection and care necessary for the child's well-being, without discrimination of any kind. Another key instrument is the [Convention on the Rights of Persons with Disabilities \(CRPD\)](#), which includes, among other guiding principles, equality of opportunity, accessibility, respect for the rights of children with disabilities, and the need for persons with disabilities to be guaranteed their full enjoyment without discrimination. All of the countries where USAID works are parties to the CRC and the large majority are parties to the CRPD.

The [2030 Agenda for Sustainable Development](#), which all United Nations Member States adopted in 2015, provides a shared blueprint for ECD. [Target 4.2](#) requires that by 2030, all girls and boys have access to quality ECD, care, and pre-primary education so that they are ready for primary education. Indicators include the proportion of children aged 24–59 months who are developmentally on track in health, learning, and psychosocial well-being; and the participation rate in organized learning (a year before the official primary entry age). This target affects other, related Sustainable Development Goal targets for child health, nutrition, WASH, rights, protection, disability, and gender. More recently, the G20 acknowledged the key role of ECD and announced the [G20 Initiative for Early Childhood Development](#).

Programmatically, the [Nurturing Care Framework](#), launched by the World Health Organization (WHO), United Nations Children's Fund (UNICEF), and the World Bank, provides guidance on effective policies and interventions that can improve ECD and gives special impetus to the “survive and thrive” agenda. There is also a set of [thematic briefs](#) focused on newborns; tobacco control; children affected by HIV; clean, safe, and secure environments; and children living in humanitarian settings. The [Global Early Childhood Development Action Network](#) and regional and national partnerships, networks, and organizational coalitions have been established. As of 2020, 87 countries have an [ECD policy or action plan](#).

ALIGNMENT TO EXISTING U.S. GOVERNMENT STRATEGIES AND POLICIES

USAID has no single ECD strategy. However, through the [U.S. Government Strategy for International Assistance: Advancing Protection and Care for Children in Adversity 2019–2023 \(APCCA\)](#) and its objective to “Build Strong Beginnings,” as well as objectives to “Put Family First” and “Protect Children from Violence,” USAID and other U.S. government departments and agencies have committed to promote nurturing care for the most-vulnerable newborns and young children, starting before birth. Various sectors—including health, nutrition, WASH, child protection, and education—bring resources, capabilities, and experiences that collectively strengthen ECD outcomes. The Global Child Thrive Act complements current USAID strategies in education, nutrition, and WASH, and directs each sector to identify how their service-delivery platform could be strengthened to more robustly address ECD needs. The Global Child Thrive Act also promotes the objectives of numerous other U.S. government policies and strategies.

The [U.S. Government Strategy on International Basic Education \(2019–2023\)](#) is directed at improving early learning opportunities through school nutrition and pre-primary programs that foster physical, cognitive, linguistic, and socioemotional development. Serving as a foundation for U.S. government education investments, the strategy aims to improve learning outcomes and expand access to quality basic education for all, particularly marginalized populations.

The [USAID Education Policy \(2018–ongoing\)](#), which includes pre-primary education, is focuses on improving early learning opportunities by expanding the scope of USAID's programming to pre-primary

education. The policy lays out principles and priority areas that serve as a general framing and orientation for USAID’s work in education, and ensures that USAID’s investments support country partners in making sure children, particularly the most marginalized, have increased access to quality education that is safe, relevant, and promotes social well-being; and children gain literacy, numeracy, and social-emotional skills that are foundational to future learning and success.

The [USAID Multi-Sectoral Nutrition Strategy \(2014–2025\)](#) supports conditions for healthy growth and ECD by integrating responsive caregiving, stimulation, and early learning into routine nutrition services. The strategy’s multi-sectoral approach addresses both direct and underlying causes of malnutrition, and its focus on the 1,000 days between pregnancy and a child’s second birthday supports children to have the nutrition they need from the start.

The [USAID’s Office of Maternal and Child Health and Nutrition’s Getting to 2030: Maternal and Child Health and Nutrition Technical Roadmap \(2022–2030\)](#) is a framework that guides USAID’s maternal and child survival programs. It serves as a foundational component of USAID’s commitment to prevent child and maternal deaths alongside the Agency’s investments in family planning, malaria, and health systems strengthening. The roadmap establishes the importance of improving respectful care for children and their families, as well as the significance of providing timely, evidence-based, nurturing care during antenatal care, care at the time of birth, for preterm babies, small and sick newborns, and children.

The [Global Water Strategy \(2022\)](#) and *USAID Water and Development Plan* (embedded in the U.S. government strategy) support conditions for healthy growth by (1) increasing sustainable access to safe drinking water and sanitation services, and the adoption of key hygiene behaviors; (2) encouraging the sound management and protection of freshwater resources; (3) anticipating and reducing conflict and fragility related to water; and (4) strengthening water sector governance, financing, and institutions. Infants and young children are the most vulnerable to unsafe water, and early childhood development is linked to malnutrition and stunting and underlying inadequate WASH actions.



PHOTO CREDIT: DANIEL LEAL/AFP.

PART I

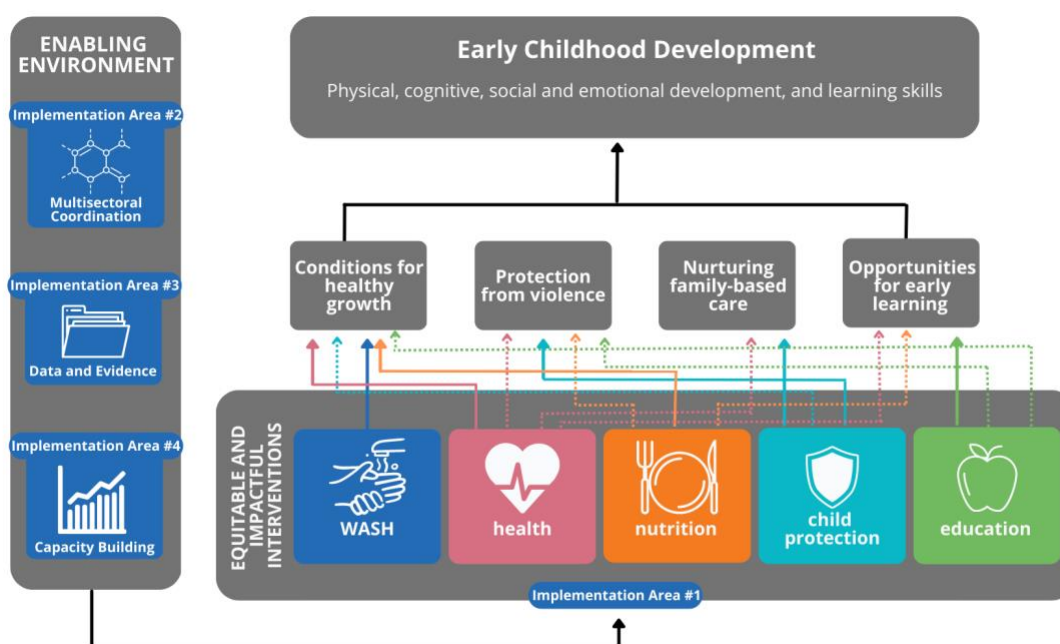
IMPLEMENTATION AREAS AND STRATEGIES

In this section, four implementation areas and illustrative actions identify and guide interventions in foreign assistance projects to support ECD.

CONCEPTUAL FRAMEWORK

The Global Child Thrive Act aims to improve ECD outcomes in partner countries. *Figure 3* provides a conceptual framework that links implementation areas to program outputs (i.e., creating conditions for healthy growth, protection from violence, nurturing family-based care, and opportunities for early learning) and ECD outcomes.

Figure 3. Conceptual framework for implementation of the Global Child Thrive Act



INPUTS OR IMPLEMENTATION AREAS. The first implementation area, and the predominant focus of the implementation guidance, is on expanding access to equitable and meaningful interventions to promote and protect children’s early development across sectors, including health, nutrition, WASH, child protection, and education. The next three implementation areas center on strengthening enabling environments in the service of improving programs for young children and their families; in this way, they are not ends in themselves, but contribute to improved programs and child outcomes. They include (1) facilitating multi-sectoral coordination between sectors and diverse partners and integrated approaches to policy and planning (implementation area #2); (2) strengthening and expanding the evidence base on ECD to improve program quality, equity, efficiency, and effectiveness (implementation area #3); and (3) building professional capacity and standards across sectors to ensure ECD initiatives are effective and sustainable over time (implementation area #4).

OUTPUTS. The next level of the framework relates to the interventions’ “outputs,” including conditions for healthy growth, protection from violence, nurturing family-based care, and opportunities for learning. More directly, as shown by the solid arrows in *Figure 3*, health, nutrition, and WASH interventions strengthen conditions for healthy growth; child protection interventions promote family-based care and protection from violence; and education interventions provide opportunities for early learning and social-emotional development. However, a key feature of the law is to advance more integrated programming and consider ways in which non-traditional pathways could be strengthened, as shown by the dotted arrows. For example, opportunities for health visits and nutrition counseling can contribute to early learning and child protection, such as in the case of community-based rehabilitation centers, and education programming can contribute to conditions for healthy growth through the integration of WASH, nutrition, and referral services in school settings.

OUTCOMES. All these intervention areas contribute to improved early childhood outcomes in physical, cognitive, social, and emotional development and learning skills.

The following sections highlight promising actions in each implementation area, standard tools, links to helpful resources, and examples from USAID programs in different countries.

IMPLEMENTATION AREA 1: INCREASE EQUITABLE AND MEANINGFUL INTERVENTIONS FOR ECD

The Global Child Thrive Act establishes that the policy of the United States is to support ECD in relevant foreign assistance programs, including by **integrating evidence-based, efficient, and effective interventions into relevant strategies and programs.**

The Global Child Thrive Act mandates that the U.S. government support ECD by integrating effective interventions into relevant foreign assistance programs. This implementation area suggests ways in which USAID can support relevant interventions in humanitarian and development contexts for ECD in health, nutrition, child protection, WASH, and education across the humanitarian–development–peace nexus.

USAID Missions and Operating Units might consider the three-pronged approach to program development: (1) **identify** what is already happening in USAID programs that needs to continue; (2) think about how to **strengthen** USAID programming wherever there are gaps and make meaningful progress in ensuring inclusive, equitable, and high-quality programming; and (3) encourage more cross-sectoral and **integrated** models of program delivery. In addition, the following elements of the Global Child Thrive Act should be kept in mind when developing, adapting, or implementing USAID programming:

- **Commitment to disability-inclusive development.** Consistent with USAID’s commitment to disability-inclusive development, programming for ECD should encompass concrete activities and investments to support young children with disabilities and developmental delays, such as strengthening disability-inclusive pre-primary and primary education, promoting the use of universal design for learning, early detection and referral mechanisms, access to interventions such as family mentorship and assistive technologies, and disability data and evidence.
- **Prioritize marginalized and underserved populations.** Take an inclusive development approach. Support for ECD should strengthen systems and improve opportunities for marginalized and underserved populations. Programs for ECD show greater benefits for marginalized and underserved populations, but such groups are more likely to be excluded from policies, services, and programs. Examples of groups of young children who may be

especially vulnerable are identified below. Their vulnerability may be heightened because they are of racial and ethnic minorities and/or in low-income, rural, refugee, and indigenous communities.

- *Children living in extreme poverty.* Decades of research have shown a powerful correlation between family poverty and a range of poor outcomes in life. More recently, studies have shown that it is not simply the presence of financial hardship that affects children’s outcomes; the timing in the life of the child is also important. For some long-term outcomes, particularly those related to cognitive development and learning skills, poverty in the early years with the accompanying stress on caregivers and children may be especially harmful.
- *Children who are outside of family care.* Of the estimated 5 million or more children living in orphanages, 80 percent have at least one parent living. Often, parents or relatives place children in orphanages to meet their needs for adequate food, water, shelter, and education. When children, especially young children, live outside of family care, they are at increased risk of developmental impairments and lasting psychological harm (APCCA Strategy). Children with disabilities are disproportionately represented in residential care settings and more vulnerable than other children to violence within such facilities, and residential care is also much more costly than supporting children in family care (Families, Not Orphanages 2010).
- *Children with disabilities.* Due to wider societal barriers for persons with disabilities, families with children with disabilities may grapple with emotional and financial burdens; inadequate infrastructure; limited services and support; challenging communication and behaviors; and discrimination and social exclusion that can affect the quality of care they are able to provide (WHO, UNICEF, and World Bank Group 2018 [Framework Report]). Yet while global funding for ECD increased substantially between 2007 and 2016, the proportionate share allocated for children with disabilities decreased (The Global Research on Children with Disabilities Collaborators 2022).
- *Children affected or infected by HIV/AIDS.* Young children exposed to HIV experience low rates of testing and treatment follow-up. Young HIV-affected children face increased risks of developmental delay, mental health problems, and neurocognitive deficiencies (Elizabeth Glaser Pediatric AIDS Foundation and Conrad N. Hilton Foundation). Contributing factors for this can include poverty, caregivers who are sick and stressed, and poor nutrition.
- *Children in humanitarian settings and protracted crises.* Infants and young children in crisis and conflict contexts are highly vulnerable. They have the highest illness and death rates of any group. Further, prolonged deprivation and elevated stress levels put them at high risk of suboptimal development. Data on active Humanitarian and Refugee Response Plans indicate that the humanitarian community pays inadequate attention to ECD. In particular, early learning and responsive caregiving, supported by mental health and psychosocial support, are crucial gaps (Bouchane et al. 2018). The humanitarian standards that broadly guide humanitarian response include some attention to young children and caregivers, but coverage of nurturing care domains is patchy, reflecting a need to sharpen the focus of relevant standards and guidance on young children (Bassett and Bradley 2021).

As funding allows, USAID Missions and Operating Units can consider adding missing components or strengthening weak program components to enhance support for ECD. While each Mission should conduct an analysis to identify programming gaps and needs relevant to their country’s context, potential areas where there might be a significant need for programming include (1) support for caregivers’ mental health, early detection of developmental delays and disabilities, and referral systems (health); (2) maternal nutrition, nutrition during child illness, and feeding and nutrition for children with disabilities (nutrition); (3) ensuring resourced, technically capable, and not overburdened child welfare

and social protection systems, including training in trauma-informed care and crisis intervention (protection); (4) sustaining area-wide improved sanitation and improving hygienic environments (WASH); and (5) early learning and play opportunities along with early reading and literacy interventions for parents, family, and pre-primary support. The following sections present illustrative implementation actions by each sector—health, nutrition, child protection, WASH, and education.

MATERNAL AND CHILD HEALTH

Of all the sectors involved in implementing the Global Child Thrive Act, the health sector delivers the most services from pregnancy to age 2. It is vital to highlight that maternal health, including maternal mental health, is essential for a healthy, full-term birth and the lifetime consequence of developing the architecture of a child’s brain and response systems. Maternal health problems, environmental toxins, and environmental factors such as exposure to extreme heat related to climate change can negatively affect the architecture of the developing brain in-utero, which can lead to stillbirth, preterm birth, or low birthweight. Persistently high levels of maternal stress also have adverse physiological effects. Preventive health care for pregnant women and children is essential for supporting physical, emotional, linguistic, and cognitive development during early childhood. USAID health programming already contributes to early child development outcomes by supporting high-quality care before, during, and after birth.

USAID health programming contributes to ECD outcomes by supporting the provision of high-quality care before, during, and after birth and into the early years. Because the health sector serves as an accessible contact point for this key population, primary health care provides an appropriate point of entry to bolster universally available, prevention-oriented interventions for promoting nurturing care for the development of young children, as well as for identifying developmental delay, disability, or other risk factors to the child’s development. With appropriate training and incentives, skilled and motivated health workers could play a more effective role in providing parenting support, early detection of concerns, and prompt referral to community-based services—a role most primary health care settings currently do not successfully fulfil. Counseling for pregnant women, mothers, adolescent girls, and families on nurturing care and opportunities for supporting the cognitive, social, and emotional development of young children can be provided as part of pre-pregnancy, antenatal, postnatal, and child health services. This includes proactively promoting fathers’ involvement in the care of young children, educating caregivers about how to support their child’s development, supporting the emotional well-being of caregivers, and other illustrative actions listed below.

Illustrative Actions

- The health sector should continue to **coordinate and identify opportunities for integration** with other sectors, for example, by addressing nurturing care for ECD in routine maternal and child health services, starting from pregnancy. Most additional early services could also be provided or reinforced in later contacts. They can be adapted for the growing age and abilities of the child or the changing family conditions. *Annex 1* provides illustrative examples of elements that could be added or strengthened through USAID programming (see also the [Nurturing Care Practice Guide](#)).
- Use scheduled reviews of case management and supervisory protocols to update them with family-based approaches to build the caregivers’ capacity to support their child’s development. Updates can add new support for responsive caregiving, including pain management and responsive feeding, increasing opportunities for early learning, creating a safe environment, and recognizing and addressing caregivers’ needs. Include counseling on responsive care and breastfeeding in the existing prenatal care checklist.

- Integrate care for the caregivers, and continue to strengthen and expand health workers' training to recognize the burden of caring for a young child and the effects on family relationships and other household responsibilities. This might draw on [UNICEF's Caring for the Caregiver Implementer's Guide](#), which improves the counseling skills of frontline workers, building on the caregivers' existing strengths to increase their confidence and help them develop skills in stress management, self-care, and conflict resolution to support their emotional well-being.
- Provide clinical interventions and support programs to improve caregivers' mental health and mitigate the impacts of mental illness, including peer support networks. Children of mothers with depression are most likely to benefit from interventions that focus on treating the mother's depression and strengthening her responsiveness to her child. This might build on programs such as [WHO's Thinking Healthy Manual for Psychosocial Management of Perinatal Depression](#), which is a low-intensity psychological intervention for use at the community level to address depression during and after the perinatal period. With drawings, mothers monitor their moods and set goals to practice healthy thoughts and actions through techniques used in cognitive behavioral therapy.
- Increase understanding of the role male engagement in services for vulnerable children can play, and identify intervention strategies that incorporate male engagement as supportive partners and agents of change (see REAL Fathers Initiative *below*).

REAL Fathers Initiative

The [Responsible, Engaged and Loving \(REAL\) Fathers Initiative](#) aims to build positive partnerships and parenting practices among young fathers (aged 16–25) to reduce the incidence of intimate partner violence and physical punishment of children. The resource includes implementation guidelines to guide practitioners in implementing REAL Fathers, a training curriculum, a discussion guide, and resource sheets. The program entails (1) community-selected mentors meeting with young fathers in group and individual discussion sessions; (2) couple-based sessions on couple communication and parenting; (3) a community awareness campaign to catalyze reflection on gender norms, parenting, and violence prevention; and (4) a community celebration to share and reinforce learning and commitment. The pilot program in Northern Uganda had a significant, long-term effect in reducing intimate partner violence and harsh punishment of children by young fathers. USAID has also implemented REAL Fathers in India, Malawi, Rwanda, and Senegal. In the adaptation in India, a module on family planning was integrated and fathers showed increased interest in communicating with their wives about contraceptive options.

For more information, see Institute for Reproductive Health, Georgetown University. 2020. *REAL Fathers Implementation Guidelines*: <https://irh.org/resource-library/real-fathers-implementation-guidelines/>.

- Build the capacity of frontline workers to demonstrate respect for caregivers and young patients, counsel to solve problems, identify ways to find relief and rest, and introduce responsive play and other joyful activities with their children. Pay special attention to the needs of young and first-time fathers and mothers (e.g., see Sugira Muryango *below*).
- Gather regular feedback from caregivers on the quality of service they receive, what they find most helpful to them and their children, and their experience and comfort using the health services.

- Support Kangaroo Mother Care as part of infant- and family-centered care for preterm and low-birth-weight babies. Encourage skin-to-skin contact between mother or father and newborn infant as early as possible after birth to foster bonding. For more information, see [WHO's brief on nurturing care for every newborn](#).
- Support mothers to prevent transmitting HIV to their children. Ensure continuity of services for the caregiver and strengthen follow-up for exposed children to improve Early Infant Diagnosis at two months and through Final Outcome at 18 months. Facilitate access to viral load testing, reinforce treatment literacy, and support children's transition to optimized anti-retroviral therapy (the lowest rates of viral load testing and viral load suppression are among children under the age of 5). Counsel caregivers on responsive caregiving and age-appropriate, play-based early learning. Attend to parents' health and their emotional and social well-being. Refer to peer-support networks and provide consistent follow-up. For more information, see the WHO [Nurturing Care for Children Affected by HIV](#) brief, which presents existing opportunities within the health sector and offers recommendations to better serve families affected by HIV.
- Make sure frontline workers can identify who needs more support and available resources. Use evidence-based signs of difficulties that are beyond the capacity of the frontline health worker to treat. Referral to specialized care, including violence prevention and response, may be needed; for example, when a child is at risk of or exhibiting poor development, caregivers have difficulty coping with the responsibilities of parenting, especially when the child has special needs or may be at risk of or subject to violence or neglect.
- Provide comprehensive, community-based, inclusive services to those diagnosed with delayed milestones and/or disabilities to promote the equalization of opportunities, poverty reduction, and social inclusion of all people with disabilities.
- Assist local health networks in mapping, supporting, and expanding specialized detection and intervention diagnostic and treatment services—for example, auxiliary services for specific learning needs of children with disabilities (e.g., sight or hearing loss, Braille and sign language learning services, speech, occupational, and physical therapy), child development centers, support treatment for mental health illness and substance use, and family mentorship and support groups for families of children with disabilities.
- Provide information and training for caregivers on simple therapeutic activities that enhance children's skill development, support parent-child relationships, and strengthen family adaptation (e.g., see Sugira Muryango [below](#)). Refer children to early intervention services where possible, such as Braille and sign language, speech, and physiotherapy. Increase the availability of physical rehabilitation services at the community level and in the course of primary health care provision.

Many USAID programs already support some of these approaches, for example:

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) program in Mozambique provides screening and counseling for maternal depression in postnatal clinics to promote maternal well-being and improve child development outcomes. Integrating screening and counseling has required an iterative approach to training health workers to find appropriate and feasible strategies the existing workforce can execute.

OVC programs often use community-based and case management approaches to link families to HIV care and treatment, ensure access to basic services, and provide targeted social and economic strengthening aid to bolster care and support for marginalized and underserved children. Projects such as the Enhancing Services and Linkages for Children Affected by HIV and AIDS (ELIKIA) activity in the Democratic Republic of Congo provide parenting support sessions on basic parenting skills, household communication, and caring for children living with HIV.

NUTRITION

Late gestation through early childhood is the stage in the life course when the nutrient requirements are the highest per body mass unit because it is a time of rapid physical growth and brain development. During the first 1,000 days, the brain and body grow and develop more quickly than at any other time during the life course. By 2 years of age, 80 percent of the growth of the brain has already happened. Nutrition provides the fuel that drives much of this early brain growth and development. As a result, it provides the building blocks for children's motor skills and socio-emotional and cognitive development, which in turn, affects their academic and economic productivity later in life; during this period, a child's cognitive and physical development is vulnerable to poor nutrition, neglect, and the "toxic stress" that comes along with hunger and food insecurity. During the 1,000-day window, mothers and their children are inextricably linked as dyads. The mother's nutritional intake directly affects in-utero nutritional status, and breastfeeding is a primary driver of nutritional status during the first 2 years of life. Caregiving capacity is also directly related to nutritional care, because breastfeeding, the complementary feeding transition, and ability to provide appropriate nutritional support to sick children rely on how competent and well supported a caregiver is.

USAID nutrition programs aim to contribute to early childhood development outcomes. For example, they promote breastfeeding and good complementary feeding practices and monitor growth. Some also promote Kangaroo Mother Care among premature or low birth weight newborns, and the Baby-Friendly Hospital Initiative has endorsed responsive feeding counseling. These nutrition services need to continue and further integrate early childhood care and development principles and objectives into their policies and programs, as outlined below.

Illustrative Actions

- Continue to improve women's nutrition services, and promote and support improved infant and young child feeding (IYCF) and care practices, emphasizing immediate initiation of breastfeeding after birth, exclusive breastfeeding for six months, continued breastfeeding for at least two years, and appropriate complementary and responsive feeding practices.
- Strengthen counseling or referrals through nutrition services to include all aspects of responsive caregiving, including discipline with love, early stimulation, and the establishment of play and physical activity and healthy hygiene and sleep daily routines.

- Strengthen IYCF programming by incorporating responsive caregiving counseling, including responsive feeding, early learning, and caregivers' well-being in nutrition services to support early childhood development objectives (see [Responsive Care and Early Learning Addendum](#)).
- Strengthen malnutrition treatment services by integrating additional support for nurturing care, including support for caregivers' mental health and well-being. Counseling on responsive care and supporting learning through play and communication, including adequate follow-up, are especially important for children who are malnourished, given the negative consequences of malnutrition on a child's development.
- Strengthen responsive caregiving, including responsive feeding, in early childcare and education centers. These centers usually serve children up to 5 years of age, which is a very sensitive period of time, when toddlers and preschoolers continue developing their food preferences and the risk of obesity and metabolic disorders later in life.
- Leverage nutrition/care groups, mother–baby spaces, and safe feeding spaces in humanitarian response to include activities that support infant stimulation and the mental health and coping skills of mothers/caregivers. Use the groups/locations as platforms and places for strengthening caregivers' knowledge and skills on violence prevention, promoting young children's socialization and well-being, supporting separated and unaccompanied children, and helping children cope with traumas from armed conflict or sudden loss of important people.
- Support the effective implementation of responsive feeding counseling through the Baby-Friendly Hospital Initiative.

Responsive Care and Early Learning Addendum for IYCF

The [Responsive Care and Early Learning Addendum](#) was designed as a brief set of materials to integrate these often-missing components of nurturing care into existing child nutrition and health counseling services. The addendum includes illustrated counseling cards, training materials, and a guide for planning, adaptation and implementation to address gaps in existing nutrition counseling packages. It provides counseling content that was developed through a consultative process involving experts in child development, nutrition, and social and behavior change. The content covers responsive care and feeding, along with early learning, monitoring child development, caring for the caregiver, and addressing feeding difficulties with a focus on disability inclusion. The addendum has been tested through USAID programming in Ghana and the Kyrgyz Republic. It allows flexibility and adaptation to different country contexts and includes illustrated counseling cards that combine feeding with responsive caregiving and child protection messages.

- Strengthen the capacity of maternal–child nutrition services, including growth monitoring programs, to screen for early childhood development milestones and provide connection to other routine and essential health services for additional follow-up when there are concerns about a child's development.
- Ensure that children with disabilities and their family members, as well as caregivers with disabilities, have equitable access to the type of counseling and the resources needed for proper nutrition and feeding for all family members and to provide nurturing care, including responsive feeding according to the specific needs of the children. Refer to the [Feeding and Disability Resource Bank](#) for tools and guidance.

- In invitations for humanitarian proposals, consider when/where ECD-focused interventions such as breastfeeding spaces, care groups, or other complementary interventions should be highly recommended or required. Include resources to enable documentation of and learning about ECD programming in emergencies and about needs and gaps in programming.

Practical lessons from Mozambique

In Mozambique, early learning and responsive caregiving has been integrated into the Nutrition Intervention Package (*Pacote de Intervenções de Nutrição*). Community health workers deliver the program at bimonthly parent–child meetings. The program covers counseling on responsive care and early learning in the first 2 years of life. For example, it includes sessions on making safe toys, educating children about hand washing through songs, understanding breastfeeding as bonding time, and responsive feeding. Notably, the integration of early learning and responsive caregiving did not require more training days or additional costs. The supervision guide requires supervisors to check that community health workers promote play and emphasize the importance of responsive caregiving at every counseling session with caregivers. Led by the government and financed jointly by USAID, the World Bank, and UNICEF at more than \$24 million, the Nutrition Intervention Package targets 3 million children under 2 years in provinces with the highest malnutrition rates. The nutrition department within the Health Ministry has taken ownership of the ECD agenda. It leverages financing opportunities, such as this one, to ensure that all nutrition interventions also promote ECD.

CHILD PROTECTION

Protecting children from violence, exploitation, abuse, and neglect helps shield them from the worst consequences of these adverse childhood experiences, which often have lifelong impact. Interventions that promote nurturing environments for optimal development, such as positive parenting support through parenting groups in community settings, home visiting programs, and skills building in comprehensive support programs, can potentially reduce physical punishment; improve child behavior, parent–child relationship and communication, and ECD outcomes; and decrease child abuse and neglect, bullying or being bullied, and intimate partner violence. Strengthening child protection support systems and mechanisms can enhance the protection of children’s environments (WHO 2018). Children can be supported and protected in myriad ways, including within the family or through community-based mechanisms, group and individual services, case management, alternative care, and family tracing and reunification.

USAID supports children’s safety, development, and well-being in development and humanitarian programming through direct child protection measures, by integrating prevention of and response to child protection concerns in sector and thematic programming, and through focused programs for at-risk children and their families. USAID’s focused programs include work to keep at-risk children in safe and nurturing family environments, support development of parenting skills, and develop and strengthen child protection systems and mechanisms. In addition, focused programming supports family care for all children, and deinstitutionalization of residential childcare institutions (which can increase children’s risk of developmental impairments, social isolation, and lasting psychological harm). These institutions can be supported to transition to community services that support and strengthen family-based care services for children’s positive development. In acute and protracted crises, humanitarian child protection support often relates to care and support for children separated from their families and family reunification; community-based child protection activities; support for caregiving; group activities for children and adolescents to learn and socialize; and support for returning to formal and non-formal education. Missing, however, from most humanitarian programs are integrated childcare and development services that, in addition to supporting children’s development, can free parents to rebuild or develop livelihoods. These could include daycare services or creches providing ECCE.

Illustrative Actions

- Assess capacity of and invest in the development and strengthening of national and sub-national child welfare and social welfare/protection systems, including community-based child protection structures/mechanisms to prevent and respond to violence against children. Continue to strengthen links, coordination, communication channels, and referrals among health, mental health, nutrition, education, social support, and social protection services to ensure families in challenging circumstances can access support and stay together. Consider using the WHO's [INSPIRE strategies](#) that have shown success in reducing violence against children: implementation and enforcement of laws; norms and values; safe environments; parent and caregiver support; income and economic strengthening; response and support services; and education and life skills. This package includes the core document describing what the INSPIRE strategies and interventions are, an implementation handbook that provides details on how to implement the interventions, and a set of indicators to measure the uptake of INSPIRE and its impact on levels of violence against children.
- Create opportunities to strengthen humanitarian–development–peace coherence in the child protection/social service sector related to young children. This can be accomplished by, for example, (1) promoting national and regional joint assessments; (2) practicing joint learning and preparedness planning between development and humanitarian actors, including national child protection system actors and the Child Protection Area of Responsibility actors; and (3) strengthening national capacities for emergency preparedness and response related to protection of young children, including developing the skills of the social service workforce and enhancing case management systems.
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- Invest in implementation of and operational learning about family-centered case management services with strong early childhood support and violence prevention and response competence, including referral systems, resilience-/trauma-informed care, and crisis intervention.

Sugira Muryango in Rwanda: Home visiting to strengthen responsive caregiving and reduce violence

Launched in 2016, the USAID and other donor-funded Sugira Muryango program in Rwanda uses home visiting and coaching to strengthen responsive caregiving and prevent the use of violence and harsh punishment in the home. The program engages both male and female caregivers through their family strengthening intervention model and specifically targets families living in extreme poverty that are enrolled in Rwanda's social protection system. Because of the cumulative and interconnected vulnerabilities stemming from extreme poverty, the program focuses on supporting families to cope with symptoms of trauma, provide protection for their children, and manage household stress to improve resilience, health-seeking behaviors and outcomes, and positive parenting practices at both family and community levels. Supported by Rwanda's National Child Development Agency, community-based volunteers provide families with structured weekly 90-minute home visits over a period of four months. The sessions engage the whole family and feature facilitated play to promote optimal child development and encourage family bonding. A [cluster-randomized trial in 2017–2018](#) found that families participating in Sugira Muryango experienced improved caregiver mental health, strengthened dietary diversity, better child social-emotional and cognitive development outcomes, and a reduction in violence against children and intimate partners, as well as exhibited more health-seeking behaviors.

- Identify ways to reach children where they may already be. Consider using a community-based approach to identify how the community may already be addressing children's needs, and build from there. For example, engaging in discussions about children's development and caregivers' well-being and coping skills in existing venues where caregivers meet, such as village savings and loan groups and places of worship. Provide play places where community members and young children congregate, such as community halls, places of worship, and health centers/nutrition sites/HIV care and treatment sites, where parents have to wait in long lines. Develop and integrate child- and adolescent-focused reading/learning materials and activities on child development and safe caregiving in school curricula and children's/youth groups.
- Scale evidence-based parenting programs (e.g., see Parenting for Lifelong Health [below](#)) to national level, emphasizing development of non-violent discipline methods. Engage fathers in such training and shifting cultural norms that discourage their active involvement in caregiving (see REAL Fathers Initiative [above](#) as an example).

Parenting for Lifelong Health: Parenting programs to address violence in the home

Parenting for Lifelong Health is a suite of open access, non-commercialized programs for parents of children up to age 17 years to prevent violence in low-resource settings. It shows benefits in improving parent-child relationships, enhancing security of child attachment, child cognitive and socio-emotional development, reducing family mental health distress, increasing family economic resilience, and reducing substance use. The programs are currently being scaled up in more than 20 low- and middle-income countries.

For more information, see World Health Organization. 2022. *Parenting for Lifelong Health: A Suite of Parenting Programmes to Prevent Violence*: <https://www.who.int/teams/social-determinants-of-health/parenting-for-lifelong-health>.

- Strengthen the capacity of frontline workers that support ECD to communicate with, support, and appropriately refer children and families who may need targeted support. These may include, for example, families:

- Where a young child, caregiver, or other member has a disability or developmental delay, and may face barriers in accessing services and specific supports or supports available to other families
- Where a caregiver experiences depression or another mental health condition that may affect their ability to recognize the child’s needs and respond appropriately, empathize with a young child’s experiences, or manage their own emotions and t reactions to their baby’s dependence, and where they may benefit from specific supports to assist them in fulfilling these important caregiver roles
- Where abuse, neglect, or interpersonal violence is suspected or confirmed
- That are unable to meet their basic needs
- That experience other conditions that place young children at risk of sub-optimal development
 - Investigate approaches to and partnerships for providing safe and developmentally supportive ECCE so that mothers (and fathers) can work knowing that their young children are well cared for, and their older children can be in school.

Learning about sex workers’ childcare practices

Recent experience through PEPFAR Key Populations programming has generated important learning with respect to care for young children. For example, female sex worker mothers may send older children to relatives for care, while keeping younger children with them, but are not always able to safely care for these young children while working. It may be useful to investigate/experiment with childcare options for these mothers and children, such as encouraging them to collaboratively provide care/supervision for their children and connecting childcare/child supervision to nearby health facilities these families frequent to both ensure children are safe and make health care access more convenient.

- Support and strengthen alternative care mechanisms, such as foster and extended family care, and assist such alternative caregivers with training and supportive services.
- Support transition of residential childcare institutions to provide support for family-based care.
- Support the reunification and reintegration of children living outside of parental care, including those in residential care settings, trafficked, on the street, in armed groups, or affected by humanitarian emergencies. Elements of such support include the development of gatekeeping processes and family tracing interventions.

Alternatives to institutional care for children

In committing to the APCCA Strategy, USAID and other U.S. government agencies and departments have agreed to support family-based alternative care for children. This requires transforming national systems, many of which have relied significantly on the outmoded approach of placing children in residential care facilities instead of families, despite the fact that the large majority of these children have one or both parents living or extended family members. An example of a USAID program supporting a transition from residential to family-based care is [Changing the Way We Care](#). It works with governments and nongovernmental partners in Guatemala, Kenya, and Moldova to create and strengthen alternatives to institutional care for children. It provides parenting guidance, household finance training, and other approaches to prevent the separation of children from their families and strengthen families whose children have been reunited. It also works to influence public attitudes and practices to keep children in nurturing family care.

- **IN HUMANITARIAN CONTEXTS:** Support play spaces for babies and young children, making sure they are safe and receive adequate care and stimulation. Provide learning opportunities for parents/caregivers on responsive caregiving and early learning. Support parents' health and their emotional and social well-being, including stress reduction, coping skills, and dealing with post-traumatic stress symptoms. Incorporate ECD information into all forms of assistance and programming (e.g., shelter, water and sanitation, health, nutrition, protection, education, and mental health and psychosocial support). For more information, see [the Nurturing Care for Children Living in Humanitarian Settings](#) brief, which highlights the distinct challenges facing children in humanitarian settings and provides concrete actions for program planners and implementers to mitigate the impact of emergencies on families through a nurturing care lens. Another useful resource is position paper on [Collaboration across Child Protection in Humanitarian Action and Education in Emergencies](#) and their [resource collection on ECD](#) developed by the Alliance for Child Protection in Humanitarian Action and Inter-Agency Network for Education in Emergencies.

Sequencing, layering, and integrating activities for children in crisis and conflict

USAID portfolios aim to sequence, layer, and integrate through mutually reinforcing activities. In northeast Nigeria, USAID humanitarian assistance programs supported safe healing and learning spaces for displaced children. These programs responded to the children's immediate protection needs by establishing a secure environment where they can learn and play, while trained child protection staff provide psychosocial support and assist children who experienced violence, exploitation, and abuse. Once their families were more settled, the children were able to transition to local schools or non-formal education supported by USAID development assistance programs.

- **FOR FAMILIES DEALING WITH THE RISKS AND BURDENS OF POVERTY:** Two crucial actions are to (1) link families to all appropriate social protection support, where available, and (2) identify/provide financial resources and other assistance (e.g., access to obtaining birth registration) critical for accessing social supports or services that support healthy development and mitigate violence. It is also important to help caregivers connect/relate financial resources to child well-being and development, and enhance family financial literacy and money and household asset management skills. At the national policy, program, and community levels, strengthen capacity of services to assess household/family economic situation and capacity and match to interventions that are appropriate to family context. Also, strengthen community services to support marginalized and underserved individuals and families, including through

employment, income generation, microfinance, savings-led microfinance, enterprise development, parenting skills, and childcare and development programs, and integrate ECD messaging where possible. A useful resource is [Meeting the Costs of Family Care: Household Economic Strengthening to Prevent Children’s Separation and Support Reintegration](#), which aims to assist program designers, funders, and implementers in selecting and incorporating appropriate and effective household economic strengthening measures into programs to preserve or reestablish family care for children.

- **FOR CHILDREN OF YOUNG MOTHERS:** Consider programming that simultaneously supports the development and well-being of targeted children and their mothers. Where possible and appropriate, assist young mothers to strengthen parenting practices, continue their education, and/or develop job/earning skills, and support related childcare.

WATER, SANITATION, AND HYGIENE (WASH)

Inadequate WASH is linked to increased morbidity, poor infant and young child growth, and stunting. The impact of WASH on physical, motor, and cognitive development in children likely operates through multiple and intertwined pathways, including effects on malnutrition, enteric dysfunction, and infection, as well as impacts on time poverty and opportunity cost. The interactive effects of infection and undernutrition during early childhood are a vicious cycle shown to have long-term effects not only on health and physical growth, but also on motor and cognitive development. The integration of IYCF and WASH has also demonstrated benefits for improved child development outcomes.

Improving access to safe and reliable water supply has the potential to both contribute to better child development given its link with improved health and growth, and reduce burden and cost of water collection, which improve family food security and well-being and leave more time for caregivers to engage in activities to support ECD. Recent evidence suggests that point-of-use water treatment interventions are unlikely to achieve sustained reductions in childhood diarrhea or stunting due to the unreasonably high promotion intensity required to maintain behaviors and, therefore, gain health and nutrition benefits. USAID emphasizes working toward providing *area-wide* water and sanitation services, instead of only specific households. Evidence demonstrates that area-wide changes are required for improving outcomes, including those for infants and young children.

USAID recognizes the need for improvement in the hygienic environment of infants and young children, such as separation of animals and their feces, safe disposal of infant feces, and others. The emphasis on an improved hygienic environment, together with more traditional WASH, continues to be an important focus of continuing research on health and growth outcomes. Lastly, USAID’s emphasis on WASH in schools, including pre-primary schools, both creates an environment that encourages school attendance and improved performance, with a particular eye to gender elements such as safe and private sanitation and water facilities, and contributes to healthy habits at home and over time. The following Illustrative Actions reflect the most recent USAID guidance articulated in the [USAID Water and Development Technical Series](#).

Illustrative Actions

- Continue to prevent and mitigate the impact of infectious diseases and impaired growth—as well as alleviate women’s time poverty—through improved access to safe and reliable water services, handwashing with soap, and appropriate excreta disposal.
- Work toward providing *area-wide* water [and sanitation services](#), including supplying safely managed and reliable [rural water services](#), specifically through on-site or convenient piped water, instead of only specific households. When the targeting of specific sub-groups is

required for budgetary and other programmatic constraints, it is recommended to focus on nutrition-stressed *areas* rather than at-risk households.

- Targeted sanitation subsidies should be considered when seeking to reach the extreme poor and most marginalized and can be successful when carefully combined with, or as a complement to, other approaches.
- Child-friendly sanitation affects safe disposal of feces. Enabling technologies such as potties, sanitation mats for latrines, grab bars/ropes for stability, and improved ventilation and natural lighting improve safe disposal of infant and young child feces.
- Ensure all WASH facilities are designed for use by children, women, the elderly, and people with disabilities—to be **inclusive for all**.
- [Social and behavior change programming](#) for hygiene is critical for interrupting pathways of infection. When piped water is not readily available, handwashing stations serve to facilitate handwashing by making proper handwashing with flowing water feasible, as well as promoting handwashing by serving as a reminder. Handwashing can be effectively “nudged” in [institutional settings](#), such as pre-schools, with simple cues like painted footprints on a path toward a sink or wall paintings of eyes watching the sink, which function at subconscious level to cue handwashing.
- Collaborate across sectors to participate in multi-sectoral implementation research to build the evidence base regarding ways to interrupt fecal–oral pathways, especially for young children, from poor food hygiene, contact with animal feces, and direct soil/feces ingestion into strategies and programming. Current evidence suggests no single intervention will dramatically improve hygienic environments on its own, making the identification of effective combinations a continuing priority.
- Strengthen **coordination and opportunities for integration** with other sectors to ensure that convenient and reliable water, child-friendly sanitation, and handwashing facilities with soap are in place in childcare, pre-primary education, and OVC centers, schools, and health facilities. These services are important for their immediate impacts on reducing infection and longer-term impacts on developing hygienic habits for life. These WASH elements are also priority criteria that affect job satisfaction for employees in schools and health care facilities, which can have an indirect impact on quality of these services.
- Connect with education, nutrition, and health actors in the design phase of projects, as possible, to secure intersectoral programming and multi-sectoral coordination. This might draw on WHO’s [Clean, Safe, and Secure Environments for Early Childhood Development](#) brief, which outlines significant environmental health risks affecting children today.

EDUCATION

There is a marked shift in programming and policy emphasis around three to five years, with stronger engagement from the education sector. During the past decade, significant progress has been made in increasing access to pre-primary education; yet, nearly half the world’s pre-primary-age children still do not attend pre-primary education (UNICEF 2019). Further, those children who need it most—including children living in rural areas, from lower-income households, and with disabilities—are least likely to have access to pre-primary education. During COVID-19 pandemic-related school closures, pre-primary students lost the most instruction days and without high-quality early learning recovery measures, this is estimated to cost these children \$1.6 trillion in lost future earnings ([Nugroho et al. 2021](#)).

USAID-supported pre-primary programs aim to support young children’s development and learning, particularly for the most marginalized populations, across a number of domains, including emergent literacy, emergent numeracy, social and emotional learning, and physical motor domains. USAID’S flagship inclusive early grade reading programs improve early childhood development outcomes for children ages 6–8 in primary schools (see Promoting Inclusive Education [below](#)). The education sector also provides important opportunities for greater coordination of health, nutrition, WASH, and protection services, including linkage and referrals between services such as school feeding programs and WASH-friendly pre-primary settings.

Promoting inclusive education

The [Multi-Country Study on Inclusive Education](#) is USAID’S first major, multi-country effort to investigate what works in supporting children with disabilities to learn to read. It will support plans for new, inclusive early grade reading programming globally. Areas of technical focus include screening and identifying disabilities, teacher training and professional development, development of inclusive materials, and instructional models for inclusion. An emerging trend among USAID Missions, for example, in [Cambodia and Jordan](#), and through initiatives such as [Ready2Read Challenge](#), has been to develop and pilot programs to build foundational language and literacy skills at the pre-primary level—including alphabetic knowledge, phonological awareness, expressive vocabulary, and listening comprehension, with some programs focusing on language-minority children.

Actions to support ECD should not only focus on pre-primary and early grade education, but also on quality childcare and the promotion of playful early learning opportunities, which may include multi-media responses (radio, TV, digital, phone-based, etc.). Family and parenting support during the pre-school years can take many different forms, including encouraging positive parenting, providing advice and counseling, engagement in parent–teacher associations, and offering practical advice and training on the best ways to support learning for all children, including children with learning disabilities. During the COVID-19 pandemic, USAID partnered with education ministries and Sesame Workshop to distribute social media content on [Caring for Each Other](#), which provided information to caregivers on playful learning and other topics, such as illness prevention with hand washing and coping with stress. The recently launched [Homes and Communities](#) activity in Rwanda aims to ensure all children have literacy-supportive, stimulating, and safe home environments to enhance their education and learning outcomes.

Childcare is at the center of many crucial issues governments around the world face as they seek to fight poverty, build shared prosperity, and ultimately, build human capital. Expanding access to quality childcare has the potential to yield multi-generational impacts by improving women’s economic empowerment, child outcomes, family welfare, business productivity, and overall economic growth. However, too many families worldwide lack suitable childcare options, which restricts women’s employment opportunities, productivity, and income and reduces women’s empowerment and well-being, leaving many children in unsafe and unstimulating environments.³ While the primary objective of pre-primary programming is to prepare children for primary school by supporting their cognitive, socio-emotional, and physical development, it can also serve as a childcare solution, particularly when provided for a full working day.

³ The recent World Bank report [Better Jobs and Brighter Futures: Investing in Childcare to Build Human Capital](#) lays out the evidence base for investments in childcare from a holistic perspective, estimates the global need, and suggests policy goals for government to consider to secure access to quality, affordable childcare for all families that need it.

Illustrative Actions

- Building on USAID’s groundbreaking work in early grade reading, continue to implement inclusive foundational skills programs that serve children ages 6–8 in primary schools. Expand USAID’s initiatives to advance and effectively implement inclusive and emergent language and literacy programming at the pre-primary level.
- Expand the coverage of high-quality pre-primary education, particularly emphasizing access for marginalized and underserved populations, including by using and expanding innovative public–private financing mechanisms, such as through [CATALYZE](#) activities. Use recently published USAID knowledge products to inform decisions about where and how to invest in pre-primary programming, including the [How-to-Note: Developing High-Quality Pre-Primary Programs](#) and a literature review [Examining What Works in Pre-Primary](#) from low- and middle-income contexts.
- Strengthen initiatives for parenting and family support, advice, and information to promote opportunities for early learning in the home environment, including through programming to enhance parent–child shared book reading interactions and shared play opportunities, as well as training for pre-primary and primary school educators on engaging families to best foster learning for young children and maintain two-way communication at all times.
- Consider a deliberate, cross-sectoral focus on quality ECCE for infants and young children, with flexible provision to meet the needs of working families. Measures of enabling work or measuring impact on labor force participation would reflect this focus.
- Strengthen **coordination and opportunities for integration** with other sectors, including, for example, working in partnership with:
 - **Health** to strengthen early identification for disabilities and developmental delays in pre-primary and primary schools
 - **Nutrition** to continue support for school feeding programs in pre-primary and primary schools, and assist pre-primary and primary schools to set up and run school gardens
 - **WASH** to ensure USAID-funded programming is WASH-friendly in both pre-primary and primary schools

CHILD PROTECTION

- Strengthen school-based violence-prevention programs that involve training pre-primary and primary school educators in classroom behavior management and/or how to promote children’s social-emotional skills, and incorporate key messaging of child protection to parents and caregivers. Create and implement quality standards and quality-assurance systems for USAID-funded pre-primary education with a strong focus on teacher–child interaction and play-based learning, and ensure standards for any new or renovation construction project funded by USAID allow access for children with disabilities and are compliant with USAID’s Policy on Standards for Accessibility regarding USAID-funded construction. This might draw on resources such as UNICEF’s Quality Standards and Quality Assurance Systems for Pre-Primary Education.
- Expand USAID’s initiatives for learners with disabilities in pre-primary education, including incorporating Universal Design for Learning principles to guide the design of accessible and effective learning environments. Continue providing USAID staff and partners with the knowledge, skills, and tools to advance and effectively implement disability-inclusive education in pre-primary and primary education. Consult with and learn from USAID programming that has experience in inclusive education programming.

- Create opportunities to strengthen humanitarian–development coherence in the education sector related to pre-primary and early grades education by, for example, coordinating to contextualize ECCE standards at the national level, strengthening national capacities for emergency preparedness and response in the education sector, and linking emergency education provision to the formal system. The White Paper: Education and Humanitarian–Development Coherence (Nicolai et al. 2019), developed for USAID’s Education in Crisis and Conflict Network, highlights a number of reasons coherence is particularly important in the education sector and proposes that there are opportunities for education coherence in terms of norms (what guides education support), capacities (who leads and coordinates education support), and operations (how education support is planned and provided).

IMPLEMENTATION AREA 2: FACILITATE MULTI-SECTORAL COORDINATION AND MORE INTEGRATED APPROACHES FOR EARLY CHILDHOOD DEVELOPMENT

According to the Global Child Thrive Act, **integration and cross-sector coordination** of ECD programs is critical in securing the efficiency, effectiveness, and continued implementation of such programs. The Administrator, the Secretary, and the heads of other relevant federal departments and agencies, as appropriate, shall support inclusive ECD within all relevant sector strategies and public laws, and **improve coordination** with foreign governments and international and regional organizations with respect to official country policies and plans to improve ECD.

The Global Child Thrive Act makes clear reference to sectors working together to see policy and programming change for better ECD outcomes. Coordinated and integrated approaches build on the idea of bringing together sectors and partners to achieve a shared goal—to ensure that every young child survives and thrives. USAID has created an internal cross-sectoral working group tasked with moving the Global Child Thrive Act agenda forward. However, there is an ongoing need to socialize partners on the Global Child Thrive Act.

Due to complex interactions between child health, nutrition, education, protection, and environments, many of the challenges in improving ECD outcomes can only be overcome through collaboration among different sectors. One sector alone cannot succeed in improving holistic outcomes for children, including physical development, approaches to learning, and social and emotional skills; this requires a multi-sectoral approach. The Global Child Thrive Act offers a great opportunity to bring together different sectors within USAID, such as health, nutrition, education, WASH, and protection, by providing a common language to stakeholders.

Coordination and integration are related, yet different processes.

COORDINATION refers to cross-sectoral efforts to optimize foreign assistance for child outcomes and encompasses not only how USAID Bureaus work with one another, but also how USAID engages with partner countries and other bilateral, multilateral, private-sector, and other external partners to maximize effective donor assistance. Effective coordination has the potential to enhance efforts to improve integration within and between sectors that serve young children and families (e.g., for good practice, see the [Smart Start Siaya](#) multi-sectoral coordination mechanism in Kenya). Coordination efforts should seek a win–win strategy, which aims for gains in ECD without diminishing the primary priorities and interests of participating sectors or agencies.

This requires acceptability (i.e., sectors buy into coordination for inclusive ECD) and feasibility (i.e., sectors have the capacity to effectively collaborate on ECD). Identifying co-benefits and win–win situations is essential for motivating sectors to consider ECD in their activities. The most obvious co-benefit identified is that health, education, and other goals are easier to attain with nurtured and thriving

children: Children who reach their developmental potential have better health, education, and other outcomes, and are better able to contribute to social and economic development. Other co-benefits include an increased exchange of information across different sectors, more effective and efficient implementation of evidence-informed programs, increased coherence, and new cross-sectoral indicators. Challenges and barriers to multi-sectoral coordination include a lack of political will, power imbalances, competition for resources, and inability or failure to identify co-benefits and to act in win-win situations. Moreover, there are risks and challenges associated with ineffective coordination, such as reputational risks and lack of sustainability.

“U.S. foreign assistance for vulnerable children and families in low- and middle-income countries depends on multiple legislative mandates and flows through many U.S. Government Departments and Agencies, according to their expertise. The decentralized mechanisms of U.S. foreign assistance make integration and coordination a complex challenge, but one that is achievable.”

(APCCA Strategy, 7)

INTEGRATION recognizes young children’s holistic development and seeks to make sure quality services are joined up at the point of delivery, typically building on sector-specific delivery platforms. From pregnancy to toddlerhood, health platforms may be a cost-effective and pragmatic way to provide integrated services, whereas education platforms may be well placed to provide integrated services as children move through the pre-school years and into primary school. Integrated approaches across sectors are not typically embedded as mainstream practice. Therefore, they require continuous reinforcement and high-level commitment.

USAID, its partners, and others have growing experience in integrating activities, particularly within the context of nutrition programming and health systems strengthening. Integration is successfully taking place in many countries with limited resources, where a few health workers deliver a range of public health, nutrition, and early learning services from the same delivery point. The various [benefits](#) of integration include (1) expanded access to and coverage of services; (2) decreased costs per visit or per service; (3) improved coherence and continuity of services; (4) more family-centered care that is responsive to multiple child/family needs; (5) more efficient use of existing resources by reducing fragmentation and duplication; and (6) increased sustainability of effects through improved system strengthening and fostering of shared of human, infrastructure, and financial resources.

Integrated approaches to programming

Cambodia

USAID launched the Cambodia Integrated Early Childhood Development (IECD) Activity in 2020, to support children in Cambodia to not just survive but thrive and reach their full developmental potential. IECD supports the Royal Government of Cambodia to promote nurturing care for all children, including the most vulnerable, starting from before birth. The activity takes an integrated approach across multiple sectors to strengthen nutrition service delivery in health facilities and communities to (1) support nutrition-sensitive agriculture and improved livelihoods; (2) improve WASH practices among caregivers; (3) facilitate screening and access to services for children who may have developmental delays or disabilities; and (4) promote responsive caregiving to help children meet critical developmental milestones. The focus of IECD is on the early childhood years. The activity's main objectives are to improve physical, cognitive, linguistic, and socio-emotional development of young children; decrease stunting rates; and secure appropriate care for children with developmental delays and disabilities. The IECD theory of change posits that if the enabling environment, service providers, and families are all supported to promote holistic nurturing care for children with and without developmental delays and disabilities, then an increased percentage of Cambodian children will thrive.

Guatemala

Launched in 2012, the Western Highlands Integrated Program (WHIP), advances program integration in five departments (Huehuetenango, Quetzaltenango, Quiché, San Marcos, and Totonicapán) in the Feed the Future zone of influence. It aims to reduce both poverty and stunting among children under the age of 5. The premise is that parallel improvements in economic development, nutrition, food security, health, education, local governance, and adaptation to climate change will have more significant impacts on reducing poverty and chronic malnutrition than a single sector alone. USAID/Guatemala is conducting an impact evaluation to test the validity of the hypothesis that integration of health and economic growth interventions is more effective than a single intervention. To ensure collaboration and information sharing, the internal USAID WHIP Technical Working Group was created with representation from offices for agriculture, health, environment, local governance, Food for Peace, education, and the program office. An expanded team includes the U.S. Department of Agriculture, Embassy, and Peace Corps representatives. The WHIP Technical Working Group plans, communicates, and coordinates activities within the Mission and with a corresponding integrated group of implementing partners to strengthen the integration and effectiveness of resources. The group also coordinates closely with Government of Guatemala officials, other donors, and the private sector.

Additional examples of cross-sectoral and integrated programming can be found in [USAID Advancing Nutrition's Nurturing Care to Improve Early Childhood Development Country Profiles](#).

An important early part of country-level multi-sector coordination around early childhood development could be helping governments to: (1) articulate a rationale for coordination, (2) develop an approach to identifying stakeholders within and across government and organizations, and (3) establish a committee of government and nongovernmental stakeholders to organize coordination across sectors to help secure the efficiency, effectiveness, and sustainability of programs that promote and protect early childhood development, including consulting and involving organizations of persons with disabilities in this process. The process should include local actors, such as local government and civil society organizations, to bring about more opportunity for buy-in and sustainability.

Creating an enabling environment for integrated approaches for improving ECD requires visioning, consensus-building, an understanding of existing and potential roles, and coordinated planning by diverse stakeholders. Those tasked with coordination must learn about stakeholders' motivations, agendas, constituencies, and constraints (including budget constraints) early in the process and by meeting with stakeholders individually, in small groups, at events, and through networking. It is also essential to link action on the Global Child Thrive Act to other local and national policies, agendas, and budgets.

There are numerous supportive committees, networks or task forces that promote collaborative partnerships and multi-sectoral mechanisms for early childhood development, such as the [Moving Minds Alliance](#), a multi-stakeholder partnership that combines programmatic, funding, and research expertise to support prioritization of the youngest refugees and their caregivers. An important tool for engaging with stakeholders are consultations and in-person interviews with civil society organizations that represent marginalized groups or marginalized groups themselves. Aligned with the principle of “do nothing about them without them,” stakeholder engagement should focus on direct outreach and engagement with local civil society organizations of, by, and for particular communities, as well as members of those communities. Consultations may also include faith-based actors, humanitarian and development actors, private-sector actors (e.g., private pre-primary education providers, professional associations, academia), local media, law enforcement, and others. Caregivers and respected leaders within different cultural communities should be integrated at the beginning into the planning, advocacy, and implementation processes.

Illustrative Actions

Internal to USAID

- Develop U.S. government advocacy strategies to provide a shared or common language for ECD and consistent messages to government and other stakeholders about the importance of ECD. The Global Child Thrive Act provides common language and an overarching framework to work from.
- Provide financial incentives to bring sectors and stakeholders together and develop a willingness for multi-sectoral approaches—for example, through assistance or funding, support multi-sectoral technical working group meetings and the participation of partners in multi-sectoral policy fora, conferences, and briefings at national and global levels.
- Build capacity for promoting and implementing coordinated and integrated action across sectors by providing technical experts with training on how to coordinate and structure multi-sectoral work in practice (i.e., training on engagement and mobilization strategies, indicators and monitoring tools, funding arrangements, and working practices that facilitate action across sectors).

Mission level

- Work with advocates, technical working groups, and influential government champions to advocate to national authorities for the rationale and importance of coordinated action for ECD and to sensitize national partners. Draw on resources such as the APCCA Strategy, the Nurturing Care Framework, the Nurturing Care Advocacy Toolkit, The Lancet's series Advancing Early Childhood Development: From Science to Scale, and UNICEF's Early Moments Matter report.
- Work with ministries and communicate about ECD as a priority for government uptake.
- Support country partners in planning and implementing coordinated and multi-sectoral programs, for example, by including ECD on the agenda of high-level bilateral, multilateral, and

international events; supporting the expansion of legal frameworks to promote programs for ECD; advocating for a national budget increase in programs that advance ECD; and ensuring that community development plans include investments for ECD.

- Identify and engage in supportive committees, networks, or taskforces that promote collaborative partnerships and multi-sectoral mechanisms.

Networks for early childhood development

Several networks and task forces have been established at global and regional levels that could support USAID and its partners by enhancing coordination and integration between sectors. They include:

- [Early Childhood Development Action Network](#)
- [ECD Task Force for Children with Disabilities](#)

Regional networks

- [Africa Early Childhood Network](#)
- [Arab Network for Early Childhood Development](#)
- [Asia-Pacific Regional Network for Early Childhood](#)
- [International Step-by-Step Association](#)
- [Inter-country quality Node on ECCE of the Association of the Development of Education in Africa](#)
- [Pacific Regional Council for Early Childhood Development](#)
- [Knowledge Hub on Early Childhood Development in Latin America and the Caribbean](#)

Other platforms to strengthen ECD

- [Inter-Agency Network for Education in Emergencies Education Childhood Development Working Group](#)
- [The Moving Minds Alliance](#)
- [Global Social Service Workforce Alliance](#)
- [Scaling Up Nutrition \(SUN\) Movement](#)

SUN Movement

ECD is included in the multi-sectoral SUN Movement and represented at international and national levels. These multi-stakeholder platforms provide an existing venue for engaging critical ministries and USAID implementing partners to strengthen ECD funding and programming. The SUN Movement has been at the forefront of national efforts to scale up multi-sectoral nutrition action for the past decade, establishing principles, metrics, and guidance to members committed to large-scale change. SUN provides a platform for collaboration among donors, multilateral, government, civil society, and the private sector, and roadmaps and guidance to national governments in “repositioning” nutrition and coordinating multi-sectoral change. Today, the movement reflects a collaboration spanning more than 60 countries and all the major nutrition donors. The SUN approach is grounded in an understanding of competing priorities and needs, and guided by a principle of multi-sectoral planning, sectoral implementation, and multi-sectoral review and accountability. Adherence to this principle requires a conducive policy environment, informed planning, sustainable sector-specific financing, intersectoral cooperation, and vertical coordination and accountability through entities with convening authority over powerful line ministries. For the past decade, the SUN Secretariat, based in Geneva, and others have supported countries to create the enabling environment necessary for success.

IMPLEMENTATION AREA 3: STRENGTHEN AND EXPAND THE EVIDENCE BASE ON EARLY CHILDHOOD

According to the Global Child Thrive Act, it is the policy of the United States to **monitor and evaluate programs** in a manner that enhances their quality, transparency, equity, accountability, efficiency, and effectiveness in improving child and family outcomes in partner countries.

There is no single standard indicator to monitor and measure progress against the overarching goal of improving ECD outcomes. Quality programming provision contributes to a variety of improved ECD outcomes related to improvements in children’s physical health, learning skills, and social and emotional development and through the role different sectors play in contributing toward healthy and nurturing households, communities, and public environments. A data collection system need not be specific to ECD. It is preferable to include ECD outcomes in existing systems for monitoring education, health, nutrition, and protection.

The rigorous collection of data is needed, but the sharing of data (presently held in silos), [disaggregation by disability status](#) and other vulnerabilities, and sharing of best practices is essential. It is not enough to share data across sectors within USAID; it is also important to highlight the need with partner governments to share their data across ministries. For example, [Rwanda’s National Child Development Agency](#) created a cross-ministerial dashboard to share routinely collected information across relevant ministries and government agencies.

There are also gaps in evidence and where research does exist, it is not consistently used to inform practice. There is an ongoing need for research, evaluation, and learning to identify interventions across multiple sectors that are the most effective for improving ECD outcomes. It is necessary to better understand why those interventions are, or are not, effective, how they may need to be adapted in different contexts, and how to deliver them at scale, including during crises.

OUTCOMES

As shown in *Annex 2*, there are four USAID standard and supplemental indicators that measure ECD outcomes. The indicator most closely measuring ECD outcomes is the Project Indicator Reference Sheet ([PIRS](#)) supplemental indicator on pre-primary learners targeted for U.S. government assistance who are developmentally on track in emergent language and literacy, emergent numeracy, social and emotional skills, and physical skills. Examples of assessment systems that are acceptable can include but are not limited to national assessments, [International Development and Early Learning Assessment](#), [Measuring Early Learning Quality and Outcomes](#), and [Early Child Development Index 2030](#). In addition, F indicators for measuring young children’s reading skills, including children with disabilities, is a proxy indicator for ECD outcomes, although it does not include monitoring of physical or social emotional domains of development. [The Global Scale for Early Development](#) is an additional measure of ECD outcomes, which assesses child development for children from birth to age 3. Another useful resource is the World Bank’s [Measuring Child Development: A Toolkit for Doing It Right](#).

OUTPUTS

As shown in *Annex 2*, there are numerous USAID standard indicators for reporting on outputs related to ECD and implementation of the Global Child Thrive Act, especially related to strengthening “conditions for healthy growth.”

Conditions for healthy growth

For example, indicators for maternal and child health programming include U.S. government outputs for postnatal care, treatment of childhood illness, and immunizations; for nutrition, indicators include coverage of nutrition-specific interventions for pregnant women and children under 5, and nutrition-related professional training; and for WASH, indicators include access to basic drinking water and sanitation services, including in health facilities and schools. Additional global indicators for monitoring healthy conditions for child development include exclusive breastfeeding and dietary diversity.

Opportunities for early learning

There are USAID indicators to capture outputs on creating “opportunities for early learning,” including number of pre-primary learners reached, educator professional development activities, classroom repairs, safety of learning environments (including disability-based stigma and discrimination, corporal punishment, and unsafe or inaccessible physical infrastructure), assisted policy reform, parent–teacher associations or community-based school governance structures, and assistance for parents and community members to support children’s learning. Some of these indicators include a pre-primary disaggregate. Additional global indicators to measure early learning environments include access to children’s books, playthings at home, and parents’ engagement in early learning activities.

Protecting children from violence and family-based care

There are fewer indicators to monitor progress against “protecting children from violence” and “family-based care.” Such indicators include beneficiaries participating in child protection services and individuals trained in protection. Additional global indicators include children in residential care, children in family-based care, inadequate supervision, physical punishment and/or psychological aggression by caregivers, and birth registration.

Illustrative Actions

Monitoring

- Ensure monitoring and reporting of core indicators capture outputs related to the Global Child Thrive Act (*Annex 2*), as relevant, including strengthening conditions for healthy growth, opportunities for early learning, protection from violence, and family-based care. Collect, analyze, and use disability data to ensure that efforts are inclusive. For more information, see WHO’s Nurturing Care Handbook on [monitoring](#).
- Integrate measurement tools for planning, implementation, and monitoring of ECD *outcomes* in relevant health, nutrition, child protection, WASH, and education programming. Child development indicators should be integrated into health, social, and/or education management information systems (i.e., not a parallel reporting stream). Identify or develop a standard indicator for monitoring ECD outcomes in integrated programming.
- Identify and align data monitoring efforts with existing and emerging global and in-country working groups and consortia, such as the [Consortium on Pre-Primary Data and Measurement in Africa](#).

Research, evaluation, and learning

- Conduct research to identify, test, improve, and adapt promising and innovative pilot projects for ECD, particularly models with crossover benefits between two or more sectors and that promote responsive care and nurturing environments; and conduct operational research to increase program effectiveness.

- Support implementation research and evaluation in humanitarian settings to better understand for whom and at what cost programs produce improvements in ECD and other outcomes for refugee, migrant, and displaced populations.
- Advance the knowledge base of what works in disability-inclusive ECD education in partnership with organizations of persons with disabilities, and strengthen USAID’s use of disability data for ECD programming. Integrate analysis into relevant health, nutrition, child protection, WASH, and education programming to identify, understand, and explain gaps in services and programs for marginalized groups. Identify structural barriers and processes that exclude certain groups from participating fully in foreign assistance programs for ECD. Identify ways to design programs to reduce deprivations and empower marginalized groups in ECD programming.
- Assist with policy analysis and/or modeling to generate evidence related to the benefits of achieving multi-sectoral coordination and integrated programming. Help produce and disseminate documentation of outcomes from multi-sectoral collaboration and integrated programming. Such evaluations can inform and sustain cross-sectoral coordination and may include indicators related to increased awareness and understanding of ECD, well-functioning multi-sectoral coordination mechanisms, with routine involvement of senior officials and supported secretarial functions, broadened perspectives on issue in different sectors, convergence of agendas and agreements on proposed actions, increased organizational and personal capacity for multi-sectoral work, reduction in “silo” mind-set, and understanding of each other’s language and processes.

IMPLEMENTATION AREA 4: BUILDING LOCAL CAPACITY

According to the Global Child Thrive Act, it is the policy of the United States to encourage partner countries to lead ECD initiatives that include **incentives for building local capacity** for continued implementation and measurable results.

This area applies to strengthening the workforce to support the implementation of the Global Child Thrive Act, which requires applying a systems lens to identify and articulate the range of professionals, paraprofessionals, and volunteers contributing to the shared outcome of thriving children, and the specific actions required of them to contribute to the collective outcomes. Workforce development is an inextricable component of comprehensive systems strengthening across all sectors that provide services to families and children. It is often subject to the policies, procedures, budgets, and professional norms of the broader system. Stakeholders must be involved in changing or developing new procedures, capacity-building activities, and supervisory support. All changes or new processes and products (i.e., training materials or job aids) need to be carefully and skillfully pretested with users. This is particularly important when ECD is not considered part of their scope of work.

Professionals critical to making progress on the Global Child Thrive Act come from multiple sectors, including health, nutrition, childcare, early education, WASH, housing, and social and child protection. At the moment, a key barrier is the lack of a qualified workforce to deliver programs with ECD content. When focusing on assuring workforce competence, see how the broader environment of policies, standards, equipment, and compensation influences performance. Creating enabling environments and strengthening services to support the implementation of the Global Child Thrive Act can be a big undertaking. Supporting implementation should not simply be a set of additional training and tasks for the workforce, because their workloads tend to be large and their pay is often comparatively low.

Involve key stakeholders early in the planning and build support for a new holistic approach to achieving the shared goal of ensuring that every child thrives. Recognizing the direct relationship between the well-being of frontline workers and the children they serve is critical, so support mechanisms must be in place to promote workforce well-being.

The immediate entry point will likely be through in-service reinforcement, such as training, job aids, supportive supervision, and the development of or advocacy for ongoing quality monitoring. This is not to discourage long-term investments in policy change and revisions to professional training curricula, which can still be part of a long-term country strategy. In-service capacity strengthening is an opportunity to begin implementing the Global Child Thrive Act now by building new skills and integrating new competencies into existing supervision guidelines, standard operating procedures, protocols, and supervision checklists. ECD content should be integrated into other training curricula (i.e., for antenatal care, IYCF, obstetric care) as a “top up” approach. Supportive supervision and/or mentorship are essential to making sure that skills learned during training are sustained over time.

It is also important to remember the role of peers and peer networks in providing mentoring/coaching support to develop professional skills. Any approach must align with existing sector workforce policies and procedures, or those policies and procedures will need to be addressed, or new components selected. Taking these steps will contribute to overall systems strengthening in support of ECD.

Illustrative Actions

- Assess current workforce policies and practices related to those actions to understand what is in place and what is missing, including what sectors and key actors are currently engaged in promoting ECD, and identify both gaps and strengths in the current constellation of actors.
- Invest in the workforce with a specific focus on building and rewarding the workforce’s application of key competencies contributing to ECD outcomes. This might draw on the Early Childhood Workforce Initiative’s [Strengthening and Supporting the Early Childhood Workforce: Competences and Standards](#), which outlines examples of competence domains for roles across the education, health and nutrition, and social and child protection sectors.
- Strengthen academic institutions’ capacity to anticipate national technical gaps and develop appropriate training for ECD.
- Support pre-service education, in-service technical training, facilitator well-being programs, and supportive supervision for frontline workers implementing interventions that support ECD. This might draw on training resources such as UNICEF and The International Step-by-Step Association’s [modules for strengthening home visitors to support families for nurturing care](#). These modules empower home visitors to take a strengths-based approach that promotes nurturing relationships between the caregiver and child, as well as contribute to risk reduction by supporting and referring families to other services when necessary. The materials appeal to providers in many different roles, including physicians, social workers, and educators. Other useful resources include the [Global Social Workforce Alliance Case Management Compendium](#), [Inter-Agency Network for Education in Emergencies Minimum Standards](#), [USAID Advancing Nutrition Responsive Care and Early Learning Addendum](#), and [Reach Up and Learn](#).
- Establish, contextualize to reflect local norms, and enforce regulations, standards, and norms to support and protect ECD.

PART 2

BUILDING THE GLOBAL CHILD THRIVE ACT INTO THE USAID PROGRAM CYCLE

This section describes how the **Global Child Thrive Act** can be incorporated into the **USAID Program Cycle**.

The content is organized directly around the Automated Directive System ([ADS 201](#))—Operational Policy for the Program Cycle. It does not establish new requirements; instead, it provides guidance and information to assist Missions and Operating Units in integrating the Global Child Thrive Act’s mandate into the Program Cycle requirements. The depth of information and resources needed to comprehensively address and support the integration of ECD into USAID strategies; project and activity design; and monitoring and evaluation is beyond the scope of this guidance. This section contains general information that applies regardless of the objectives of a country’s strategy, project, or activity.

- In countries where Missions are embarking on the design of a new Country/Regional Development Cooperative Strategy (CDCS/RDCS), the guidance should be sequentially integrated throughout the entire Program Cycle. The Mission ought to determine which interventions should be made available to support ECD in conjunction with WASH, maternal and child health, basic education, nutrition, and child protection programming. Where it makes strategic sense and as supported by relevant country analyses, creating a development objective in the CDCS/RDCS that is focused on ECD would raise the visibility and impact of ECD.
- In countries with an ongoing CDCS/RDCS, Missions should use this guidance to inform modifications and innovations to strengthen and add support for ECD within existing and relevant programming.

For both new programs and modifications to existing programs, activities to support ECD should be appropriate to the local context, Mission priorities, and USAID’s approach. USAID projects and ECD-related activities should strengthen in-country capacity and be meaningful and sustainable over time.

COUNTRY AND REGIONAL STRATEGIC PLANNING

Strategic planning is the process through which USAID determines the best approach in a given country or region based on development priorities, individual country and regional priorities, and USAID’s comparative advantage and available foreign assistance resources.

- New CDCS/RDCS documents should fully contemplate the Global Child Thrive Act and include the integration of ECD into analysis, evidence, and anticipated level of resources.
- ADS 201 requires that USAID country strategies be grounded in evidence and analysis. Assessments can help Missions identify gaps and barriers in the system that may affect ECD outcomes and where USAID resources should be best targeted. For this, the [Nurturing Care Country Profiles](#) for ECD are useful. The profiles cover 197 countries, provide estimates of children’s developmental status, and look at the significant gaps remaining. The [Rapid Assessment of National Preparedness for Implementing Nurturing Care for Early Childhood Development](#) tool offers countries preliminary assessment guidance when planning to roll out ECD frameworks to be used for the preparation of national action plans. Notably, this rapid assessment is more suited for stable contexts and there remains an urgent need for the emergency and humanitarian needs assessments aligned with the Global Child Thrive Act.

- Missions and Operating Units should seek consensus on which implementation priorities of the Global Child Thrive Act are most critical for USAID and the country to jointly pursue. Knowledge and insights gained through prior implementation, analyses, and assessments should inform dialogue regarding the relevance of implementation areas defined in the Global Child Thrive Act to the country's context.

This phase also requires identifying resource parameters, both financial and human resources. There are and will continue to be limited financial resources available for USAID programming. Significant needs exist for young children, especially the most marginalized and underserved populations, across all sectors and in all partner countries. Children's overall needs will almost always surpass the availability of USAID's human and financial resources. Therefore, Missions must ensure that limited resources are programmed in strategic areas that are most likely to improve ECD outcomes. Consider identifying other partners in the ECD space in countries to see how partnerships can plan joint funding/programming (not only for engaging other stakeholders, but in joint funding and implementation).

PROJECT AND ACTIVITY DESIGN

Project design outlines the execution of CDCS or another strategic framework and is the process by which USAID defines how it will develop and implement projects and activities to support ECD in all related sectors. ADS 201 requires that Missions develop a plan for engaging local actors, which should include stakeholders such as local, regional, and/or national government or ministry representatives, civil society organizations, teachers' organizations, parents and caregivers, academia, private-sector firms and associations, other donors, and when possible, children and youth.

Project designs should consider how the activities under the project will work together and complement one another; and how the project will support the achievement of measurable, sustained improvements in ECD outcomes. Where possible, Missions and Operating Units should consider collaboration and co-funding options across sectors to maximize child development outcomes.

MONITORING AND EVALUATION

Monitoring is the ongoing and systematic tracking of information relevant to USAID's strategies, projects, and activities. The [USAID Monitoring Toolkit](#) is a foundational resource for Missions and partners, and includes the latest USAID guidance, tools, and templates for monitoring strategies, projects, and activities. Monitoring should provide data on both how well activities are reaching different beneficiary populations, including marginalized groups such as learners with disabilities, and the actual delivery of the intervention among distinct beneficiary groups.

- Consider relevant monitoring data and information on programming related to ECD at the country strategy stage and project and activity levels. See [Implementation Area 3](#) and [Annex 2](#) for illustrative monitoring indicators to measure progress against programmatic outputs and ECD outcomes in health, nutrition, child protection, WASH, and education. Other useful resources include the Nurturing Care [monitoring guide](#) and the World Bank's [toolkit for measuring early childhood development](#).
- Missions should collect and make good use of information on the cost of interventions to make sure partner countries can sustain programs without USAID's support. USAID has produced [Cost Reporting and Cost Analysis guidance notes](#) to help advance cost measurement and use of cost data in program planning, implementation, and sustainment.

COLLABORATING, LEARNING, AND ADAPTING

It is recommended that Missions and Operating Units develop and implement a learning plan on integrated approaches to improve ECD around the Program Cycle to systematize and make explicit efforts in line with USAID's [Collaborating, Learning, and Adapting Framework](#). This plan should include stakeholder engagement for coordination, influence, knowledge sharing, and peer learning to advance ECD outcomes, as well as a process for identifying key learning questions to be addressed through evaluations and special studies, learning networks, advisory groups, and other means. It should also incorporate processes to ensure the analysis, sharing, and application of monitoring and evaluation results and experiential knowledge across sectors.

RESOURCE MANAGEMENT

- Consider identifying funding sources and facilitate and manage the funding of CDCS/RDCs within the context of the U.S. government Foreign Assistance Framework. A Vulnerable Children budget tag exists for Missions to use and identify how their funds are used. Explore centrally managed funds, including humanitarian assistance and transition initiatives, and non-appropriated resources, including leveraged funding, other donor assistance, national government budgets, and private-sector funding. UNICEF's guide on [public financing for early childhood development is a](#) useful resources. Also, the Brookings Institute is developing a [costing tool](#) to make the case for investment and encourage more informed investments.
- Consider using and expanding responsible public–private financing mechanisms in targeted countries to encourage improved access to ECD initiatives.

COST ANALYSIS FOR IMPROVED FINANCING⁴

USAID emphasizes the need for collection, analysis, and use of comprehensive cost data to inform investments and decisions in partner countries pertaining to scaling, replicating, and sustaining interventions to support their journey to self-reliance and improve aid effectiveness. Detailed data on costs of intervention components are also necessary for intervention design, budgeting, and management. As with all USAID policies and programs, multiple existing budgets contribute to nurturing care programming. USAID budgeting offices and Missions should cost the missing elements and incorporate these incremental amounts into operational year budgets. This incorporation includes funding to support training, mentoring, planning, and supervision to secure the quality of implementation at scale. Additionally, Missions should look at existing funds or funding channels and explore how they can leverage or improve them to ensure effectiveness (e.g., whether the amounts available are used effectively). The overarching objective of the cost measurement is to improve sustainability and overall value for money of USAID, with two key results:

1. **Sustainability:** Ensure that effective interventions can be scaled and sustained by costing out intervention components for transfer to partner governments
2. **Improvement in planning and management** of USAID's ECD investments:
 - Improve value for money of USAID's investments in ECD by studying the cost-effectiveness of comparable interventions to identify the least costly models with the greatest impact on the outcomes of interest
 - Improve intervention's efficiency by identifying cost drivers

⁴ Refer to the [USAID Cost Analysis Guidance for USAID-funded Education Activities](#) for more detail.

- Inform intervention design, planning, and budgeting through a better understanding of intervention cost structures in different contexts.

Additional information on costing analysis methods is in *Annex 3*.



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PART 3

ROLES AND RESPONSIBILITIES

This section will help identify relevant stakeholders who should be involved in incorporating the Global Child Thrive Act into USAID strategies, programs, and activities.

Making progress on ECD necessitates broad collaboration. Implementation of the Global Child Thrive Act requires coordination and collaboration among Missions, Operating Units, and relevant staff. Effective action also warrants engaging and planning together with relevant government, academic, and civil society partners. All ensure that USAID's education, WASH, health, nutrition, and protection programs improve ECD outcomes in partner countries. Key units in Washington, D.C., for Missions to liaise with include the Bureau for Development, Democracy, and Innovation's Inclusive Development Hub (DDI/ID) Children, Youth, and Families team, the Agency's Early Years interest group, Bureau for Humanitarian Assistance/Child Protection staff, the DDI/Center for Education, Global Health/Maternal Child Health and Nutrition, Regional Bureau Technical Support, and program and country desk officers. Suggested roles and responsibilities for implementing the Global Child Thrive Act are aligned with those described in [ADS 101 Agency Programs and Functions](#) and [ADS 201 Program Cycle Operational Policy](#). Those descriptions are not repeated here. However, there are specific roles in implementing the Global Child Thrive Act that are highlighted below.

ALL MISSIONS AND OPERATING UNITS with programming focused on children and families, regardless of the USAID Foreign Assistance Program Area or account funding the programming, are responsible for incorporating ECD in their portfolios to the extent practical and relevant, focusing efforts on evidence-based priorities, indicators, targets, outcomes, and impact. Implementation actions should emphasize marginalized and underserved populations and children with disabilities and developmental delays. Mission programs must continue to provide data relevant to the Global Child Thrive Act through existing reporting processes to enable USAID to present a consolidated report to external stakeholders on USAID's overall ECD investments.

- During CDCS development, the education, health, nutrition, WASH, gender, humanitarian assistance, and inclusive development staff will liaise with the program office to secure adequate high-level integration of the Global Child Thrive Act into high-level strategic planning. At this stage, Missions can liaise with the relevant regional office and USAID's Children, Youth and Families team to share relevant information and, if necessary, request support for advocacy and collaboration.
- Education, health, nutrition, WASH, gender, humanitarian assistance, and inclusive development staff can work with the program office to integrate elements of the Global Child Thrive Act into project and activity design in more specific ways to identify interventions that can be implemented in each relevant sector to advance ECD. Strategic opportunities for combining basic services should be maximized and leveraged as funding permits.
- Education, health, nutrition, WASH, gender, humanitarian assistance, and inclusive development staff can promote the Global Child Thrive Act's priorities with relevant government ministries and indicate to host-country officials how USAID will support systemic and sustained efforts in this area. From this point, identifying areas to leverage (e.g., WASH in schools, and health lessons for teachers and administrators) will aid in effective and efficient programming.
- Program offices in Missions can identify relevant and flexible programmatic funding areas that support the Global Child Thrive Act and ECD (e.g., health, WASH, education, and program areas, as well as funding for crisis contexts).

- Program officers and technical staff can work closely with monitoring and evaluation staff to identify relevant F indicators for ECD and develop appropriate custom indicators, as necessary.

In addition, Missions should ensure staff have sufficient, experienced specialists to effectively design and manage existing, expanding, or new activities related to ECD and engage with partner-country counterparts on policy. Each Mission might consider having a Global Child Thrive Act Working Group to keep coordination and discussions ongoing.

USAID'S CHILDREN IN ADVERSITY TEAM (DDI) is the principal operating unit responsible for coordinating implementation of the Global Child Thrive Act, including providing technical assistance and support, monitoring implementation, supporting Mission-level and sector-wide learning and knowledge exchange, and reporting results on ECD programs worldwide. Thus, coordination and collaboration with this unit are vital. Missions can share planning and implementation documents with this unit. This team will report annually on the results and progress called for by the Global Child Thrive Act, in a report that shall be submitted to the appropriate congressional committees and made publicly available.

REGIONAL BUREAU ADVISORS are responsible for day-to-day country backstopping and support to Missions. These advisors are also the Missions' conduit to Congress and high-level policy implementation. They are recognized advocates and experts. Involving them from the start in integrating best practices and language will ensure sustained socialization and entrench the Global Child Thrive Act into policy and funding priorities at the higher levels. They will coordinate closely with relevant offices on technical assistance and support Missions require.

Because the Global Child Thrive Act is an integrated mandate, ensuring clear, transparent, and consistent communication across Program, Education, Health, and Conflict offices will be crucial. Where there is no education or health officer at Mission, the relevant backstop in USAID/Washington must be informed of activities and interventions related to the Global Child Thrive Act. Further, the program offices in USAID/Washington will likely collect the Global Child Thrive Act-related indicator data for annual reporting to Congress. Missions can consider appointing a central point of contact to lead coordination and communication of activities, including monitoring and evaluation, as well as collaborating, learning, and adapting elements.

The implementation guidance was contracted by USAID's YouthPower2: Learning and Evaluation, which generates and disseminates knowledge about the implementation and impact of positive youth development and cross-sectoral approaches in international youth development. We are leading research, evaluations, and events designed to build the evidence base and inform the global community about how to transition young people successfully into productive, healthy adults.

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ANNEX I. ADDITIONAL SERVICES EXAMPLES DURING EXISTING FAMILY CONTACTS

FAMILY CONTACT IN A BASIC SERVICE	ADDITIONAL SERVICES	EXAMPLE: WHAT MIGHT IT LOOK LIKE?
<p>Antenatal visits Basic: Promoting healthy lifestyles, preparing the mother for changes ahead, supporting birth planning, and counseling on danger signs in pregnancy</p>	<p>Additional: Explaining nurturing care, assessing the parents' moods and any potential for violence, and engaging with fathers to prepare them for parenthood and help them support their partner</p>	<ul style="list-style-type: none"> • Ask the mother: How do you feel about having this baby? What concerns do you have? What do you do to rest and relax? • During an ultrasound visit with mother and father, or regular visit, ask: What do you see or feel? How does the baby respond to your movements and touch? How do you talk to the baby?
<p>Birth and postnatal care Basic: Supporting early and exclusive breastfeeding and skin-to-skin contact, spotting signs of illness or malnutrition, and rooming-in</p>	<p>Additional: Counseling on how to respond to the baby's cues, supporting bonding with the baby, and engaging fathers in caring for and interacting with the baby</p>	<ul style="list-style-type: none"> • Review maternity policies: Provide rooming-in for mothers and convenient visiting schedules for fathers. • Discuss: How does your baby tell you that they're he is hungry, even before crying? Discuss breastfeeding on demand, and its importance for building the child's trust in the caregiver. • Coach the father: Help the father comfortably hold the baby, look into the baby's eyes, talk to the baby, copy the baby's sounds. • Discuss with parents: What help will you need at home?
<p>Immunization Basic: Getting the right vaccinations at the right time</p>	<p>Additional: Helping caregivers in soothing the child and dealing with their own fear of vaccinations, assessing and advising on the baby's health and growth, observing how caregivers interact with the baby, modeling responsive caregiving, addressing caregivers' physical and mental health, and providing guidance and toys in the waiting room</p>	<ul style="list-style-type: none"> • Demonstrate: Responsively engage and distract the child as you approach to vaccinate the child. Encourage the caregiver to assist in engaging and comforting the child in a similar way. • Observe: Does the child look to the caregiver for comfort? How does the caregiver get the child's attention? • Organize the space: Set up a play corner for caregivers and children in a waiting area with a box with household items to stack, count, look at pictures, or read. Train a community worker or volunteer to encourage caregivers to play responsively with their children. • Ask the caregiver: What difficulties are you having with the demands of

FAMILY CONTACT IN A BASIC SERVICE	ADDITIONAL SERVICES	EXAMPLE: WHAT MIGHT IT LOOK LIKE?
<p>Well-child visits Basic: Advising on feeding—including responsive feeding—as well as preventing illness, care seeking, micronutrient supplements, and monitoring growth and development</p>	<p>Additional: Asking about concerns over health, development, and behavior, discussing positive discipline and how to prevent injuries, offering information about parenting groups, and addressing caregivers’ physical and mental health</p>	<p>caring for your child? Whom can you ask for help with household tasks? When you are having a difficult day, with whom can you talk?</p> <ul style="list-style-type: none"> • Refer: Identify and refer to specialized mental health or other services, if needed. • Discuss: When are you able to spend time with your child? What do you like to do together? Praise caregivers, and reinforce that the child is learning by playing and talking with them. Encourage caregivers to respond to the child’s attempts to reach, touch, talk, and play with them. • Discuss: What dangers might exist for your child who is learning to crawl and walk? How can you protect your child from injury? How can you maintain a clean play space? • Ask: Who takes care of your child when you are not available? • Observe: Are there any signs that the caregiver or child experiences abuse, violence, or neglect? If so, follow the reporting protocol, and assist in finding appropriate treatment, protection, or social support.
<p>Sick-child visits Basic: Treating the illness, advising caregivers on managing it and on continued feeding, referring children with danger signs</p>	<p>Additional: Scheduling follow-up visits (including for growth and development, monitoring, and counseling), identifying and referring children at risk of suboptimal development, making all sick-child visits family-friendly</p>	<ul style="list-style-type: none"> • Ask: How did you know your child was sick? Praise the caregiver for noticing that the child was sick and for bringing the child to the clinic. Let’s see what we can do together to help your child get better. • Discuss: Your child needs to eat well, even when they are sick. What difficulties are you having? What can you prepare that the child might be interested in eating? You might need to offer food more often, in smaller bites. Follow the child’s signals that they are ready to take another bite. • Demonstrate responsive care: Talk to the child softly, explaining as you go through the steps of the visit. Engage rather than force the child. For example, hold your hand out

FAMILY CONTACT IN A BASIC SERVICE	ADDITIONAL SERVICES	EXAMPLE: WHAT MIGHT IT LOOK LIKE?
<p>Growth monitoring and counseling Basic: Counseling on feeding tailored to the child's age, detecting signs of faltering growth or becoming overweight</p>	<p>Additional: Assessing the family's risks, monitoring the child's development, counseling on responsive caregiving, early learning activities, safety, and security; identifying and referring children at risk of suboptimal development</p>	<p>and ask the child to give you their hand. Tell the child you will take the temperature under their arm.</p> <ul style="list-style-type: none"> • If the child is underweight or low height for age, discuss: How, not just what, you feed your child may affect the child's growth. Show me how you hold the child. It is helpful to look at the child and talk to them while you feed them. • Ask: What difficulties do you have feeding your child? How does the child tell you that they are hungry, when they are finished, when they are ready for more? • Ask: What has your child learned to do since your last visit? Is there anything the child cannot do now that they were able to do before? What concerns, if any, do you have about how your child is learning? • For families of children with physical, developmental, or behavioral disabilities, discuss and refer: Identify specialized services, family support groups, and parenting education opportunities to assist them in their efforts to raise their child.
<p>Childcare centers Basic: Providing responsive care, modeling good hygiene practices, providing nutritious food in the right amounts, and playing and communicating in an age-appropriate way</p>	<p>Additional: Conducting parenting sessions, counseling caregivers on nurturing care, monitoring children's development, providing information about other community resources, referring to health and social protection services</p>	<ul style="list-style-type: none"> • Offer parenting sessions where fathers and mothers identify age-appropriate learning activities, practice responsive play activities with their children, and discuss parenting concerns. • Provide opportunities to meet mental health providers, family protection services, food banks, peer social groups, and other community resources.
<p>Birth registration Basic: Registering the baby's birth</p>	<p>Additional: Providing information about nurturing care and services offering parenting and other support</p>	<ul style="list-style-type: none"> • Distribute cards with location of family services, including food programs, financial assistance, substance use services, and suicide and child protection helplines.

Drawn from: Nurturing Care Handbook http://nurturing-care.org/wp-content/uploads/2021/01/Nurturing_Care_Handbook_04 and Nurturing Care Practice Guide: <https://nurturing-care.org/practiceguide/>

ANNEX 2. INDICATORS FOR MONITORING PROGRESS ON IMPROVING ECD OUTCOMES

	DOMAIN	U.S. GOVERNMENT INDICATORS	OTHER INSTRUMENTS
OUTCOMES	Improved early childhood development	<ul style="list-style-type: none"> • PIRS Supp-1 Pre-Primary Skills Improvement • PIRS Supp-18 Percent of Pre-Primary Learners • PIRS ES.1-1 Reading End of Grade 2 • PIRS ES.1-47 Reading Grade 2 for Learners with Disabilities 	<ul style="list-style-type: none"> • Early Childhood Development Index 2030 • Measuring Early Learning Quality and Outcomes • International Development and Early Learning Assessment • Global Scale for Early Development
OUTPUTS	Conditions for healthy growth	<p>Health</p> <ul style="list-style-type: none"> • Number of women giving birth in a health facility that receives U.S. government support • Number of newborns who received postnatal care within two2 days of childbirth in U.S. government-supported programs • Number of cases of child diarrhea treated in U.S. government-assisted programs • Number of children who received their first dose of measles-containing vaccine (MCV1) by 12 months of age in U.S. government-assisted programs • Number of cases of childhood pneumonia treated in U.S. government-assisted programs • Number of individuals served by PEPFAR OVC programs for children and families affected by HIV <p>Nutrition</p> <ul style="list-style-type: none"> • Number of children under 5 (0–59 months) reached with nutrition-specific interventions through U.S. government-supported programs • Number of children under 2 (0–23 months) reached with community-level nutrition interventions through U.S. government-supported programs 	<p>Nutrition</p> <ul style="list-style-type: none"> • Breastfeeding and complementary feeding, as measured by the WHO IYCF Indicators • Food security, such as measured by the Household Hunger Scale (HHS) and the Household Food Insecurity Access Scale (HFIAS) • Responsive feeding, as assessed by emerging tools such as the Responsive Feeding Practices Assessment Tool and the Opportunistic Observation Form

DOMAIN	U.S. GOVERNMENT INDICATORS	OTHER INSTRUMENTS
	<ul style="list-style-type: none"> • Number of pregnant women reached with nutrition-specific interventions through U.S. government-supported programs • Number of individuals receiving nutrition-related professional training through U.S. government-supported programs <p>WASH</p> <ul style="list-style-type: none"> • Number of people gaining access to basic drinking water services as a result of U.S. government assistance • Number of people receiving improved service quality from an existing basic drinking or safely managed water service as a result of U.S. government assistance • Number of health facilities and schools gaining access to basic drinking water services as a result of U.S. government assistance • Number of people gaining access to a basic sanitation service as a result of U.S. government assistance • Number of basic sanitation facilities provided in health facilities and schools as a result of U.S. government assistance • Number of people benefiting from the adoption and implementation of measures to improve water resources management as a result of U.S. government assistance 	
<p>Opportunities for early learning</p>	<ul style="list-style-type: none"> • PIRS ES.1-53 Pre-Primary Learners Reached • PIRS ES.1-3 Number of Primary Learners Reached • PIRS ES.1-6 Educator Professional Development • PIRS ES.1-14 Classrooms • PIRS ES.1-13 Parent Teacher Associations • PIRS ES.1-50 Number of Public and Private Schools 	<ul style="list-style-type: none"> • Positive and stimulating home environments practices, as measured by the Multiple Indicator Cluster Survey Family Care Indicators, which assesses caregiver–child interactions, availability of children’s books, availability of playthings, inadequate supervision, and violent discipline

DOMAIN	U.S. GOVERNMENT INDICATORS	OTHER INSTRUMENTS
Family-based care	<ul style="list-style-type: none"> • PIRS ES.1-51 Safety of Learning Environment • PIRS ES.1-56 Learners Access to Education Improved • PIRS ES.1-59 Education System Strengthened • PIRS Supp-7 Number of Parents or Community Members 	<ul style="list-style-type: none"> • Responsive Interactions for Learning-Version for Parents
		<ul style="list-style-type: none"> • Work on measuring the prevalence, characteristics, and well-being of children out of family care, or not under the care of their biological parents, is at an early stage • Number of children in kinship care or informal foster care—could be collected through national census or adaptations to Multiple Indicator Cluster Survey household tools or national household vulnerability assessment tools • Number of children in foster care—could be collected through administrative data, national census, Multiple Indicator Cluster Survey, or other household-level tools • Number of children in other forms of alternative family care—could be collected through administrative data • Number of children in residential care—collect through census of institutions and administrative data. See UNICEF's Data collection on children in residential care for a new protocol and tools for a national census and survey on children in residential care • Measures of prevalence and nature of separation in humanitarian crises: see Prioritizing the Prevention of Child-Family Separation: The Value of a Public Health Approach to Measurement and Action for a discussion of population-level approaches to measurement

DOMAIN	U.S. GOVERNMENT INDICATORS	OTHER INSTRUMENTS
Protection	<ul style="list-style-type: none"> • P1: Number of individual beneficiaries participating in child protection services • P3: Number of individual beneficiaries accessing gender-based violence (GBV) response services • P5: Number of individuals trained in protection • P6: Number of individual beneficiaries participating in psychosocial support services 	<ul style="list-style-type: none"> • Disciplinary practices, such as Parent-Child Conflict Tactics Scale as used in Multiple Indicator Cluster Survey, which measures the proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month • Maternal exposure to intimate partner violence such as used in the WHO Multi-Country Study on Women’s Health and Domestic Violence Questionnaire, which measures the proportion of mothers who reported physical, emotional, and/or sexual violence • Inadequate child supervision, such as Multiple Indicator Cluster Survey, which measures the percentage of children aged 0–59 months left alone or in the care of another child under 10 years old for more than an hour at least once in the past week • Birth registration, such as Multiple Indicator Cluster Survey, which measures the proportion of children under 5 years old whose births have been registered with a civil authority
Disability		<ul style="list-style-type: none"> • Washington Group tools Child Functioning Module

ANNEX 3. COST ANALYSIS METHODS AND ILLUSTRATIVE QUESTIONS

ANALYSIS METHOD	WHAT QUESTIONS CAN IT ANSWER?	WHAT CAN COST ANALYSIS HELP ACHIEVE?	WHAT DATA WILL ANALYSTS NEED?
Cost-economy analysis	<ul style="list-style-type: none"> • What did it cost to deliver this intervention? • How much was spent on different tasks? • How much should the government budget for a scale-up? 	<ul style="list-style-type: none"> • Help budget for the new activity. • Help transition the intervention or its elements to the government. 	<ul style="list-style-type: none"> • Expenditure and contributions reports disaggregated by cost categories and ingredients; a method for allocating shared costs across cost categories • Local price database for common inputs • Government cost structures; output data
Cost-efficiency analysis	<ul style="list-style-type: none"> • What did this intervention cost per output delivered? • How does that compare to other delivery methods for this output? 	<ul style="list-style-type: none"> • Identify unit costs per output. • Compare unit costs across delivery methods and identify which one achieves the most outputs, within a given budget. 	<ul style="list-style-type: none"> • Expenditure and contributions reports disaggregated by cost categories and ingredients; a method for allocating shared costs across cost categories • Output counts, using common indicators for all interventions, disaggregated by delivery methods
Cost-effectiveness analysis	<ul style="list-style-type: none"> • What did this intervention cost per outcome delivered? • How does that compare to other interventions that produce this outcome? 	<ul style="list-style-type: none"> • Compare costs of outcomes across different interventions. • Identify the intervention that achieves the most outcome, within a given expenditure per beneficiary. 	<ul style="list-style-type: none"> • Expenditure and contributions reports disaggregated by cost categories and ingredients; a method for allocating shared costs across cost categories • Credible estimates of the impact • Credible estimates of the cost and effects of comparable interventions
Cost-benefit analysis	<ul style="list-style-type: none"> • How did the costs of this intervention compare to the monetary value of the benefits created? 	<ul style="list-style-type: none"> • Identify whether the studied intervention was “worth” the investment in monetary terms. 	<ul style="list-style-type: none"> • Expenditure and contributions reports disaggregated by cost categories and ingredients; a method for allocating shared costs across cost categories • Credible estimates of intervention’s impact on multiple outcomes • Economic valuation of the long-term benefits of the intervention

ANNEX 4. GLOSSARY

Childcare	“Service with the primary objective of caring for children while parents are working, while ensuring children are safe and have opportunities to learn and develop positive relationships with caregivers and peers.” (Devercelli and Beaton-Day 2020)
Developmental delay	“A description used when a young child’s development is delayed in one or more areas, compared to other children. This can include the development of gross-motor skills, fine-motor skills, speech and language, cognitive and intellectual, and social and emotional skills, as well as executive functions.” (WHO, UNICEF, and the World Bank 2018).
Developmental milestones	Specific things, or skills, that most children are able to do by a certain age—for example, uttering first consonant sounds, taking a first step. While children will develop at different paces, most children will achieve developmental milestones around the same time.
Early childhood development	The development and learning of a child younger than 8 years of age, including physical, cognitive, social, and emotional development and approaches to learning that allow a child to reach his or her full developmental potential.
Early learning	“Any opportunity for the baby, toddler or child to interact with a person, place, or object in their environment, recognizing that every interaction (positive or negative, or absence of an interaction) contributes to the child’s brain development and lays the foundation for later learning.” (WHO 2020)
Early childhood education	Programs that are typically designed with a holistic approach to support children’s early cognitive, physical, social, and emotional development and introduce young children to organized instruction outside of the family context. (U.S. Government Basic Education Strategy)
Nurturing care	An environment created by caregivers. It ensures children’s good health and nutrition, protects them from threats, and gives them opportunities for early learning through interactions that are emotionally supportive and responsive.
Positive parenting	“Incorporates anticipatory guidance for safety, education, development, and the establishment of a caring and understanding relationship with one’s child. Parenting is not limited to biological parents, but extends to guardians or caregivers providing consistent care for the child.” (WHO 2020)
Responsive care	“Caregiving that is prompt and appropriate to the child’s immediate behavior, needs, and developmental state. Responsive caregiving is a critical behavior that ensures an environment of nurturing care for optimal early childhood developmental outcomes.” (WHO, UNICEF, and the World Bank 2018)
Responsive feeding	“Feeding practices that encourage the child to eat autonomously and in response to physiological and developmental needs, which may encourage self-regulation in eating and support cognitive, emotional and social development.” (Pérez-Escamilla et al. 2021)
Stimulation	“Sensory information received from interactions with people and environmental variability that engages a young child’s attention and provides information; examples include talking, smiling, pointing, enabling and demonstrating, with or without objects.” (WHO 2020)
