OBJECTIVES OF THE GLOBAL SURVEY:
• Map current implementation of IECD and ECI programs and related activities;
• Describe key IECD and ECI program features;
• Identify gaps and challenges in providing accessible IECD and ECI services;
• Document factors associated with successful implementation and scale-up;
• Generate recommendations to inform future policy and program development and national planning and implementation efforts.

DEFINITIONS
Inclusive early childhood development (IECD) services and supports foster the physical, cognitive, language, and social-emotional development of children with and at risk of developmental delays and disabilities as well as their typically developing peers in early childhood programs. These services are accessible, equitable, and enable participation from, and support for, all children.

Effective early childhood intervention (ECI) services are: (a) individualized; (b) intensive; (c) family-focused; (d) child centered; (e) transdisciplinary or interdisciplinary; (f) team-based; (g) evidence-informed; and (h) outcomes-driven. ECI services involve parents and caregivers from enrollment to exit, are delivered in the natural environment of the child and use daily routines as the basis for child intervention opportunities. Rather than being “expert driven,” ECI services are “family driven.” The family sets the intervention priorities, is a partner in the provision of services, and makes all decisions regarding the child and family.

IECD and ECI services apply to children from 0-3 or 0-8 years of age. Some IECD and ECI programs also offer prenatal and neonatal services.

METHODOLOGY
To meet these objectives a global online survey was developed. 426 responses were received from programs in 121 countries. The survey was translated to English, French, Portuguese, Russian and Spanish. Note: lack of an Arabic version may have limited responses from the Middle East and North-Africa region.

Most respondents (62%) reported they work for a national organization: organizations of parents with disabilities, non-governmental organizations (NGOs), and community-based, academic, faith-based and private sector organizations. 27% of respondents worked for international organizations such as the United Nations, World Bank or international NGOs. 12% work for government, including national, regional and local authorities.

CALL TO ACTION
1. Expand and improve national leadership for IECD and ECI programs.
2. Develop more ECI and IECD advocacy strategies to eradicate stigma against children with disabilities.
3. Prepare situation analyses to assess the development of IECD and ECI programs in each nation.
4. Promote more multisectoral, transdisciplinary and interdisciplinary leadership and service coordination.
5. Place priority on developing national IECD and ECI multisectoral policy instruments.
6. Establish universal national developmental screening and referral systems.
7. Improve the quality of IECD and ECI programs and encourage parent involvement.
8. Increase investment in IECD and ECI programs.
9. Ensure accountability through providing fully accountable IECD and ECI services in each nation.
10. Expand networking and coordination for IECD and ECI services.

ACCESS
For the detailed version of the Call to Action, research recommendations as well as to access the complete report, please visit: www.gpcwd.org/early-childhood-development.html.
GLOBAL SURVEY FINDINGS

Based on the responses, ECI programs are serving children in:

- High-income countries 25%
- Upper middle-income countries 21%
- Lower middle-income countries 38%
- Low-income countries 15%

Only 28% of the countries with IECD and ECI services were affected by humanitarian crises.

Rural vs Urban Areas:

- Rural areas were served by 66% of programs while urban or peri-urban areas were served by 76% of programs.

Program Types Reported:

- MORE THAN 50%: Community outreach services
- MORE THAN 40%: Child developmental screening
- MORE THAN 30%: Comprehensive assessments of child development with parent participation
- MORE THAN 20%: Multisectoral services should be greatly expanded

The reported types of ECI services reveal strengths and also needs for more technical support:

- MORE THAN 50%: Provision of parent education and support
- MORE THAN 40%: Provision of case identification and referrals, as needed
- MORE THAN 30%: Provision of home visits as the primary service
- MORE THAN 20%: One program specialist is the main visitor to child and family, with team support

Multisectoral services should be greatly expanded to ensure good child nutrition and growth as well as safe child development. Globally, education is usually the lead sector for IECD and ECI programs, and only 47% of them reported providing inclusive health or nutrition services. Of these programs:

- MORE THAN 66%: Provision of parent education and support
- MORE THAN 50%: Child developmental screening
- MORE THAN 40%: Comprehensive assessments of child development with parent participation
- MORE THAN 20%: One program specialist is the main visitor to child and family, with team support

Stronger collaborations are needed between IECD and ECI programs and the health sector.

- MORE THAN 85%: Health and nutrition promotion, education, and counseling
- MORE THAN 51%: Targeted health services for children with disabilities
- MORE THAN 44%: Nutritional assessments and rehabilitation
- MORE THAN 38%: Maternal and child health services
- MORE THAN 30%: Maternal and child health services

**BARRIERS LIMITING PROGRAM GROWTH AND IMPROVEMENT**

**Systemic barriers**
- Lack of funding
- Inadequate policies and regulations
- Lack of administrative data
- Lack of advocacy to overcome stigma

**Program barriers**
- Limited number of ECI and IECD services
- Insufficient community outreach
- Lack of universal developmental screening
- Inadequate developmental surveillance and monitoring by physicians