Ministry of Planning
Development & Special Initiatives

Scaling Up NUTRITION
ENGAGE • INSPIRE • INVEST

unicef
for every child

EARLY CHILDHOOD DEVELOPMENT POLICY MAPPING IN PAKISTAN

ISLAMABAD, 2019

CONTENTS

ACRONYMS

AJK	Azad Jammu and Kashmir
CRC	Convention on the Rights of the Child
ECD	Early Childhood Development
ECE	Early Childhood Education
GB	Gilgit-Baltistan
GDP	Gross Domestic Product
IYCF	Infant and Young Child Feeding
KP	Khyber Pakhtunkhwa
LHW	Lady Health Worker
MELQO	Measuring Early Learning Quality Outcomes
MICS	Multiple Indicator Cluster Survey
MoNHSR&C	Ministry of National Health Services, Regulations, and Coordination
PDHS	Pakistan Demographic and Health Survey
SDG	Sustainable Development Goals
SUN	Scaling Up Nutrition
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

FOREWORD

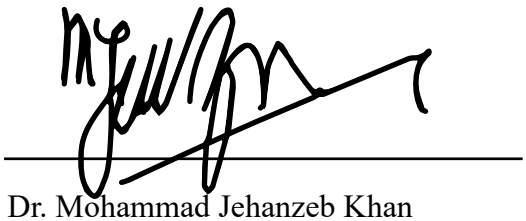
Children are the future of the nation and need to be nurtured to be productive members of the society. With the demographic transition that Pakistan is experiencing, the young population is a demographic bonus with implications for labour force, savings and human capital. To reap the demographic dividend, the Government of Pakistan is undertaking reforms with the support of partners, and early childhood development is a sustainable way of putting in place solid foundation for building human capital, and to break intergenerational cycle of poverty.

Compelling evidence has shown how early childhood experiences impact brain development, learning, behaviour, and above, health, school performance, earnings, and economic growth. Yet, with the benefits of this critical stage of human development, many children in Pakistan are not still reaching their developmental potential due to poor nutrition and lack of psychosocial and cognitive stimulation. Early childhood development is an international priority, and the Government has thus streamlined early childhood care in the country's Plans, Visions, and guidelines to help accelerate the 2030 Transformative Agenda.

To ensure that young children in Pakistan have the best start in life, and achieve their optimal developmental potential, a study on Early Childhood Development policy mapping was commissioned by the SUN Unit, Ministry of Planning, Development and Special Initiatives and UNICEF to understand the policy environment and landscape of ECD in Pakistan from a life cycle perspective. Consultations were conducted with diverse stakeholders at the federal, provincial and regional levels for an insight on the status, challenges and opportunities for ECD in Pakistan.

The key findings of the mapping study clearly indicated that most of the components of ECD services are ongoing in silos and requires strategic coordination for efficiency and effectiveness of child services and interventions. In addition, responsive caregiving came out at the most important missing piece in the nurturing care framework. The Government and partners need to coordinate efforts on improving ECD systems in terms of policy, intersectoral coordination, financing, measurement and reporting, workforce and regulation. With several actors providing multisectoral services to young children from conception to eight years of age, the key recommendation was need for a regulatory overarching policy framework with clear roles and responsibilities of actors that could ensure the provision of quality integrated care for positive child development outcomes.

In addition to ECD being a moral imperative, children's ability to survive and thrive will be a major deciding factor in whether Pakistan is able to develop the human capital it needs to succeed in the increasingly competitive globalized economy. This report is a step towards ensuring that healthy children today become tomorrow's healthy, productive and responsible citizens to contribute to economic growth.



Dr. Mohammad Jehanzeb Khan

Deputy Chairman, Planning Commission

Ms. Aida Girma

Country Representative,UNICEF Pakistan

ACKNOWLEDGEMENTS

This Early Childhood Development (ECD) policy mapping required the support and participation of different sectors and multiple stakeholders ranging from Government, development partners, civil society, academia and private sector in order to understand the landscape of ECD in Pakistan. We would like to acknowledge the efforts of all those who contributed to the realization of this ECD policy mapping report.

We express sincere gratitude to UNICEF Pakistan for the technical and financial support to this mapping endeavours. We are also grateful to UNICEF staff especially at the field offices, and those at the Regional Office, South Asia for all the reviews, suggestions, guidance and constructive feedback that enriched this report.

We are particularly grateful to Dr. Zaeem-Ul-Haq, UNICEF Consultant who conducted this mapping study. His tireless efforts in organizing consultations across the country has yielded this important report, that has also made enormous progress towards a shared understanding and approach towards ECD across Pakistan.

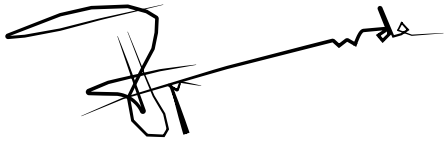
Our distinguished appreciation goes to the high-level ECD Taskforce and National ECD Technical Working Group for their incessant reviews, useful critiques, constructive suggestions, guidance and endorsements of this mapping processes.

We would like to express particular appreciation and sincere thanks to all the provinces and regions for their enthusiastic participation in the consultations, indicating their zeal to address the needs of children and their families across Pakistan

Our immense thanks to provincial/areas and SUN units along with UNICEF who organized the provincial/regional multisectoral consultations.

Many thanks to all those have contributed to this report at different levels in different ways to ensure that we have this product that will guide our decisions on how we move forward with the Early Childhood Development agenda in Pakistan.

Mr. Aslam Shaheen
Chief Nutrition/SUN Focal Point
Ministry of Planning, Development
and Special Initiatives



Dr. Tajudeen Oyewale
Deputy Representative,UNICEF Pakistan

Executive summary

Early childhood is a critical phase of human development covering the period from conception until eight years of age. There is substantial scientific evidence that, during this time, the body undergoes a "process of maturation characterized by an ordered progression of perceptual, sensory, motor, cognitive, language, socio-emotional, and self-regulation skills". Providing a nurturing environment and appropriate stimuli at the right time, through integrated early childhood development (ECD) provision has been shown to have substantial individual, societal and economic benefits that offer substantial returns on investment.

The Nurturing Care Framework, developed by UNICEF, the World Health Organization and the World Bank, is a simple way of conceptualizing and planning interventions that are essential contributors to ECD. The framework identifies five components of nurturing care: health, nutrition, education, protection and responsive caregiving.

This study was conducted with support of UNICEF Pakistan, and aimed to map out existing interventions, service delivery and sector policies that support and promote ECD, and to collect data and information on ECD programmes, coverage, target ages, delivery platforms and systems, in order to guide the development of a comprehensive ECD policy framework for Pakistan. It comprised a literature review and a total of 279 interviews and consultations covering key stakeholders from federal and every province/area level.

Indicators related to ECD in Pakistan shows that the country's performance lags behind that of regional counterparts. Data on key indicators related to responsive caregiving and early learning are not collected countrywide. There are also concerns related to equity, with substantial disparities based on gender, socioeconomic background, geographical location and other factors.

The study found that the ECD landscape in Pakistan is fragmented, with no unified ECD policy framework or shared understanding of the concept. With devolution of key functions following the 18th Amendment to the Constitution, provincial and area administrations have developed their own policies, and strategies.

While strong policy and service delivery frameworks exist for nutrition, health and education at national and sub-national levels, they are not fully integrated, nor do they necessarily seek to address child development from a whole-of-early-childhood perspective, from conception till eight years of age. For example, since there is no constitutional provision for early learning, provinces and areas are at differing stages of conceptualization. Other relevant sectors, such as those related to child protection, social protection, disaster risk management and water and sanitation, are not coordinated through an ECD framework. Moreover, key components of the Nurturing Care Framework are not currently addressed. These include maternal mental health and support to families to provide responsive caregiving and support for early learning in the home.

Identifying appropriate delivery platforms to reach marginalized children at different stages of life with multisectoral services is critical to efficient and effective implementation. The study identifies existing and new delivery platforms that may be leveraged for effective ECD provision. It also identifies frontline workers, such as Lady Health Workers, vaccinators, pre-primary teachers, civil society representatives (such as those working on WASH programmes or at community centres), who have been shown to improve ECD outcomes. However, by and

large frontline workers are not trained in integrated ECD, nor are parents and caregivers aware of their own critical role as advocates for their children.

Robust data collection and data systems are essential for investment, targeting, efficiency and effectiveness. Mechanisms exist that can contribute quality data, however gaps remain, both in terms of the proposed indicators for the Nurturing Care Framework, and for Pakistan's own specific ECD needs. All rounds of the Multiple Indicator Cluster Survey supported by UNICEF also collect international comparable data that can be used to develop an ECD Index. In all cases, disaggregated data collection along several axes of inequality is essential.

The recommendations of this study are as follows:

Policy framework:

- Draw on the Nurturing Care Framework to develop a consolidated ECD policy framework, based on clear and unified definitions and with costed strategies, that takes a holistic and equity-focused approach to child development and that is sufficiently flexible as to be applied in all Provinces and Areas.
- Take steps towards policy development in key areas which are not currently addressed, including all aspects of responsive parenting, as well as maternal mental health, screening for infant disability and accidents affecting children.
- Ensure that policy development covers all stages of early childhood, including children aged 5–8 years, as well as support for caregivers and families.
- Ensure that policy development applies an equity lens to reach all children regardless of gender; socioeconomic status; locality, geographical location or nomadic status; religious, caste, ethnic, linguistic or tribal affiliation; disability status; cultural background; humanitarian situation; or vulnerability to insecurity and natural disaster.

Governance, intersectoral coordination and finance:

- Develop an agreed, shared understanding of ECD in the Pakistan context.
- Leverage the ECD Taskforce at federal level, with analogous bodies at Provincial and Areas /sub-national levels, to coordinate and streamline planning and service delivery.
- Coordinate ECD support through new or existing structures to develop shared definitions, indicators and information sharing mechanisms, that are then contextualized to provinces and areas.
- Analyse existing programmes to reduce redundancies and leverage human and financial resources towards the provision of ECD.
- Leverage existing services to promote positive parenting and responsive caregiving.

Entry points:

- Adopt a whole-of-government and whole-of-society approach to ECD, avoiding vertical structures and instead taking a systems approach by identifying and utilizing the appropriate delivery platforms to reach children and caregivers.
- Evaluate and utilize private sector support to reach children and families with ECD services.

- Develop advocacy and communication plans to reach families, communities and community leaders to build public awareness of risks to children, including risks related to family environment, parental well being and the physical environment.

Leverage and build capacity:

- Strengthen and implement family-friendly social safety nets and labour policies.
- Develop and implement an integrated, evidence-based parenting package which targets both parents, as well as other caregivers, and includes Key Family Care Practices, Care for Child Development and Caring for the Caregiver.
- Explore private and public-private partnership models to support the development of ECE and childcare human resource.
- Build capacity of existing frontline workers across sectors to support ECD, especially targeting the most marginalized communities.
- Ensure that policies and communication are accompanied by support that empowers families and communities to play their part in providing ECD.

Measurement and reporting approaches:

- Evaluate ECD data needs and enhance existing management information systems to collect these data.
- Evaluate use of ECD index and Global Scale for Early Development to assess and report on progress.
- Ensure data collection is disaggregated along key axes of deprivation to support effectively targeted interventions.
- Establish centres of excellence to research, evaluate and assess cost-effective and equitable ECD models appropriate for various contexts across Pakistan.

The study also provides specific recommendations to enhance existing policies and programmes, or to fill gaps in individual sectors, at provincial and area levels.

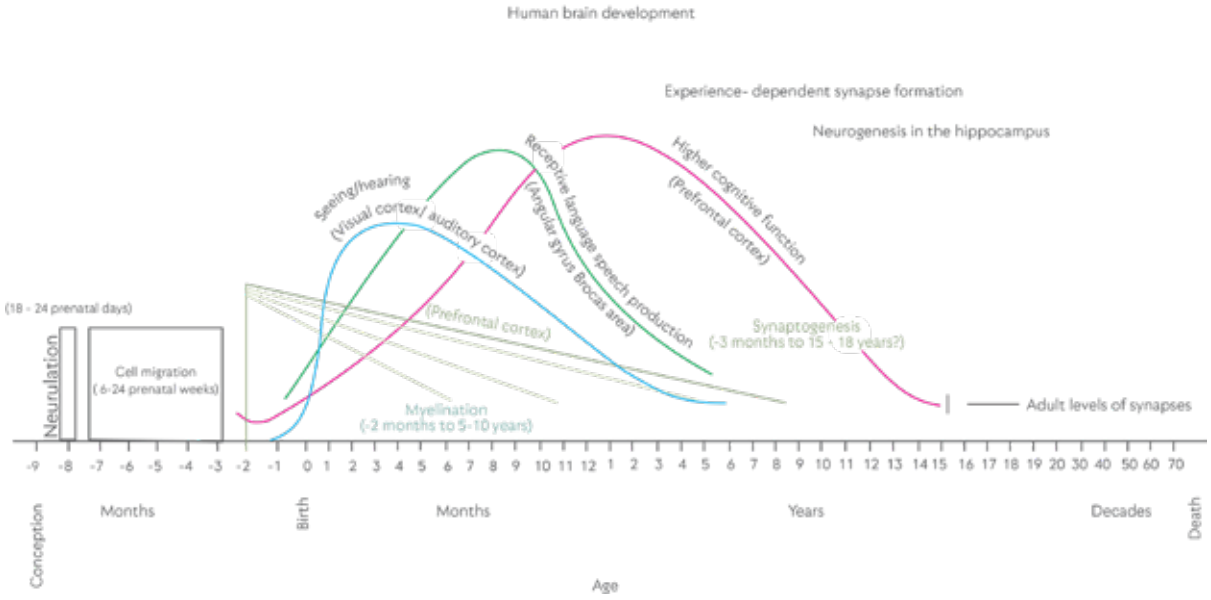
Chapter 1: Introduction to Early Childhood Development

What is early childhood development?

Early childhood is a critical phase of human development, defined by the World Health Organization (WHO) as covering the period from conception until eight years of age. There is substantial scientific evidence that, during this time, the body undergoes a "process of maturation characterized by an ordered progression of perceptual, sensory, motor, cognitive, language, socio-emotional, and self-regulation skills".

Figure 1, below, shows how the human brain develops from conception until birth, and then from birth onwards. It shows how key human capacities, such as seeing and hearing, language and cognition, develop at different periods of early life. Supporting this development at the right time makes it more likely that a child will fulfil his or her potential as an adult and participate in sustainable development.

Figure 1: Chronological representation of human brain development



Source: Reproduced from Thompson, 2001.

During the first phase, from conception until the child is two years of age, the foundations of physical and mental development are laid. In the first 1,000 days of life neurons form new connections at the astounding rate of 700–1,000 per second, and are heavily determined by the mother's nutrition, health and wellbeing, and the child's own environment and experiences. For example, by two years of age, brain scans of poor versus nonpoor children start to show differences in the rate of brain growth.

During the second phase, from three to five years of age, these foundations are consolidated. There is an increase in weight and height, and enhanced cognitive, language and socioemotional skills, as the child becomes ready for school. In the third phase, the child is aged 6–8 years and formal education starts. This, along with other factors, shapes the disposition of the future adult. Thereafter, the child progresses to late childhood, early adolescence and adulthood.

Thus, while the understanding of early childhood development (ECD) has traditionally focused on physical health, nutrition and early childhood education, there is a growing awareness that a holistic, whole-child approach is essential for healthy development at this crucial period of life.

The first three years of this time (the first 1,000 days) i.e. from conception to the second birthday of a child are particularly critical, as they provide a window of opportunity to lay the foundations of health and optimal development. Even small disturbances during this time can have long-term detrimental effects on the brain's structure and its functional capacity.

However, how a child's development is nurtured during the entire period of early childhood, up to eight years of age, impacts strongly on the rest of life and even on the wellbeing of future generations. Implicit within this understanding is the need to support caregivers—mothers, fathers and others—in creating an environment that is conducive to child development.

In Pakistan, ECD is an evolving concept. As the understanding of ECD broadens to cover the full spectrum of a developing child's needs, and the needs of his or her caregivers, the definition below may be considered a starting point that may be refined for the Pakistani context to encompass all aspects of life, wellbeing and care that contribute to building the foundation for adulthood.

Integrated ECD is a multi-sectoral and life course approach of childcare consisting of a range of components such as health, nutrition, hygiene and sanitation, early learning opportunities, child safety and protection, early stimulation and positive parenting. Together, these help develop physical/ motor, cognitive/ mental, social and emotional development. Policies and plans are formulated within an ECD framework aim to support this holistic approach to a child's development.

1.2 The argument for ECD

As the previous section shows, the scientific basis for integrated ECD support is very strong. This section explores the risks faced by children vary over the course of life, from conception onwards, and how many of these can be partly or fully ameliorated with integrated ECD support. It also discusses the societal and economic benefits of integrated ECD, supporting the moral argument for ensuring that every child, regardless of background, has the opportunity to benefit from this support.

Risks faced before birth and in early childhood

Risks to development arise even before a child is born. If a mother is malnourished in adolescence, she will have a smaller stature and shorter pelvic bone, with less space for the unborn child to grow. If the mother is malnourished during pregnancy, the unborn child will receive inadequate nutrition. In either case, the baby is at increased risk of preterm delivery or of being small for the gestational age. The physical environment (including exposure to pollutants) also impacts on the child's development, with potential risks related to prenatal exposure to lead, mercury, pesticides and polycyclic aromatic hydrocarbons released from vehicle exhaust and other sources.6

It is critical to recognize that risks faced by children are highly dependent on factors such as gender, age, urban/rural locality, settled or nomadic status, province or area, education level of family, wealth, minority religious or ethnic affiliation, vulnerability to disaster and insecurity and cultural factors. It is essential to adopt an equity approach and to consider risks faced along multiple axes of deprivation.

Table 1: Common risks in the first five years of life

Risk factor	Pathway	Implications
Stunting	Effect on ability at five years of age and long-term outcomes such as educational attainment, increased formal employment and psychological functioning.	Adequate nutrition is extremely important during the first two years.
Iron-deficiency anaemia	Evidence of long-term cognitive and behavioural effects of early iron-deficiency anaemia. Neurophysiological changes and neural mechanisms leading to developmental deficits	Importance of prevention of iron deficiency early in life.
Iodine deficiency	Causes low maternal and foetal thyroxin levels that impede neuronal migration and maturity leading to impaired development.	Need for continued attention to expanding and ensuring quality control of fortification programmes.
Inadequate stimulation and opportunities for early learning	Intervention studies document benefits to social-emotional and cognitive outcomes.	Programmes that promote early stimulation and learning need to be scaled up and integrated with health and nutrition services.
Intra-uterine growth restriction	Impedes early child developmental achievements.	Need for increased strategies to reduce intra-uterine growth restriction including better maternal nutrition.
Maternal depression	Adverse effects of maternal depression on quality of parenting and ECD.	Need for early identification of depression and addressing it through frontline workers.
Malaria	Long-term deficits due to cerebral and severe malaria.	Need for expanded preventive programmes.

Lead exposure	Lead negatively impacts developing brain resulting in behavioural and cognitive deficits. Its absorption can be relatively high in a malnourished child.	Continued attention to the prevention of exposure.
Exposure to violence	Compromises caregiver's child-rearing capabilities. Child's socio-emotional and cognitive development impaired.	Need for programmes that strengthen families exposed to violence and help caregivers reduce their effect on children.

Adapted from Walker et al. Lancet, 2011. 6

Risks for older children aged 6–8 years are less fully studied in developing and middle-income contexts. However, in the Pakistan context they may include those listed in the table above as well as the following:

- Health:inadequate vaccination that fails to protect children against communicable diseases including potentially deadly or disabling diseases such as polio.
- Nutrition: inadequate quantity and poor quality of diet; increasing consumption of junk food that may contribute to health risks later in life such as obesity, high cholesterol and diabetes.
- Responsive caregiving: inadequate stimulation and age-appropriate caregiving environment at home and in school as well as in the community at large.
- Security and safety: entrenched gender roles and expectations, leading to risk of girls dropping out of school and protection risks such as childcare and domestic duties in the family home or in undocumented employment; increased vulnerability to family's economic position, including child labour, especially for boys, and other negative coping mechanisms; poor sanitation and hygiene; enhanced vulnerability in humanitarian and disaster situations.
- Early learning: poor access to quality education in a child-friendly environment.

Benefits of ECD

The scientific evidence for supporting ECD has been extensively discussed earlier in this chapter. Addressing the risks children face in early childhood through investment in quality ECD has broader positive implications for society, for fulfilling national and international commitments, and for cost-effective investment in a society's future. Most of all, investment in ECD is a moral imperative, as it seeks to level the playing field for all children.

Benefits of integrated equitable ECD

Childhood

- Realization of child rights as human rights; moral obligation for children especially the poorest and most disadvantaged.

- Early screening and detection of development difficulties and disabilities for early interventions.
- Improved nutrition and health outcomes.
- Child readiness for school, parents' readiness to engage in early learning, and school readiness for the child.
- Low school dropout and repetition rates.
- Less involvement in asocial behaviours and crime.
- Better access to primary school and high completion rate.
- Improved equity and gender equality in education and society.

Adulthood

- Higher employability and earnings.
- Higher level of social and emotional functioning: a cost-effective means of strengthening families and society.
- Fewer children; more time for quality parent-child interaction and appropriate parenting skills.
- High earnings leading to payment of taxes and benefits to national economy.
- Less likely to have social and health problems, saving US$6–US$18 for every US$1 invested.

Family and mental health

- Caregivers, especially mothers, can take up economic activities if their children are safe in ECD centres.
- Improved maternal and caregivers' mental health.
- Healthy family relationships and bonding.
- Older siblings, especially, girls are more likely to attend school, bridging the gender equality gap in education.
- Intergenerational benefits of attending preschool extend to grandchildren.

Nation

- Human capital development leads to higher employment rate.
- Sustainable economic development.
- Reduction in inequities.

Social benefits

Optimum ECD has immense social and economic benefits and lays the foundation for sustainable development. Children who get the best start in life are more likely to be happy,

productive and socially-integrated youth and adults. However, if children do not achieve their full development potential, there is risk of substantial loss to individuals, families and society at large.

For example, children who do not have the advantage of optimal care in their early years are more likely to encounter learning difficulties in school. This reduces their future earning and impacts on their wellbeing and prosperity,5 with losses estimated at as much as a quarter of potential income per year.1 In Pakistan, it is estimated that there is a 156 per cent loss in annual adult wages due to growth deficit. Such children are also more likely to pass on deprivations to their children, maintaining socioeconomic divisions and marginalization through generations.

Return on investment

Cost-effective interventions can protect children from risks and promote optimal development. There is extensive literature on the return on value of such investments in health, nutrition, education, and other sectors that fall within ECD. For example, the World Health Organization's Global Investment Framework for Women's and Children's Health recommends investing in a set of life-saving interventions at the cost of an increase in per capita health expenditure of US$ 5 per year in lower-middle income countries (such as Pakistan), which can yield a nine-fold return. Two additional elements, care for child development and support for maternal depression, require a yearly addition of USD $0.50 to the package of existing services for maternal and child health. Recent estimates suggest that every dollar spent on ECD interventions can return US$13 to society.5

These returns are in terms of savings in later healthcare provision as well as increased earning capacity due to better educational outcomes and employability, improved familial and social cohesion and broader benefits. Additional economic benefits may arise from utilizing appropriate delivery platforms for integrated services, reducing redundant structures across sectors.

Moral imperative

Finally, ECD is a moral imperative, and underpins the achievement of global and national commitments for development. There is growing evidence that ECD programmes aimed at children from the poorest, most vulnerable, disadvantaged, deprived, marginalized and at-risk backgrounds can break the cycle of poverty and eliminate social disparities and inequities. To create a future in which all people flourish, regardless of background, requires holistic care from conception and birth. For this reason, policies and programmes that support ECD can be a key strategy in achieving the Sustainable Development Goals (SDGs) and the Government of Pakistan's Vision 2025.1

1.3 Nurturing Care Framework

In 2018, the United Nations Children's Fund (UNICEF), WHO and the World Bank jointly developed the Nurturing Care Framework as a simple way of conceptualizing and planning interventions that are essential contributors to ECD. The framework identifies five components of nurturing care: health, nutrition, education, protection and responsive caregiving.

The Nurturing Care Framework largely focuses on nurturing care from conception to three years of age, however similar concepts apply to children up to eight years of age with further focus on education, engagement, socialization, age-appropriate nutrition and health, and ameliorating protection risks such as gendered expectations and child labour, among others.

Figure 2: Five components of nurturing care

Good health

Under the Nurturing Care Framework, good health encompasses caregivers' ability to monitor and respond to children's needs and condition, protecting them from dangers, minimizing infections, using preventative health care services and having the knowledge and ability to seek care for children's illnesses. Evidence-based health interventions to save the lives of mothers and children are integral to childhood development. Knowledge is widely available about products and services to address maternal, newborn, and child survival issues in resource-constrained settings. Health programmes that successfully engage community- and facility-based health workers are critical to ensuring good health as a component of ECD.14

Adequate nutrition

Adequate nutrition is crucial for the survival of both the mother and the baby. Cost-effective nutritional interventions for promoting ECD are available that can be provided to mothers through existing service platforms, including iron, folic acid, salt iodization and administration of other micronutrients, adequate calorie intake and a protein balance during preconception, pregnancy, and lactation.14 Exclusive breastfeeding for six months, complementary feeding during 6–24 months of age and preventive vitamin A, iron and zinc supplementation are recommended for children up to five years of age.14 Food security, safety and knowledge are essential for adequate children.

Responsive caregiving

Positive parenting and responsive caregiving are crucial for maximizing a child's development potential. By observing and responding to children's movements, sounds and speech, caregivers can protect children against injury, recognize and respond to illness, enrich learning and brain development, and build social relationships. Both parents have a crucial role to play in stimulating children for optimal development.

Although responsive caregiving is usually given less emphasis than more widely understood areas such as health and education, it lies at the very heart of ECD. Responsive caregivers are aware of, and respond to, the needs of the child in every other sector, and form the essential bridge between children and service-providers.

There are examples of effective parenting programmes implemented in lower-middle income

countries, in which capacity of caregivers was enhanced to provide early learning environments. Evaluations show that there are many options available for linking parenting programmes across sectors, including home visits by community workers linked to health or social sectors,17 community-based group sessions, and health centre-based programmes.

Security and safety

This component deals with providing a safe and secure environment for a child.18 Young children can experience extreme fear when people abandon them, or threaten to abandon or punish them. This component therefore includes supporting caregivers and implementing child protection laws. Ensuring caregivers' mental health, working with them to prevent maltreatment, and making defenceless young children feel safe is part of this component. Pregnant women and young children are also vulnerable to environmental risks, including air pollution, exposure to chemicals and unhygienic or unsanitary environments. Lastly, extreme poverty and low income can pose serious risks to a child's development that have to be mitigated through measures such as social safety nets.

Opportunities for early learning

Early learning starts at home. Parents and other caregivers including siblings have a crucial role to play in a child's physical and social environment. A positive home environment provides vital stimulus to the developing brain, and can facilitate or impede early learning and educational opportunities. At school, early childhood education (ECE) programmes help children to attain literacy and numeracy skills.23 Access to free pre-primary education has been found to correlate with primary school completion.

Related practices and service packages

Key Family Care Practices are 16 practices identified by WHO and UNICEF that, collectively, decrease mortality and morbidity in children under five and enable children to develop, grow and thrive. These behaviours can be promoted at individual, family or community level, and are most beneficial when adapted to local social and cultural contexts.

Care for Child Development is an evidence-based intervention developed by WHO and UNICEF to support feasible and low-cost responsive caregiving practices for improved ECD outcomes. A Pakistan study found its delivery by community health workers from the Lady Health Worker (LHW) cadre can improve parenting practices at relatively low cost.17

Child development outcomes also depend on the wellbeing of the child's mother, parents and caregivers. Parenting interventions have stronger impacts when an ecological approach is taken which takes into account the full range of support needed by caregivers, such as paid parental leave, etc. UNICEF promotes two packages that are aimed at supporting adults to provide ECD. The first, Caring for Caregivers, emphasizes the mental and emotional wellbeing of mothers, fathers and other caregivers, empowering them to have the emotional availability, knowledge, skills and access to resources and support for appropriate caregiving. The second, Family Support and Strengthening package identifies key supports for entire families, including social protection, childcare, family friendly policies, such as parental leave, etc.

1.4 National and global commitments

Creating an enabling environment that ensures that all children access services related to ECD will help Pakistan fulfil its obligations under several key international legislative frameworks to which it is a signatory. These include the Convention on the Rights of the Child (CRC), Convention for People with Disabilities, Convention on the Elimination of All Forms of Violence Against Women, Education for All and the SDGs under Agenda 2030.

Pakistan has also ratified other related international instruments including the CRC Optional Protocol on the sale of children, child prostitution and child pornography (2011), the CRC Optional Protocol on the involvement of children in armed conflict (2016), the International Convention on the Elimination of All Forms of Racial Discrimination (1966), and the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (2010).

In particular, an integrated and holistic approach to ECD underpins Pakistan's achievement of the SDGs which are, themselves, designed to be interconnected. In particular, ECD policy, programming and service delivery supports the achievement of SDG 1 ('no poverty'), SDG 2 ('zero hunger'), SDG 3 ('good health and well-being'), SDG 4 ('quality education'), SDG 5 ('gender equality'), SDG 6 ('clean water and sanitation'), SDG 8 ('economic growth and decent work'), SDG 10 ('reduced inequalities'), SDG 16 ('peace, justice and strong institutions') and SDG 17 ('partnerships').

Since Pakistan's National Development Vision 2025 is closely aligned with Agenda 2030, its achievement is also furthered through the provision of ECD to all children, especially the most disadvantaged. ECD is also included in annual development planning processes and Pakistan's Twelfth Five Year Plan (2018–2023).

1.5 Strategic landscape

ECD is, by its nature, a holistic, whole-body approach to a child's wellbeing. Accordingly, its successful implementation requires a systems approach to ensure that interventions across sectors and aimed at different stages of the lifecycle are holistic and joined up. This approach requires careful planning and coordination, but yields substantial benefits as evidence-based interventions support each other, reduce or eliminate overlaps, strengthen equitable service delivery, and result in greater returns on investment overall.

Thus, optimal ECD requires adopting a life-course approach under the five components of the Nurturing Care Framework discussed earlier in this chapter. This can be achieved only through multi-sector, integrated, child-focused programmes in which parents and families play a central role.

When viewed as a continuum rather than as discrete projects or services, ECD becomes a combination of optimal health, nutrition, stimulation, and learning opportunities provided to the child in a nurturing, safe and secure environment.5 While sectors must deliver high-quality and coordinated services, at the centre of a successful ECD programme are the parents. It is essential to build the capacity of parents to engage with and benefit from sectoral services, to engage both mothers and fathers with the wellbeing of their children, and to respect them as the primary caregivers and nurturers of Pakistan's future generations.

Chapter 2: Mapping exercise

2.1 Purpose and objectives

The Government of Pakistan and its development partners, including UNICEF, are fully cognizant of the importance of early childhood for the development of a family and society at large. In 2017, a Taskforce on ECD was established in the Ministry of Planning, Development and Special Initiatives. This in turn established a Technical Working Group to technically support the development of a policy framework to guide ECD across sectors and provinces/ areas.

The Technical Working Group recognizes that ECD is a cross-sectoral area involving diverse actors from health and nutrition, education, water, sanitation and hygiene (WASH), child protection and other sectors.18 While various ministries, departments, development partners and private or third sector organizations have taken ECD initiatives in the past, and there have been efforts to document them, a complete and holistic picture of ECD initiatives in Pakistan is unavailable. The Technical Working Group therefore requested UNICEF to provide technical support for a mapping exercise that will underpin efforts to improve ECD programmes and their integrated implementation.

The purpose of this exercise is to map out existing interventions, service delivery and sector policies that support and promote ECD, and to collect data and information on ECD programmes, coverage, target ages, delivery platforms and systems in order to guide the development of a comprehensive ECD policy framework for Pakistan.

The objectives of this study are to:

- Map existing ECD services, programmes and policies in relation to the Nurturing Care Framework;
- Describe key family care practices, the extent of implementation and the possibility of adaptation for Pakistan;
- Conduct a policy and legislative analysis related to young children in Pakistan;
- Identify gaps, challenges, barriers and bottlenecks in providing accessible integrated ECD and intervention services, including existing delivery platforms, community structures and, monitoring and evaluation;
- Analyse the enabling environment, supply and quality of services and demand for ECD services and systems;
- Assess opportunities for successful implementation and scale-up of ECD;
- Generate recommendations to inform and guide the policy framework development process;
- Assess awareness and understanding of child care and development in Pakistan in support of the planned national ECD policy framework, Vision 2025 and key national and provincial development plans.

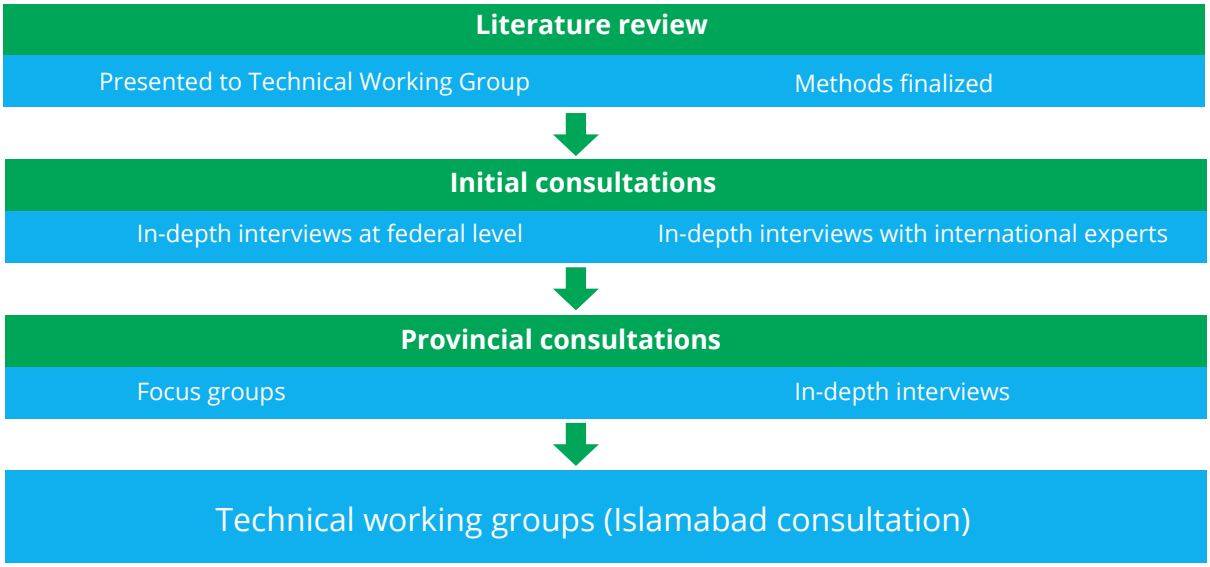
In addition, the process of developing this report is intended to initiate and facilitate the process of coming to a shared definition and understanding of ECD across sectors and administrative units in Pakistan.

2.2 Methodology

The research process followed an iterative design. Starting with a literature review of global best practices, and local research and programme experiences, the exercise moved through the stages of data collection, interpretation and analysis.

The study design combined guidance on the design of ECD programmes and on examining the various stages of programmes being implemented. The Nurturing Care Framework is the consensus guidance for designing ECD programmes. This was combined with the logic model of inputs, outputs, immediate outcomes, and long-term outcomes proposed by Aboud et al. (see Annex B) to discuss the sector's inputs, outputs, and immediate and long-term outcomes towards ECD.

Figure 3: Stages of the mapping exercise



Under guidance from the Technical Working Group, this exercise defines early childhood to cover children from conception till eight years of age, with consideration of policies, programmes and interventions for three age brackets: conception to two years of age, 3–5 years of age; and 6–8 years of age.

The Technical Working Group reviewed the findings from the literature review and approved the proposed questions as well as the list of respondents from federal and provincial/area levels ensuring the representation of all sectors.

Findings from initial interviews were discussed with the members of Technical Working Groups before moving to federal- and provincial-level consultations. The provincial workshops are described below. The same sequence was followed for each workshop conducted at federal or provincial level.

After the broad pillars of this study were finalized, data collection began with key informants in Islamabad. A total of 24 interviews were conducted and 45 participants attended the final consultative sessions, also conducted in Islamabad (see Annex C).

The first session of each group consultation comprised an introduction to ECD (including definition and the Nurturing Care Framework), which was followed by breakout group

discussions for each age group, guided by the Nurturing Care Framework. Each group presented recommendations to the plenary. In the second session, a presentation on Key Family Care Practices (recommended practices at the family level that ensure optimal health and development of children) and the outline of a parenting package (counselling cards and manual for health workers conducting home visits) was presented. Breakout groups debated and presented feedback, prioritization and appropriate delivery mechanisms for each age group.

Analysis was guided by the five components of the Nurturing Care Framework (health, nutrition, responsive caregiving, safety and security, and early learning). Available policy and programmes documents available at the national, provincial and area level for each component were examined. The findings were triangulated with themes emerging from the in-depth interviews and provincial consultations. Drawing upon the most recent available data from the Pakistan Demographic and Health Survey 2017–2018 and the National Nutrition Survey 2018 a comparative picture for all provinces and areas was developed for three of the five components. Data on the remaining two components (responsive caregiving and early learning opportunities) is not routinely collected for all age groups in these large population-based surveys.

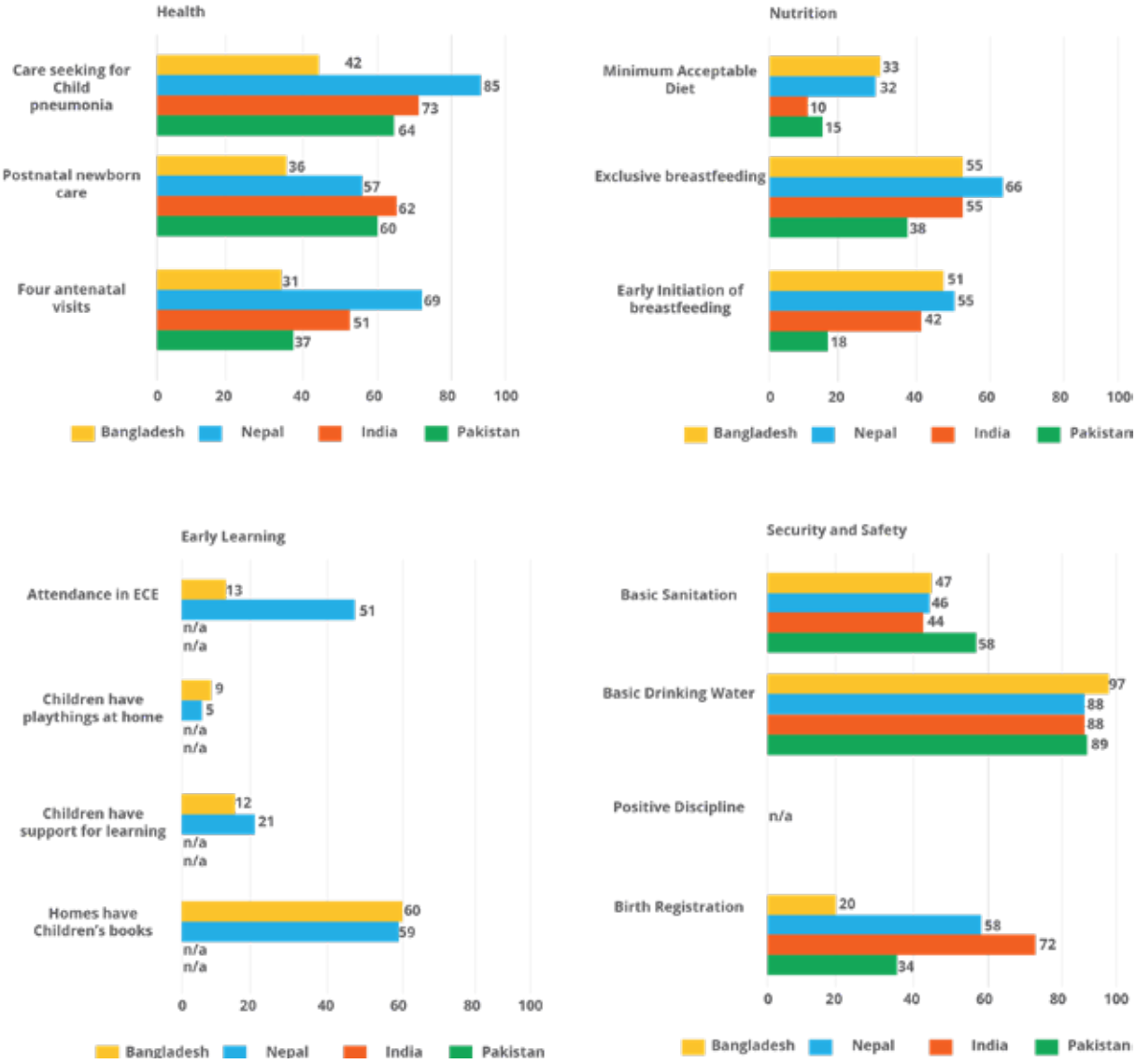
Chapter 3: ECD landscape in Pakistan

3.1 ECD related indicators

The Nurturing Care Framework global tracking system does not paint a positive picture of ECD implementation for children under five years of age in Pakistan. It shows that about 54 per cent of these children are at risk of poor development, with boys and those in rural areas facing greater disadvantage than girls and those in urban areas.7 Moreover, there is limited nation-wide data on two ECD areas: responsive caregiving and early learning.

Pakistan's performance on the Nurturing Care Framework indicators for children under five years generally lags behind that of other South Asian countries.

Figure 4: Nurturing Care Framework data for four South Asian countries



Responsive caregiving
no national data on: availability of public information on ECD; parental mental health; parent support; quality day care

Data from Nurturing Care Framework country profiles for Bangladesh, India, Nepal, Pakistan.*

Other relevant data from the Pakistani context:

Health

- Neonatal mortality: 55/1,000 live births
- All basic vaccines: 54 per cent
- Delivery by skilled health professional: 52 per cent

Nutrition

- Deworming for children aged 24–59 months: 13.1 per cent
- Cost of malnutrition: US$ 7.6 billion (3 per cent of GDP)
- Prevalence of stunting: 40.2 per cent (NNS 2018)
- Prevalence of wasting: 17.7 per cent (NNS 2018)
- Prevalence of underweight: 28.9 per cent (NNS 2018)
- Prevalence of overweight: 9.5 per cent (NNS 2018)

Safety and security (Punjab province only: MICS 2017–2018):

- Children receive violent punishment: 80.8 per cent
- Population practicing open defecation: 13.0 per cent
- Population with access to improved sanitation: 80.1 per cent

Early learning (Punjab province only: MICS 2017–2018):

- Children receiving early stimulation (four or more activities): 27.9 per cent
- Children whose fathers engage in early stimulation (four or more activities): 3 per cent
- Children in homes with three or more books: 2.5 per cent
- Children who are developmentally on track (ECD Index): 59.4 per cent

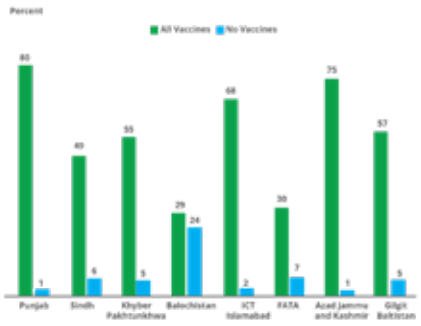
Equity

The data also show severe inequities within Pakistan. For disadvantaged children who lack access to early learning and early stimulation there is a far greater risk that they will not achieve their developmental potential. Such inequalities are passed down through generations with severe social, economic and political consequences.

However, ECD indicators show that even where policies are implemented they are not always child-sensitive and family-friendly, nor do they reach the families and children who need them most. There are marked disparities by age, gender, socioeconomic status and geographical location in access to social services.

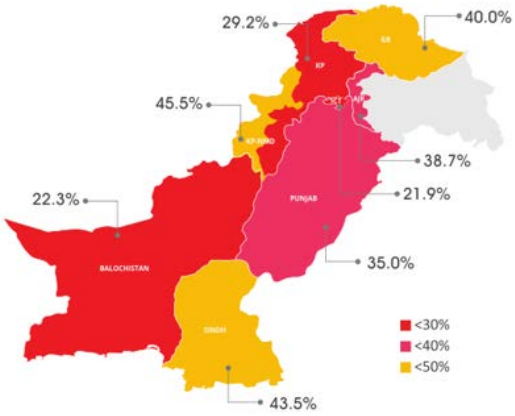
Figure 5: Examples of inequities in Nurturing Care Framework components

Variations in vaccination coverage



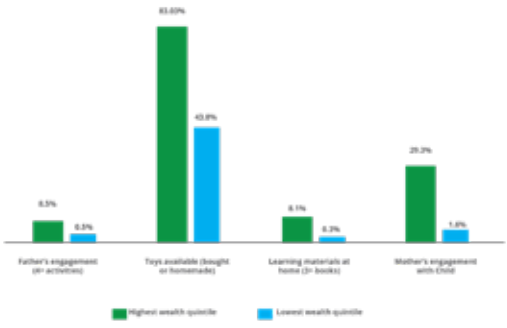
Reproduced from Pakistan Demographic and Health Survey 2016–2017

Variations in age-appropriate complementary feeding



Reproduced from Key Findings Report, National Nutrition Survey 2018.

Variations in learning activities at home



Based on UNICEF calculations using data from PDHS 2017/2018 and Punjab MICS 2017/2018.

Variations in birth registration

Reproduced from UNICEF Country Programme of Cooperation between the Government of Pakistan and UNICEF 2018–2022

3.2 Enabling environment

Policy frameworks

Pakistan has a range of sectoral strategies and federal policies that uphold fundamental rights and foster human development, alongside a legislative framework which safeguards the rights of all citizens, particularly the poorest and most vulnerable. These include:

- Article 25-A of the Constitution (2010) declares education a fundamental right, stipulating free and compulsory education for all children aged 5–16. However, it does not include children under five years of age.
- Pakistan National Development Vision 2025.
- National and provincial/area development plans and strategies.

However, no unified ECD policy framework exists, which results in fragmented approaches and lack of understanding of the interconnections between ECD domains.

The figure below shows Pakistan's alignment with the policies and international conventions identified in the Nurturing Care Framework as being crucial components of a facilitating environment for ECD.

Figure 6: Facilitating environment for ECD in Pakistan

Reproduced from Nurturing Care Framework

Policies and programmes: Good health and adequate nutrition

The health and nutrition policy landscapes are discussed together as there are substantial overlaps.

In 2016, the federal Ministry of National Health Services, Regulations, and Coordination (MoNHSR&C) developed a 10-point priority agenda for reproductive, maternal, newborn, child and adolescent health and nutrition as part of the National Health Vision for the next 10 years. Whilst this agenda includes critical health and nutrition strategies, it does not make explicit the connection between these strategies and ECD.

The Essential Universal Health Care package (jointly developed by the World Bank and WHO) has also been adapted by MoNHSR&C, containing curative and preventive services for mothers and children, however, some ECD-related services are missing. These include growth monitoring, maternal mental health, and screening young infants for disabilities.

Following the 18th Amendment to the Constitution, the health and nutrition functions were devolved to the provinces and areas. Sub-national health departments have since developed and implemented their own policies on maternal and child health and nutrition.

All provinces have multisectoral nutrition strategies with implementation mechanisms. However, comprehensive nutritional guidelines for older children (5–8 years of age) are absent. Nutrition interventions generally suffer from being sporadic and ad hoc.

A major gap across health and nutrition services is the absence of growth monitoring, an important measure to detect and treat poor growth. For example, the recent third edition of

Disease Control Priorities, which has been adapted by the MoNHSR&C for Pakistan, does not include growth monitoring of the young child. If growth monitoring were to be included in the package, it would help detect and arrest undernutrition at the right time, with savings to the family and health system, and set the child's development trajectory towards optimal and sustainable growth.

Nation-wide, but especially in high-risk regions (typically insecure, under-served parts of the country), Pakistan's polio eradication initiative offers an example of programming for children aged 0–5 years that aims to offer an integrated package of services related to health, nutrition and WASH that may provide lessons for future efforts to develop equity-focused integrated ECD services.

Table 2: Health and nutrition policies and programmes

Category	0–2 years	3–5 years	6–8 years	Gaps
Federal policy and programmes	Scaling Up Nutrition Global Strategy 2016–2020. Pakistan Multi-Sectoral Nutrition Strategy 2018–2025. National Health Vision 2016. (Mentions a number of health and nutrition strategies including EMNCH, exclusive breastfeeding, complementary feeding, immunization, family planning). Every Newborn Action Plan. National Immunization Policy 2014–2018. National Emergency Action Plan for polio. Infant and young child feeding (IYCF) strategy 2016–2020. Maternal, newborn, child health programmes. Nutrition programmes. LHW programme. Expanded Programme on Immunization.	Scaling Up Nutrition Global Strategy 2016–2020. Pakistan Multi-Sectoral Nutrition Strategy 2018–2025. National Health Vision 2016. National Immunization Policy 2014–2018. National Emergency Action Plan for polio. Policies and strategies include children up to 5 years of age. Maternal, newborn, child health programmes. Nutrition programmes. LHW programme.	Scaling Up Nutrition Global Strategy 2016–2020. Pakistan Multi-Sectoral Nutrition Strategy 2018–2025. National Health Vision 2016. (Mentions health of the girl child). National Immunization Policy 2014–2018. National Emergency Action Plan for polio. Nutrition programmes. LHW programme.	Connection with ECD is absent in policies, and programmes do not monitor and report their contribution to ECD. The institution of family and the role of positive parenting are not highlighted in policies, nor are these areas of focus in programmes. Knowledge about how to facilitate links with ECE is not available for policymaking. Programmes do not link with ECE. LHWs are not trained on ECD. Urban populations are largely ignored in programming. Population-level system and indicators not available for monitoring growth and development.

Category	0–2 years	3–5 years	6–8 years	Gaps
Balochistan policy landscape	Provincial health sector strategy, newborn survival strategy with costed action plan, and IYCF strategy highlight nutrition for mothers and children.	Policies and strategies include children up to five years of age.	Nutrition of girl child mentioned in provincial strategy.	
KP policy landscape	Provincial health sector strategy and IYCF policy highlight nutrition for mothers and children.	Multisectoral nutrition policies and strategies include children up to 5 years of age.	Nutrition of girl child mentioned in provincial strategy.	
Punjab policy landscape	Punjab's Integrated Reproductive, Maternal, Newborn and Child Health and Nutrition programme refers to the first 1,000 days as a strategic window for improvement of mother and child health. Provincial newborn survival strategy with costed action plan.	Nutrition policies and strategies include children up to 5 years of age.	Nutrition of girl child mentioned in provincial strategy.	
Sindh policy landscape	Provincial health sector strategy and IYCF policy for highlight nutrition for mothers and children. Provincial newborn survival strategy with costed action plan.	Nutrition strategy pending finalization with the inclusion of nutrition interventions into the primary healthcare package. Policies and strategies include children up to 5 years of age.	Nutrition strategy pending finalization with the inclusion of nutrition interventions into the primary healthcare package. Nutrition of girl child mentioned in provincial strategy.	
Private sector and research	Research studies (Aga Khan University, HDRF, ASD) conducted to test ECD packages in communities. Corporate social responsibility and for-profit childcare centres exist.	Research studies (Aga Khan University, HDRF, ASD) conducted to test ECD packages in communities. Corporate social responsibility and for-profit childcare centres exist.	Corporate social responsibility and for-profit childcare centres exist.	Studies show positive results but lack the implementation details for scale-up of ECD promotion. Lack of information about how LHWs can become promoters of positive parenting. Information about parenting behaviours of urban populations not available. Role of media in promoting positive parenting not explored.

Policies and programmes: Responsive caregiving

Responsive caregiving is a neglected policy area at national and sub-national levels, with no ministry or department having direct responsibility, and little awareness or understanding of the need for interventions in this area for any age group.

In Pakistan, UNICEF's Care for Child Development programme has been integrated into the National Programme for Family Planning and Primary Healthcare, while pilot projects in Sindh and KP are currently adapting the UNICEF Care for Child Development packages to the LHW programme in one and three districts, respectively. In Sindh, this initiative is implemented by LHWs who show parents how to engage in play and communication with their babies, improvising toys for learning, and offering feedback on ways to respond to a child's needs. However, these focus primarily on the first 1,000 days of life. Coherent policy and interventions are required that connect positive parental caregiving across the early years (from conception till eight years of age) whilst making use of sectoral services to meet the child's development needs.

A comprehensive parenting education package has been developed by UNICEF for use in Pakistan, which utilizes multimedia and communication tools to support caregivers in providing nurturing, effective and responsive childcare.

Table 3: Responsive caregiving policies and programmes

Category	0–2 years	3–5 years	6–8 years	Gaps
Federal policy landscape	none			Responsive caregiving is almost entirely absent from the policy and programmatic landscape.
Balochistan policy landscape	none			
KP policy landscape	Adapting UNICEF's Care for Development package to LHW programme in one district.	none		Applies only to first 1,000 days.
Punjab policy landscape	none			Responsive caregiving is almost entirely absent from the policy and programmatic landscape.
Sindh policy landscape	Adapting UNICEF's Care for Development package to LHW programme in three districts.	none		Applies only to first 1,000 days.
Policy landscape in areas	none			Responsive caregiving is almost entirely absent from the policy and programmatic landscape.
Private sector and research	National Nutrition Survey 2018 and National Complementary Feeding Assessment include research on nutrition-specific caregiving practices focused on children under five years of age. These may provide opportunities for communication on responsive caregiving.	none		Country-wide data only exist on feeding practices related to nutrition, and exclusively for children aged 0–2 years, adolescents and women of reproductive age.

Policies and programmes: Security and safety

Safety and security is a broad area whose boundaries are yet undefined. In Pakistan, key areas include availability of water and sanitation, environmental risks, birth registration, policy and programmes to prevent child labour and other forms of violence, exploitation and abuse, school safety and child-centred disaster risk reduction. No data is currently collected on accidents. There is only emerging recognition of the severe risks posed by environmental (air, water, soil) pollutants to children, especially in urban areas and parts of Punjab that are prone to seasonal air pollution.

With nutrition emergencies declared by governments in 2018, in areas of Sindh and Balochistan, the intersection between security and safety (disaster risk reduction and hazards related to climate change, as well as WASH) and the traditional ECD focus areas of health and nutrition becomes particularly apposite.

Table 4: Safety and security policies and programmes

Category	0–2 years	3–5 years	6–8 years	Gaps
Federal policy landscape		National Education Policy 2017 proposes 1 year of mandatory ECE for children aged 4–5 years NEP 2009 includes country-wide provision of ECE for children aged 3–5 years, aiming to provide universal access to ECE in next 10 years. Curriculum for Early Childhood Care and Education (2017) outlines competencies a child should attain, with guidelines for ECE educator competencies. ECE policy and curricula start from three years of age.	Article 25-A of the Constitution mentions the provision of free education for children aged 5–16 years. Vision 2025 aims to achieve 100% enrolment and completion of primary education.	Constitution and Vision 2025 are not explicit about early education for children below five years of age. ECE provision is within primary schools, but there is a lack of evidence base for this. No separate premises are proposed for young children. Lack of policy direction on creating ECE human resource, especially for children aged 3–5 years, in the long and short term. There is no focused strategy to address disconnect between katchi and pakki education. Inadequate ECD focus: no linkages are made between health, nutrition and ECE.
Balochistan policy landscape		ECE policy framework has been approved, for children 4 years and above. Balochistan ECE plan mentions phased ECE provision.	ECE policy framework has been approved but for children 4 years and above.	Inadequate ECD focus: no linkages are made between health, nutrition and ECE. Focus on ECE for children below katchi age is completely absent.
KP policy landscape	ECCE policy is in development. Situation analysis conducted and consultations are underway with focus on ECCE for children aged 3–5 years and coordination with other sectors such as nutrition and child protection.			Since consultation for ECE policy development is underway, there is an opportunity to close any gaps in integrated ECD focus, and ensure that children below katchi age are included.

Category	0–2 years	3–5 years	6–8 years	Gaps
Punjab policy landscape	First 1,000 days approach in Punjab Education Sector Reform Programme, and coordination with LHW programme.	Punjab education sector plan 2013–2017 includes ECE provision through school-based structures. Punjab education policy (2014) has ECE provisions in definitions and explicit articles on ECE for children in this age group. ECE policy 2017 advises creation of separate ECE rooms in primary schools, for children aged 2–5 years, equipped with toys and other play materials for early learning. Funding has been allocated for dedicated ECE teachers and a cadre of facilitators.	ECE policy 2017 recommends adoption of early learning techniques for children aged 6–8 years to promote cognitive and socio-emotional development.	Inadequate ECD focus.
Sindh policy landscape	ECCE policy (2015) mentions children aged 0–8 years. It includes mention of community-based interventions to promote positive parenting.	Sindh's Free and Compulsory Education Act (2013) has ECE provisions in its definitions, and explicit articles on ECE for children in this age group. Sindh ECCE policy 2015. ECCE Curriculum for Sindh, 2017, covers ages 3–5. ECCE Standards for Sindh, 2017, aligned with the curriculum, uses a convergence approach, creating interlinkages with nutrition, health, WASH, safety and child protection.	ECCE policy has provisions for children in this age group, with support to review and revise primary curriculum and focus to holistic child development.	Strong ECCE policy and programmes exist, but integrated ECD needs to be assessed.
Policy landscape in areas		ICT education policy (2012) has ECE provisions in definitions and explicit articles on ECE for children in this age group.		ECE and linkages with ECD are largely absent in area policies.
Public sector programmes	Health and nutrition programmes are not interlinked with education.	Provincial ECE initiatives put katchi with pakki in primary schools. Some provinces/areas are allocating funding to construct ECE/ECCE classrooms and training teachers.	Primary schools exist across the country, however the number is inadequate in some areas. There have been few evaluations.	Evaluations suggest a lack of trained staff in ECE, a disconnect between ECE and primary thresholds and lack of alignment with aspects of ECD including health, nutrition and role of family/ positive parenting.

Category	0–2 years	3–5 years	6–8 years	Gaps
Private sector and research	Some day care centres established for commercial or corporate social responsibility purposes exist.	Children's Global Network (Pakistan) study in three districts Parwan (Sustainable Development Policy Institute) study in six districts of Sindh and KP. Save the Children ECE project (Community Learning Workers) in KP. Parwan, Plan International, Save the Children, Aga Khan Education Service, Rupani Foundation, etc. support the public sector.	Networks of private schools (non-profit and for-profit) providing preparatory and primary education classes exist.	Language issues i.e., shift from mother tongue to Urdu and English. Competency gaps between pre-primary and primary students. Lack of alignment with aspects of ECD including health, nutrition and role of family/ positive parenting. Disconnect with earlier years.

Discussion of the policy and programme landscape

The sections above show that significant gaps exist in the area of responsive caregiving—itself an aspect of nurturing care that underpins and brings together all other components of ECD. With responsive caregiving, the needs of the child in all other areas—health, nutrition, education and security—are effectively addressed from birth.

Policies are yet to realize the importance of providing a stimulating environment for a child through the promotion of positive parenting. However, recent research, such as the qualitative components of the National Nutrition Survey 2018 and the National Comprehensive Feeding Assessment studies, can provide a basis for linking health and nutrition interventions with equitable, family-focused interventions.

Governments at federal and provincial/area levels are generally aware of the importance of child nutrition, which is strongly associated with the nutritional status of mothers and adolescent girls. Health and nutrition policy frameworks and programmes are generally the most developed within ECD. However, as a rule, policy guidelines on nutrition focus on physical and nutritional interventions, ignoring the social and psychological aspects of growth and development. While current policies, if fully implemented, will enable children to survive and grow, they risk falling short on enabling children to "thrive". For this reason, it is essential to look beyond the health and nutrition sector and to connect interventions more broadly with child development.

Pakistan confronts several challenges related to safety and security of children. Some—such as risk of injury or environmental exposure—are not well accommodated in existing policies and programmes, while others—such as WASH—have highly developed policy frameworks in all provinces and areas and are supported by substantial institutional buy-in. Still others, such as disaster risk reduction (including climate risks), environmental hazards and school safety are emerging areas.

Without constitutional provision for ECE, provinces and areas are at different stages in terms of conceptualization, policy development and implementation. However, across the board, concepts of positive parenting are rarely included to address learning from birth onwards, nor are there strong or consistent links with health, nutrition, WASH and other sectors related to ECD. Moreover, in many cases, the concept of ECE extends only to a single year of pre-primary education (delivered as an adjunct to primary education), and does not consider learning and play in the home.

The role of the private sector is significant in ECE. The limited day care facilities currently available are also through the private sector or as corporate social responsibility initiatives, pointing to a need to ensure that private sector stakeholders are closely involved in integrated ECD delivery. Elements of positive parenting such as communication and play are essential to develop children as social beings and creates an important foundation for emotional development and later learning.

A major gap, across the board, is a lack of integration across sectors. There are a few examples, such as the National Emergency Action Plan for Polio, which offers an integrated package of health, nutrition, WASH and other services to strengthen the offer of polio immunization. There are many instances of WASH support integrated with education and nutrition interventions.

With siloed policies related to early childhood, artificial divisions between age groups are inevitably created. For example, health and nutrition policies tend to focus on mothers and

children up to two or five years of age, whereas education tends to focus on children aged five years and above, with some accommodation for children of pre-primary age, taken as one year before the start of primary school. This risks inadequate attention to the health and nutrition needs of older children, as well as the educational needs of younger children and their caregivers. In all cases, there is a need for greater focus on intersectoral coordination through an umbrella framework that takes the whole child, through the whole course of childhood, as its focus.

Coordination

ECD is inherently a multisectoral approach delivered by numerous sectors. For this reason, successfully providing ECD depends on a whole-of-government approach and to involve a broad range of stakeholders, including families, communities, local governments, civil society and the private sector. This requires careful coordination to ensure that all stakeholders share a common and holistic vision of ECD, participate in common planning and implementation, and results are monitored together.5

The Government of Pakistan already has a strong focus on the programme areas that contribute to ECD. In 2017, the Ministry of Planning, Development and Special Initiatives established a Task Force on ECD which in turn established a Technical Working Group to guide technical understanding of ECD. These two bodies have an important role to play at the federal level to support provincial and area departments and work with them to create a shared understanding of context-specific ECD priorities, and to define their roles in this approach. The Scaling Up Nutrition (SUN) Units at federal level and in all provinces/areas can play and important role in coordinating multisectoral action.

Financial capacity

Investing in early childhood is the best investment a country can make. Pakistan currently has low rates of investment in education and health. Moreover, funds allocated to social services are often not fully spent due to late transfers and deficits in planning and implementation capacity

ECD not only offers extremely high return on investment (see chapter 1), many of its greatest benefits may be derived from streamlining services across sectors to support each other as part of a coherent, consolidated programme. Expenditures related to ECD components may benefit from further consolidation towards a shared goal. Investments in research and evaluation of ECD interventions will also yield benefits in the long term.

ECD research

The study found four trial-based studies of relevance in Pakistan. One, a cluster-randomized trial published in 2008, tested the incorporation of ‘learning through play’ into the daily routines of 24 health workers in rural Punjab. This was found to improve maternal knowledge. A 2018 clinical study aiming at ECD promotion found it was successful in avoiding developmental delays and addressing stunting among children and depression among mothers. The Pakistan Early Child Development Scale-up Study tested the incorporation of ECD elements into the daily routine of LHWs in rural settings of Sindh and found LHWs were able to understand the module and deliver to mothers, leading to improved nutritional and development outcomes.

3.3 Implementation

As discussed in previous sections, many aspects of the Nurturing Care Framework are already implemented in Pakistan, and provide channels for enhanced and coordinated services, improved quality and wider coverage. These are:

Good health and adequate nutrition

Health and nutrition implementation is discussed together as there are substantial overlaps.

Reproductive, maternal, newborn and child health care packages, routine immunization, treatment of common illnesses including pneumonia and diarrhoea, and school health and nutrition, offer important entry points with enhancement in scale. There is room for improved coverage in certain geographical areas, including remote districts of Balochistan and GB, as well as the Newly Merged Districts of KP.

Growth monitoring is included in essential services but is a neglected area. Services for nutrition education, supplementation, fortification and deworming exist and may be scaled up.

Responsive caregiving

Parents provide responsive care according to their own knowledge and best judgement. Scaled up implementation models (such as those piloted through the LHW programme in Sindh) are urgently needed.

Safety and security

Global factors, such as poverty, inequity and deprivation, are major underlying factors that affect ECD. Laws exist to prevent child labour, abuse, and neglect but enforcement is inadequate. Not all births are registered everywhere, with substantial differences in implementation among provinces and areas. While there have been improvements in the provision of improved drinking water and sustainable use of basic hygiene and sanitation facilities, these are not universally available.

There are opportunities for integrating ECD into new poverty alleviation, social safety net and human development platforms, such as the EHSAAS programme, Clean and Green Pakistan and the Sehat Sahulat health care programme. Measures to eradicate polio, particularly through an emerging focus on integrated services in high-risk areas, may also provide opportunities in highly-marginalized areas of Pakistan.

Opportunities for early learning

In Pakistan, the primary platform for delivery of ECE is through existing schools. Additionally, it is common for children of pre-primary age to attend school with older siblings as unregistered students, despite a lack of resources and trained staff to accommodate them. While ECE models exist, they require improvements related to effective transition from home to school, and from play-based learning to formal education, appropriately trained teachers, adequate capacity in school provision, etc.

There are very limited services for children with special needs, and those that exist take the form of special rather than integrated schooling that would bring such children into mainstream education and society.

In Punjab, a study assessed newly-introduced ECE classrooms using the Measuring Early Learning Quality Outcomes (MELQO) tool in 2019, to inform ongoing ECE reform and scaleup in the province. This found that while the structural elements for quality ECE were in place the impact was difficult to ascertain. Some gaps in sampled school included limited stimulation by parents at home, and teacher-directed learning in the classroom, with limited use of ECE pedagogical materials.

Delivery platforms and entry points for integrated services

Multisectoral interventions require specific, targeted delivery platforms through which services may be delivered where they are needed. Identifying the appropriate delivery platform to reach children at different stages of life, and to reach the most marginalized, is critical to implementation. In Pakistan, a number of delivery platforms exist that offer services for young children and may offer entry points to promote positive parenting and integrated ECD services (a preliminary list is provided in table 6).

While demand for health, nutrition and some education services is generally high, lack of understanding and trust amongst caregivers and communities affects utilization and accountability of service provision.

Due to financial barriers, poor households and poorly-educated parents place relatively low value on early learning, providing books for young children or engaging with their children.

In many households where fathers are employed elsewhere as migrant workers, mothers and other family members are responsible for caregiving, which may limit the ability of the child to access services in highly segregated or remote communities. Household burdens, especially for young mothers in joint families, and maternal anaemia and iron deficiency may also cause apathy amongst parents and children, and an unwillingness to engage in engage in play. Food insecurity in households is a major concern.

Existing and new channels for information, education and communication for development will be required to enhance demand and change behaviours.

Table 6: Delivery platforms for integrated ECD interventions

Services and Delivery Platforms

Sector	Delivery Platforms	Frontline workers
Health services: (IMNCI, EPI)	Hospital, Clinic, Community, pre-and in-service training and curriculum, Counselling centre, Home visits	Paediatricians, Health workers, Nurses, midwives, Lady Health Workers (LHW)
	Schools, ECD centres	Health managers, Teachers and parents
	Online course (ICATT)*	Health professionals
Nutrition services: Maternal, adolescents nutrition, Infant and Young Child feeding (IYCF)	Hospital, Clinic, Community, pre-and in-service training and curriculum, stabilization centres, Home visits, counselling centres	Nutrition workers, LHWs, Health workers, NGOs, Government programme staff
	School, ECD centres	Nutrition workers, teachers, LHW, parents
	Community/kitchen gardening	Parents and ECD centre managers
Education services: ECE, competency-based curriculum, Norms, regulations and Standards, adult literacy	ECE/ECD centres, schools and playgroups	Caregivers, teachers, playground volunteers, parents, caregivers

	Madrassas (Religious schools)	Religious leaders and parents
	Schools Parent-Teacher Association/ management committees	Centre manager
Child Protection services: Birth registration, violence against children, differently abled children and alternative care services, Home environment and domestic violence	Community, Home visits, Child care centres, Orphanages and alternative care homes	Family Welfare workers, Social welfare workers, child care professionals

- *WHO online Software application to support training in integrated management of childhood Illnesses*

Key Stakeholders and relevant roles

Stakeholder	Roles
Ministry of Planning, Development and Special Initiatives	Ensure planning, intersectoral coordination and incorporation of ECD into National/provincial development Visions and plans and adequate budget appropriation for ECD
Ministry of National Health Services, Regulations & Coordination	Systems strengthening to ensure improved IMNCI and IYCF services ; Maternal adolescents, new born and child health especially in the first 1000 days for a best start in life and for children under five years of age
Ministry of Federal Education and Professional Training	Ensure equitable access to quality and inclusive early childhood education/early learning opportunities for young children 3-5 and lower primary school; Training of delivery agents/tteachers of ECE/ECD caregivers Institute norms and regulatory standards; accreditation and certification of the workforce; and ECE competency-based curriculum
Department of Social welfare and special children	Advocacy for Child Rights and coordination of children's services to ensure their protection from all forms of violence and abuse; ensure children's development & wellbeing; Advocate for women empowerment and child sensitive and family-friendly policies
Ministry of Water Resources	Ensure environmental safety, maternal and baby WASH security in ECD centres and playgrounds, environmental and climate change awareness including child-friendly cities and spaces.
UN Agencies & bilateral Cooperation, Donors	Advocacy and mobilization of resources; Technical and financial support to ECD, systems strengthening, capacity development and integrated services delivery.
Civil Society Organizations, NGOs,	Engage in advocacy and resource mobilization, build capacity, implementation and monitoring of ECD programmes
Faith-based organizations	Advocacy and resource mobilization, social mobilization and dissemination of ECD messages for positive parenting behaviour change
Private sector	Develop and implement corporate social responsibility plans that integrate ECD issues; enhance Public-Private Partnerships for provision of quality ECD services.
Academia	Promote research and training on ECD including curriculum development and certification; Knowledge management and data generation for use in policy-decisions
Multimedia	Create community awareness about various ECD programs being implemented by various Ministries; Assist in the production and effective dissemination of ECD messages and reader friendly materials through the different media outlets
Youth	Learn and share experiences on the importance of play and interact with others
Parents and families	Provide the necessary care and loving environment for the child, nurturing and responsive caregiving to young children for optimal development

Human resources and capacity development

Several options exist that may promote positive parenting and ECD during the first 1,000 days of life, while existing service providers can also reach out to children in the 3–5 and 6–8 year age groups. For example, Pakistan has one of the world's most significant community health workforces, the 100,000 strong cohort of LHWs. Leveraging unprecedented trust and access to mothers and children in remote areas (covering almost 60 per cent of the population) may prove an important means of improving ECD outcomes. A three-year randomized control study involving 1,500 children in Sindh found substantial cost-effective benefits from LHW initiatives to teach parents how to engage in developmentally-appropriate play and communication with their children.17 In polio high-risk areas nearly 20,000 trained community health workers also have access to families in their homes. Other cohorts of frontline workers include Family Welfare Workers in the population programme, vaccinators, Punjab's school health and nutrition officers, nutrition managers, ECE teachers and their assistants (especially in Punjab), and national Rural Support Programme community resource persons. Civil society staff working on WASH interventions, private ECE and day care service providers, social service workers and community groups may also be avenues to supporting ECD.

Generally LHWs, community midwives and community health workers, social workers, nutrition supervisors and managers, and teachers and caregivers in Pakistan have not been trained in ECD. For example, gaps have been identified in the availability of teachers trained to provide ECE. Parents and caregivers are neglected across the board, and service providers in every sector may benefit from training on building the capacity of mothers and fathers and on respecting their position as primary caregivers and decision-makers for children.

Moreover, there is a challenge in how to bridge between home-based learning for the young child and school-based learning for the older child. Models that may address this include equipping trained community resource persons to establish enrichment centres for young children, or employing adolescent girls as resource persons, providing them with an income and empowering them for improved parenting later in their lives.

3.4 Monitoring, measurement and data

Securing greater investment in the social sectors, careful targeting to achieve equity, coordinating action for greatest effectiveness and efficiency, monitoring and course corrections are critical to Pakistan's ability to achieve its SDG targets and provide ECD to all. Robust data collection and strong data systems are essential for achieving all of these.

Pakistan currently has some mechanisms that can contribute high quality data on ECD, including the health information monitoring system, the National Nutrition Survey, child protection information systems, and national and provincial/area education information systems. Moreover, household surveys such as the Pakistan Demographic and Health Survey (PDHS) and the Multiple Indicator Cluster Survey (MICS) collect exhaustive data relating to ECD, including data on responsive caregiving. However, major gaps persist; for example, there remains a lack of national administratively collected data on childhood developmental delays and disabilities.

Provisional data requirements and gaps

The Nurturing Care Framework provides a proposed list of global indicators for monitoring ECD progress. However, these focus on children aged 0–3 years. In the Pakistan context, where

it has been agreed to define ECD as covering children from conception until eight years of age, it will be necessary to expand this list of indicators to fit the local context. Moreover, certain context-specific indicators, such as those related to school safety or social safety nets, may also be considered for inclusion in Pakistan. Finally, as the Nurturing Care Framework itself notes,5 some indicators especially those related to early learning and responsive caregiving are not consistently collected.

MICS, from its fourth round (launched in 2011) onwards has included a set of 10 questions that together comprise the ECD Index and ascertain whether children are developmentally on track in four domains: literacy-numeracy, physical, social-emotional, and approaches to learning. The ECD index represents the percentage of children who are developmentally on track in at least three of these four domains. This is one of the preferred global measures for reporting on SDG4.2 (specifically for indicator 4.2.1: "Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex"). All rounds of MICS from 2009 onwards collect and can report on these internationally comparable data.

Table 7: Indicators for children aged 0–5 years (provisional)

Indicator	Existing indicators (global)	Data sources
Good health		
Coverage index of essential health services, including those for reproductive, maternal, newborn, child and adolescent health: family planning, antenatal care, skilled birth attendance, breastfeeding, immunization, and childhood illnesses treatment	SDG 3.1.2 SDG 3.7.1 SDG 3.8.1	Individual data is available from existing government sources and information management systems
Proportion of women aged 15–49 who received four or more antenatal care visits	Global Strategy for Women's, Children's and Adolescents' Health	National: Pakistan Demographic and Health Survey 2017–2018
Proportion of mothers and newborns who have postnatal contact with a health provider within two days of delivery	Global Strategy for Women's, Children's and Adolescents' Health	National: Pakistan Demographic and Health Survey 2017–2018
Percentage of children fully immunized	Global Strategy for Women's, Children's and Adolescents' Health	National: Pakistan Demographic and Health Survey 2017–2018
Proportion of children with suspected pneumonia taken to an appropriate health-care provider	Global Strategy for Women's, Children's and Adolescents' Health	National: Pakistan Demographic and Health Survey 2017–2018
Percentage of children with diarrhoea receiving oral rehydration salts (ORS)	Global Strategy for Women's, Children's and Adolescents' Health	National: Pakistan Demographic and Health Survey 2017–2018
Adequate nutrition		
Prevalence of stunting (height for age <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years old	SDG 2.2.1	National: National Nutrition Survey 2018 Provinces/areas: National Nutrition Survey 2018 Divisions/districts: National Nutrition Survey 2018
Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years old, by type (wasting or overweight)	SDG 2.2.2	National: National Nutrition Survey 2018 Provinces/areas: National Nutrition Survey 2018 Divisions/districts: National Nutrition Survey 2018
Prevalence of anaemia in women aged 15–49, disaggregated by age and pregnancy status	Global Strategy for Women's, Children's and Adolescents' Health	National: National Nutrition Survey 2018 Provinces/areas: National Nutrition Survey 2018 Divisions/districts: National Nutrition Survey 2018

Indicator	Existing indicators (global)	Data sources
Percentage of infants under 6 months old who are fed exclusively with breastmilk	Global Strategy for Women's, Children's and Adolescents' Health	National: National Nutrition Survey 2018 Provinces/areas: National Nutrition Survey 2018 Divisions/districts: National Nutrition Survey 2018
Proportion of children aged 6–23 months who receive a minimum acceptable diet	Global Strategy for Women's, Children's and Adolescents' Health	National: National Nutrition Survey 2018 Provinces/areas: National Nutrition Survey 2018 Divisions/districts: National Nutrition Survey 2018
Responsive caregiving		
Proportion of children under 5 years old who are developmentally on track in health, learning and psychosocial well-being, by sex	SDG 4.2.1	Not currently collected; some data may be available from independent data sources
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	MICS	National: none Balochistan: MICS 2010 (MICS 2019 in progress) KP: MICS 2016–2017 (MICS 2019 in progress) Punjab: MICS 2017–2018 Sindh: MICS 2014 (MICS 2018–2019 in progress) AJK: n/a (MICS 2019 planned) GB: MICS 2016–2017
Security and safety		
Proportion of population living below the national poverty line, by sex and age	SDG 1.2.1	Multi-dimensional poverty indices
Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month	SDG 16.2.1	Not currently collected; some data may be available from independent data sources
Proportion of children under 5 years old whose births have been registered with a civil authority	SDG 16.9.1	CRVS data systems under development; data available at local/ provincial levels
Percentage of population using safely managed drinking water services	SDG 6.1.1	National: WHO/UNICEF Joint Monitoring Programme Balochistan: MICS 2010 (MICS 2019 in progress) KP: MICS 2016–2017 (MICS 2019 in progress) Punjab: MICS 2017–2018 Sindh: MICS 2014 (MICS 2018–2019 in progress) AJK: n/a (MICS 2019 planned) GB: MICS 2016–2017
Percentage of population using safely managed sanitation services, including a hand-washing facility with soap and water	SDG 6.2.1	National: WHO/UNICEF Joint Monitoring Programme Balochistan: MICS 2010 (MICS 2019 in progress) KP: MICS 2016–2017 (MICS 2019 in progress) Punjab: MICS 2017–2018 Sindh: MICS 2014 (MICS 2018–2019 in progress) AJK: n/a (MICS 2019 planned) GB: MICS 2016–2017

Indicator	Existing indicators (global)	Data sources
Opportunities for early learning		
Percentage of children aged 0–59 months who have three or more children's books at home	MICS	National: none Balochistan: MICS 2010 (MICS 2019 in progress) KP: MICS 2016–2017 (MICS 2019 in progress) Punjab: MICS 2017–2018 Sindh: MICS 2014 (MICS 2018–2019 in progress) AJK: n/a (MICS 2019 planned) GB: MICS 2016–2017
Percentage of children aged 0–59 months who play with two or more of the playthings at home	MICS	National: none Balochistan: MICS 2010 (MICS 2019 in progress) KP: MICS 2016–2017 (MICS 2019 in progress) Punjab: MICS 2017–2018 Sindh: MICS 2014 (MICS 2018–2019 in progress) AJK: n/a (MICS 2019 planned) GB: MICS 2016–2017
Indicators taken from Nurturing Care Framework list of proposed indicators.		

Other indicators that may contribute towards monitoring ECD include, for example, coverage of caregiver counselling interventions (not covered by any demographic or health survey, national representative household surveys or MICS), as well as data related to children aged 6–8 years of age such as primary enrolment and transition, growth measures, etc. Crucially, population-level system and indicators are not available for monitoring a child's growth and development.

In all cases, equitable provision of ECD requires that data be disaggregated by key axes of inequity so that services can be targeted to those who need them most. As noted in chapter 1, these may includes gender, age, urban/rural locality, settled or nomadic status, province or area, education level of family, wealth, minority religious or ethnic affiliation, vulnerability to disaster and insecurity and cultural factors.

Chapter 4: Discussion, recommendations and conclusion

4.1 An ECD policy framework for Pakistan

In 2001, the government's National Plan of Action identified key issues related to early childhood care and development in Pakistan: lack of awareness about its benefits, lack of a well-defined policy, negligible budgetary allocations, lack of coordination and dearth of planning, implementation and monitoring capacity at provincial and district levels. This study has shown that these issues still, largely, hold true.

This study does not seek to prescribe specific approaches, but describes the ECD landscape as it currently exists, and proposes research-based ways forward to achieve coordinated development outcomes. It aims to provide a direction of travel, with specific steps to be determined by the appropriate stakeholders.

ECD is, by its nature, a multisectoral as well as intersectoral area. While health and nutrition programmes can play a central role in delivering ECD support, integrated ECD involves collaboration between ministries and departments including health, education, environment

and climate change, legislation, agriculture, protection, public health engineering, etc. It also requires partnerships between the public and private sectors. While most of these sectors are making contributions, their efforts are fragmented and need both consensus and clarity in terms of policy and its implementation.

Thus, the study confirms an urgent need for a consolidated ECD policy framework, based on clear and unified definitions and with costed strategies, that takes a holistic and equity-focused approach to child development.

Such a policy framework establishes ECD as a common goal for all sectors, and provides guidelines for the implementation of their respective strategies towards this common goal. Moreover, it binds all the components of ECD together through indicators that capture sectoral contributions and track progress. The ultimate goal of each sector is thus not just to provide specific services, but to contribute to societal wellbeing and prosperity.

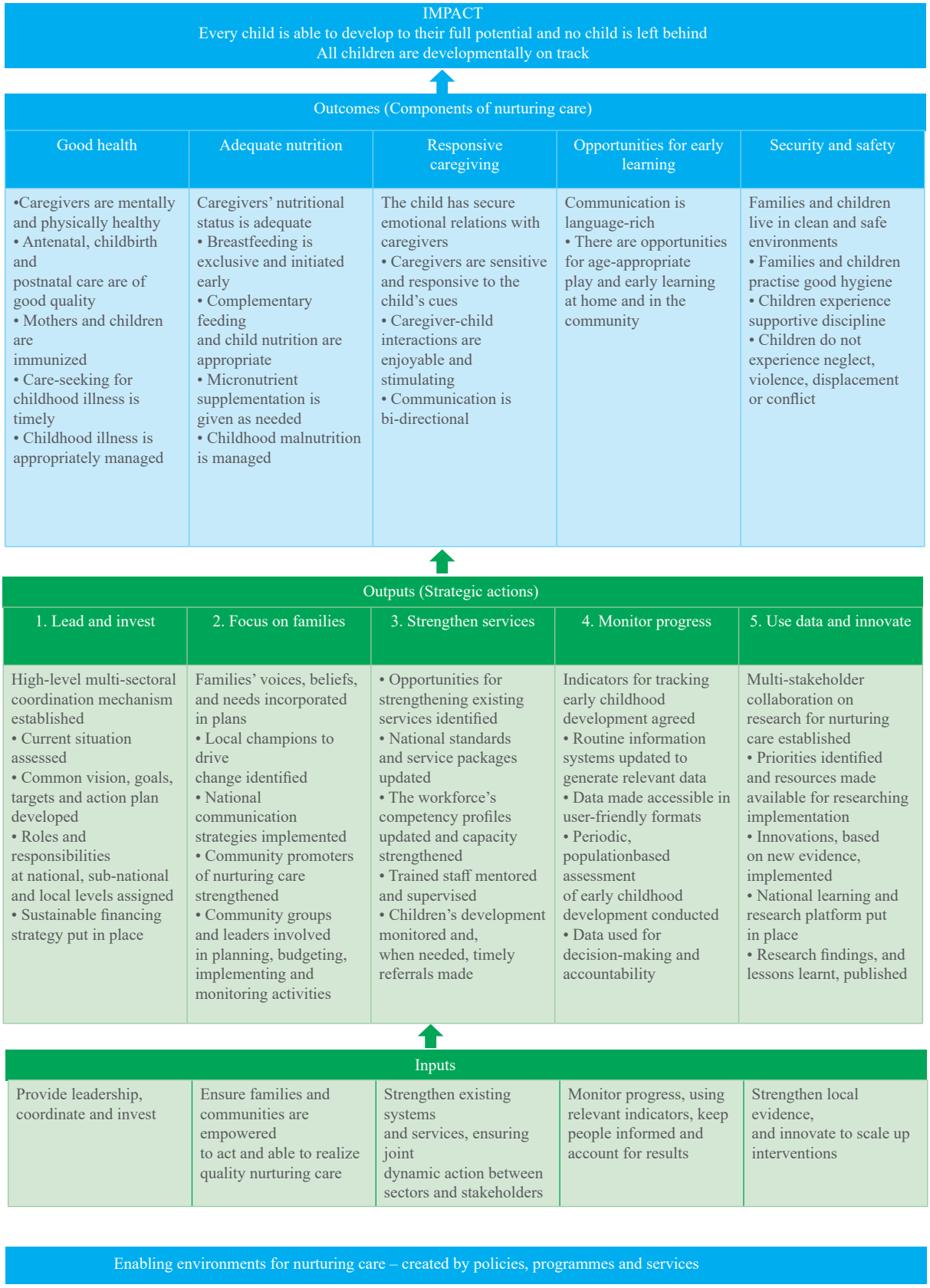
The lack of a clear policy, with roles and responsibilities defined for each sector, means that major elements fall through the cracks when it comes to implementation. This includes, for example, monitoring of accidents to which children are subject—at present, this might come under routine collection by health monitoring information systems, or be included in the security and safety component. With an integrated policy framework, however, clear lines of responsibility are established, and appropriate actions, such as communication for development and evidence-based regulations to prevent accidents (e.g. use of car seats) may be taken in partnership with the appropriate public and private bodies.

Another example is responsive caregiving, the ability of parents to respond to the child's health, nutrition, protection, and learning needs. This component is dependent on parental capacity to be responsive to the child at the household level, as well as parental capacity to act as advocates for their child and engage with service providers. At present, however capacity-building is not provided, nor are service providers sensitized to this crucial role of caregivers, although several education and communication channels are available across provinces and areas.

This framework must have the flexibility to enable each province and area to determine, on the basis of a shared understanding of ECD aligned with international frameworks, how to prioritize and move forward. The Nurturing Care Framework proposes a logic model that may serve as the basis for developing an ECD theory of change in Pakistan.

Key areas where policy development is required include responsive caregiving, which is currently unrepresented in policy at federal level and in all provinces/ areas. Areas in health that are missing across the board include maternal mental health, screening for infant disability, and accidents affecting children.

Figure 7: Logic model for the Nurturing Care Framework



Reproduced from Nurturing Care Framework

Certain age groups are currently not covered in key policies: for example, by and large, children above two or five years of age are not included in nutrition policies and programmes, while ECE policies and programmes rarely cover children below katchi age. A lack of policy development related to the period of early childhood thus leads to neglect of certain age groups; this is particularly true for children aged 6–8 years. While population-based surveys provide data on morbidity and mortality of children under five years of age, and some nutrition data is available even for adolescents, information is almost completely missing for children who fall between these age groups. Yet, these children have their own health, nutrition, and learning needs and are particularly vulnerable to physical, social and emotional risks from their external environment. The dominant approach, in policy documents, implementation plans, and evaluation data, to address children under five years of age and then move on to adolescents, is in urgent need of review.

Generally, existing services focus on delivering interventions with tangible effects on saving lives and improving health. While such measures are undoubtedly needed, softer developmental and social-emotional areas broadly neglected.

There are, however, areas such as Balochistan and KP's Newly Merged Districts, and certain districts of Punjab and Sindh, where coverage of even tangible interventions is poor. Some children, such as those living with disabilities, are deprived of services such as education even in major urban centres. Moreover, research shows that caregivers from different geographical, cultural, socioeconomic and educational backgrounds have very different understandings of children's needs.

Thus, there is an urgent need for a policy framework that applies an equity focus to policies, programmes, interventions, and monitoring. This in turn necessitates highly disaggregated monitoring data to ensure that the impacts of different deprivations are clear and can be targeted for maximum return on investment. What is required is a policy that takes care of all children during the entire span of their early years, addresses both physical growth and mental/ emotional development, and ensures equitable coverage and utilization of services to all children.

Recommendations:

- Draw on the Nurturing Care Framework to develop a consolidated ECD policy framework, based on clear and unified definitions and with costed strategies, that takes a holistic and equity-focused approach to child development and that is sufficiently flexible as to be applied in all sub-national units.
- Take steps towards policy development in key areas which are not currently addressed, including all aspects of responsive parenting, as well as maternal mental health, screening for infant disability and accidents affecting children.
- Ensure that policy development covers all stages of early childhood, including children aged 5–8 years, as well as support for caregivers and families.
- Ensure that policy development applies an equity lens to reach all children regardless of gender; socioeconomic status; locality,geographical location or nomadic status; religious, caste, ethnic, linguistic or tribal affiliation; disability status; cultural background; humanitarian situation; or vulnerability to insecurity and natural disaster.

4.2 Governance, intersectoral coordination and finance

Governance and coordination

A major reason for gaps in the existing policy and implementation is the lack of a central hub that has the responsibility to develop a comprehensive ECD policy framework, guide planning and implementation, facilitate monitoring and evaluation, and guide research.

Implementing ECD in Pakistan urgently needs a whole-of-government and whole-of-society approach, in which service providers across sectors, and duty-bearers at every level in the family, community and beyond, are effectively coordinated. At federal level, this implies coordination support through new or existing structures to develop shared definitions, indicators and information sharing mechanisms, localized within provinces and areas, which have responsibility for key sectors under the Eighteenth Amendment to the Constitution.

Both federal ministries and provincial/area departments have central roles to play in planning for and achieving development outcomes, however coordination bodies (such as the existing ECD Taskforce at federal level and similar bodies within provincial/area planning departments) can streamline planning and service delivery to maximize efficiency and effectiveness.

Owing to its proximity with the mother and young child, studies also widely recommend that a central ECD hub may fit within the health sector, however the sector must readily engage with other sectors and see its role in this capacity as extending beyond health alone.

Recommendations:

- Develop an agreed, shared understanding of ECD in the Pakistan context.
- Leverage the ECD Taskforce at federal level, with analogous bodies at provincial/area levels, to coordinate and streamline planning and service delivery.
- Coordinate ECD support through new or existing structures to develop shared definitions, indicators and information sharing mechanisms, that are then contextualized to provinces and areas.

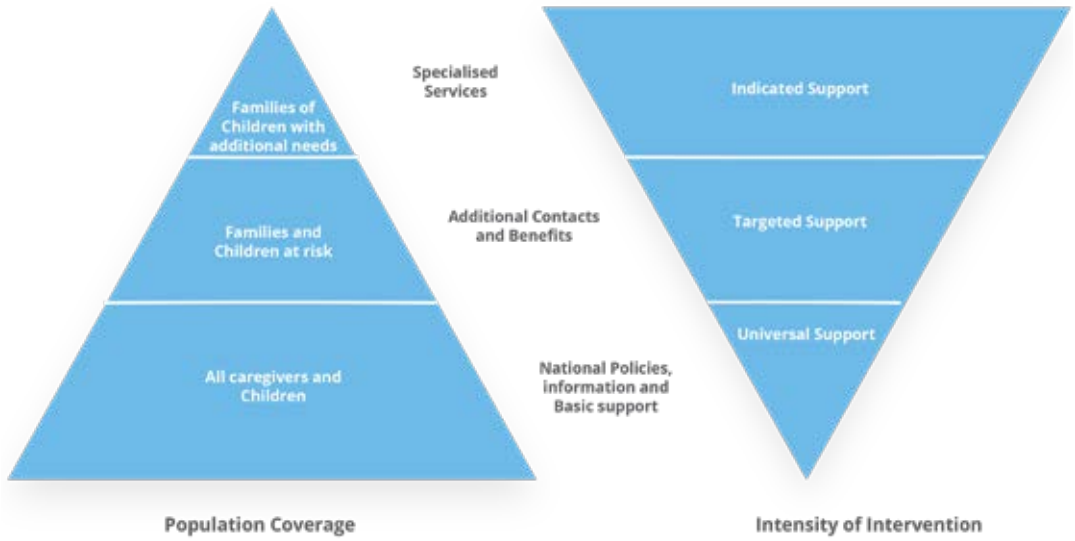
Finance

ECD is an investment in the future. Every dollar invested during the crucial period from conception to eight years of age reaping future healthcare savings and improving income and productivity later in life. Moreover, a holistic approach to ECD will potentially lead to savings as services are streamlined and overlaps reduced.

An unpublished World Bank paper uses simulations to suggest that human capital investment to provide a basic ECD package costs around 1.2 per cent of GDP and a comprehensive package (excluding social protection) is estimated at 2.3 per cent of GDP in lower-middle-income countries, the category to which Pakistan belongs. These are the costs of the required human capital regardless of existing programmes; the actual costs may be lower where existing programmes can be leveraged.

Another important consideration in resource allocation is equity, to ensure that all children receive the amount of support they need and no more or less. This entails a tiered assessment-based approach which identifies and reaches children in need of specialized support due to development difficulties, disabilities, exposure to multiple deprivations, etc.

Figure 8: Intensity of ECD support based on need



Reproduced from Nurturing Care Framework.

To ensure sustainability, careful planning, integration of ECD into development budgets, integrated services, developing innovative public-private partnerships, and supportive legislation for sustained financing, may be required.

Recommendations

- Analyse existing programmes to reduce redundancies and leverage human and financial resources towards the provision of ECD.
- Leverage existing services to promote positive parenting and responsive caregiving.

4.3 Entry points

Earlier chapters have mapped and identified delivery platforms for integrated ECD. Utilizing these delivery platforms effectively is essential for cost-effective and equitable delivery. In the public sector, these may include utilizing existing resource, such as LHWs, teachers and other frontline workers who already interact closely with families, to deliver integrated ECD packages. However, coverage of existing services is uneven in many parts of the country. Moreover, since most delivery platforms are provincial, not federal subjects, close coordination and shared definitions are required.

Coordinated advocacy and communication to raise awareness of child development are essential to mobilize families, communities and the general public to address risks and create an environment conducive to ECD. This includes awareness of the impacts of risks related to the family environment, parental wellbeing and the physical environment.

There is also substantial untapped potential in the private sector, such as through the provision of day care and childcare facilities both by for-profit and corporate social responsibility. These currently provide facilities for infants and children of various ages, and provide wildly variable services related to early childcare, nutrition and early education. The private sector also provides an as-yet underutilized opportunity to reach the public, e.g. through mobile phone

and television messaging. Similarly, there are opportunities to develop indigenous culturally-appropriate resources for creativity and play through Pakistan's creative industries.

Recommendations:

- Adopt a whole-of-government and whole-of-society approach to ECD, avoiding vertical structures and instead taking a systems approach by identifying and utilizing the appropriate delivery platforms to reach children and caregivers.
- Evaluate and utilize private sector support to reach children and families with ECD services.
- Develop advocacy and communication plans to reach families, communities and community leaders to build public awareness of risks to children, including risks related to family environment, parental wellbeing and the physical environment.

4.4 Leverage and build capacity

Responsive caregiving

Responsive caregiving underlies all other aspects of ECD. A responsive caregiver can identify and respond to a child's health and nutrition needs, advocate for the child with service providers, provide appropriate nutrition and a secure environment for the child. Caregivers—including parents and other household members—have a crucial role in providing appropriate stimuli that enable a child's developing brain to achieve its full potential. Moreover, caregivers themselves, particularly mothers, require support to ensure that they create an environment in which a child flourishes. This may be in terms of mental and emotional support within communities and by service providers, as well as through social protections programmes and family-friendly labour laws.

Yet responsive caregiving, and the empowerment of both parents and other family members as the nurturers of a child's potential, remains neglected in policy and programming across Pakistan, and parents are uninformed about the child's need for stimulation and an enriching environment at this crucial stage of development, especially before the child enters pre-primary education.

Recommendations:

- Strengthen and implement family-friendly social safety nets and labour policies.
- Develop and implement an integrated, evidence-based parenting package which targets both parents, as well as other caregivers, and includes Key Family Care Practices, Care for Child Development and Caring for the Caregiver.

Human resource

Lack of trained human resource to promote positive parenting is a critical gap in Pakistan. All three age groups are currently deprived of essential ECD services because of this gap, However, in many cases, existing structures may be leveraged. Building the capacity of frontline health workers (such as LHWs, community health workers, etc) to talk about child development as well as their existing health-related briefs could be a cost-effective strategy.

Human resource is an even bigger issue for children beyond two years of age. Currently, there is no formal cadre from any department that can be engaged for childcare and training during this

crucial period; for instance, there is a severe shortage of ECE teaching capacity and childcare centres/ institutions. However, models like Rupani and Hashoo Foundation, and academic programmes such as those offered by the Allama Iqbal Open University, may be explored and replicated.

Recommendations:

- Explore private and public-private partnership models to support the development of ECE and childcare human resource.
- Build capacity of existing frontline workers across sectors to support ECD, especially targeting the most marginalized communities.
- Ensure that policies and communication are accompanied by support that empowers families and communities to play their part in providing ECD.

4.5 Measurement approaches

While chapter 4 discusses the main indicators for which data is collected at country level under the Nurturing Care Framework, as Pakistan and its subnational units localize and prioritize ECD interventions, further data needs will emerge. These will include enhancements to existing management information systems, such as compiling data on child injury in the Health Management Information System.

The use of an ECD index using standardized data collected using MICS or other household surveys, will enable measurement of child development outcomes that take key indicators into account and enable granular reporting to district level and to correlate these to human development indices. The use of the Global Scale for Early Development is an instrument for ECD assessment at population and programmatic levels.

There is foreseen to be an urgent need for research and centres of excellence in ECD. These will research, evaluate and assess ECD models and, as such provide invaluable data on the most appropriate and cost-effective solutions for equitable ECD.

To maintain a focus on equity, and to ensure that ECD interventions target those who are in greatest need, data collection must be disaggregated along key axes of deprivation. This will help to target limited resources where they are most needed.

Recommendations:

- Evaluate ECD data needs and enhance existing management information systems to collect these data.
- Evaluate use of ECD index and the Global Scale for Early Development to assess and report on progress.
- Ensure data collection is disaggregated along key axes of deprivation to support effectively targeted interventions.
- Establish centres of excellence to research, evaluate and assess cost-effective and equitable ECD models appropriate for various contexts across Pakistan.

4.6 Policy and programmes at provincial/area levels

This study describes broad findings and recommendations that will support and strengthen a holistic approach to ECD in Pakistan and identifies policy and programme areas where proactive action is needed and processes must be implemented. These are listed in the table below.

Table 8: Recommendations for policies, programmes and services (provincial/ area levels)

Health	
Province/area	**Way forward**
Balochistan	Add maternal mental healthcare to health policy and revise Essential Health Care package accordingly. Add screening of infants to detect disability to health policy and revise Essential Health Care package accordingly. Add section in health policy on maternal, newborn and child health. Scale up reproductive, maternal, newborn and child healthcare; immunization; treatment of common illnesses. Improve coverage of services in all districts. Include screening of children entering katchi and primary school, e.g. hearing and vision screening during enrolment.
KP	Add maternal mental healthcare to health policy and revise Essential Health Care package accordingly. Add screening of infants to detect disability to health policy and revise Essential Health Care package accordingly. Scale up reproductive, maternal, newborn and child healthcare; immunization; treatment of common illnesses. Improve coverage of services in Newly Merged Districts. Include screening of children entering katchi and primary school, e.g. hearing and vision screening during enrolment.
Punjab	Add maternal mental healthcare to health policy and revise Essential Health Care package accordingly. Add screening of infants to detect disability to health policy and revise Essential Health Care package accordingly. Scale up reproductive, maternal, newborn and child healthcare; immunization; treatment of common illnesses; school health and nutrition. Include screening of children entering katchi and primary school, e.g. hearing and vision screening during enrolment.
Sindh	Add maternal mental healthcare to health policy and revise Essential Health Care package accordingly. Add screening of infants to detect disability to health policy and revise Essential Health Care package accordingly. Scale up reproductive, maternal, newborn and child healthcare; immunization; treatment of common illnesses. Include screening of children entering katchi and primary school, e.g. hearing and vision screening during enrolment.

Areas (AJK and GB)	Add maternal mental healthcare to health policy and revise Essential Health Care package accordingly. Add screening of infants to detect disability to health policy and revise Essential Health Care package accordingly. Include screening of children entering katchi and primary school, e.g. hearing and vision screening during enrolment. Ensure the new GB health policy includes sections on maternal and child health and development. Scale up reproductive, maternal, newborn and child healthcare; immunization; treatment of common illnesses. Improve coverage of services in remote districts.
Nutrition	
Province/area	**Way forward**
Balochistan	As a matter of urgency, develop a nutritional strategy and equity-focused programmes to address malnutrition, including children aged 3–8 years of age. Scale up and mainstream existing nutrition interventions.
KP	Incorporate comprehensive nutritional guidelines for children aged 3–8 years into existing multisectoral nutrition policy. Expand and improve quality of growth monitoring and supplementation, fortification, treatment of malnutrition. Improve coverage of nutrition interventions in Newly Merged Districts.
Punjab	Incorporate comprehensive nutritional guidelines for children aged 3–8 years into existing multisectoral nutrition policy. Expand and improve quality of growth monitoring and supplementation, fortification, treatment of malnutrition.
Sindh	Incorporate nutrition into the primary healthcare package, ensuring that it incorporates comprehensive nutritional guidelines for children aged 3–8 years. Expand and improve quality of province-wide nutrition programme.
Areas (AJK and GB)	As a matter of urgency, develop a nutritional strategy and equity-focused programmes to address malnutrition, including children aged 3–8 years of age. Scale up and mainstream existing nutrition interventions.
Responsive caregiving	
Province/area	**Way forward**
Balochistan	Develop coherent policies, guidelines and models for responsive caregiving across the early years (0–8 years of age), connected to appropriate sectoral services. In Sindh and KP, existing pilot projects offer models for expansion.
KP	
Punjab	
Sindh	
Areas (AJK and GB)	
Safety and security	
Province/area	**Way forward**
Balochistan	Institute paid maternity and paternity leave. Expand and improve quality of programmes to address child labour, abuse and neglect; birth registration; WASH. Develop and implement policies related to environmental hazards.
KP	Institute paid maternity and paternity leave. Align child protection laws with the CRC. Expand and improve quality of programmes to address child labour, abuse and neglect; birth registration; WASH. Develop and implement policies related to environmental hazards.

Punjab	Institute paid maternity and paternity leave. Align child protection laws with the CRC. Expand and improve quality of programmes to address child labour, abuse and neglect; birth registration; WASH. Develop and implement policies related to environmental hazards.
Sindh	Institute paid maternity and paternity leave. Align child protection laws with the CRC. Expand and improve quality of programmes to address birth registration; WASH. Develop and implement policies related to environmental hazards.
Areas (AJK and GB)	Institute paid maternity and paternity leave. In AJK, align child protection laws with the CRC. Expand and improve quality of programmes to address child labour, abuse and neglect; birth registration; WASH. Develop and implement policies related to environmental hazards.
Early learning	
Province/area	**Way forward**
Balochistan	Include in ECE policies, transition from home to school environment. Address learning needs of children aged 3–5 years. Expand and improve quality of ECE implementation through innovative pilots. Enhance amount and quality of ECE human resources. Improved curriculum for the older child.
KP	Include in ECE policies, transition from home to school environment. Address learning needs of children aged 3–5 years. Adopt national curriculum standards. Expand and improve quality of ECE implementation through innovative pilots. Enhance amount and quality of ECE human resources. Improved curriculum for the older child.
Punjab	Include in ECE policies, transition from home to school environment. Address learning needs of children aged 3–5 years. Expand and improve quality of ECE implementation through innovative pilots. Enhance amount and quality of ECE human resources. Improved curriculum for the older child.
Sindh	Include in ECE policies, transition from home to school environment. Address learning needs of children aged 3–5 years. Enhance implementation of ECE Policy 2015. Enhance amount and quality of ECE human resources. Improve quality of ECE standards.
Areas (AJK and GB)	Include in ECE policies, transition from home to school environment. Address learning needs of children aged 3–5 years.

4.7 Conclusion

To ensure integrated ECD for all children, the next step is to coordinate the development of a flexible, equity-focused policy framework for ECD.

In developing ECD structures in Pakistan it is essential to avoid vertical structures and, instead, to take a systems approach.

Given evidence of striking inequities along multiple axes of deprivation, it is imperative to take a gender and equity-based approach, ensuring that no child is left behind.

There is also an urgent need to treat early childhood as a continuum, and to include appropriate services under all components of the Nurturing Care Framework for all age groups including children aged 6–8 years.

While policies and interventions related to responsive caregiving are currently rudimentary at best, investing in this component has dramatic benefits for all aspects of nurturing care. Responsive caregivers are strongly attuned to the needs of their child and can be the most effective advocates and drivers of service-use in every other sector, from health to child protection and education to disaster risk reduction. Educating and empowering parents and caregivers, acknowledging and respecting their critical role in protecting children's rights, can thus bridge towards all other aspects of ECD.

However, communication for development to education and inform parents must be accompanied by the tools and support needed to act on advice. Thus, for example, communication for development initiatives on infant and young child feeding will be most effective when nutritious food is made more affordable for the poorest families, and advice on enrichment must be supported with the availability of high-quality, culturally and linguistically appropriate resources.

Annexes

Annex A: Recent ECD literature

Publication	Platform	Description
A critical link	World Health Organization, 1999	Review of interventions that focuses on nutrition, psychosocial health or both combined. Concludes that disadvantaged children get the maximum benefits but the minimum resources, and that integrated approaches are better than individual interventions.
From neurons to neighbourhoods	National Academy of Sciences, 2000	This book compiles a wealth of knowledge describing that, in addition to genetic predisposition, the early environment matters and nurturing relationships are essential for child development.
Child Development in Developing Countries	Lancet, 2007	Comprising three articles and commentary, this series reports that 250 million children <5 years are at risk of not reaching full development, discusses risk factors and offers strategies to avert the risks.
Early Childhood Matters	BVL Foundation, 2010 till 2018	Since 2010, the Bernard van Leer Foundation publishes a yearly thematic issue of "Early Childhood Matters" to share the most recent findings on a specific ECD thematic area.
No Small Matter	World Bank, 2011	This edited compilation of articles looks at the impact of poverty, shocks, and human capital investments in ECD. Its main message: ECD interventions can safeguard a child against the trans-generational transfer of disadvantage.
Child Development in Developing Countries	Lancet, 2011	Through two articles and accompanying commentary, this series reminds us about the risk and protective factors that children in developing countries are exposed to, and strategies that have been effective in addressing these risks.
Stepping up ECD	World Bank, 2014	A policy guide that proposes a set of 25 mother and child interventions in five packages across the continuum of pregnancy, childbirth, early, and preschool years.
A systematic review of parenting programs	UNICEF, 2014	Review of 105 studies on parenting programmes. Suggests that combining home visits with group activities, delivering nutrition and stimulation together, and ensuring sufficient duration and intensity are essential features.
Early Child Care and Education: Personnel in LMICs	UNESCO, 2015	This review reports an acute shortage of ECCE resource in Southeast Asia including Pakistan. While ECCE resource has a proven effect on programme quality and child outcomes, there is a general disconnect between the political discourse and the actual support provided.

Advancing Early Childhood Development	Lancet, 2017	This series, with four systematic reviews and several commentaries, reports that adoption of ECD policies in LMICs has increased from seven countries in 2000 to 68 in 2014. However, the number of at-risk children remains around 250 million as large-scale implementation is still lacking. The reviews find that multi-sector strategies are required to reach a large number of children, with health sector taking the lead.
Special Issue: Implementation Research and Practice for ECD	Annals of New York Academy of Sciences, 2018	Comprises 15 articles and four commentaries illuminating various aspects of the implementation of ECD programmes. The topics include costing and financing interventions that support ECD, shaping demand, supporting ECD in fragile contexts, capacity-building, and transitioning of ECD effectiveness studies to large-scale programmes.
Nurturing Care for Early Childhood Development	World Health Organization, 2018	A consensus guide released by WHO and its partners, this document proposes five components of Nurturing Care Framework for ECD programmes: healthcare, nutrition, responsive care, safety and security, and early learning opportunities.
Design and implementation of ECD programs	Archives of Disease in Childhood, 2019	A set of five papers describing the current situation of large-scale implementation, programme design, monitoring and evaluation, accountability for funding, and scale up. New developments and future options are discussed.

Annex B: Logic model for exploring parenting programme for child outcomes

Long term outcomes: (Direct assessments for mental development and physical growth)	Mental development Indicator: Cognitive, language, and socio-emotional development	Motor development Indicator: Gross motor and fine motor development	Health Indicator: Recent illnesses, children receiving oral rehydration salts, zinc	Growth Indicator: Length/height and weight	What mechanisms and frequencies of assessment are there to measure physical health and mental and socioemotional development of a child in your programme?	
Immediate outcomes (Parenting practices)	Stimulation Indicator: Learning opportunities & resources such as home-made toys items made available to the child, local songs, and plays	Emotional support Indicator: Parent-child interaction during a challenge	Preventive health Indicator: Surveys about immunization, vit A, deworming, iron, WASH including maternal and baby WASH, Bednets	Feeding Indicator: Breastfeeding, meal frequency, diet, diversity	Knowledge of development milestones Indicator: caregivers report approx. earliest ages for a specific milestone	What mechanisms are there to measure: a) Home environment b) Family care indicators c) Health service delivery d) Nutritional practices e) Parent knowledge of child development
Outputs (Programme results)	Coverage of the workforce Indicator: % delivery agents trained to deliver programme	Competence of the workforce Indicator: % delivery agents reaching competence threshold	Reach and coverage of caregivers Indicator: % families with access; % disadvantaged families with access; % families with girl child having access	Programme delivery: a) Curriculum b) Audio-visual aids c) Frequency of contact d) Audience participation	Caregivers receive, recall and value services Indicator: % caregivers recalling 4/5 messages	What is the coverage (geographical, training, competence) level of your programme?
Inputs (Resources, activities)	Document the community demographics, current practices, needs, and demands	Programme resources: Curriculum, parenting package, training manual, monitoring tools, communication tools, job aids, incentives	Policy framework, organizational capacity, operational manual	What inputs (policy, capacity, curriculum, training programme and intervention materials) are available in your programme?		

Adapted from Aboud et al, 2018

Annex C: Study participants (group consultations and in-depth interviews)

Category	Participants		Sectors
	In-depth interviews	Group consultations	
International	8	0	Health, psychology, nutrition, ECD, planning
Federal	24	45	Nutrition, health, education, WASH, protection, planning and development
Punjab	6	40	Nutrition, health, education, water, sanitation and hygiene (WASH), protection, food security, planning and development
Khyber Pakhtunkhwa	0	60	Population welfare, health, nutrition, education, WASH, protection, food security, planning and development
Sindh	6	40	Health, nutrition, education, WASH, protection, women's development, planning and development, population
Balochistan	0	25	Nutrition, health, education, WASH, protection, planning and development, population, agriculture
Gilgit Baltistan/ Azad Jammu and Kashmir	0	25	Nutrition, health, education, agriculture, WASH, protection, planning and development, population
Total (279)	**44**	**235**	

References

1. Richter L, Darmstadt GL, Daelmans B et al. Advancing early childhood development: From science to scale. Lancet 2016.

2. Daelmans B, Darmstadt GL, Lombardi J, Black MM, Britto PR, Lye S, et al. Early childhood development: The foundation of sustainable development. Lancet. 2016;389:9–11.

3. Thompson RA, Nelson CA. Developmental Science and the Media: Early Brain Development. Am Psychol. 2001; 56(1):5–15.

4. The brain science of poverty and its policy implications. https://www.irp.wisc.edu/wp/wp-content/uploads/2019/06/FF40-2019.pdf

5. World Health Organization. Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. 2018.

6. Walker SP, Wachs TD, Grantham-McGregor S, Black MM, Nelson CA, Huffman SL, et al. Inequality in early childhood : risk and protective factors for early child development. Lancet. 2011;6736(11).

7. World Health Organization. Nurturing care framework country profile: Pakistan. 2019.

8. World Health Organization. A Global Investment Framework for Women's and Children's Health. Geneva; 2013.

9. Stenberg K, Axelson H, Sheehan P, Anderson I, Gülmezoglu AM, Temmerman M, et al. Advancing social and economic development by investing in women's and children's health: a new Global Investment Framework. Lancet. 2014;383:1333–54.

10. Richter LM, Daelmans B, Lombardi J, Heymann J, Boo FL, Behrman JR, et al. Investing in the foundation of sustainable development: pathways to scale up for early childhood development. Lancet. 2017;389:103–18.

11. Bhutta ZA, Ahmed T, Black RE, Cousens S, Dewey K, Giugliani E, et al. What works? Interventions for maternal and child undernutrition and survival. Lancet. 2008;371(9610):417–40.

12. Bhutta ZA, Das JK, Rizvi A, Gaff MF, Walker N, Horton S, et al. Evidence-based interventions for improvement of maternal and child nutrition : what can be done and at what cost ? Lancet. 2013;382:452–77.

13. Bhutta ZA, Hafeez A, Rizvi A, Ali N, Khan A, Ahmad F, et al. Reproductive, maternal, newborn, and child health in Pakistan: Challenges and opportunities. Lancet [Internet]. 2013;381(Acuin, C. S., Khor, G. L., Liabsuetrakul, T., et (2011). Maternal, neonatal, and child health in southeast Asia: towards greater regional collaboration. Lancet, 377, 516-25. http://dx.doi.org/10.1016/S0140-6736(10)62049-1):2207–18.

14. Dower C, Knox M, Lindler V, O'Neil E. Advancing Community Health Worker Practice and Utilization : The Focus on Financing. San Francisco; 2006.

15. Yousafzai AK, Rasheed MA, Rizvi A, Armstrong R, Bhutta ZA. Effect of integrated responsive stimulation and nutrition interventions in the Lady Health Worker programme in Pakistan on child development , growth , and health outcomes : a cluster-randomised factorial effectiveness trial. Lancet. 2014;384:1282–93.

16. Black MM, Walker SP, Fernald LCH, Andersen CT, Digirolamo AM, Lu C, et al. Early childhood development coming of age : science through the life course. Lancet. 2017;389:77–90.

17. Jeong J, Obradović J, Rasheed M, D Charles McCoy, Fink G, Yousafzai AK. Maternal and paternal stimulation: Mediators of parenting intervention effects on preschoolers' development. Journal of Applied Developmental Psychology Volume 60, January–February 2019, Pages 105-118

18. Jeong J, Siyal S, Fink G, Charles McCoy D, Yousafzai AK. "His mind will work better with both of us": a qualitative study on fathers' roles and coparenting of young children in rural Pakistan. BMC Public Health Volume 18, Article number: 1274 (2018).

19. Aboud FE, Singla DR, Nahil I, Borisova I. Effectiveness of a parenting program in Bangladesh to address early childhood health , growth and development. Soc Sci Med [Internet]. 2013;97:250–8. Available from: http://dx.doi.org/10.1016/j.socscimed.2013.06.020

20. Aboud FE. Evaluation of an Early Childhood Parenting Programme in Rural Bangladesh. J Heal Popul Nutr.

2007;25(1):3–13.

21. Yousafzai AK, Obradović J, Rasheed MA, Rizvi A, Portilla XA, Tirado-strayer N, et al. Effects of responsive stimulation and nutrition interventions on children's development and growth at age 4 years in a disadvantaged population in Pakistan : a longitudinal follow-up of a cluster-randomised factorial effectiveness trial. Lancet Glob Heal. 2016;4(August):548–58.

22. Britto PR, Lye SJ, Proulx K, Yousafzai AK, Matthews SG, Vaivada T, et al. Nurturing care : promoting early childhood development. Lancet. 2017;389:91–102.

23. Singla DR, Kumbakumba E, Aboud FE. Effects of a parenting intervention to address maternal psychological wellbeing and child development and growth in rural Uganda : a community-based , cluster-randomised trial. Lancet Glob Heal [Internet]. 2015;3(8):e458–69. Available from: http://dx.doi.org/10.1016/S2214-109X(15)00099-6

24. Chang SM, Grantham-McGregor SM, Powell CA, Vera-Hernández M. Integrating a Parenting Intervention With Routine Primary Health Care : A Cluster Randomized Trial. Pediatrics. 2015;136(2):272–80.

25. UNICEF. Hidden in Plain Sight: A statistical analysis of violence against children. New York; 2014.

26. Lingam R, Gupta P, Zafar S, Hill Z, Yousafzai A, Iyengar S, et al. Understanding care and feeding practices: Building blocks for a sustainable intervention in India and Pakistan. Ann N Y Acad Sci. 2014;1308(1):204–17.

27. Bradley RH, Corwyn RF, McAdoo HP, Coll CG. The Home Environments of Children in the United States Part II : Relations with Behavioral Development through Age Thirteen. Child Dev. 2001;72(6):1844–67.

28. Earle A, Milovantseva N, Heymann J. Is free pre-primary education associated with increased primary school completion? A global study. International Journal of Child Care and Education Policy 2018; 12(13)

29. Gowani S, Yousafzai AK, Armstrong R, Bhutta ZA. Cost effectiveness of responsive stimulation and nutrition interventions on early child development outcomes in Pakistan. Ann N Y Acad Sci. 2014 Jan;1308:149-61. doi: 10.1111/nyas.12367.

30. UNICEF. Programme Guidance for Early Childhood Development. August 2017.

31. Sindh Education Foundation. Early Childhood Development Initiatives in Pakistan: A Mapping Study. Karachi; 2009.

32. Aboud FE, Prado EL. Measuring the implementation of early childhood development programs. Ann N Y Acad Sci. 2018;1419:249–63.

33. Government of Pakistan M of N. National Vision for coordinated priority actions to address challenges of Reproductive, Maternal, Newborn, Child and Adolescent Health, and Nutrition 2016-2025. Vol. 4. 2016.

34. S, Boerma T, Amjad S, Alam AY, Khalid F, Haq I, et al. Pakistan's health system : performance and prospects after the 18th Constitutional Amendment. Lancet [Internet]. 2013;381(9884):2193–206. Available from: http://dx.doi.org/10.1016/S0140-6736(13)60019-7

35. Richter LM, Daelmans B, Lombardi J, Heymann J, Boo FL, Behrman JR, et al. Investing in the foundation of sustainable development : pathways to scale up for early childhood development. Lancet. 2017;389:103–18.

36. Rahman A, Iqbal Z, Roberts C, Husain N. Cluster randomized trial of a parent-based intervention to support early development of children in a low-income country. Child Care Health Dev. 2008;56–62.

37. Khan MA, Owais SS, Maqbool S, Minhas FA, Psych DIP, Hicks J. Is integrated private-clinic based early child development care effective ? A clustered randomised trial in Pakistan. BJGP Open. 2018;1–12.

38. The Early Learning Partnership. Achieving Quality Early Childhood Education in the Punjab, Pakistan. Brief: July 2019.

39. Hafeez, A, BK Mohamud, MR Shiekh , SAAI Shah, R Jooma "Lady health workers programme in Pakistan: challenges, achievements and the way forward." J Pak Med Assoc. 2011;61.3

40. UNICEF Loizillon, A., N. Petrowski, P. Britto and C. Cappa. Development of the Early Childhood Development Index in MICS surveys. MICS Methodological Papers, No. 6, Data and Analytics Section, Division of Data, Research and Policy, UNICEF New York; 2017.

41. Government of Pakistan. National Plan of Action. Ministry of Education, Government of Pakistan; 2001.

42. Zheng, Yucheng, and Shwetlena Sabarwal. “How much would expanding early childhood investments cost?” Unpublished paper, World Bank, Washington, DC; 2018.

43. ECDAN. Benchmarking ECD investment: An options brief. ECDAN Knowledge Exchange. 2018. Available from: https://www.ecdan.org/assets/investment-benchmark-for-ecd_options-brief_fnl-28-06-2018.pdf.

Design: **Human Design Studios**
Islamabad, 2020