EOF | EDUCATION OUTCOMES FUND

TECHNICAL BRIEF

Designing for Disability Inclusion

Insights from the Early Childhood Care and Education Outcomes Fund in Rwanda

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This technical brief is part of a series focused on designing outcomes-based financing (OBF) programmes for early childhood care and education (ECCE). This series aims to contribute to the growing knowledge base of OBF for ECCE by sharing insights gained during the design process for ECCE outcomes funds in Rwanda, Sierra Leone and South Africa. This work reflects EOF's commitment to continuous learning throughout the programme cycle, both to strengthen our own programme design and to grow the collective knowledge base of the OBF and ECCE communities.

The series offers practical guidance for practitioners, policymakers, funders, implementers and technical partners involved in developing and delivering OBF programmes for ECCE.

The series includes:

- Technical Brief 1: Assessing and Selecting Measurement Tools for Outcomes-Based Financing for Early Childhood Care and Education Programmes
- Technical Brief 2: Adapting and Piloting Measurement Tools for Outcomes-Based Financing Programmes for Early Childhood Care and Education
- Technical Brief 3: Designing for Disability Inclusion: Insights from the Early Childhood Care and Education Outcomes Fund in Rwanda
- Technical Brief 4: Designing Impact Evaluations for Early Childhood Care and Education Programmes using Outcomes-Based Financing
- Technical Brief 5: Pricing Outcomes in Outcomes-Based Financing for Early Childhood Care and Education

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Disclaimer

This brief includes contributions from both EOF staff and an external consultant. The views expressed are those of the authors and do not necessarily reflect the official policy or position of the Education Outcomes Fund or UNICEF.

Abbreviations

BEQI	Brief Early Childhood Quality Inventory
CDO	Child development outcome
CFM	Washington Group/UNICEF Child Functioning Module
ECCE	Early childhood care and education
ECD	Early childhood development
EOF	Education Outcomes Fund
IDELA	International Development and Early Learning Assessment
LMIC(s)	Low- or middle-income country (low- and middle-income countries)
MELQO-MODEL	Measuring Early Learning and Quality Outcomes – Measure of Development and Early Learning
NCF	Nurturing Care Framework
OBF	Outcomes-based financing
RBF	Results-based financing
UDL	Universal Design for Learning
VAST	Visibility, attunement, safety, togetherness
WASH	Water, sanitation and hygiene

Executive summary

This technical brief examines how disability inclusion can be embedded into outcomes-based financing (OBF) programmes for early childhood care and education (ECCE) in low- and middle-income countries (LMICs). It draws on practical insights from the design of the ECCE Outcomes Fund in Rwanda, led by the Government of Rwanda in partnership with the Education Outcomes Fund (EOF). This brief aims to serve as a resource for technical experts designing OBF programmes for ECCE, as well as researchers and ECCE practitioners, particularly in LMICs.

> *Inclusive ECCE is a right and must be embedded into programme design from the outset – not treated as an afterthought.*

Meaningful inclusion requires early stage, intentional design choices across all components of an OBF programme. Because OBF programmes tie payments to verified results – typically based on performance targets – there is a significant risk that children with disabilities may be excluded unless inclusion is deliberately planned from the outset. This risk is especially high when children with disabilities are missing from data, face systemic barriers, or receive lower prioritization from service providers.

Insights from the ECCE Outcomes Fund in Rwanda highlight the trade-offs and design decisions that emerge across different contexts, offering insights to support more inclusive and context-responsive outcomes fund design.

To guide this work, the brief introduces the VAST inclusion lens, a framework grounded in four key principles of inclusive ECCE system design:

- **Visibility** – Ensuring children with disabilities are identified and included in programme data and outreach
- **Attunement** – Designing services that recognize and respond to each child's unique developmental rhythms and communication styles
- **Safety** – Framing safety as more than physical protection – emphasizing emotionally, socially and procedurally safe learning environments
- **Togetherness** – Building shared responsibility for inclusion across caregivers, ECCE staff, service providers, and broader systems such as health, education and social protection.

While these principles are not formal in a prescriptive sense, they serve as a flexible, values-based lens to guide inclusive decision-making throughout the programme cycle. In this brief, these four principles are applied across six key OBF programme design components to uncover opportunities for inclusion and to surface potential risks of exclusion throughout the programme.

The design components are:

1. **Programme scope and reach** – Where the programme operates and who it reaches
2. **Referral and screening systems** – How children with developmental differences are identified
3. **Centre strengthening and enabling environments** – How ECCE centres are equipped to support every child
4. **Outcomes and verification mechanisms** – How results are measured, and whether all children and their progress are accounted for

5. **Incentive structures and provider engagement** – How providers are motivated and supported to include children with higher support needs
6. **Cross-sector alignment and learning** – How inclusion is supported through coordination with other systems such as health, disability services and social protection.[1]

Each design component represents a critical area where inclusion can be embedded – or unintentionally overlooked. The VAST lens helps illuminate how systems can be designed to ensure that all children, including those with disabilities, are seen, supported and able to thrive.

In the design of the ECCE Outcomes Fund in Rwanda, inclusion was advanced despite constraints in data, measurement tools, timelines and infrastructure. Trade-offs and design adaptations helped make inclusion feasible, ethical and grounded in reality.

Key takeaways

- Inclusion must be embedded structurally and intentionally from the outset.
- Attuned relationships and community knowledge are powerful resources for inclusion.
- Incentive structures should reward (not unintentionally discourage) diverse needs and learner profiles, and measurement tools must be adapted to capture a wide range of developmental pathways.

This brief is a starting point, not a final answer. It offers practical strategies, ethical considerations and lived design experience for those seeking to build inclusive ECCE systems using OBF. By sharing lessons learned from the programme design process, EOF aims to foster further learning and continuous refinement of OBF for ECCE programmes, so that every child, in every setting, is visible, supported and able to thrive.

[1] Cross-sector alignment and learning are grouped together as they both operate at the systems level and support long-term, cross-cutting inclusion efforts beyond the ECCE centre itself.

1. Introduction: Why this brief?

1.1 Who this brief is for

This technical brief is intended for a wide range of stakeholders involved in outcomes-based financing (OBF) programmes in early childhood care and education (ECCE), particularly in low- and middle-income countries (LMICs). It may be especially relevant for:

- Policymakers and programme designers seeking to embed disability inclusion in OBF programmes
- Government technocrats responsible for ECCE and inclusive education financing strategies
- Disability advocates aiming to influence education funding mechanisms
- Development partners and donors prioritizing equity, access and social impact
- Measurement experts working to adapt ECCE assessment tools for inclusive outcomes
- Researchers exploring how OBF can be designed to support equity and inclusion in ECCE.

Drawing on the design of the ECCE Outcomes Fund in Rwanda – a new initiative led by the Government of Rwanda in partnership with the Education Outcomes Fund (EOF) – this brief offers practical strategies and design considerations for embedding disability inclusion into every stage of an OBF programme. While the process requires careful adaptation and context-specific decisions, the core message is clear: when equity and inclusion are prioritized from the outset, all children – not only those with disabilities – stand to benefit.

1.2 Why inclusion in OBF for ECCE requires a multifaceted approach

Inclusion in ECCE is not simply about access – it is about creating environments where all children can participate meaningfully, feel safe, and be supported to grow (Hehir et al., 2016; UNICEF, 2021). When thoughtfully designed, inclusive programmes do more than benefit children with disabilities. They improve the quality of teaching and caregiving, strengthen community support systems, and create better outcomes for all children (Banks et al., 2017; Hehir et al., 2016).

Designing OBF programmes for inclusive ECCE presents a unique set of challenges as it brings together three complex priorities:

1. **OBF**, which links funding to measurable results rather than prescribed activities
2. **ECCE**, which focuses on very young, often non-verbal children with diverse and overlapping developmental needs
3. **Disability inclusion**, which requires tailored strategies for children with disabilities, particularly in low-resource settings with limited infrastructure, data and trained personnel.[2]

Most global tools, financing models and programme frameworks were not originally developed to address these three priorities simultaneously particularly in low-resource country settings (Devercelli and Beaton-Day, 2020; UNESCO, 2020). As a result, new and multifaceted approaches are needed to make the design process of OBF programmes for ECCE more inclusive, ethical and context responsive.

[2] This technical brief focuses on inclusion of children with disabilities and not children with developmental delays because developmental delay was not included in the metrics of the ECCE Outcomes Fund in Rwanda because of measurement and verification constraints. However, developmental delay remains a critical early indicator of disability in early childhood and, therefore, it is recommended that it be considered in future programmes.

1.3 How to use this brief

To support practical application, this brief is structured around three main objectives.

1. **To explain what is meant by inclusion in ECCE**

   The brief introduces a lens called *VAST* – short for *visibility, attunement, safety and togetherness* – to describe what inclusive ECCE looks like at the levels of the child, the learning environment and the system. VAST serves as a practical lens for identifying key enablers of inclusion throughout programme design. VAST is discussed in detail in Section 2.

2. **To outline the key design components of an inclusive OBF programme**

   Disability inclusion must be embedded across all elements of a programme, rather than added as a stand-alone activity or tool. The brief introduces six core 'puzzle pieces' of inclusive OBF design:

   1. **Programme scope and reach** – Where does the programme operate and who does it reach?
   2. **Referral and screening systems** – How are children with developmental differences identified?
   3. **Centre strengthening and enabling environments** – How are ECCE centres equipped to include every child?
   4. **Outcomes and verification mechanisms** – What results are measured, and who is counted?
   5. **Incentive structures and provider engagement** – Do incentive mechanisms support or discourage inclusion?
   6. **Cross-sector alignment and systems learning** – Is inclusion supported beyond ECCE centres, through coordinated partnerships?

   Each puzzle piece is examined using the VAST lens, discussed in detail in Section 4.

3. **To share real-world design insights from Rwanda**

   Section 5 draws from the design of the ECCE Outcomes Fund in Rwanda, led by the Government of Rwanda in partnership with EOF. It illustrates how the VAST lens was applied to navigate constraints, address design trade-offs, and adapt programme elements to promote disability inclusion. These insights are intended to inform similar initiatives in other contexts.

2. What is meant by inclusive ECCE?

2.1 Purpose of this section

This section defines what inclusion means in ECCE for children aged 3 to 6 years, particularly in low-resource settings. It suggests shifting the focus away from formal, standardized systems towards responsive, play-based and community-rooted approaches. It introduces the *VAST lens* as a practical framework for designing and evaluating inclusion at the levels of the child, ECCE staff, caregivers, and learning environment. Finally, it positions inclusion not as a technical fix, but as a *relational and systemic commitment* across sectors.

2.2 What does inclusive ECCE look like?

ECCE lays the foundation for lifelong learning, well-being and participation. For young children, it is often their first structured opportunity to explore, play and connect with others beyond the home. But inclusion is not achieved through enrolment alone. True inclusion is not about presence – it is about *safety, belonging and meaningful participation*, all of which are necessary for improved child development outcomes (CDOs).

Globally, and especially in LMICs, children with disabilities remain among the most excluded from ECCE. Many face layered and compounding barriers: poverty, stigma, inaccessible environments, lack of transportation, and education systems ill-equipped to support diverse developmental needs (Banks et al., 2017; Devercelli and Beaton-Day, 2020; UNICEF, 2021).

This exclusion begins early – and so must our response.

Inclusion in ECCE means building **systems of care**, not just formal schooling. Children do not need perfect 'classrooms', they need safe and attuned environments where they are:

- **Identified early**, so they are not overlooked or hidden
- **Met with empathy**, through trusted, attuned relationships with caregivers and ECCE staff
- **Supported to grow through play**, in safe, stimulating and flexible environments.

Inclusion is a relational, systemic process grounded in the everyday decisions of ECCE staff, families, policymakers and programme designers; it is not a checklist or one-time intervention.

2.3 A global commitment – Still unmet

The right to inclusive ECCE is affirmed by global frameworks. The *United Nations Convention on the Rights of Persons with Disabilities* guarantees children with disabilities the right to inclusive education from the earliest years (UNDESA, 2006). *Sustainable Development Goal 4* (SDG 4) calls for inclusive and equitable quality education and lifelong learning for all (UNESCO, 2015).

Many countries have reflected these commitments in national policy. Yet implementation remains fragmented, underfunded and often disconnected from broader ECCE system-strengthening efforts.

2.4 Persistent barriers to inclusion in LMICs

Despite growing global investment in ECCE, children with disabilities in LMICs continue to face *systemic exclusion*, not just service gaps. This includes:

- **Compounding access barriers** as a result of poverty, geography and stigma

  Families may lack transport, face social discrimination, or be unaware of available services (Banks et al., 2017; UNICEF, 2021).

- **A shortage of trained educators** equipped to support diverse learners

  Many ECCE staff (especially in community centres) have little to no training in developmental diversity or inclusive pedagogy (UNESCO, 2020).

- **Inaccessible environments and inadequate resources**

  ECCE centres and classrooms often lack ramps, adapted toilets, visual aids, or quiet sensory spaces (Devercelli and Beaton-Day, 2020).

- **Measurement tools that overlook diverse developmental pathways**

  Most ECCE assessments are based on neurotypical milestones and may misrepresent or completely miss progress for children with disabilities (Innocenti, 2022; Wright and Enfield, 2025).

  These challenges are exacerbated by *deficit-based assumptions* and a continued reliance on *medicalized models* of disability. Too often, disability is seen as something to fix rather than a reflection of systemic design gaps.

2.5 A shift in perspective: From medical to social models

Historically, disability in early education systems has been approached through a *medical model*, where challenges are viewed as individual deficits requiring diagnosis and treatment (Watson, 2017). This model often pathologizes children and centres solutions in clinical expertise. In inclusive ECCE, especially in low-resource settings, this model is not only limiting – it is often exclusionary.

The *social model of disability* offers a vital reframing: children are not inherently disabled by their bodies or minds, but by *barriers in their environments* – physical, institutional, attitudinal and structural. Inclusion, then, becomes a matter of changing systems, not children (Watson, 2017).

2.6 Intersectionality: Disability, poverty and geography

Disability is rarely experienced in isolation. Children's access to inclusive ECCE is shaped by intersecting inequities that amplify exclusion (Banks et al., 2017; UNICEF, 2021):

- **Poverty** limits access to health screening, assistive devices, early identification, and transportation
- **Geographic remoteness** restricts physical access to ECCE centres and support services, especially in rural and hard-to-reach areas
- **Historical marginalization** affects children from minority and Indigenous communities, who may face language barriers, cultural exclusion, or limited teacher capacity to adapt instruction.

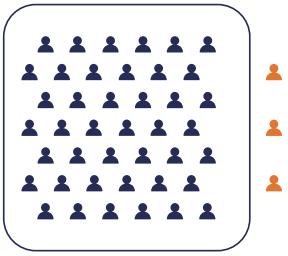
For example, a child with functional differences – such as a neurodivergent child – who lives in poverty and speaks a minority language may remain invisible unless the ECCE system is intentionally designed to identify and respond to these intersecting needs.

An equity-focused approach is therefore essential: inclusive ECCE must address not only disability, but also the social and structural conditions that compound exclusion.

2.7 Inclusion as a continuum – And a systemic commitment

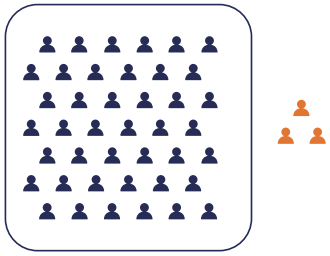
Figure 1 illustrates a continuum of educational approaches from exclusion and segregation to true inclusion. While mainstreaming or integration may place children in ECCE centres, only *inclusive systems* ensure meaningful participation and equitable outcomes.

Figure 1. Four categories of educational experience of students with disabilities



Exclusion

Exclusion occurs when students are directly or indirectly prevented from or denied access to education in any form.



Segregation

Segregation occurs when the education of students with disabilities is provided in separate environments designed or used to respond to a particular or various impairments, in isolation from students without disabilities.

Integration

Integration is a process of placing persons with disabilities in existing mainstream educational institutions, as long as the former can adjust to the standardized requirements of such institutions.

Inclusion

Inclusion involves a process of systemic reform embodying changes and modifications in content, teaching methods, approaches, structures and strategies in education to overcome barriers with a vision serving to provide all students of the relevant age range with an equitable and participatory learning experience and environment that best corresponds to their requirements and preferences.

Placing students with disabilities within mainstream classes without accompanying structural changes to, for example, organization, curriculum and teaching and learning strategies, does not constitute inclusion. Furthermore, integration does not automatically guarantee the transition from segregation to inclusion.

Source: Based on Hehir et al. (2016), which in turn is based on United Nations Committee on the Rights of Persons with Disabilities General Comment No. 4.

2.8 The VAST lens: A practical tool for inclusion

To support inclusive design and implementation, this brief introduces the *VAST lens* – a way to 'see' and strengthen inclusion across four key dimensions:

- **Visibility**: Are children with disabilities recognized, identified and counted? Are their needs visible in the design of spaces, tools and payment structures?

- **Attunement**: Are caregivers, ECCE staff and systems responsive to individual differences? Do they notice and adapt to how children engage, regulate and communicate?
- **Safety**: Do children feel safe – physically, emotionally and socially – in ECCE settings? Are ECCE staff trained to support trauma, sensory and relational needs?
- **Togetherness (belonging)**: Do children feel they belong – not just tolerated, but welcomed and valued as part of the group?

The VAST lens helps practitioners, policymakers and funders assess whether inclusion is happening in **spirit and practice** – not just policy. It shifts attention from labels and deficits to the everyday conditions that enable children to thrive.

2.9 (V) Visibility

Inclusion begins with seeing, making the invisible visible. Yet in many low-resource contexts, children with disabilities remain invisible – kept at home, excluded from enrolment lists, or overlooked in ECCE centres that are not designed to recognize developmental diversity.

Visibility as acknowledging all children

Visibility means acknowledging and recognizing all children, especially those who may be hidden due to stigma, poverty or systemic neglect. It is not just about counting children, but about understanding who they are, what they need and how they engage with the world. A child may not have a formal diagnosis, may not speak, or may not display expected behaviours – but their presence, their needs and their potential must be seen and valued.

When families are afraid to speak openly, when communities lack the language to describe differences, or when systems only respond to the most obvious forms of disability, many children remain uncounted, unsupported and excluded from their earliest years.

What does visibility look like in practice?

1. **Normalize conversations about child development**

   Use community dialogues, caregiver groups or parenting programmes to help families speak about developmental differences without fear or shame.

2. **Screen early, gently and iteratively**

   Use accessible tools such as the Washington Group/UNICEF Child Functioning Module (CFM) to help identify functional challenges without requiring a clinical diagnosis. Emphasize that screening is for support – not exclusion.

3. **Build local referral maps**

   Work with community health workers, ECCE staff and caregivers to identify and reach children who may not be formally enrolled or recorded.

4. **Track disability-disaggregated data**

   Ensure that enrolment, attendance, and developmental outcome data from ECCE centres include markers of functional diversity. Where possible, align data systems across health, education and social services to capture who is participating, who is missing, and where additional support may be needed.

5. **Recognize invisible disabilities**

   Some children may not have obvious impairments but still struggle with sensory processing, regulation or communication. Create space for multiple ways of being and expressing.

Why visibility matters in OBF

The principle of "you get what you measure" is especially true in an OBF programme. If children with disabilities are not visible in programme design, data systems or outcome frameworks, they are less likely to be reached or resourced, particularly when incentives are tied to standardized results. While many service providers are deeply committed to inclusion, systemic design choices still shape who gets noticed, supported and funded.

Invisibility is not neutral – it creates structural exclusion. Children who are not seen are not supported, and those who are excluded early may never re-enter the system. Designing for visibility ensures that the most marginalized children are counted from the start, and that inclusion is not left to chance.

2.10 (A) Attunement

Once a child is visible, the next step is to respond, not with a label or prescription, but with attunement. In inclusive ECCE, attunement is not a luxury or soft skill, it is a core pedagogical practice that enables children to feel safe, engaged and ready to learn.

Attunement as the ability to respond to children's unique signals

Attunement is the ability to notice, interpret and respond to a child's unique signals, whether verbal, physical, behavioural or emotional. It means meeting children where they are and adjusting our actions to support their regulation, connection and sense of belonging.

In practice, this might be recognizing when a child becomes overwhelmed by noise and offering a quiet space, or finding ways to communicate through gesture, song or play when words are not available. Attunement is about relationship before instruction, presence before performance.

In low-resource settings where formal diagnoses may be inaccessible, attunement enables ECCE staff and caregivers to respond to developmental diversity based on what they observe, sense and learn in relationship with the child.

Attunement in practice

1. **Train staff to observe with curiosity, not correction**

   Support ECCE teams to recognize diverse developmental cues and interpret them as forms of communication rather than as problems to fix.

2. **Model relational teaching practices**

   Foster warm, reciprocal interactions that help children co-regulate and feel safe, especially during transitions or stress.

3. **Use strengths-based language**

   Celebrate progress in attention, emotional expression, and engagement – not just academic or standardized benchmarks.

4. **Adapt routines and rhythms**

   Design calm, predictable environments with visual supports, sensory-friendly materials and flexible transitions.

5. **Partner with families as co-regulators**

   Recognize parents and caregivers as the most attuned experts on their children. Their insights should guide inclusion strategies.

Why attunement matters in OBF

OBF places strong emphasis on CDOs. But in early childhood, outcomes are built on connection. Children cannot learn if they are dysregulated, unsafe or disconnected from the adults around them.

Attunement bridges the gap between being seen and being supported. It is what transforms a child's presence into participation, and participation into growth. In OBF models, where outcomes are measured and incentivized, attunement ensures that progress is relationally grounded rather than narrowly defined. There are also ways of measuring the emotional and relational 'climate' of ECCE centres (e.g., through process quality tools) that can help assess whether inclusive, attuned practices are in place (see sections 4.3 and 5.4 for examples from Rwanda).

2.11 (S) Safety

Safety as children feeling secure in their bodies, environment and relationships

Safety means that a child feels secure in their body, their environment and their relationships. It includes being protected from harm, but also from fear, confusion and exclusion. For children who are non-verbal, sensitive to noise or unfamiliar with group settings, safety may depend on small, consistent signals: a predictable routine, a gentle touch, a space to retreat when overwhelmed.

In low-resource settings, safety is often compromised – not from neglect, but from lack of training, infrastructure and systemic support. Many ECCE centres are not designed with disability in mind, and staff may not have the tools or knowledge to prevent harm or reduce distress.

Inclusive ECCE begins with environments that feel safe to every child, not just the average child.

Safety in practice

1. **Ensure physical accessibility and support**

   - Safe entryways, toilets and play areas adapted for mobility and sensory needs
   - Adequate supervision during transitions, feeding or toileting
   - Basic water, sanitation and hygiene (WASH) infrastructure to support dignity and health.

2. **Create sensory and emotional predictability**
    - Use visual schedules, quiet corners and gentle transitions
    - Reduce loud, bright or crowded settings that may overwhelm children
    - Train staff in co-regulation and calming techniques.
3. **Foster relational safety**
    - Build trust through consistent, respectful interactions
    - Avoid punitive or shame-based responses to disability-related behaviours
    - Prioritize warm, reciprocal relationships over performance metrics.
4. **Uphold cultural and language safety**
    - Engage families to reduce stigma and build shared understanding
    - Integrate mother tongue languages and non-verbal supports (e.g., gestures, visual aids, picture cards or objects) to enhance communication
    - Respect diverse family structures, cultural beliefs and local understandings of disability.

Why safety matters in OBF

In OBF, aspects of safety – such as WASH infrastructure, non-violent discipline practices and child-friendly spaces – are often included under structural or process quality measures. However, safety is rarely named and measured as a stand-alone, multidimensional concept. However, without safety, no child can meet developmental goals. Children who feel unsafe may disengage, shut down or act out – not because they are failing, but because the environment is failing them.

Zones of Safety

To help OBF programme teams design for meaningful inclusion, the ECCE Outcomes Fund in Rwanda introduced a structured framework to assess and strengthen safety. This framework outlines three **Zones of Safety**:

1. **Physical safety** (e.g., safe movement, adapted environments, accessible toilets)
2. **Internal/medical safety** (e.g., health needs, medication, emergency planning)
3. **Relational/psychosocial safety** (e.g., emotional security, social acceptance, stigma awareness).

Service providers are encouraged to use these Zones to assess whether a child can be safely enrolled, identify when additional supports or adaptations are needed, and determine when referral is more appropriate.

Treating safety as a core domain of inclusion ensures that outcomes are not pursued at the expense of well-being. By embedding safety into OBF programme design, conditions are created for participation, learning and growth – for all children.

2.12 (T) Togetherness (belonging)

Togetherness (also referred to as belonging) is the final and integrative element of the VAST inclusion lens. While visibility, attunement and safety create the conditions for participation, it is togetherness that transforms these conditions into meaningful inclusion. It is not enough for children to be seen, understood and safe, they must also feel that they belong.

Togetherness (belonging) as children feeling accepted and valued

Togetherness means that every child feels accepted, valued and part of the learning community. It is not about tolerating difference, but embracing it. A child with a disability is not only present in the ECCE centre, they are welcomed into group activities, celebrated for their strengths, and supported in ways that affirm their full humanity.

True belonging is relational. It is felt in the everyday gestures that communicate, “You matter here”.

Togetherness in practice

1. **Affirm diverse identities and ways of being**
   - Use inclusive language and stories that reflect a range of abilities, cultures and family structures.
2. **Design for participation, not assimilation**
   - Adapt activities to allow multiple forms of engagement, communication and expression.
3. **Foster peer relationships**
   - Facilitate mixed-ability play, cooperative learning and shared rituals that build connection.
4. **Celebrate each child’s contributions**
   - Recognize growth in all areas, not just academic milestones
   - Use strength-based feedback and public affirmation of every child’s role in the group.
5. **Support families to feel included too**
   - Create welcoming environments for caregivers from all backgrounds
   - Value caregiver input in planning, feedback and support strategies.

3. What is OBF and why is a multifaceted approach necessary for inclusive OBF?

3.1 Purpose of this section

This section aims:

- To explain OBF in plain language and situate it in ECCE settings
- To highlight how narrowly defined outcomes, rigid metrics, budget ceilings and verification processes can unintentionally create barriers to inclusion, particularly for children with disabilities
- To introduce the idea that every decision in OBF design (from payment triggers to procurement) can either support or undermine inclusion.

3.2 What is OBF?

OBF is a funding model that pays for results rather than for activities or inputs. Instead of providing funds up front for items such as training and materials, payments in an OBF programme are released only when agreed-upon outcomes are achieved and independently verified.

In the context of ECCE, outcomes might include improved child development scores, increased enrolment of children with disabilities, improved structural or process quality in ECCE centres, or increased accessibility of learning environments. The emphasis is on what changes as a result of a programme – rather than only what is delivered.

OBF is gaining traction in LMICs because it promises to deliver greater impact and improve cost-effectiveness. Governments and donors can link spending directly to measurable improvements, offering greater transparency, accountability and performance-focused funding.

To work effectively, outcomes in OBF must be:

- **Meaningful** – aligned with what matters most for children, families and communities
- **Measurable** – trackable using reliable tools and indicators
- **Malleable** – within the control of service providers and able to be influenced within the time frame of the programme
- **Difficult to manipulate** – ensuring payments reflect genuine, verified results.

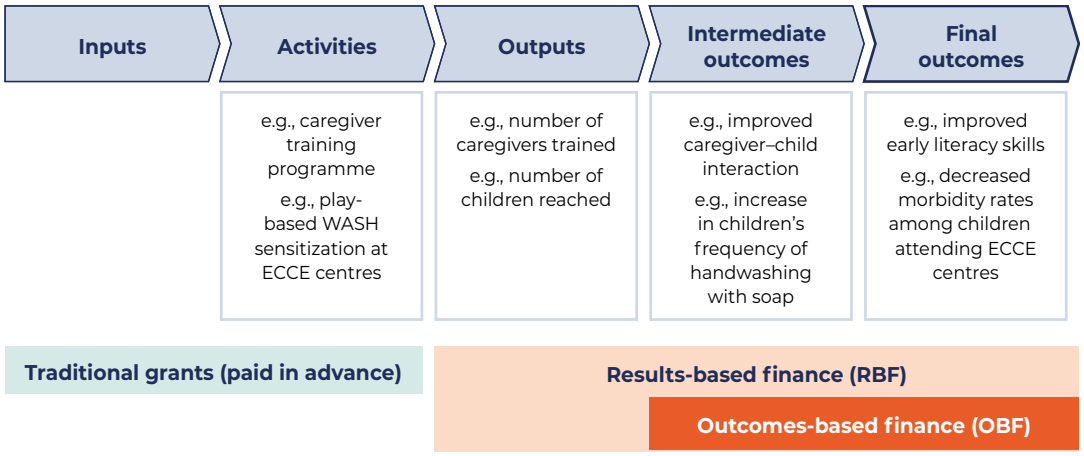
Outcomes are defined during the programme design phase and measured using tools that are appropriate to the specific metrics and context. These tools must be selected to reliably track the intended (learning, inclusion or quality) outcomes and are typically standardized and externally validated. (The specific tools used in the ECCE Outcomes Fund in Rwanda are discussed in Section 5.) Independent evaluators verify whether outcomes are met before payments are made.

How does OBF differ from other results-based approaches?

While OBF is part of the broader family of results-based financing (RBF) models, it goes further by focusing on *outcomes* not just *outputs*. Traditional RBF often ties payments to specific deliverables (e.g., number of teachers trained), whereas OBF allows providers greater flexibility in how they achieve outcomes, as long as the outcomes themselves are achieved.

Figure 2 compares RBF and OBF. As shown, OBF shifts accountability away from inputs and towards impact – offering autonomy to service providers, while linking funding to measurable improvements.

Figure 2. Differences between traditional grants, RBF and OBF



Source: EOF (2025).

What is an outcomes fund?

Outcomes funds are an instrument used to implement OBF. These funds pool financing from multiple public and/or private sources and create payment structures with one or more service providers, each potentially using a different delivery model. What they share is a *common set of outcomes* and a *standard verification process*.

Why inclusive design in OBF matters

OBF presents a powerful opportunity to make funding for ECCE more responsive, transparent and impact oriented. However, inclusion, particularly for children with disabilities, does not happen automatically.

The very features that make OBF appealing – such as its emphasis on measurable outcomes, performance-based payments and standardized verification – can unintentionally disadvantage children with disabilities unless inclusion is explicitly built into the design. This is especially critical in early childhood, where development is non-linear, deeply relational, and shaped by social and environmental factors.

When outcomes are defined too narrowly, measurement tools are overly rigid or verification systems lack flexibility, there is a significant risk that service providers may avoid enrolling children who need the most support, especially when inclusion is not explicitly incentivized. Without intentional inclusive design, exclusion can become structurally embedded within the funding model.

To truly serve all children, OBF must therefore be carefully adapted to reflect the complexity of early childhood development (ECD) and ensure that every child, regardless of ability, is visible, valued and supported to thrive.

Key terms in OBF

- **Outcomes**: The results a programme aims to achieve – such as improvements in child development, increased enrolment, enhanced ECCE quality. These are defined in advance.
- **Indicators**: The specific metrics used to track progress towards outcomes. For ECCE, this could include child development scores, attendance rates or caregiver satisfaction levels.
- **Verification**: The process used to confirm whether outcomes have been achieved, often through independent data collection and analysis.
- **Targets**: The thresholds or benchmarks that must be met for payments to be released (e.g., "80% of children reach school readiness score").
- **Equity**: Providing different levels of support to meet individual needs, so that all children can thrive, especially those historically excluded.

Remember: If outcomes and indicators are not inclusive, the entire programme may unintentionally exclude the very children who need support most.

3.3 When inclusion is not designed in, it gets left out

Structural risks to inclusion

Several features of OBF programmes can unintentionally exclude children with disabilities, especially when inclusion is not explicitly embedded in the design of these features.

- **Outcome definitions**: If programmes focus only on a limited set of outcome indicators, such as literacy or numeracy, they may undervalue meaningful developmental progress that occurs along diverse, non-linear pathways. This is particularly true for children with disabilities, whose learning may manifest differently.
- **Measurement tools**: Common CDO measurement tools such as the International Development and Early Learning Assessment (IDELA)[3] or Measuring Early Learning Quality and Outcomes – Measure of Development and Early Learning (MELQO-MODEL)[4] were not originally designed to assess children with communication, motor or sensory differences. They may not fully capture relational growth or neurodivergent expressions of development. While this is not a failure of the tools themselves, it highlights the importance of adapting or complementing them within inclusive designs.
- **Incentive and payment structures**: Linking payments to changes in group averages or the percentage of children meeting specific thresholds (especially in learning outcomes) can unintentionally disincentivize the enrolment of children who may require more time, adaptations or support. This risk is especially pronounced when metrics focus on domains where children with disabilities are more likely to be systematically disadvantaged. However, not all group-based metrics carry the same risk. For indicators such as attendance rates or infrastructure improvements, thoughtfully designed group-based payments may still support inclusion.
- **Structure of deliverables**: Standardized deliverables may prioritize scale and uniformity, which can conflict with the flexible, individualized adaptations required for meaningful inclusion. This is not an

[3] The IDELA tool has been adapted with enhanced features to make it more accessible for children with disabilities. For detailed insights on these adaptations, see Stapleton (2023). For IDELA in general, see Save the Children (2024).
[4] The MELQO-MODEL tool is designed to assess early learning and development across multiple domains in diverse contexts (UNESCO et al., 2017).

inherent shortcoming of OBF, but a reminder that the way deliverables are structured, monitored and timed must allow space for relationship-building, responsiveness and contextual learning.

Note: It is the interplay between outcomes, indicators, measurement tools and incentive structures that determines whether inclusion is realized in practice. Even when measurement tools are limited, thoughtful programme design can compensate by weighting indicators appropriately, designing adaptive incentive structures, and layering multiple measurement approaches to ensure that progress for children with disabilities is still recognized and rewarded.

When inclusion is not designed in from the outset, it is often left out, not by intention but by omission. Every design choice (outcomes, measurement tools, payment metrics and deliverable structures) can either enable or constrain inclusion. Recognizing these trade-offs early is essential to building an OBF model that supports all children to thrive.

Key takeaways

Designing OBF with inclusion in mind

- OBF pays for outcomes – not activities or inputs.
- If outcome metrics and measurement tools do not account for diverse needs, there is a real risk that children with disabilities will be unintentionally excluded.
- Inclusion must be embedded throughout the design process, from screening approaches to payment verification methods.
- Prioritizing only fast or easily measurable progress can risk overlooking those who need more time or tailored support.
- Equity-focused design ensures that OBF delivers meaningful impact for all children.

Further reading

- OBF for ECCE

  EOF Concept paper on OBF for ECCE (EOF, 2025a,b)

- How outcomes funds work

  Global Schools Forum and EOF Policy brief on outcomes funds (EOF and Global Schools Forum, n.d.)

- Key concepts in ECCE inclusion

  Explore the *Global Report on Early Childhood Care and Education: The right to a strong foundation* (UNESCO and UNICEF, 2024), which outlines foundational concepts of inclusive ECCE policy, ecosystem design, and equitable access

4. Designing inclusive OBF programmes: From principles to practice

4.1 Purpose of this section

This section introduces six key design components, referred to here as "puzzle pieces", for OBF that support disability-inclusive ECCE. These components work together to create systems that are responsive to all children, including those with disabilities or developmental differences. While each can be examined separately, they are deeply interdependent. Inclusion must be embedded throughout the entire design process, not added after the fact, to ensure all children can access, participate in and benefit from ECCE services.

To lay the groundwork, this section also explains common technical elements that form the basis of OBF design in ECCE.

4.2 Technical foundations in OBF for ECCE

OBF programmes for ECCE are designed to expand access, improve service quality, and accelerate child development outcomes. In low-income countries, such programmes are still relatively new, with only a small number of examples to date. Where they exist, they typically operate by creating payment structures (or partnering) with service providers, setting clear targets, and linking payments to verified results.

Enrolment and attendance may also be used as stand-alone outcome metrics, particularly where children with disabilities face barriers to access. In Rwanda (see Section 5), these dimensions were embedded within broader quality indicators, but other programmes may choose to elevate them directly.

Simplicity as a guiding design principle:

When results frameworks are clear and understandable, service providers are better able to implement them in inclusive and responsive ways.

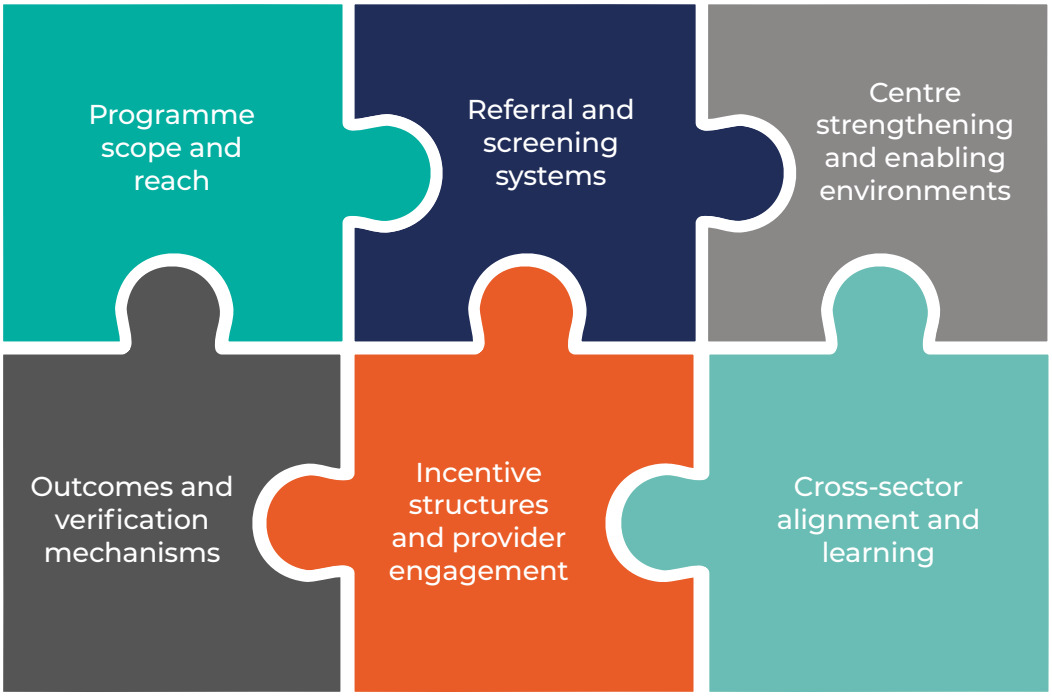
4.3 Six key design components for inclusion

This subsection introduces the six interdependent design components or "puzzle pieces" that enable disability inclusion in OBF programmes for ECCE (*see Figure 3*). Each one presents both an opportunity to embed inclusion and a risk of exclusion if overlooked.

For each component, the brief outlines:

- **Key design considerations** relevant to inclusion
- **Risks** if design decisions unintentionally reinforce exclusion or overlook key enablers
- **Opportunities** to foster participation, access and developmental equity for children with disabilities.

Figure 3. Key design components for inclusive OBF in ECCE – the "puzzle pieces"



Puzzle piece 1: Programme scope and reach

Key question: Who is included – and who may be left out – based on where and how the programme is implemented?

Inclusion starts with decisions about where a programme operates and who it serves. These early decisions – such as selecting geographic areas, types of ECCE centres, or funding allocations – set the boundaries for who can access services. Yet these choices are often shaped by limited disability data, political and logistical constraints, or assumptions about readiness, which can inadvertently exclude children with disabilities.

Key design considerations

- **Geographic and population targeting** determines whether children with disabilities are even within the reach of programme services.
- **Centre selection criteria** may favour larger or better-equipped centres, which could unintentionally sideline smaller, under-resourced centres that serve children with greater support needs.
- **Programme readiness** of ECCE centres may vary significantly. Some ECCE centres may not yet have the capacity to support children with complex or multiple disabilities, posing a tension between scaling quickly and ensuring meaningful inclusion from the start.

Risks

If programme targeting is based solely on feasibility or existing infrastructure, structural barriers to access (e.g., distance, poverty, language or stigma) may prevent some children from participating at all.

Opportunities

Equity-informed targeting, paired with inclusive outreach and engagement strategies, can expand access to children who are otherwise missed. This includes tracking investments in family outreach, accessibility improvements, and community partnerships – elements that can be incentivized through process quality metrics in an OBF model.

Applying the VAST inclusion lens

- **Visibility**: Does the programme design account for where children with disabilities actually live, and whether they can access targeted centres?
- **Attunement**: Are outreach and enrolment strategies adapted to reach families facing additional marginalization (e.g., poverty, minority status, language barriers)?
- **Safety**: Are selected centres physically accessible and socially safe for children with disabilities?
- **Togetherness**: Does the programme promote shared responsibility and ownership for inclusion across all participating communities?

Note: These decisions are foundational and influence the feasibility of inclusion throughout the programme life cycle. Where inclusion is not considered during scope and reach decisions, later interventions may come too late or be unable to compensate for initial exclusion.

Puzzle piece 2: Referral and screening systems

Key question: How will children with disabilities or developmental differences be identified?

Identifying children with disabilities early is foundational for inclusive ECCE, yet in emerging OBF programmes this area can be underdeveloped. Without robust referral and screening systems, many children remain invisible to service providers, and their needs go unmet.

Key design considerations

- **Early identification** is critical to ensuring that children receive timely and appropriate support. Hence, it is important that OBF programmes include formal referral pathways or adapted screening tools.
- **Standard tools** – such as the Washington Group/UNICEF Child Functioning Module (CFM) – may fail to detect developmental differences that are subtle, relational or emerging. For example, trauma, poverty or language barriers can mask signs of disability or affect how caregivers respond to screening questions.
- **Contextual adaptation** of tools is essential. Screening tools must be embedded in relational processes, translated appropriately and administered by trained staff in ways that are culturally responsive and non-stigmatizing.
- **Referral systems** must connect screening to actual support pathways. Community-based identification, peer referrals and engagement with local disability organizations can improve accuracy and follow-up.

Risks

If screening tools are too narrow or poorly implemented, children with disabilities may not be identified (or may be misidentified) leading to exclusion from services and misaligned support.

Opportunities

OBF process quality metrics can incentivize investments in inclusive screening systems, including training for ECCE workers, monitoring of referral follow-up, and family engagement strategies.

Applying the VAST inclusion lens

- **Visibility**: Are screening tools designed and adapted to detect atypical or non-linear development across diverse contexts?
- **Attunement**: Are service providers equipped to recognize signs of developmental difference, especially when masked by trauma, stress or language differences?

- **Safety**: Are families engaged in ways that reduce stigma and build trust, rather than fear or shame around disability labels?
- **Togetherness**: Do referral systems include caregivers, community leaders, and health or education actors working collaboratively?

Note: Referral and screening systems are not stand-alone tools, they are relational processes. In an OBF context, these processes must be resourced, monitored and valued to ensure that no child is left unidentified or unsupported.

Puzzle piece 3: Centre strengthening and enabling environments

Key question: How will ECCE centres be equipped to include every child and to continuously adapt to evolving needs?

Creating inclusive ECCE environments requires more than accessible buildings. Centres must be designed and resourced to accommodate a range of developmental needs, with infrastructure, pedagogy and caregiving practices aligned to inclusion principles.

Key design considerations

- **Holistic environments**: Inclusion demands holistic environments – sensory-friendly materials, trained and attuned staff, assistive devices, and predictable, responsive routines. These are foundational to participation and learning for all children.
- **Basic infrastructure**: Many ECCE centres in low-resource settings lack even basic infrastructure, such as safe latrines, accessible pathways or quiet rest areas. Inclusion cannot be assumed – it must be budgeted for, intentionally planned and locally adapted.
- **Documenting progress**: The status and progress of each child must be documented over time. Children's needs evolve, particularly in early years, and inclusive practice requires an ongoing cycle of observation, response and adaptation.
- **Interconnected domains**: The Nurturing Care Framework (NCF)[5] provides a holistic foundation, emphasizing that learning depends on safety, health, nutrition, responsive caregiving and early stimulation. Enabling environments must address the full scope of these interconnected domains.

Risks

If centres are under-resourced or designed without attention to inclusion, children with disabilities may be unable to participate meaningfully. Physical barriers, overstimulating environments or untrained staff can lead to exclusion even when enrolment is technically achieved.

Opportunities

Structural quality and process quality metrics in OBF programmes can be used to track investments in accessible infrastructure, inclusive pedagogy, and child-friendly environments – anchored in Universal Design for Learning (UDL) principles.[6]

Applying the VAST inclusion lens

- **Visibility**: Are barriers to participation (e.g., such as stairs, poor lighting or auditory overload) identified and addressed?

[5] The NCF is a global strategy developed by World Health Organization, UNICEF and the World Bank to support early childhood development through multisectoral action. It outlines five interconnected components – good health, adequate nutrition, responsive caregiving, security and safety, and opportunities for early learning. Available at: https://nurturing-care.org (WHO et al., 2018).

[6] UNICEF offers detailed insights into UDL in the context of accessible education, including its application in digital textbooks (UNICEF LAC, n.d.). See their overview of UDL and accessible digital learning resources. A companion booklet developed by UNICEF (2014) also provides practical guidance and examples.

- **Attunement**: Are caregivers and staff trained to observe and respond to children's evolving sensory, emotional and communication needs?
- **Safety**: Are centres designed to be physically, emotionally and relationally safe for all children, including those with disabilities?
- **Togetherness**: Do environments foster participation, belonging and shared play across lines of difference?

Note: This is where the Nurturing Care Framework (NCF) becomes essential. It reminds us that learning is not separate from safety, nutrition, caregiving and health. ECCE centres must support the full scope of nurturing care to be inclusive (WHO et al., 2018).[7]

Puzzle piece 4: Outcomes and verification mechanisms

Key question: What gets measured, and how does this determine who counts?

In OBF programmes, CDOs are central to determining whether results have been achieved and payments are triggered. However, the design of outcome indicators and verification tools can either promote inclusion or incentivize exclusion. Many commonly used tools in ECCE have not been explicitly designed to capture the full range of developmental trajectories, particularly for children with disabilities or atypical developmental patterns.

Risks

If measurement tools are not piloted and adapted to the context, there is a risk of *cream-skimming*, where providers prioritize children who are more likely to demonstrate rapid, measurable progress. This can lead to the exclusion of children with disabilities who may develop more gradually or non-linearly.

Opportunities

OBF programmes can mitigate this risk by investing in the adaptation of measurement tools, setting inclusive targets, and verifying progress through multiple sources of data. When CDO components are thoughtfully designed, they can help capture progress across a spectrum of abilities and learning styles. Rather than relying solely on one-size-fits-all measurement tools, OBF programme designers can work with local experts and providers to adapt assessment instruments, validate their use in low-resource settings, and ensure they are sensitive to diverse developmental expressions. Piloting these tools prior to implementation is critical.[8]

Applying the VAST inclusion lens

- **Visibility**: Do measurement tools and indicators recognize a range of developmental pathways, including those that are non-linear or divergent?
- **Attunement**: Are subtle, masked or relational expressions of learning, which are common among children who have experienced trauma or who are neurodivergent, acknowledged in outcome frameworks?
- **Safety**: Are outcomes and incentives designed to prevent harmful exclusion or pressure to produce rapid results at the expense of well-being?
- **Togetherness**: Does the programme's definition of success include progress made by diverse learners, not just typical developmental benchmarks?

7 See footnote 6.

8 For more detailed guidance on adapting measurement tools for use in OBF programmes in ECCE, see: EOF and OPM (in press). This technical brief draws on EOF and Oxford Policy Management's experience adapting tools measuring structural quality, process quality (Brief Early Childhood Quality Inventory, BEQI) and child development (IDELA) for use in the Rwanda and Sierra Leone ECCE outcomes funds.

Note: Measurement is not neutral. What counts as 'success' reflects what systems value and who they are designed to serve.

Puzzle piece 5: Payment structures and incentives

Key question: Are service providers incentivized and equipped to include children with disabilities?

In OBF programmes, payment structures set the tone for what matters. Inclusion is rarely excluded explicitly. But when expectations, targets or payment formulas are not designed with variation in children's needs in mind, it can become structurally unfeasible.

Risks

- If payment structures do not explicitly budget for the adaptations, staff time and materials needed to support children with greater needs, providers may lack the financial capacity to enrol or meaningfully include them even if they want to.
- Standardized targets and payment triggers that do not adjust for disability or context can result in an uneven playing field. Providers serving children with more complex needs may find it harder to achieve the same outcomes, and thus face greater financial risk. When the additional effort and resources required to support children with disabilities are not reflected in the payment structures, exclusion becomes a structural outcome rather than a provider decision.
- Meeting the needs of children with disabilities often requires additional resources – such as smaller staff–child ratios, adaptive materials, individualized routines and more intensive staff training. These adaptations come with added costs and may also affect the pace or predictability of CDOs. Without adjustments to payment formulas, targets or verification processes, providers may struggle to include children with greater needs while still meeting performance expectations. This is not a matter of being 'punished' for inclusion, but of ensuring that the funding model makes inclusion practically and financially viable.

Opportunities

Inclusive payment structures means embedding disability considerations into:

- Service provider selection process through terms of reference, selection criteria and scoring rubrics
- Payment structures that accommodate differentiated targets or values for specific groups
- Capacity-building and technical support budgets for service providers to enable inclusion
- Guidance and training during the selection process, using frameworks such as VAST to spotlight inclusive service expectations.

Applying the VAST inclusion lens

- **Visibility:** Do reporting requirements disaggregate who is served – by disability, gender or other key factors?
- **Attunement:** Can payment structures flexibly accommodate complex or emergent support needs?
- **Safety:** Are providers resourced to support children with greater needs without compromising quality or sustainability?
- **Togetherness:** Does the payment structure process foster a shared commitment to inclusion across funders, service providers and communities?

Note: Inclusion must be structured, not assumed. Incentives that acknowledge diversity and complexity create the foundation for equitable ECCE service delivery.

Puzzle piece 6: Cross-sector alignment and learning

Key question: Is inclusion supported beyond the ECCE centre?

Children with disabilities require more than early learning services to thrive. Inclusive ECCE must be supported by strong links to health care, rehabilitation, nutrition, social protection and caregiver support systems. However, siloed ministries, fragmented referral pathways, and disconnected data systems can create barriers to holistic care.

Risks

Misaligned mandates and limited coordination between sectors can prevent children from accessing the full range of services they need – resulting in gaps or breaks in the support between sectors, duplication or families falling through the cracks.

Opportunities

OBF programmes can play a catalytic role in strengthening multisectoral alignment by embedding requirements for coordinated service delivery, cross-ministry engagement and integrated referral systems. Where feasible, shared or interoperable data systems (i.e., systems that can communicate and exchange relevant information across sectors) can help track and respond to children's needs holistically.

Applying the VAST inclusion lens

- **Visibility:** Do data and monitoring systems capture and share information across sectors to identify children's needs and support integrated care?
- **Attunement:** Are programme designs grounded in lived experiences, community input and a realistic understanding of service gaps?
- **Safety:** Are children and families supported in navigating multiple systems without being overwhelmed, mislabelled or left behind?
- **Togetherness:** Are families, ECCE providers, health workers, disability support professionals and social service actors working together as partners?

Key takeaways

Inclusive OBF programmes in ECCE require intentional design across all components – where the programme operates, how children are identified, how centres are equipped, what outcomes are measured, how providers are contracted, and how systems coordinate. Structural quality, process quality and CDOs must all reflect inclusive values from the outset. If inclusion is not intentionally embedded, there is a risk of exclusion becoming the default.

5. Applied case study: Inclusion design and trade-offs – ECCE Outcomes Fund in Rwanda

5.1 Background

The ECCE Outcomes Fund in Rwanda was designed through a Government-led process to expand access to high-quality ECCE. From the outset, disability inclusion was embedded as a cross-cutting priority, reflected in the outcomes fund's structure, payment metrics and evaluation design. This was made possible by the Government of Rwanda's strong national commitment to inclusive education and its existing policy frameworks, which recognize that high-quality ECCE must include all children.

Despite these efforts, major barriers remain. The 2022 Rwanda ECD Scorecard revealed that care for children with disabilities received the lowest performance scores across all indicators (RGB, 2025). Fewer than 25 per cent of ECCE centres were physically accessible, and less than 3 per cent had appropriate learning materials. Although up to 20 per cent of children aged 3–6 years were estimated to have a disability, fewer than 1 per cent of enrolled children had been formally assessed – highlighting a clear gap in identification and inclusion. Stigma, limited public awareness and systemic barriers continue to contribute to the invisibility of children with disabilities in ECCE settings.[9]

5.2 Setting the foundation: Scope, approach and trade-offs

When time and institutional limitations make comprehensive reform difficult, progress can still be made through intentional, pragmatic steps that are integrated into the existing programme architecture. In the ECCE Outcomes Fund in Rwanda, inclusion was not treated as a separate workstream, but woven into core programme components such as screening tools, eligibility guidance, procurement materials, and child-level data systems. Each of these touchpoints served as an opportunity to strengthen inclusive practices without overhauling the entire design.

Designing OBF programmes to meaningfully include children with disabilities adds complexity across technical and operational areas. In OBF models, incentives work best when stakeholders clearly understand what is being rewarded. Increased complexity can blur this understanding and weaken the motivational link, so it must be carefully managed to preserve effectiveness.

In Rwanda, disability inclusion was embedded from the outset through a strategic decision to contract dedicated inclusion experts.[10] Rather than relying on one-off consultations, the programme integrated inclusion expertise across design, procurement, measurement and systems development. This work unfolded under ambitious timelines and rigorous evaluation demands, requiring continuous adaptation and collaboration.

9 *Systemic barriers* refer to structural and institutional obstacles that limit equitable access to services for children with disabilities. In the ECCE context, this includes factors such as the absence of routine disability screening, lack of inclusive pedagogical training for educators, underfunded referral systems, fragmented data, low availability of assistive technology, and rigid funding or accountability frameworks that do not accommodate diversity. These barriers are often reinforced by social stigma and historical marginalization, making them persistent across education, health and social protection systems.

10 The inclusion experts for the ECCE Outcomes Fund in Rwanda were Ella Wright and Sue Enfield, who provided technical leadership on embedding disability inclusion throughout programme design, procurement, measurement and systems development. Their work included developing tools and guidance, advising on incentive structures, and ensuring alignment with Rwanda's inclusive education policy frameworks.

Constraints and design decisions

Table 1. Constraints and design decisions: Foundations

Constraint	Decision
Short timelines and preset programme milestones	Inclusion inputs had to align with fast-paced design cycles, requiring iterative rather than sequential engagement
Limited data on disability prevalence and ECCE capacity	Recommendations had to rely on proxy data, scoping visits, and localized assumptions rather than comprehensive evidence
Measurement tools and evaluation methods were selected early in the programme design, leaving limited flexibility for significant changes	Disability inclusion had to be embedded through targeted adaptations (e.g., adjusting tools, interpreting indicators differently, or providing supplementary guidance) rather than through a full redesign of the measurement and evaluation framework
Political and logistical factors (e.g., existing government priorities, geographic equity concerns, and administrative capacity) shaped how programme locations were selected. In some cases, ECCE centres included in the programme were not fully accessible or prepared to support children with disabilities	While the programme aimed for inclusive reach, site selection was shaped by broader policy and operational considerations; as a result, inclusion efforts had to focus on strengthening existing centres rather than selecting sites based on readiness to support children with disabilities

To navigate design constraints, the programme adopted a cross-functional approach to embedding inclusion. Inclusion was not treated as a separate workstream, but woven into core programme components (screening tools, eligibility guidance, procurement materials, child-level data systems, etc.). Each of these touchpoints served as an opportunity to strengthen inclusive practices without overhauling the entire design. This approach reflects a key insight for inclusive OBF programmes: when time and institutional limitations make comprehensive reform difficult, progress can still be made through intentional, pragmatic steps that are integrated into the existing programme architecture.

5.3 (V) Visibility: Who gets counted?

Key question: How will children with disabilities be identified and made visible in the ECCE system?

Inclusion begins with visibility, but in many low- and middle-income contexts, children with disabilities remain invisible in data, planning and service delivery. Rwanda's ECCE Outcomes Fund aimed to address this challenge by embedding disability-responsive identification mechanisms into the programme's screening and referral systems. This raised important design questions: *Who counts as having a disability? How should identification happen? And how can screening systems reflect diversity without overburdening providers or reinforcing stigma?*

To support equitable access, the programme adopted a universal screening approach. All children participating in ECCE services would be screened using the Washington Group/UNICEF Child Functioning Module (CFM), adapted for ECCE settings. This tool was selected because it is internationally recognized, aligned with the social model of disability, and designed to assess functional difficulties rather than medical diagnoses. It is also relatively short, which simplifies the process for service providers, and can be administered by trained non-specialists.

However, like all screening tools, the CFM tool has limitations when applied in real-world ECCE settings. Several challenges emerged during the design phase.

- **Age-specific issues**: The CFM includes different modules for children aged 2–4 years and 5–17 years. Careful selection and adaptation were required to align with age-typical developmental variations and to ensure consistent use across different age groups.
- **Masking or context-specific disability**: Some children's disabilities may be masked by high-masking behaviours, poverty, trauma or language differences. In such cases, functional challenges may not be immediately apparent, raising the risk of under-identification.[11]
- **Binary interpretation risks**: Simplifying screening results into 'disabled' versus 'not disabled' categories could unintentionally reinforce exclusion, especially in payment-linked models. In reality, disability exists along a continuum, and categorization must be approached with care.

Visibility considerations were not limited to children already enrolled in centres. Service providers were also encouraged to conduct outreach in surrounding communities to identify children who were eligible but not yet participating in ECCE. This community-based approach supported a broader definition of visibility, beyond enrolment alone.

Clarifying terms: Disability and developmental delay

Definitions

While related, these terms differ in meaning. *Developmental delay* refers to slower-than-expected progress in one or more areas of development, often due to contextual or environmental factors such as poverty, trauma, under-stimulation or undiagnosed disabilities. It is generally considered temporary, though it can be an early sign of a longer-term disability. *Disability* is typically longer term and involves activity limitations or participation restrictions that arise from the interaction between an individual's functional differences and environmental barriers. Despite its importance, developmental delay is rarely identified or tracked systematically, especially in low-resource settings.

Programme decision in the Rwanda ECCE Outcomes Fund

In the ECCE Outcomes Fund in Rwanda, the measurable category for inclusion was defined as *children with functional disabilities*, using the Washington Group/UNICEF Child Functioning Module (CFM) as the primary screening tool. Developmental delay was excluded from payment metrics because of challenges in measurement, classification and verification. However, many children who are later diagnosed with disabilities are first identified through signs of developmental delay.

Acknowledging developmental delay, even if it cannot be directly incentivized, is essential. Doing so strengthens future inclusion efforts by making visible the children who are most at risk of being overlooked in early childhood systems that rely solely on verifiable data. In the ECCE Outcomes Fund in Rwanda, screening processes were still expected to identify some children with significant developmental delays, even though this group was not included in the relevant payment metrics.

[11] *Masking* refers to the conscious or unconscious suppression of behaviours associated with a disability, often as a response to social pressures or trauma. *High-masking behaviours* can result in children appearing more 'typical' than they actually feel, leading to under-identification in standard screening processes.

To mitigate the risks of exclusion, cream-skimming or rigid classification, an *Eligibility and Classification Guidance Note* (hereafter referred to as 'Guidance Note') was developed for service providers.[12] This note outlined how to interpret CFM results within a relational, non-binary framework. It encourages providers to view screening as an *entry-point for dialogue,* not a gatekeeping tool, and offers three core principles:

1. **Function over label**: Children should be considered eligible for support if they experience sustained functional difficulty in any domain (e.g., communication, mobility, learning), regardless of formal diagnosis.
2. **Relational judgement**: Screening should be paired with observation, family input and contextual knowledge, not used as a stand-alone verdict.
3. **Universal entry, individualized support**: All children should benefit from inclusive practices. Classification is used to adapt supports, not to exclude.

What was done

- Adopted the CFM as a standardized, adaptable screening tool for use with children in ECCE and surrounding communities.
- Developed practical guidance for service providers to support flexible, strength-based interpretation of screening results.
- Promoted universal screening and outreach across all programme areas to increase early visibility of children with disabilities.

Constraints and design decisions

Table 2. Constraints and design decisions: Visibility

Constraint	Decision
Risk of exclusionary binary classification	Defined eligibility around *sustained functional difficulty*, not diagnosis
Limited provider familiarity with disability screening	Emphasized training and use of the Guidance Note, support and judgement over rigid tool application
Risk of incentive-linked model leading to cream-skimming	Framed screening as visibility and support, not gatekeeping for enrolment

[12] The *Eligibility and Classification Guidance Note* is an internal document that was developed to help service providers interpret disability screening results using a relational and inclusion-first approach. It outlines how to use the CFM tool to identify functional difficulties, clarifies that screening is not a gatekeeping tool, and provides guidance on making enrolment and support decisions grounded in equity and child safety. Although not published at the time of writing, the document is intended to be shared with all grantees and annexed to the broader programme documentation.

Clarifying box: Who was included?

The ECCE Outcomes Fund in Rwanda aimed to support *children with disabilities*, defined using the *social model*: individuals with long-term functional difficulties that interact with environmental barriers to hinder full participation.

- **Children with mild to moderate functional disabilities** were the core focus of the inclusion effort.
- **Children with severe or complex disabilities** were not explicitly excluded, but it was recognized that ECCE centres may not be equipped to meet all of their needs without further investment. Where possible, centres were encouraged to work with caregivers and refer to appropriate support services.

5.4 (A) Attunement: Designing for relational practice

Key question: How can ECCE centres become responsive to the unique needs of each child?

Attunement is the ability to observe, listen and respond meaningfully to children's cues. It is at the heart of inclusive ECCE. It is especially critical for children who may not communicate or behave in expected ways, such as those with disabilities. In ECCE Outcomes Fund in Rwanda, promoting attunement required moving beyond technical inputs towards supporting responsive, inclusive practice – within a context of limited staff training, uneven centre routines, and a national ECCE curriculum (REB and MINEDUC, 2015) that lacks widespread adoption.

Despite these constraints, the programme embedded inclusive practice through context-sensitive design decisions.

What was done

- **Inclusion premium**: **A double premium (2× payment)** was introduced for children with disabilities within the CDOs payment formula. This distinctive feature of the ECCE Outcomes Fund in Rwanda sends a clear and powerful signal that inclusion matters. By tying additional payments to inclusive outcomes (not just enrolment) the premium incentivizes service providers to support all children's development. CDOs are measured at population level (not per child), reducing pressure to exclude children with diverse learning trajectories and supporting equitable outcome measurement.
- **Centre strengthening and structural quality**: The technical evaluation of provider proposals explicitly assessed how each organization planned to meet minimum structural quality standards for inclusive ECCE environments. These included Universal Design for Learning (UDL) features – quiet spaces, visual aids, adapted furniture and sensory-friendly materials – aligned with Rwanda's national ECCE guidelines. These adaptations were expected to ensure that ECCE centres were equipped to welcome and meaningfully include children with disabilities.
- **Inclusion training and guidance:** Inclusion-related content was integrated into service provider training and implementation guidance. The training emphasized relational, strengths-based strategies for identifying and supporting children with disabilities within the everyday rhythms of ECCE centre life.

- **Process quality metrics**: Process quality indicators were adapted to reflect ECCE policy priorities. While the tool does not explicitly reference children with disabilities, it captures observable practices such as inclusive play, positive teacher–child interactions, and inclusive classroom environments. To maintain the internal validity and reliability of the tool, items specifically targeting inclusive teaching strategies were *not* added.[13] Instead, inclusive practice was promoted through implementation guidance, encouraging integration into daily routines at the centre level. For this reason, data from inclusion-related practices will be used for learning and reflection, but will not be directly tied to separate payment for disability inclusion.
- **Referral pathways and community engagement**: Providers are expected to collaborate with caregivers, community leaders and local authorities to identify children whose needs exceed ECCE centre capacity. They are also expected to help establish referral pathways to health, social protection and specialized services. These expectations are reinforced through provider training and implementation guidance, which emphasizes a holistic, family-centred approach to inclusion beyond the classroom.

Clarifying outcome payments: How the CDO incentive works

CDO payments are structured to reward aggregate developmental progress at the lot level, not individual child outcomes.

- **Sampling and measurement**: Progress is measured using IDELA scores from a random sample of 8 children per centre, including children with disabilities when present. The sample is not stratified by disability status because of the expected low numbers, but aims to reflect the overall group.
- **An aggregate, rather than individual,** approach was chosen to:
  - Avoid creating pressure to track individual child data in a high-stakes context
  - Manage logistical constraints on longitudinal (panel) data collection
  - Reduce the risk of incentivizing service providers to favour children more likely to show measurable gains ('cream-skimming').
- **Payment formula**: Once the intervention impact (expressed in standard deviation) is calculated across all sampled children in the lot (by comparing the average IDELA scores of children in treatment and control groups), a performance-based formula applies. This includes:
  - A *2× price multiplier* (inclusion premium) for CDO results attributed to children with disabilities
  - Adjustments for *attendance* and *outcome price* components.[14]

This design ensures that while every child's learning matters, providers are *not rewarded based on individual-level growth*, but rather encouraged to create inclusive environments that foster developmental progress for all.

[13] While this limits the tool's ability to directly assess inclusion, it preserves the reliability of core constructs.
[14] *Outcome price* is the set price for outcomes achieved, i.e., the payment for achieving the outcome.

Constraints and design decisions

Table 3. Constraints and design decisions: Attunement

Constraint	Decision
ECCE curriculum and standard pedagogy not consistently implemented	Embedded inclusion through onboarding, minimum standards, and procurement expectations rather than fixed curricula
Limited formal training among ECCE staff in centres supported by service providers	Developed practical, relational implementation guidance for service providers to cascade, focusing on inclusive practices over technical content
Risk of exclusion based on toileting or behaviour	Emphasized adaptability and safety, not compliance, as entry criteria, as per the Guidance Note to service providers
No resources for deep relational capacity-building	Focused on universally helpful environmental adjustments to foster attunement, as per the UDL principles as part of a structural quality checklist

Reflections and gaps

These design choices marked a shift: inclusion was framed not simply as presence but as the ability of environments to respond to children's diverse needs. However, some limitations remained.

- While provider approaches to training and community engagement were considered during proposal review, the specifics of implementation were left to each service provider, reflecting the flexibility of the OBF model.
- Although providers were incentivized to increase the enrolment and participation of children with disabilities, activities such as deep community engagement and training, critical for fostering attunement, were not directly tied to payment.
- To avoid displacing the fund's core outcome focus, inclusive practices were embedded through guidance and non-incentivized process quality metrics.

In addition, the tools used to assess structural and process quality were not specifically designed to measure inclusive pedagogy. This reflects a broader global gap in quality assurance tools. While specialized tools for disability inclusion do exist, they may not align with large-scale programmes such as Rwanda's ECCE Outcomes Fund, where disability inclusion is one priority among many, and most children do not have disabilities. As a result, existing tools may need to be adapted to better capture progress along non-linear trajectories or used alongside complementary tools that reflect relational and ecosystem-based practices. Continued investment in tool development and adaptation will be essential for aligning financing mechanisms with equity-based goals.

5.5 (S) Safety: Avoiding harm and building trust

Key question: How do we ensure that children are not harmed by inclusion efforts, and that families can trust the care environment?

Safety is foundational to any inclusive ECCE programme. In contexts of poverty, stigma and institutionalized ableism, children with disabilities and their families are especially vulnerable to exclusion, mistreatment or well-intentioned interventions that do harm. In the ECCE Outcomes Fund in Rwanda, designing for safety required moving beyond physical infrastructure to consider emotional and relational safety, particularly in how ECCE staff interacted with children and families.

This was a challenging task in an OBF programme, where payments are directly tied to average CDOs. Without deliberate design choices to protect inclusion – such as flexibility in targets or safeguards for diverse learning needs – there is a risk that providers may feel pressured to exclude children who require more time or resources, or who might lower outcome averages. In this way, the absence of embedded safety mechanisms can make inclusion fragile.

What was done

- Safeguards in service delivery and procurement: The inclusion experts worked closely with the programme team at EOF to embed safeguards into the expectations for service providers. These included:
  - Ensuring children are enrolled with an equity and inclusion focus
  - Ensuring that children, especially those with disabilities, are not excluded from the centres, and are provided with an adequate referral pathway to the most adequate care/education services, according to their individual needs
  - Avoiding discouraging the attendance of children during assessments or otherwise attempting to game assessment results.
- **Clarification of eligibility criteria**: The *Guidance Note* provided direction on how service providers should interpret disability screening results. It clarifies that developmental differences or support needs are *not* exclusion criteria. 'Safety' is framed relationally, meaning centres must strive to meet children where they are, rather than require compliance with normative developmental benchmarks as a condition for enrolment.
- **Trauma- and consent-informed training**: Guidance to service providers encourages all training inputs, such as those for data collection teams and front-line practitioners, to:
  - Seek child assent before physical redirection
  - Avoid punitive or shaming discipline practices
  - Recognize non-verbal indicators of distress

  These elements are especially important in contexts where children may be non-speaking or have high-masking behaviours. While not part of the OBF payment formula, these practices were embedded in the broader definition of a safe and inclusive environment.

Constraints and design decisions

Table 4. Constraints and design decisions: Safety

Constraint	Decision
Low levels of compliance with existing early childhood development (ECD) standards, including safety protocols and inclusion guidelines. While national ECD standards exist and include elements related to safety and inclusion, many ECCE centres do not currently meet these standards in practice.	Strengthened environmental quality through structural quality checklists and onboarding expectations, using a relational, stepwise approach to encourage compliance
Prevalence of ableist norms in ECCE settings.	Framed safety in terms of dignity, attunement and ECCE staff responsibility, not child readiness or compliance
Resource limitations for infrastructure or ECCE staff supervision.	Focused on low-cost safety enablers (e.g., quiet spaces, visual cues, adult modelling) and emphasized relational safety (per the Guidance Note)
Risk of incentive-linked model leading to cream-skimming or subtle exclusion.	Embedded non-discrimination clauses into payment criteria and emphasized verification protocols to detect exclusion

The programme's design reflects an understanding that inclusion is only meaningful if it is safe. Given the risk that an incentive-linked model could lead to cream-skimming or subtle exclusion, the programme sought to proactively identify default patterns of exclusion and embed clear signals that such practices were not acceptable.

5.6 (T) Togetherness: Building inclusive systems through shared accountability

Key question: How can an ECCE programme build a culture of inclusion that extends beyond individual service providers?

Inclusion cannot be sustained through one-off interventions or the goodwill of individual providers. It must be held collectively – by ECCE centres, government partners, caregivers, funders and communities. In the ECCE Outcomes Fund in Rwanda, the concept of *togetherness* was used to emphasize shared ownership and systemic alignment. Inclusive systems are not built through payment structures or targets alone, they are built through relationships, dialogue and co-accountability.

However, OBF programmes can unintentionally fragment this togetherness. If payments are tied to narrow performance metrics, providers may focus inward, prioritizing scorekeeping over collaboration. The inclusion experts worked with the EOF programme team against this tendency, embedding interdependence into programme design and positioning inclusion as everyone's responsibility.

What was done

- **Collaborative inclusion expert structure**: From the start, the programme contracted dedicated inclusion experts to work closely with core programme designers. These experts drew on disability-inclusive education specialists, early childhood experts and measurement tools advisors. Inclusion was not treated as an add-on but was embedded across design, verification and measurement decisions.

- **Cross-sector touchpoints**: While the ECCE Outcomes Fund in Rwanda focused on ECCE delivery, its design intentionally linked to broader systems, including:
  - Alignment with Rwanda's National ECD Policy and existing Disability Inclusion Guidelines, recognizing that although such guidelines exist, enforcement and regulation remain limited
  - Referrals to health and social protection services, acknowledging that follow-through capacity is still evolving
  - Encouragement of partnerships between service providers and local community-based organizations or disability advocacy groups.
- **ECCE staff and caregiver engagement**: The programme recognized ECCE staff and caregivers as essential knowledge holders. While caregiver engagement is a part of the flexible approaches service providers can take, for all service providers, qualitative data collection has been built in as an add-on to the Brief Early Childhood Quality Inventory (BEQI) tool, including a questionnaire for caregivers. Grantees are encouraged to leverage their own, and EOF's, data collection and training activities to strengthen feedback loops, such as through training for caregivers in their centres. A related structural quality item on caregiver training is included in the framework, though it remains optional for grantees.
- **Ethical guidance on shared responsibility**: Through tools such as the Guidance Note, the team reinforced that inclusion is not the responsibility of a single actor. Instead, inclusive environments require caregivers, ECCE staff, programme managers and evaluators to listen, adapt and co-learn together.

These efforts aimed to prevent the isolation of children, families and service providers. They modelled a system where inclusion was a shared responsibility and every actor was accountable for creating a welcoming space.

Constraints and design decisions

Table 5. Constraints and design decisions: Togetherness

Constraint	Decision
Sectoral silos and limited data-sharing between ECCE, health and disability services	Embedded informal referral expectations and encouraged partnership-building without overloading providers
Limited capacity for sustained caregiver participation	Framed caregivers as critical partners in inclusion: emphasizing relational trust, lived experience and collaborative knowledge sharing, regardless of their formal role or volunteer status within ECCE centres
Tension between payment structure-driven accountability and relational inclusion	Used contractual tools to incentivize inclusion, while providing guidance to encourage the uptake of shared, community-rooted approaches
Absence of national disability-specific ECCE accountability tools	Developed internal tools and narratives (e.g., VAST) to foster a culture of relational responsibility

Togetherness was both a goal and a method. It guided EOF programme team's way of working – slow, relational and consultative – and can potentially serve as an anchor for system-level inclusion strategies that could grow beyond this single programme.

Key takeaways

- Inclusion must be embedded across the entire programme. The ECCE Outcomes Fund in Rwanda applied the VAST lens – Visibility, Attunement, Safety, Togetherness – to guide adaptations across all components of programme design, from screening tools to contracting mechanisms.
- Design involves trade-offs. In low-resource settings, constraints related to data, staffing and coordination influence what is possible. This programme prioritized practical, relational and ethical approaches over ideal technical models.
- Tools alone are not enough. Visibility and attunement depend on trust. Screening tools were adapted and paired with community-based strategies to ensure children with disabilities and atypical development were recognized and supported.
- Safety was framed broadly. Inclusion was approached as a matter of emotional, physical and procedural safety. Guidance materials emphasized child dignity, caregiver-informed consent, and trauma-sensitive practices.
- Inclusion is a shared responsibility. Rather than placing the burden on individual teachers or families, the programme positioned inclusion as a collective commitment – reflected in contracts, implementation guidance, training expectations, and connections to other sectors.

6. Conclusion: Designing for inclusion from the start

6.1 Designing for inclusion in OBF is both possible and necessary

Designing for disability inclusion in OBF programmes is not only possible, it is essential for equity. The design experience of the ECCE Outcomes Fund in Rwanda offers practical lessons for embedding inclusion into key design components of an OBF programme, even in low-resource settings.

This brief emphasizes that inclusive ECCE is not simply about placing children with disabilities into existing programmes. Rather, it requires a systemic transformation that enables all children to meaningfully participate, thrive and belong.

Inclusion begins with how systems see and respond to children. The Rwanda ECCE Outcomes Fund was guided by four core inclusion principles:

- **Visibility** in programme data, outreach and planning
- **Attunement** through responsive and relational service environments
- **Safety** across physical, emotional and procedural dimensions
- **Togetherness** as a shared responsibility among all actors.

These four elements of the *VAST lens* guided inclusive design decisions throughout the programme.

The six key components of inclusive OBF design – programme scope, referral and screening, centre strengthening, outcome verification, creating payment structures and incentives, and cross-sector alignment – were shaped not only by ideals, but also by real-world constraints. The experience of designing an ECCE Outcomes Fund in Rwanda revealed that while sectoral coordination, staffing and data systems may be limited, meaningful inclusion can still be advanced through intentional, adaptive and relational strategies.

Key messages for OBF designers in other contexts

As other countries and partners consider how to design disability-inclusive ECCE programmes through OBF models, four messages from the experience of the ECCE Outcomes Fund in Rwanda stand out.

1. **Inclusion must be named, budgeted for and operationalized from the outset**

   Retroactive adjustments rarely shift outcomes. Embedding inclusion from the start – in payment structures, data systems, training and financing – ensures that all children are considered in programme design.

2. **Tools and metrics are important, but they must be anchored in relationships**

   Inclusive environments are enabled by trust, attunement and shared responsibility. While these may be difficult to quantify, metrics should be designed to encourage conduct and conditions that foster these relational elements as much as possible.

3. **Payment structure incentives can support equity if designed with care**

   OBF requires measurable, time-bound targets. But those targets must be flexible enough to accommodate diverse needs and ethical enough to avoid unintended exclusion. Ethical guardrails and responsive verification approaches are essential to prevent 'cream-skimming' or subtle exclusion.

4. **Trade-offs are inevitable, but can be navigated transparently**

   Inclusive design is not about perfection. It is about making thoughtful, context-aware decisions – recognizing constraints while taking incremental steps towards more inclusive systems. OBF can evolve across programme cycles, deepening inclusion with each iteration.

6.2 Implications and future work

This brief is not a blueprint. It is a snapshot of learning in motion. At the time of writing, preparations for the implementation of the ECCE Outcomes Fund in Rwanda were under way. A mobilization period will allow service providers to put systems in place before services begin, with implementation expected to start in 2026.

One lesson is already clear: when inclusion is treated as a technical add-on, it falters. When it is treated as a relational, ethical and systemic commitment, it takes root.

The design experience in Rwanda also highlighted inclusive measurement as an urgent area for global investment. If inclusion is to be meaningfully incentivized, it must first be visible in data. Yet many existing tools do not reliably capture relational practices in process quality tools, or non-linear developmental trajectories in child development tools, in ways that are both context-sensitive and scalable. Progress will require adapting and validating inclusive ECCE tools that can be applied across diverse settings, and simplifying data collection and analysis so that cost and capacity constraints do not prevent children from being counted or supported.

Inclusive ECCE is not only about whether children with disabilities can be reached. It is about how systems are intentionally designed to include them from the outset, especially in low-resource contexts. The goal is not perfection, but steady, cumulative progress: a generative pathway towards visibility, attunement, safety and togetherness, programme by programme and choice by choice.

EOF views the ECCE Outcomes Fund in Rwanda as a valuable learning opportunity. It is designed not only to support children and families in Rwanda today, but also to strengthen the design of future outcomes-based programmes worldwide. Inclusion and equity remain central priorities, and the lessons learned from this Outcomes Fund will continue to be surfaced, tested and shared so that, over time, no child is left unseen.

Bibliography

Airoldi, M., et al., 'Evidence Review of Outcomes-Based Finance for Early Childhood Care and Education', Working Paper, Collective Learning Initiative on Outcomes-Based Finance for Early Childhood Care and Education, Government Outcomes Lab, Blavatnik School of Government, University of Oxford, Oxford, August 2024, <https://resources.norrageducation.org/resource/901/evidence-review-of-outcomes-based-finance-for-early-childhood-care-and-education>, accessed 8 October 2025.

Banks, Lena Morgon, Hannah Kuper and Sarah Polack, 'Poverty and Disability in Low- and Middle-Income Countries: A systematic review', *PLOS ONE*, vol. 12, no. 12, 2017, art. e0189996, <https://doi.org/10.1371/journal.pone.0189996>.

Devercelli, Amanda E., and Frances Beaton-Day, *Better Jobs and Brighter Futures: Investing in childcare to build human capital*, World Bank, Washington, DC, December 2020, <http://hdl.handle.net/10986/35062>.

EOF, *Outcomes-Based Finance & Early Childhood Care and Education. Concept Paper: Revised edition*, Education Outcomes Fund, [New York, N.Y.], February 2025a, <www.educationoutcomesfund.org/post/outcomes-based-finance-early-childhood-care-and-education>, accessed 9 October 2025.

EOF, 'Assessing and Selecting Measurement Tools for Outcomes-Based Financing for Early Childhood Care and Education: The experience of the Education Outcomes Fund', Technical Brief, Education Outcomes Fund, [New York, N.Y.], February 2025b, <www.educationoutcomesfund.org/post/new-resources-on-selecting-measurement-tools-for-obf-for-ecce>, accessed 9 October 2025.

EOF and Global Schools Forum, 'Policy Brief on Outcomes Funds for Education', Policy Brief, Education Outcomes Fund and Global Schools Forum, [New York, N.Y.], n.d., <www.globalschoolsforum.org/wp-content/uploads/policy_brief_on_outcomes_funds_for_education.pdf>, accessed 9 October 2025.

EOF and OPM, *Adapting Measurement Tools for OBF Programmes in ECCE*, Education Outcomes Fund, [New York, N.Y.], and Oxford Policy Management, Oxford, in press, <www.educationoutcomesfund.org/post/adapting-measurement-tools-for-obf-programmes-for-ecce>.

Hehir, Thomas, et al., *A Summary of the Evidence on Inclusive Education*, Abt Associates, Cambridge, Mass., and Instituto Alana, São Paulo, August 2016, <https://eric.ed.gov/?id=ED596134>, accessed 8 October 2025.

Murphy, Kerry, *Supporting the Wellbeing of Children with SEND: Essential ideas for early years educators,* Routledge, London, 2022, <https://doi.org/10.4324/9781003138365>.

REB and MINEDUC, *Competence-Based Curriculum: Summary of curriculum framework pre-primary to upper secondary 2015*, Rwanda Education Board and Ministry of Education, Rwanda, 2015, <www.cur.ac.rw/mis/main/library/documents/book_file/digital-63f49bc5eeafa8.81233706.pdf>, accessed 9 October 2025.

RGB, *Rwanda ECD Scorecard 2nd Edition: Early childhood development*, Rwanda Governance Board, 2022, <www.rgb.rw/publications/governance-scorecard-1>, accessed 9 October 2025.

Save the Children, '*International Development and Early Learning Assessment (IDELA)*', Save the Children, [Fairfield, Conn.], 2024, <https://idela-network.org>, accessed 8 October 2025.

Stapleton, Veronica, 'Making Assessments More Accessible for Children with Disabilities', Blog, Inclusive Education Initiative, 27 February 2023, <www.inclusive-education-initiative.org/blog/making-assessments-more-accessible-children-disabilities>, accessed 9 October 2025.

UNDESA, 'Convention on the Rights of Persons with Disabilities (CRPD)', United Nations Department of Economic and Social Affairs , [New York City, N.Y.], 2006, <www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>, accessed 8 October 2025.

UNESCO, *Education 2030: Incheon Declaration and Framework for Action for the Implementation of Sustainable Development Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all,* United Nations Educational, Scientific and Cultural Organization, Paris, 2015, <https://unesdoc.unesco.org/ark:/48223/pf0000245656>, accessed 8 October 2025.

UNESCO, *Global Education Monitoring Report 2020: Inclusion and education – All means all,* United Nations Educational, Scientific and Cultural Organization , Paris, 2020, <https://en.unesco.org/gem-report/report/2020/inclusion>, accessed 8 October 2025.

UNESCO and UNICEF, *Global Report on Early Childhood Care and Education: The right to a strong foundation*, United Nations Educational, Scientific and Cultural Organization, Paris, and United Nations Children's Fund, New York, N.Y., 2024, <www.unicef.org/reports/global-report-early-childhood-care-and-education-right-strong-foundation?utm_source=chatgpt.com>, accessed 9 October 2025.

UNESCO, et al., *Overview MELQO Measuring Early Learning Quality and Outcomes*, United Nations Educational, Scientific and Cultural Organization, United Nations Children's Fund, Brookings Institution and the World Bank, 2017, <https://ecdan.org/resource/melqo-measuring-early-learning-quality-outcome/>, accessed 9 October 2025.

UNICEF, *Access to School and the Learning Environment II – Universal Design for Learning. Webinar 11 – Companion technical booklet*, United Nations Children's Fund, New York, N.Y., 2014, <www.unicef.org/lac/media/35076/file/Booklet-11.pdf>, accessed 9 October 2025.

UNICEF, *Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities,* United Nations Children's Fund, New York, N.Y., November 2021, <https://data.unicef.org/resources/children-with-disabilities-report-2021/>, accessed 8 October 2025.

UNICEF LAC, 'Universal Design for Learning and Accessible Digital Textbooks', United Nations Children's Fund Latin America and Caribbean, n.d., <www.unicef.org/lac/en/universal-design-learning-and-accessible-digital-textbooks>, accessed 9 October 2025.

Washington Group on Disability Statistics, 'Implementation Guidelines: How to use the WG questions', Washington Group, Washington, DC, n.d., <hwww.washingtongroup-disability.com/implementation/implementation-guidelines/>, accessed 14 October 2025.

Watson, Karen, *Inside the 'Inclusive' Early Childhood Classroom: The power of the 'normal'*, Childhood Studies vol. 5, Peter Lang, New York, etc., 2017.

WHO, United Nations Children's Fund and World Bank Group, *Nurturing Care for Early Childhood Development: A framework for helping children survive and thrive to transform health and human potential,* World Health Organization, Geneva, 2018, <www.who.int/publications/i/item/9789241514064>, accessed 8 October 2025.

Wright, Ella, and Sue Enfield, *Guidance Note for Service Providers: Deciding if a child can be safely included in the ECCE programme*, Education Outcomes Fund (unpublished), [New York, N.Y.], 2025.

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