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Chapter 3

Cross-Country Findings



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Contents

1. Executive Summary	2
2. Introduction	5
3. Strengths Across the Region	6
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3.1. Strong focus on children, families, and the community around them	6
3.2. Increasing attention to sensitive parenting and responsive caregiving	9
3.3. Upward trend of public and private investment in ECD	11
4. Gaps Across the Region	14
<hr/>	
4.1. Adequate Nutrition	15
4.2. Good Health	15
4.3. Opportunities for Early Learning	16
4.4. Responsive Caregiving	17
4.5. Security and Safety	17
4.6. Cross-cutting Issues	18
4.7. Conclusion	21
5. Campbell Mega-Map	22
<hr/>	
5.1. Overview	22
5.2. State of Evidence	24
6. Regional Recommendations	25

6.1. Support for the generation and use of data that is accurate, linked, and readily available to stakeholders and system actors	25
6.2. Effective coordination among stakeholders and system actors	27
6.3. A sufficient and well-trained workforce that is recognised by the community	28
6.4. Strong, independently conducted evaluations to contribute to the evidence base both locally and regionally	30
6.5. Policy and regulatory environment that centres around the needs of children and families	31
6.6. Conclusion	32
References	34

List of tables

Table 4-1. Overview of prevalence rates of stunting and obesity	15
Table 3-2. Overview of evaluations across study countries	20
Table 4-1. Campbell-UNICEF Mega-map data	24

1. Executive Summary

The landscape study provides an in-depth exploration of the state of early childhood development (ECD) policies and programmes in China, Indonesia, the Philippines, and Singapore. Each country chapter provides detailed findings, a discussion of gaps and opportunities, and recommendations for ECD system strengthening. This chapter provides an overview of cross-cutting findings at a regional level. Regional ECD strengths, gaps, and opportunities for funders and other stakeholders are based on the analysis of areas of commonality across the four countries included in this study.

Regional Strengths

By examining the findings across each of the four countries, the following regional strengths emerged:

- 1 There is an increasing focus from local and national governments, donors and other stakeholders, on providing support to children, families, and the community, with the end goal of ensuring holistic and high-quality nurturing care for all children.
- 2 There is increasing focus on improving the practices of sensitive parenting and responsive caregiving. Various experts interviewed for the study noted that this is an area that requires further attention and governments, together with frontline practitioners, are seeking out innovative programme design and content to strengthen this aspect of ECD.
- 3 There has been an increase in financial investment in young children, families, and communities to improve ECD. The level of funding varies across the public and private sectors, and is often a blend of the two.

Regional Gaps

Despite the vast differences between the four countries in this landscape study, there are common gaps in ECD programme provision. Each of the gaps identified below are common across at least three of the four countries, and in some cases, in all four countries. The

gaps discussed below are organised by components of the Nurturing Care Framework (NCF).

- 1 Adequate nutrition:** While some progress has been made towards reducing the incidence of stunting, it remains a critical issue in China, Indonesia, and the Philippines. Stunting and acute malnutrition have long term consequences on later health and social outcomes at both an individual and societal level. At the other end of the spectrum, prevalence of overweight and obesity in childhood is an urgent emerging issue in all four countries. This double burden points to systemic and community-based gaps. Families with young children require access to nutritious food, but also require clear and consistent information about healthy dietary habits and how to support these in their young children.
- 2 Good health:** In China, Indonesia, and the Philippines, ensuring equity of access to health centres is challenging, especially in hard-to-reach areas. These include rural and remote regions. Poor access has led to decreasing rates of routine immunisation in children and reduced healthcare-seeking behaviours by families in some areas. Another common gap in these three countries is the lack of availability and retention of a trained healthcare workforce.
- 3 Opportunities for early learning:** In all four countries, there is a gap in understanding of the home learning environment. This refers to the opportunities and access afforded to young children for developmental stimulation that is vital to ECD. In China, Indonesia, and the Philippines, the urban-rural divide has led to disparities in quality, funding, and manpower provisions for early learning. All four countries continue to experience high turnover rates for ECD practitioners, with China, Indonesia, and the Philippines facing additional challenges with training enough high-quality educators.
- 4 Responsive caregiving:** While all four countries in the study have amended policies to provide increased access to parental leave, its adoption has not been widespread by new parents. Further examination may be required of the factors that prevent parents from taking leave to determine what more may be required at a policy level to ensure equal access to parental leave benefits. More support is also needed to encourage fathers to increase caregiving support by using their parental leave allowances.
- 5 Security and safety:** Ensuring the safety of the most vulnerable groups of children and families is challenging as they are also often the hardest to reach. In China, Indonesia, and the Philippines, the enforcement of policies aimed at improving safety and security has also been challenging. Lack of birth registration is an issue in some regions, particularly more remote or inaccessible ones. It has far-reaching consequences for young children, leaving them vulnerable to exploitation and abuse.

In addition to the gaps outlined above, the study revealed cross-cutting gaps that are related to several components of the NCF. These include:

- missing or unreliable data to inform policy and programmatic decisions
- the need for stronger coordination across government ministries to ensure more consistent policy implementation
- the need for improved and standardised training of ECD practitioners
- a lack of adequate local research to provide contextualised insights about ECD
- little understanding about the needs of fathers, grandparents, and other caregivers, and ways in which to better engage them in ECD

- a need for more focus on ways to support the physical and mental health of all caregivers.

Campbell Mega-Map

To provide an overview about the available evidence syntheses for ECD interventions and outcomes across the four countries in this study, the team examined the Campbell-UNICEF Mega-map. The Mega-map is an interactive, online resource that is updated annually with systematic reviews and evidence and gap maps.

Using geographic filters to ensure inclusion of countries relevant to the study, the Mega-map showed that the highest quality systematic reviews (largest number of high confidence systematic reviews) are in the intervention domains of Early Childhood Development and Health and Nutrition that target Health Impacts and Healthy Development outcomes. Conversely, there is relatively little research available about governance-focused interventions across all areas of child outcomes. This does not suggest that governance-based interventions are ineffective; rather this is a gap that requires the generation of more high-quality evidence. The map also highlights that comparatively little has been studied about the impact of childhood interventions on equity. Similarly, relatively little is known about the economic impact of childhood interventions.

Recommendations

The regional recommendations are based on the analysis of regional strengths and gaps. This also includes strategic opportunities for consideration by donors and other stakeholders to contribute to ECD sector strengthening.

- 1 Support the generation and use of data that is accurate, linked, and readily available to stakeholders and system actors. This can be done by supporting system actors and stakeholders to improve data collection and management systems, as well as by implementing consistent data collection methods across donor-funded programmes.
- 2 Ensure effective coordination among stakeholders and system actors. Opportunities to act on this recommendation include encouraging cross-sectoral dialogue and supporting the coordination across the ECD sector on the ground.
- 3 Developing a sufficient and well-trained workforce that is recognised by the community. Regionally, this can be supported through cross-country exchanges on best practice in training and development. Locally, this could be encouraged through support for communities of practice among practitioners.
- 4 Support strong, independently conducted evaluations to contribute to the evidence base both locally and regionally. Additionally, there are opportunities to conduct evidence synthesis research on specific topics of interest across the region.
- 5 Foster a policy and regulatory environment that centres the needs of children and families. This could be done through supporting the exposure and introduction of ECD research to policymakers and engaging these groups and other key stakeholders in dialogue on topics of interest.

This chapter identifies and summarises a set of strengths, gaps, and areas of opportunity across China, Indonesia, the Philippines and Singapore. It presents a set of actions that donors and other stakeholders can take on a regional and/or local level to strengthen ECD policy and service provision such that young children, parents, and their families can have their needs met and realise opportunities for better long-term outcomes.

2. Introduction

This study looks in depth at the situation of early childhood development (ECD) in China, Indonesia, the Philippines, and Singapore. Many readers will have interest in this perspective, and on how they can address issues particular to a given context. However, there is also value in “zooming out” to secure a more holistic and regional perspective. What are the strengths, gaps, and opportunities for ECD if we examine findings across the four different countries. What might this suggest for donors, researchers, and non-governmental bodies interested in addressing priorities for the region, and for governments in work they might pursue in cooperation with other parties?

The following chapter addresses regional strengths, gaps, and opportunities by surfacing themes that emerge from the research. While the coverage of four Asian countries (at the time of first publication in 2023) means that this is a limited view of the region, even this partial perspective can provide useful guidance for those interested in taking action to support better outcomes for babies, young children, and their families.

3. Strengths Across the Region

The landscape study examined the ECD programmes and policies in each of the four countries included in the study. In addition, we examined findings to identify strengths, gaps, and opportunities common across the region. In this section, we highlight three regional strengths and provide country-specific examples of each.

3.1. Strong focus on children, families, and the community around them

In the provision of nurturing care to young children, families need to be supported by the community around them. This includes, but is not limited to: grandparents, community members, and childcare or school staff. Across the four countries, the study reveals an increasing focus on providing support to children, families, and the community, with the end goal of ensuring holistic and high-quality nurturing care for all children.

This focus was observed not just in government commitments, but also in the shifting focus of donors, academics, NGOs, and the frontline workforce. We share three examples from China, Indonesia and the Philippines of how a variety of stakeholders have increased their focus on children, families, and the community in order to provide more support for ECD.

Long-term policies and programmes focused on children, women, and families



As a demonstration of its commitment towards children, women, and their families, in its 14th Five-Year Plan (for the years 2021-2025) China has included several areas of focus intended to improve the ECD sector.¹ This includes strategic plans for:

- Creating an inclusive childcare service system together with improvements to childcare policy provisions.
- Strengthening support and guidance for family care and community services, while equipping parents with relevant parenting and child development evidence and information.
- Implementing policies to complement kindergartens in urban communities, actively developing infant and childcare service provision, encouraging employers to provide infant care services, and encouraging kindergartens to develop integrated childcare services.
- Promoting professional, standardised development of infant care services and improving the quality of childcare.
- Increasing support to marginalised groups, such as orphans, left-behind children, and children who live in remote or poverty-stricken areas.

The government also intends to implement several other development plans:

- The Outline for Women’s Development in China (2021-2030), which covers eight areas including health, education, and the economy.²
- The Outline on the Development of Chinese Children (2021-2030), which focuses on children's health, safety, and education, among others.²
- A new action plan by the National Health Commission (NHC), which plans to improve child health from 2021 to 2025.³ It targets seven key areas, such as increasing the percentage of infants who are exclusively breastfed and reducing growth retardation rate among children under five. Services for new-born safety, birth defects prevention, healthcare, and early childhood development are also included.

Beyond these plans, the Chinese Government has also committed to supporting the construction of more healthcare and educational facilities – this comprises childcare service facilities, national paediatric centres, and inclusive nursery facilities.

Strong inter-ministerial collaboration



Indonesia has strong central government support, with many policies spanning multiple government ministries, in order to ensure that all children receive the same opportunities.

If a programme is in the national plan, it needs to be reflected in all ministry plans. Moreover, there is a push for synchronisation and collaboration across ministries, to support better alignment on desired policy outcomes and, eventually, better outcomes for children.

There are several examples of multi-ministry collaboration in Indonesia. The policies addressing stunting and nutrition programmes stem from 23 government ministries, including but not limited to the Ministry of Health, Ministry of Social Affairs, and the Ministry of Villages, Disadvantaged Regions Development and Transmigration. This is in line with global best practice to ensure children and caregivers are provided with meaningful, holistic support.

The Ministries of Health, Education, Religious Affairs, and Home Affairs came together to sign a Joint Decree in 2014 to establish School Health Units across all government-run schools, consolidated under a multi-ministry Steering Committee. This is significant because it demonstrates the importance placed by the government on good child health and improving access to healthcare. Religious schools and preschools are included within this policy.

One of the most significant demonstrations of multi-ministry cooperation is the National Strategy for Holistic Integrated Early Childhood Development (known as HI-ECD or PAUD HI), implemented in 2008, as a strategic policy to improve the quality of ECCE services. This policy forms the legal foundation for the development of an integrated holistic programme for young children, as well as the standardisation of programme implementation with schools and the community. Within the holistic integrated approach, ECD services are not only confined to education, but encompass health and services related to care and child protection.⁴

Broad-based support for breastfeeding



Over the last 35 years, various stakeholders in the Philippines have targeted increased support and promotion of breastfeeding practices across the country. From a policy perspective, the country has concurrently reviewed and adapted its policies.

- In 1986, the Philippines was one of the first countries to pass legislation ('the Milk Code'), adopting the International Code of Marketing of Breastmilk Substitutes, through a set of legally binding measures that regulated the marketing, quality, and availability of breastmilk substitutes.
- In 1992, the country passed legislation on co-rooming of mothers and newborn infants, with a focus on encouraging breastfeeding in the first few hours of life. This was in line with the global Baby-friendly Hospital Initiative (BFHI).

- In 2009, the Philippines expanded the legislation to include mandates to support breastfeeding through workplace policies and accommodations.

In 2003, only half of mothers initiated breastfeeding in the first hour of life, while only 16% of infants were exclusively breastfed at 4-5 months of age.⁵ By 2022, this had increased to 86% of mothers initiating breastfeeding immediately after birth, and 21% of infants were exclusively breastfed until 6 months of age.⁶

In addition to government policies, a coalition was formed of over 150 national NGOs, 100 international non-profit organisations, and concerned individuals, together with the support of United Nations agencies.⁷ This coalition actively monitors the private sector's adherence to the Milk Code. Furthermore, the Human Milk Bank programme was established to ensure that individuals in need could access safe human milk. At least six other programmes shortlisted in the study also seek to improve breastfeeding rates and practices across the population.

The support for breastfeeding in the Philippines did not just focus on the mother or child, but also on the enabling environment, including the family, the hospital, workplace, and public spaces.

3.2. Increasing attention to sensitive parenting and responsive caregiving

Regionally, there is increasing focus on improving the practices of sensitive parenting and responsive caregiving. Across the expert interviews in each country, responsive caregiving and parent-child interactions were mentioned as areas that urgently require further attention, not just from the government, but also through programme provision, frontline practitioners, and increased awareness among caregivers. However, the growing interest in this area has not yet translated into strong or consistent programmatic offerings or policy changes in all countries.

This nascent interest does present opportunities for innovative programme design and content, as well as for catalytic funding. Indonesia and the Philippines have some examples of parenting programmes. However, more will need to be done to understand the effectiveness and impact of these, and other, programmes, such that they can be scaled up to reach a larger proportion of children and families.

Innovative programmes to engage parents in Indonesia



Despite the lack of policies to support parents in Indonesia, there has been a number of innovative programmes from both government and NGO stakeholders to engage and equip parents with the necessary skills to improve parent-child interactions and child

development. This is done by addressing the greatest needs or concerns that parents may have. Below, we highlight three main examples:

- **Emo-Demos:** Taking a behavioural approach, the mobile application uses interactive activities to equip caregivers with health and nutrition information. By intentionally avoiding teaching about health, the programme utilises behavioural techniques to improve caregiver awareness and practices.
- **Parenting Financial Literacy Module:** Developed by UNICEF, this programme seeks to provide parents with financial literacy education and information, such that they are able to provide a stable and secure home environment. This further complements the ability of parents to provide responsive and nurturing care.
- **SIGAP – Rumah Anak:** Through a holistic and multi-pronged approach, the programme, led by the Tanoto Foundation and in collaboration with local governments, supports parents from pregnancy through to the early years of life. Parents are supported through home visits, family consultations and parenting activities, with members of the community as key facilitators.

The three programmes highlighted here show various approaches to engaging children and families, and how to shift parental behaviours to be more nurturing and responsive.

Parenting programmes in the Philippines



The provision of parenting support has gained momentum in the Philippines, with widespread support from various stakeholders, including the federal and local governments and NGOs. The majority of programmes identified in the landscape study within the component of Responsive Caregiving aim to equip parents with necessary parenting skills. Furthermore, these programmes use different approaches to reach specific populations. Below, we highlight three main examples:

- **Family Welfare Programme:** The government-run programme seeks to introduce the concept of promoting the welfare of workers and their families as a key to workplace productivity and improved worker-management relations. It is also an advocacy programme that draws corporate support in promoting workers' quality of life by adopting a family-centred approach in the workplace.
- **iMulat app:** The iMulat app was developed by Save the Children to complement the First Read programme in the Philippines that sought to equip parents with emergent literacy and numeracy skills. The app contains ten topics related to home-based mentoring on emergent literacy and numeracy. Key concepts about the topics are

briefly discussed, followed by an easy-to-follow step-by-step guide on how parents and caregivers can apply what they have learned at home.

- **Masayang Pamilya (Parenting for Lifelong Health):** Parenting for Lifelong Health for Young Children (PLH for Young Children) is a group-based parenting programme that aims to establish and sustain nurturing relationships between parents and caregivers and their children ages 2-9 years, and thereby prevent and reduce the risk of violence against children and maltreatment at home and in the community. In the Philippines, the programme is embedded in a cash transfer system in low-income urban areas.

The three programmes highlighted above demonstrate how pairing parenting content and support with existing needs (e.g., workplace productivity, a reading programme, or reducing violence in the home) can make it more meaningful for caregivers and providers to engage with the content.

3.3. Upward trend of public and private investment in ECD

In all four countries in the landscape study, there has been an increase in financial investment in young children, families, and communities to improve ECD. This funding varies across the public and private sectors, often being a blend of the two. While each country is at a different stage of investment in ECD, there is alignment regionally in a desire and push toward more comprehensive ECD service provision, delivered by a higher quality workforce to better meet the needs of children and their families. Examples of increased investment in China and Singapore are provided below.

Reducing infant, under-five, and maternal mortality



China has achieved the Millennium Development Goals (MDGs) of reducing under-five mortality rate by two thirds and maternal mortality rates by three quarters by 2015.⁸

One of the key contributors to reducing maternal mortality is the ‘Jiangxiao’ Project, implemented since 2000, which paved the way for the national roll-out of subsidised hospital delivery for pregnant women in rural areas in 2009.⁹ This has reduced out-of-pocket expenditure for families so an increased number of women can seek safe delivery services at health institutions. The policy has also played a pivotal role in narrowing the urban-rural gap in maternal mortality.

To reduce under-five child mortality rates, the Chinese government has implemented two key measures. First, free national pre-pregnancy physical examinations provided in all counties has reduced the incidence of birth defects. As another measure to prevent birth

defects, since 2009, China has also provided free folic acid supplements to all women in rural areas before pregnancy and during the first trimester.

The government has implemented various national policies to reduce maternal and under-five mortality. This includes national laws such as Law on Maternal and Infant Health Care, Mother and Child Safety Action Enhancement Plan (2021-2025) and Action Plan for Healthy Children (2021-2025). These aim to safeguard and promote high-quality healthcare services for mothers and children, reduce mortality rates, and improve the health of mothers and children. Other wider national laws, such as Healthy China 2030, the Outline for Children's Development in China (2021-2030), the Outline for Women's Development in China (2021-2030), and the National Health Plan for the Fourteenth Five Year Plan, are aimed at improving the quality of life of people in China in various aspects, and they have also advanced maternal and child health.

Long-term investments in ECD



Singapore has made continuous and significant investments into the ECD sector. Over the past decade, public spending has grown six-fold, from \$320 million in FY2013 to about \$1.9 billion in FY2022.¹⁰ These investments and subsidies have had a tangible impact on preschool enrolment rates, early intervention services, and manpower resources.

In 2013, the Ministry of Education (MOE) and Ministry of Social and Family Development (MSF) launched the Early Childhood Development Agency (ECDA), a regulatory and developmental body that oversees key aspects of early child development. This includes regulating early childhood programmes, facilitating the training and continuing development of ECD professionals, and providing subsidies to keep quality pre-school programmes affordable for all families. The establishment of ECDA is an example of the government's efforts to further develop the ECD sector.

In Singapore's Budget 2023, it was announced that several measures would provide further assistance for families, such as:

- Increasing the Baby Bonus Cash Gift by \$3,000 for all eligible Singaporean children, from \$8,000 to \$11,000. The third child onwards will receive an increased amount of \$13,000 (from \$10,000). This cash payout provides regular financial support to parents from birth till the child turns six-and-a-half years old.
- Scaling up KidSTART, a programme that provides upstream support for pregnant mothers and young children from lower-income families. It is expected that the programme will support 80% of eligible children in lower-income families by the end of 2023.
- Doubling government-paid paternity leave from two to four weeks for eligible working fathers of Singaporean children born on or after 1 January 2024.

- Increasing Unpaid Infant Care Leave for each parent in a child's first two years, from the current six days per year to 12 days per year.

The increased investments do not just provide support to families (i.e., cash grants, tax reliefs, and leave benefits) but also contribute to a stronger foundation of service provision, including the funding of programmes like KidSTART.

4. Gaps Across the Region

There has been an intense period of public policy reform in ECD across the region, with major policy and programmatic pushes from governments to support the healthy growth and development of babies and children. This existing baseline of activity provides strong opportunities for action, with public sector buy-in for ongoing work to improve outcomes. The section that follows explores the gaps in ECD programme provision that are common across geographies.

The four countries that were selected for the regional study have vastly different population sizes, gross domestic products (GDPs), economic growth rates, ethnic groups, cultural groups, and geographical characteristics. Unsurprisingly, they therefore have very different ECD landscapes, with diverse gaps and opportunities found in each. Indonesia and the Philippines are perhaps the most similar because of their geography: both are archipelagos spread out over large geographic regions and face challenges in providing ECD services in a rapid and consistent manner across their many islands. In other respects, there are similarities between China, Indonesia, and the Philippines, which are all rapidly urbanising countries. All three also have a decentralised model of governance, which can create challenges for effective implementation of regulatory frameworks and policies conceived by central government and then implemented at a provincial level.

Despite their differences, however, the study identified gaps in ECD programme provision that are common across the four countries. These are explored using the domains of the Nurturing Care Framework (NCF) in what follows. Moreover, there are cross-cutting issues for consideration which are common across geographies. These include a lack of up-to-date and accurate data in several areas of ECD, a lack of an adequately trained ECD workforce, and a need for stronger coordination across sectors.

4.1. Adequate Nutrition

China, Indonesia, and the Philippines have a high but unequal prevalence of stunting in different regions across the countries. All three countries have a strong policy focus on stunting prevention and have made progress in this area. However, stunting remains a significant challenge and is rightly a policy and programmatic focus in these geographies.

Stunting is a particularly crucial issue that requires attention as it has long term consequences for the individual child and thus for society as a whole. Research has shown that stunting leads to poor cognitive development, lower wages in adulthood, lower productivity, and increased risk of nutrition-related chronic diseases in adulthood.¹¹ The findings of the landscape study show that contributing factors in levels of stunting are likely ongoing challenges with access to health services, inadequate numbers of trained healthcare workers to deliver intervention and conduct effective screening, low levels of public awareness about available interventions, and/or the lack of coordinated services.

All four countries also face increasing rates of obesity in young children, creating a double burden for countries also dealing with malnutrition. See Table 4-1 for further details. Obesity is an issue requiring attention, as it is a significant risk factor for a number of chronic diseases in adulthood and is a strong predictor of subsequent well-being and health. The issue has become one that is not just about a lack of access to food, but equipping families with the right tools to access the 'right' kind of nutrition and instil healthy dietary habits for long-term health. There are both systemic and community gaps that donors can assist in: wider-spread, systemic approaches include promoting affordable, healthy food options and introducing regulation to address untruthful advertising or unhealthy foods (such as sugar labelling). On a micro level, efforts can be targeted at programmes that educate caregivers and children about appropriate nutrition.

Table 4-1. Overview of prevalence rates of stunting and obesity

Data	China ^{12,13}	Indonesia ^{14,15}	Philippines ^{16,17}	Singapore ¹⁸
Stunting	Rural: 6% National: 1%	Rural: 37.8% National: 24%	Rural: > 40% National: 29%	National: 4.4%
Obesity	National: 10%	National: 8%	National: 4%	National: 3% ¹

4.2. Good Health

The high rate of maternal mortality in Indonesia is a significant concern. Despite the fact that China has achieved the SDG to reduce maternal mortality rates through concerted government effort, there are still some disparities between rural and urban areas, which warrant deeper investigation. These women mainly die from preventable causes related to pregnancy and childbirth, meaning that more still needs to be done to further reduce maternal mortality rates, such as by increasing accessibility to antenatal care and skilled birth attendants.

In China, Indonesia, and the Philippines, ensuring access to health centres in general is difficult, especially in hard-to-reach areas. This has led to decreasing rates of routine immunisation in children and reduced healthcare-seeking behaviours by families in some areas. Another common gap is lack of availability of a trained healthcare workforce. In the

¹ However, obesity was found to be at 13% among Singaporean Primary One school students in 2021.

Philippines in particular, barriers to access to health centres and vaccines have contributed to lower immunisation levels. Routine immunisation coverage has declined in the period from 2010 to 2021, from 64% to 47%.¹⁹ This has been exacerbated due to the pandemic-related disruptions, such as diverted resources to COVID-19 vaccine roll-out, and non-pandemic-related disruptions, such as a lack of trust in vaccines and the health system. Indonesia also suffers from unequal healthcare coverage, as about 15% of Indonesians are not under the National Health Insurance system, despite it being fully funded.²⁰ This gap in coverage is in part due to the need for those within the informal sector having to register themselves and make monthly contributions toward the insurance scheme. The lack of universal health coverage for a significant portion of the population has an impact on their ability to access a full range of vital health services, including but not limited to immunisation, antenatal and postnatal care, and early screening for developmental delays and disability.²⁰

4.3. Opportunities for Early Learning

Missing data means that gaps in early learning are poorly understood. Learning gaps due to COVID-19 closures have affected young children throughout the world. The extent of this learning loss, and importantly, the long-term impact on child development, is not fully understood. The school closures in the Philippines were the most extensive anywhere in the world, and have impacted child development, learning, as well as access to essential services. While PAUD closures in Indonesia were not as severe, it also had a negative impact on child development due to the lack of in-person interaction, learning and activities.

Given the extended amounts of time young children spend within the home, learning about children's home environments is extremely important to further encouraging and equipping quality learning interactions. However, there is a lack of understanding of children's home learning environments across the four countries. This was the case even before the pandemic made the home the primary learning environment for many families. More must be done to enhance the body of knowledge on parent-child interactions at home and children's access to developmentally appropriate playthings.

Study countries with high land mass and unequal allocation of resources – China, Indonesia and the Philippines – were also observed to struggle with urban-rural disparity in terms of quality of education and funding, worsened partially due to their decentralised forms of government. Priorities set by central government have varying levels of implementation across these countries. In China especially, while preschool education has a central framework and regulatory body, still has numerous gaps in the availability of training, resources, and funding between more affluent urban areas and considerably poorer rural areas.

The problem of unequal resource allocation exists, albeit to a much smaller degree, for Singapore, where there is an uneven coverage of preschools across the country. This has led to families experiencing extended wait times to get a childcare place for their child.

In addition, all four countries experience high turnover rates for ECD practitioners, with three of the countries (China, Indonesia, and the Philippines) facing additional barriers in training enough high-quality educators. See Section 4.6 Cross-cutting Issues for further details.

4.4. Responsive Caregiving

Despite access to parental leave, parents are still reluctant or unable to take leave in the study countries for a variety of reasons including limited parental leave for fathers, resistance from employers, parental leave not extending to those in the informal work sector, and, for some, a culture that implicitly disapproves of leave-taking, particularly for fathers. Governments are recommended to enact more comprehensive policies, such that parental leave is available for those working in both the formal and informal work sectors, and where employers face repercussions if they withhold leave. The legal system should also be enforced to support both current and prospective parents, ensuring that employers are not able to discriminate in their hiring practices.

More can also be done to provide caregiving support for fathers in all four countries. While mothers may traditionally participate more in childrearing, the role that fathers play in the parenting process is vital. Parental duties may lead to burnout, particularly when parents lack sufficient resources to deal with parental demands.²¹ Previous studies have demonstrated that parental burnout can increase conflict between couples, increase neglect and abuse, and be a predictor for child problem behaviours.²¹ In China, while the government has made shifts in policy to support mothers, less attention has been provided to supporting fathers in their role as caregivers. It is well-evidenced in Indonesia that supporting fathers has a positive impact on women's participation in the workforce and the reduction of domestic violence. Increasing the availability of interventions that target and support fathers is recommended – this could be through means such as increasing the involvement of fathers through the provision of additional parental leave or encouraging caregiving practices that fathers can and should undertake.

4.5. Security and Safety

Poor policy implementation is one of the most significant issues in the area of safety and security. A common factor is that the most vulnerable groups (such as the left-behind children in China, or the nomadic population in Indonesia) are the hardest to reach for ECD programmes. Consistent access to these and other hard-to-reach groups is difficult to sustain, as they may often become suddenly uncontactable, or have reservations speaking to and working with ECD practitioners. Another factor is the top-down manner of policy reforms and implementation. In Indonesia, for example, the lack of consultation at the district level has resulted in local government indifference and disengagement with new policies.

The enforcement of policies and regulations is also challenging. The decentralised governance models in Indonesia and the Philippines means that local government is often in charge of enforcing regulations. The lack of understanding of the laws and the lack of capacity to enact and implement them are particular barriers to consistent policy enforcement.

Birth registration, a crucial first step of ensuring access to services, was also found to still be a pressing issue in China and Indonesia. Known as Hukou registration in China, birth registration is a key component of population and household management. While there are no official statistics on the number of unregistered children in China, numerous studies have shown that the rate of birth registration is low in rural areas, particularly for marginalised children, such as female children, those with disabilities or from ethnic minorities.²² These unregistered children are more vulnerable to exploitation and abuse and may not be receiving important services.

4.6. Cross-cutting Issues

There are several core challenges that cut across numerous Nurturing Care components and countries. These are related to the availability of updated and reliable data, the lack of coordination across sectors, the training and retention of the early childhood workforce, relatively little publicly available and contextually appropriate research evidence, a lack of focus on non-maternal caregivers in programmes and policies, and a lack of focus on caregiver health and wellbeing.

Missing and unreliable data

The largest and most prevalent stumbling block for action to accelerate better outcomes for children is the lack of up-to-date and reliable data. This challenge is present in all four countries to varying degrees and in varying areas. While policymakers, researchers, and practitioners are working to close these gaps in data, many are stymied by their current situation, in which it is difficult to understand context, track progress to achieve goals, and address gaps in provision. These issues were cited across interviews and across geographies: experts said better data would enable better action.

For example, action to reduce stunting is a major policy priority in Indonesia and includes a specific target - reduce prevalence to 14% by 2024. Significant cross-departmental work has been done in both early intervention for stunting and preventative measures. However, collecting accurate and consistent measurement data (e.g., height, weight, wrist circumference, head circumference) is key to determining the success of stunting reduction measures. Experts interviewed for this study have suggested that data collected when the government first started its stunting reduction interventions in 2017 was likely to have been inaccurate and inconsistent. This initially led to conclusions that the stunting reduction programmes had been successful and were on target to meet national goals. However, changes in training leading to better accuracy and reliability, and increasing awareness about the importance of measurement have highlighted that reduction in stunting prevalence may not have been as high as initially assumed. This example highlights the need to ensure that not only is data collected regularly, but that it must be accurate and reliable in order to make decisions about programmatic and policy needs.

The data challenge affects all areas of the NCF and includes, but is not limited to:

- coverage of preschools and/or early intervention programmes
- data related to maternal wellbeing and mental health
- quality and frequency of caregiver-child interactions in the home
- quality and presence of playthings and storybooks in the home
- up-to-date data on early initiation of breastfeeding, duration of exclusive breastfeeding and duration of complementary breastfeeding
- accurate and consistently measured data on stunting

Beyond the missing data, data collection methods employed in some programmes' may not be adequately robust. Collecting poor-quality data often has a snowball effect, as these figures are often referred to in secondary reports, leading to inaccurate numbers being treated as fact. High-quality data and monitoring should be an essential part of the evidence-based decision-making process, for both policymakers and programme providers. This would also help policymakers understand shifts within families and communities.

Singapore primarily lacks data regarding breastfeeding practices, maternal health and well-being, and the home-based learning environments. Similarly, the Philippines needs to strengthen its data on population-level learning conditions, maternal health and well-being, the household environment, and ensure that its methods of data collection are updated and more consistent. For Indonesia, there is a dearth of information regarding population-level data, maternal health and well-being, and the child's household environment, and it is thus recommended that their data collection reach and monitoring systems should be strengthened. For China, improvements in data regarding maternal health and well-being, population-level indicators, and the child's home environment would be important. In addition, the methods and analysis of data collection are often not disclosed on published reports, making it difficult to verify or replicate findings.

The issues with data are complex and the challenges are multi-layered, relating both to whether, how, and how often data is collected, and also how it is linked, interpreted, shared, and tracked. These are cross-geography and cross-sectoral issues – the four study countries are by no means alone in facing issues of poor, outdated, or incomplete data, and ECD is not the only sector in which these data gaps exist.

Need for stronger coordination for policy implementation and enforcement

Across the study countries, ECD policy implementation and enforcement would benefit from greater coordination and action to address bureaucratic inefficiencies, insufficient resources and capacity-building on the ground, and fragmentation of the ECD system.

In China, Indonesia, and the Philippines, a common thread was found between the devolution of a national policy agenda to the realities of service availability at a local level. The national policy agenda is often the ideal to which ECD programmes and practitioners aspire, but they are limited by inadequate capacity at the local level, challenges with resource allocation – both human and budgetary – and local government prioritisation that does not always count ECD among its most urgent needs. In the Philippines, where local government units (LGUs) are responsible for policy implementation at the local level, many programmes have failed to meet targets or achieve goals because of barriers to implementation.

To give another example, in Indonesia, despite policy prioritisation of ECD and work to harmonise priorities across government, gaps in technical guidance, quality standards, and common monitoring frameworks have remained a challenge due to the country's decentralised governance structure and the lack of a formal leading ministry. In part, this is due to the lack of understanding at local and regional levels about the essential core components of the policy, and the lack of capacity of local officials to enact or implement policies. Implementation planning may not be sufficiently addressing the realities on the ground and the steps that need to be taken to reduce these gaps. For example, this could include disseminating basic monitoring checklists to ECD practitioners in the short-term, and consistent efforts in building up the ECD sector in the mid- to long-term.

Singapore experiences a similar challenge in inconsistent service delivery. The range of options available to families, especially for those with special needs children, can lead to fragmentation and challenges while navigating the system. Long waiting lists for some services and a lack of communication between service providers has meant that many parents seek support through privately-run organisations. More could be done to simplify processes and options for families and to reduce potentially redundant or overlapping services.

Inadequately trained ECD practitioners and/or high turnover rate

All four countries currently face a high rate of turnover and attrition of the ECD workforce. This is not limited to the early education sector, but many other services and programmes for families and young children (e.g., healthcare and social services). High levels of stress and burnout are frequently cited as the cause of attrition, especially in Singapore. Trained ECD workers are stretched thin in China, Indonesia, and the Philippines due to the extensive areas that they need to cover, while increasing responsibilities as well as inadequate training of social workers may result in low-quality support for families.

In Indonesia, for example, the majority of PAUD educators are informal educators, who are not trained and are not able to access training or upskilling opportunities. The current policies are also discriminatory and prevent these educators from receiving fair pay, job protection and recognition. To give another example, the Philippines has a cadre of social workers hired by the LGUs. However, in some provinces (e.g., Palawan), the ratio of social workers to the population is around one to 3,000. This has led to a chronically overworked workforce who are also not highly paid.

Absence of localised research evidence and evaluations

Across the four countries, there is a consistent lack of locally relevant research and programme evaluations. As seen in Table 4-2, the percentage of programmes evaluated range from 14% in Singapore to 41% in Indonesia. This means that either most programmes are not evaluated, or that evaluations are not made publicly available.

Table 4-2. Overview of evaluations across study countries

	Total number of programmes	Number of programmes evaluated	Public-funded evaluations	Private-funded evaluations
China	63	14 (22%)	3	11
Indonesia	54	22 (41%)	13	9
Philippines	76	21 (28%)	13	8
Singapore	83	12 (14%)	6	6

Furthermore, only one evaluation in Indonesia included a cost-effectiveness evaluation or analysis. None of the evaluations in the other three countries have included this component. This is a critical gap as the inclusion of a cost-effectiveness component in evaluations would provide insights into if and how current levels of investments are impacting ECD outcomes.

The absence of local programme evaluations prevents stakeholders from having pertinent information to support evidence-informed decision making about programme scale up, sustainability or the need for programme modification. Funding decisions, whether to continue funding existing programmes, to fund new initiatives, or to fund scale up of programmes should be evidence-informed and can only be so if well-designed evaluations are conducted and the findings shared.

Lack of focus on caregivers beyond mothers

As previously mentioned, there is a general lack of programmes and policies that serve to engage caregivers, especially fathers and grandparents. This is an area that is less well understood and is under-researched in all countries. Rising participation of women in the workforce in Singapore and Indonesia²³, as well as increasing gender parity and high levels of parental emigration or internal migration mean that the role of fathers and non-parental caregivers is likely to become even more important in all four countries included in this study. There is a need to widen ECD programming and policy to include these individuals.

Insufficient attention to caregiver physical and mental health

Caregiver physical and mental health have an effect on all aspects of nurturing care for children. Programmes and policies that focus on the physical well-being of mothers, as well as data on maternal mental health, are inadequate across geographies. Maternal mental health has an impact on child development, which starts before the child is even born. Heightened levels of cortisol in the mother can move across the placenta to influence foetal cortisol levels, which in turn affect the development of important brain regions – such as the amygdala, which is the emotional seed of the human brain.²⁴ Impacts to a child's development begin from pregnancy and may be deep and long-lasting.

Reasons for the lack of intervention in policy and practice may be due to low awareness of impact (the post-natal impact of pre-natal maternal mental health is a relatively new area of scientific discovery), a focus on more urgent health concerns (e.g., as in the case of stunting in Indonesia or the Philippines), and a hesitancy towards sharing about the struggles of motherhood.²⁵

There is also a gap in policies and programming addressing the mental health of non-maternal caregivers, particularly fathers, and the impact this has on the development of young children.²⁶ Reducing caregiver stress and supporting caregiver well-being – including through home visiting interventions – is particularly valuable during pregnancy and early infancy.²⁷ As such, parental mental health care should be integrated into early childhood health and development services.²⁸ However, providing such services links back to capacity-building and the training of ECD practitioners at a local level – without the proper resources, it would be difficult for programmes to be sustainable or even scale up.

4.7. Conclusion

Each country has strengths in the ECD sector and continues to improve outcomes for children and their families. There are nonetheless still gaps where policymakers and donors can take meaningful action. Much more should be done to boost data collection in all five areas of the NCF, and more rigorous and consistent data collection methods should be implemented. All countries should also aim towards a more even coverage of healthcare (as in the case of healthcare centres or caregiver support programmes), and education (through quality of preschools, training of qualified educators etc). Beyond that, there should be more communication between stakeholders and institutions involved on a national and local level, to reduce the national-provincial implementation gap, and better understand specific needs on the ground.

5. Campbell Mega-Map

5.1. Overview

Child well-being is a ‘multidimensional and holistic concept which provides a contextual understanding of a child in different domains...’.²⁹ The 2030 Agenda for Sustainable Development, including the Sustainable Development Goals (SDGs), acknowledge the importance of child development across domains to achieving this agenda. Research is critical to building the global evidence base to close the gaps in reaching the SDGs. ‘Though child well-being interventions have been underway for decades; evidence on the effectiveness of these interventions is often scattered, the value is possibly underestimated and inclusion in national strategies and programmes is rare.’ (p.6).³⁰ Progress towards reaching the SDGs is further affected by the failure to implement evidence-based interventions for young children.

UNICEF and the Campbell Collaboration jointly created an evidence mega-map to identify areas in which there are strong evidence syntheses to help inform policy and practice, and areas of gaps in evidence or weak evidence syntheses. These gaps and weaker areas are those in which organisations (national or international) can work together to gain a better understanding of what works for child health and wellbeing.

The Mega-map provides an overview of all the available evidence syntheses in seven outcome categories, and seven intervention categories related to child health. This central repository of evidence syntheses also includes quality ratings for the systematic reviews (high to low confidence ratings in the findings of the systematic review). The Mega-map focuses on evidence syntheses from low- and middle-income countries. As such, Singapore has not been included.

To provide an overview about the available evidence syntheses for ECD interventions and outcomes across the four countries in this study, we examined the Campbell-UNICEF Mega-map. The Mega-map is an interactive, online resource that is updated annually with new evidence syntheses and gap maps. Each intervention and outcome domain are further divided into sub-domains (e.g., the intervention domain of Early childhood development has four further sub-domains). Links to systematic reviews and evidence and gap maps that fall into each intervention and outcome sub-domain are linked within the resource, providing immediate access to the evidence.

For the purposes of this study, the Mega-map was examined using geographic filters using the 'OR' operator to ensure inclusion of only countries relevant to the region of interest. The filters used were:

- Study region: East Asia and Pacific
- Countries: Cambodia, China, Indonesia, Korea, Laos, Malaysia, Myanmar, Philippines, Taiwan, Timor-Leste, Thailand, Vietnam

More countries were included in the filters than were included in this study to provide a broad overview for the region. No age or other population characteristic filters were added to ensure studies relevant to both children and families, as well as service providers, were included. In the table below, we provide information about the number of high, medium, and low confidence systematic reviews and evidence and gap maps for each intervention category and corresponding target outcome.

The information provided in the table illustrates that the highest quality evidence syntheses (largest number of high confidence systematic reviews) are in the intervention domains of Early Childhood Development and Health and Nutrition that target Health Impacts and Healthy Development outcomes. Conversely, there are very few evidence syntheses available for governance-focused interventions across all areas of child outcomes. This does not suggest that governance-based interventions are ineffective; rather this is a gap that requires the generation of more high-quality evidence. The information in the table also highlights that comparatively little has been studied about the impact of childhood interventions on equity. Similarly, relatively little is known about the economic impact of childhood interventions.

5.2. State of Evidence

Table 5-1. Campbell-UNICEF Mega-map data

Legend

Low confidence systematic reviews	Medium confidence systematic reviews	High confidence systematic reviews	Evidence and gap maps
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		Outcomes																											
		Health Impacts				Healthy Development				Learning and Development				Risk factor reduction				Safety				Equity				Economic Impact			
Interventions	Early childhood development	39	27	49	4	32	28	31	9	7	3	12	4	7	3	3	3	1	5	4	6	2	3	3	5	9	1	6	3
	Health and nutrition	65	42	68	7	47	37	47	10	4	2	7	4	10	6	5	3		2	5	7	2	2	2	5	11	7	10	7
	Education	18	7	13	4	6	6	8	8	9	7	12	8	4	2	3	2		3	5	7	1	1	2	5	3	1	1	4
	Social work and welfare	5	4	6	3	4	6	5	7	1	2	3	4	1	2	1	2	4	6	10	7		2	2	3	1		1	4
	Social protection	9	9	5	3	9	10	3	10	3	1	3	7	1	1		3		4	2	8	2	2	1	6	6	1	1	8
	Environmental health including WASH	10	4	12	4	2	3	3	4		1		1	11	2	9	3	1			2		1	1	3			3	2
	Governance	3			1	3			3					1			1	1	2		3				1	1			2

6. Regional Recommendations

The regional recommendations included in this chapter are based on the analysis of regional strengths and gaps discussed in previous chapters. This chapter also includes strategic opportunities for consideration by donors and other stakeholders to contribute to ECD sector strengthening.

6.1. Support for the generation and use of data that is accurate, linked, and readily available to stakeholders and system actors

What is the issue?

A critical gap that was identified across the four countries is the lack of up-to-date, accurate, and/or comprehensive data, that is readily available and accessible to various stakeholders who work with children, families, and the community around them.

Why does it matter?

The collection and analysis of large datasets allow decision-makers to cut through potential distortions, such as personal bias, hype, or beliefs, to discover what really works for the population.³¹ While monitoring data is highly contextual, with indicators often dependent on the intervention and policy that is being implemented, good quality data is crucial to demonstrate progress and to identify areas for action or refinement. The NCF Handbook outlines three main levels of monitoring data needed to secure understanding of policy and programmatic context and progress in ECD:³²

- **Population monitoring:** This uses population-level surveys, censuses, or administrative databases to gather information about a particular population – perhaps a country or

a city. Standardised household surveys, such as the Demographic and Household Surveys (DHS) and the Multiple Indicator Cluster Surveys (MICS), are commonly used.

- **Implementation monitoring:** This means continuously assessing the different components of a programme, and whether progress is made towards the planned objectives. It informs any changes to be made in the implementation and supports continuous quality improvement in programme delivery. Monitoring can stimulate innovation to overcome implementation barriers, and can be used to ensure equity.
- **Monitoring individual children’s development:** This is an important component of services that support children’s development. It involves identifying children who are at risk of not developing as well as they could and enables timely delivery of interventions tailored to the needs of young children and their families.

Population-level monitoring allows policymakers, researchers, and programme developers to understand the overall state of children’s health and development, coverage of interventions, and any gaps that exist. Implementation monitoring produces data on programmatic outcomes, impact, and equity. It allows decisionmakers to make informed decisions on next steps. Child development data supports the identification of children at risk of a developmental difficulty or delay, and allows providers to be proactive in assisting them and their caregivers.

At the same time, it is crucial to note that each level of monitoring data is insufficient on its own. Bringing the various data points together provides a much more accurate picture of what is happening within a country or province, and how different stakeholders can work together towards common goals.

Strategic Opportunity

Support system actors and stakeholders to improve data collection and management systems to improve the accuracy, availability, and linkage of data across ECD sectors:

- Raise awareness across stakeholders on the importance of data and how it can address gaps.
- Support work by ECD stakeholders to examine currently available data to determine what data needs to be updated, strengthened, etc. This will include decision-making about reliable and valid tools that can be used for ongoing data collection.
- Encourage sector-specific stakeholders (e.g., a department of early education) to consider developing a logic model and creating a monitoring and evaluation plan. This should include regular review meetings to assess progress towards set goals and objectives.
- Facilitate cooperation between key actors in the ECD sector to develop a plan for data linkage and sharing. This should include both what data should and can be shared, as well as efficient and effective ways for data sharing to be implemented.

Implement consistent data collection/monitoring across funded programmes

- Work with funded programmes to develop a Theory of Change and monitoring and evaluation framework. This is key to ensuring that programmes link desired outcomes with data that is being or can be collected.
- Facilitate decision-making within programmes about what data should be collected and how (which tools to use). If an organisation delivers multiple programmes, identify opportunities to streamline data collection across programmes and link data.
- Provide professional development for frontline practitioners to build data literacy. This includes building awareness about the need for accurate data collection and the ways in which data can be used for programme improvement.
- Ensure programmes integrate regular data sharing opportunities and make plans for ways in which programme data and evaluation findings will be shared. This should be within the programme (e.g., to frontline practitioners), across programmes delivered by the same organisation, and between programmes that provide similar ECD programming in a particular region.
- Facilitate opportunities for wider dissemination and sharing of data and evaluation findings at a provincial, national, or regional level.

6.2. Effective coordination among stakeholders and system actors

What is the issue?

While countries such as Indonesia and Singapore have made progress towards strengthening cross-sectoral collaboration within the government, much still needs to be done to ensure the collaboration and coordination across sectors on-the-ground. This includes service provision, communication, and advocacy efforts.

Why does it matter?

Throughout the interviews with experts in the four countries, experts consistently raised the issue of the lack of coordination across services, resulting in gaps and overlaps in service provision, complicated access pathways for families, and lack of dialogue on the needs of children and families. This lack of coordination then leads to inefficiently used or wasted resources, both financial and material, and increased time spent by families identifying where to access services, making choices about which services to access, and understanding why these services are important. Improving coordination across stakeholders would not only benefit families in ensuring easy access to services, but would lead to systemic improvement by reducing inefficiencies and wasted resources.

Strategic Opportunity

Encourage cross-sectoral dialogue

- Convene local cross-sector dialogue between ECD donors on key topics, with a focus on action. Partnering with other donors in a coalition may support more effective action across the ECD sector and lead to a greater degree of impact.
- Encourage the regular sharing of 'lessons learned' from a donor perspective. This approach to open sharing of both successes and failures will enable the development of targeted solutions across the ECD sector by donors.

Support coordination across the ECD sector on the ground

- Convene regular meetings of service and programme providers, either within a specific ECD sector (e.g., parenting support) or across the ECD sector to build a culture of open dialogue, sharing of successes and challenges, and collaborative development of solutions and strategies
- Engage with frontline staff to identify ways in which services can be streamlined or coordinated to improve families' experiences in navigating the ECD system. Foster dialogue between frontline staff and key decision-makers within each service provider to develop solutions and attain commitment to piloting solutions.
- Encourage service providers or key ECD sector stakeholders to engage regularly with families of young children to identify 'pain points' and co-design solutions to improve experiences for programme recipients.

6.3. A sufficient and well-trained workforce that is recognised by the community

What is the issue?

Gaps in the ECD workforce are apparent in all four countries included in this study. In Singapore, the retention rate of ECD service providers and frontline workers has been low and decreasing in the last few years. In Indonesia and the Philippines, the training and capacity of EC educators and frontline workers is inconsistent and generally of low quality. In China, not all ECD educators and frontline providers are appropriately trained. Those who are trained often move to peri-urban or urban areas to take up better paying jobs, leaving rural areas with a persistent lack of ECD service providers.

Furthermore, across all four countries, the ECD workforce is often not recognised or valued by the community. This includes fair and appropriate monetary compensation for their labour. This is especially evident for the childcare and education workforce, where EC educators are perceived to be less qualified or less important than primary education teachers. Even among EC educators, there is a delineation between infant and toddler

educators and kindergarten educators, who require a higher level of pre-service education and training to qualify for a certificate needed to teach kindergarten.

Why does it matter?

The ECD workforce is made up of a diverse group of volunteers, paraprofessionals, and professionals who support the growth and development of young children, as well as supporting families. They are often frontline workers who deliver services directly to children and their families, employed by either the government or non-state actors, and work across a variety of sectors, including care, education, health, sanitation, hygiene, and social and child protection.³³

A crucial step to improve the quality and retention of the workforce is to ensure that there are clear standards and expectation of the workforce, particularly across the various roles, and to ensure a set of common core goals to guide their work with young children and families. Furthermore, the low level of remuneration, poor working conditions, and low status of the EC workforce have a strong impact on both motivation to join the profession and retention in the sector. Improving public perception and giving the EC workforce a voice in both policy discussions and their daily work could support improved outcomes in these areas.

Strategic Opportunity

Support regional exchange on best practices in workforce training

- In tandem with existing organisations, such as but not limited to the Asia Pacific Network for Early Childhood (ARNEC) or the Early Childhood Workforce Initiative (ECWI), assess current workforce policies and practices. Identify best practices and encourage the implementation of these practices across the region.
- Consider how a multipronged approach to upgrading the workforce might take place. This would include examinations of working conditions, training and career development, workforce expectations, and the available materials and resources. Foster collaboration between policy makers and service providers to identify areas of responsibility (e.g., pre-service training vs. in-service professional development).
- Assess the competencies needed across the workforce and develop clear guidelines and standards at a regional level that could be adapted in local contexts. This could include a universal code of conduct or standard of practice for all ECD professionals, or specific guiding frameworks for each sector (e.g., early childhood education).
- Facilitate regional dialogue to encourage sharing of frameworks and standards that currently exist and are being implemented to identify ways in which these may be adapted and implemented in countries that do not currently use similar frameworks.

Encourage and support communities of practice across practitioners

- Support the provision of learning opportunities on a regional level for ECD service providers to increase cross-sectoral engagement and learning.
- Develop guidelines to improve the use of adult learning methods to strengthen practitioner competencies, supportive supervision, and mentoring.
- Encourage the development of ECD communities of practice within districts, countries, or the region to enhance continuous quality improvement and development within the sector.

6.4. Strong, independently conducted evaluations to contribute to the evidence base both locally and regionally

What is the issue?

Building the evidence base for ECD in the region should be a priority. Too little is understood about what works, for whom, and under what conditions. As noted above, a critical gap across the four countries is the lack of publicly available, high-quality evaluations of programmes. Notably, only one evaluation in Indonesia included a cost-effectiveness evaluation or analysis. While this gap is most evident in China and Singapore, it also holds true for the Philippines and Indonesia, where 28% and 40% of programmes were known to be evaluated, respectively.

Why does it matter?

The lack of regionally specific research is concerning because context affects programme effectiveness and implementation – what works in urban London or rural India may not work as well in the countries included in this study. Understanding whether a programme or policy works or meets the needs of the target population and whether it is or can be implemented with fidelity is imperative to understanding what is meaningful to scale up or continue funding support. Evaluations should provide information on the impact produced by an intervention or programme and generally adhere to the following purposes:³⁴

- **Formative impact evaluation:** To improve or reorient a programme or policy
- **Summative impact evaluation:** To inform decisions about whether to continue, discontinue, replicate, or scale up a programme or policy

To this extent, any evaluation that is conducted should focus on understanding ‘what works’ within the programme and how to improve elements that do not work as well. At the same time, if it is found that the programme is not working, the evaluation should also examine if any programme elements can be sustained in other programmes or contexts. Well-conducted evaluations should also provide a strong rationale to stop the programme and channel the funds to more meaningful interventions, if appropriate. Additionally, given the breadth of programmatic work, including a cost-effectiveness component to evaluations would provide insights into if, and how, current levels of investments are impacting ECD outcomes.

It should be noted that more evaluations may have been conducted than are publicly available. Making evaluations available regardless of outcome (i.e., even those that show a programme did not meet objectives or result in significant changes) is essential for increasing the evidence base about ECD. This is a public good that would go a long way to benefit the sector across the region.

Strategic Opportunity

Support independently conducted evaluations for local and regional programmes

- Donors can build clear and transparent processes for ongoing monitoring and evaluation at the inception of all programmes. Sufficient funding for programme evaluations should also be provided during programme development. These expectations could be clearly communicated to current and potential grantees, with support to build internal organisational capacity for monitoring and evaluation.
- Ensure the utilisation of appropriate evaluation approaches – e.g., early-stage formative evaluations, integration of hybrid evaluation approaches that examine both programme outcome and implementation, and use of experimental designs when appropriate.
- Share evaluation findings widely – whether positive or negative. This would build the ECD evidence base, and support the sector in learning from both successes and failures and foster an environment of collaborative learning.

Support regional evidence synthesis research on specific topics

- Across the landscape study, a few key topics were identified as having particular gaps in evidence. This includes maternal mental health, breastfeeding, and the home learning environment. Donor can support the conduct of evidence syntheses of these topics to help improve both policy and programmatic understanding of the regional and national gaps, and identify ways to address these gaps. Evidence syntheses bring together all relevant information on a topic, identify gaps in knowledge, and establish an evidence base for best practices.

6.5. Policy and regulatory environment that centres around the needs of children and families

What is the issue?

Across the four countries, there is an observable increase in the breadth and depth of policies to support the needs of young children and mothers. However, in each country, there is still a crucial gap related to the implementation of these policies and related programmes at the local level.

In Indonesia and the Philippines, policies are formulated at the national level. The lack of understanding of the policies and capacity at the local level has led to poor or non-existent implementation. The lack of enforcement of regulations is another gap within both countries. In China, while policies exist, there is insufficient investment to support the policies, particularly in rural areas. Furthermore, there are challenges in collaboration and coordination across sectors and departments. These is due to the siloed nature of work and the lack of a central coordinating body. In Singapore, while appropriate policies and regulations are largely in place, there is a gap in programmatic coordination across sectors, leading to complex service pathways and overlaps in service provision.

Why does it matter?

By centring policies and regulatory frameworks around the needs of children and their families, governments move away from siloed structures towards keen considerations on what is needed to support the whole child's development. Doing so draws upon the beliefs of the family and the community and ensures that policies are meaningfully implemented for the community.

Strategic Opportunity

Support the exposure and introduction of ECD research to policymakers

- Across national, provincial, and local levels, expose policymakers to ECD theories and equip them with an understanding of ECD and the short- and long-term benefits of interventions and policies to support children, caregivers and the community.
- Provide support to local policymakers to identify critical gaps in ECD policy implementation, particularly the contextual barriers to effective implementation.
- Support local policymakers and service providers in identifying and implementing local, contextualised solutions to the gaps in ECD policy implementation.

Engage policymakers and stakeholders in regional dialogue on specific ECD topics

- Use participatory learning and action approaches to encourage regional dialogue on topics of interest, such as maternal mental health and wellbeing, the home learning environment, and community engagement for ECD.
- Use regional dialogues as an opportunity for regional and cross-sectoral sharing of successes and challenges in ECD policy and programme implementation. Focus on identifying solutions and approaches to implementation of solutions.

6.6. Conclusion

This section has presented five key regional recommendations, with a clear set of strategic opportunities that donors and other ECD stakeholders can leverage to strengthen the sector within each country and across the region. Stakeholders may choose to focus on

opportunities that they are best placed to influence. Additionally, this is a critical juncture for stakeholders to consider how they may work together to further regional ECD learning and collaboration.

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