Bernard van Leer FOUNDATION

Building a society for babies, toddlers and caregivers

A guide

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About the Bernard van Leer Foundation

The Bernard van Leer Foundation is an independent Dutch organisation working worldwide to ensure that all babies and toddlers have a good start in life. We inspire and inform large-scale action that improves the health and well-being of young children – especially the most vulnerable – and the people who care for them.

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Preface

Photo: Jon Spaull/Bernard van Leer Foundation

Building policies for the early years

There is no better window of opportunity to make a lasting impact on human lives. During the early years of life, a child develops faster than at any other time: every second, more than one million neural connections are formed in the brain.[1]

At this vital stage of development, babies and toddlers are literally shaped by their experiences, and are almost completely dependent on caregivers, such as parents, who mediate those experiences. Therefore, the behaviours of caregivers have a defining impact on the child.

Young children around the world face significant barriers to healthy development, such as poor access to healthcare and limited opportunities to learn. Policymakers can help caregivers break down those barriers, from the provision of early childhood services to the design of public spaces. With the right support, governments can help babies and toddlers reach their full potential.

A guide for policymakers

Whether making policies for a nation or a village, this guide explains both why and how policymakers and practitioners can put young children first.

Building a society for babies, toddlers and caregivers consists of three main sections.

PART 1 describes key programmes and services across multiple sectors that are needed to support early childhood development.

PART 2 lists key lessons to draw from successful integrated policies and explores them in action, using case studies from around the world.

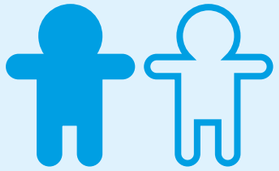
PART 3 provides a list of extra resources including further reading, data sources and tools to help with measuring and scaling interventions.

KEY TERMS

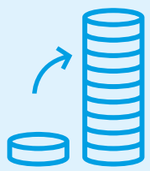
- EARLY CHILDHOOD is the period of life from conception to the age of 8
- PRIMARY CAREGIVER refers to a child's first carer and educator – often a parent or grandparent
- INTEGRATED POLICIES combine interventions in a coordinated approach to support holistic child development
- SCALING expands a programme to new populations and/or different levels of government
- UNIVERSAL policies cater for all young children and families
- TARGETED policies focus resources towards those with the greatest need
- PARENT COACHING programmes build caregivers' competence in responsive parenting, parent wellbeing, health and child development

In numbers

USD 1bn per day
the cost of not breastfeeding to the world economy[2]



1 in 2
pre-school-age children are not enrolled in formal education globally[3]



USD 4–9
estimated return for every dollar spent on high-quality early years programmes[4]

Photo: Courtesy of Dhiraj Singh

Photo: Dominic Chavez - World Bank

Part 1

POLICIES BY SECTOR

Young children and their families require support from multiple sectors. This section describes some vital polices and services which promote healthy child development, organised by sector, and the UN Sustainable Development Goals (SDGs) targets they help to address – which are related directly to the early years. The list is by no means exhaustive, but it summarises some of the most effective, cost-efficient and scalable solutions.

Health

Babies, toddlers and caregivers need strong health services to both survive and thrive. Despite significant progress, each year more than five million children die before their fifth birthday,[5] and nearly 300,000 mothers die in childbirth.[6]

During the critical developmental stage, especially from the womb to the age of 3, the health of children and caregivers has profound impacts across the child's entire life course.[7] For example, maternal distress during pregnancy increases the risk of a child having mental and physical health problems in later life.[8]

The health sector is uniquely positioned to save and transform lives. Before, during and after birth, health professionals and paraprofessionals can be a key source of information, support and advice to help boost child outcomes.

Universal health coverage (UHC) – when "all people have access to the health services they need, when and where they need them, without financial hardship" (WHO)[9] – can help to address the essential health needs of young children and their parents, including vital services like prenatal care and immunisation. At least half of the world's population still don't have access to essential health services.[10]

SDG 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

Photo: Graham Crouch - World Bank

Photo: Anahi Clemens/Bernard van Leer Foundation

▷ Prenatal care

WHY IT MATTERS: In 2017, 295,000 mothers and 4.1 million infants died during or after childbirth.[11,12] Quality prenatal care can minimise complications, save lives and give families vital advice.[13]

WHAT TO DO: The WHO recommends at least eight monitoring sessions with a health provider during pregnancy.[14] This means strengthening health infrastructure, quality and affordability, including training medical staff and volunteers, identifying barriers to the use of services – such as travel or cultural norms. Global prenatal care coverage increased from 69% in 2000 to 87% in 2016,[15] associated with a 37% and 42% drop in maternal and infant mortality respectively.[16,17]

EXAMPLE: In the Netherlands, the Mothers of Rotterdam programme sees social service professionals support vulnerable pregnant mothers through regular home visits.[18]

SDG 3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.

3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.

Photo: UNICEF

▷ Newborn care

WHY IT MATTERS: Around 65% of maternal[19] and three-quarters of newborn[20] deaths occur within a week of birth, often in absence of healthcare support due to preventable conditions like bleeding and infections.

WHAT TO DO: Increase facility-based births, carefully assess mothers and children, apply chlorhexidine to the umbilical cord in the case of home birth, and introduce or expand postnatal home visits from health workers.[21] Skin-to-skin contact and exclusive breastfeeding protect infants from infection and encourage early development.

EXAMPLE: Kangaroo Mother Care is a method where a newborn baby snuggles on their parent's bare chest to maximise skin-to-skin contact. It can save premature infants' lives without the need for special equipment, and has been scaled globally from Colombia to Malawi.


Photo: Dominic Chavez / World Bank

Immunisation

WHY IT MATTERS: Immunisations are thought to avert 2–3 million deaths each year and are extremely cost-effective.[22]

WHAT TO DO: Support universal immunisation policies, making a complete course of childhood immunisations available free of charge. In addition to information, use behavioural interventions to maintain and improve rates, such as by making immunisations compulsory for a child to attend school.[23]

EXAMPLE: Rwanda achieved near-universal childhood vaccination rates through a comprehensive integrated plan, which included integrated health information, community-level data collection and accountability at all levels of government.[24]

SDG 3.4 By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being.


Photo: Courtesy of Asociación Proyecto Alto Perú

Mental illness is an important risk-factor for child protection issues (p. 17), underlining the need for strong supports.

Parental mental health

WHY IT MATTERS: Mental health issues disrupt child development by transferring stress to the baby and reducing parents' ability to give nurturing care. In developing countries, 20% of mothers experience clinical depression after childbirth.[25]

WHAT TO DO: Screen at-risk parents as early as possible, provide ongoing healthcare support for those in need – providing individualised care and promoting quality mother-child interactions. Provide counselling from pregnancy onwards, such as interpersonal psychotherapy, to help mothers build strategies to address their depression.[26] Support fathers and other caregivers too, whose mental health also significantly impacts children.[27]

EXAMPLE: Pakistan has high levels of maternal depression but few mental health specialists. The Thinking Healthy Programme integrates behavioural therapy techniques into the work of community health workers, helping depressed mothers from pregnancy until a year after birth.[28]

Family planning

WHY IT MATTERS: Mothers and newborns are more likely to survive and be healthy when mothers are at least 19,[29] and when there is a gap of at least 18 months between pregnancies.[30]

WHAT TO DO: Ensure a viable supply of affordable contraceptives and improve public education about them. Many countries need to legalise forms of contraception and break down barriers to access, like the requirement of parental or spousal consent.

EXAMPLE: In Chile, a 2010 law guaranteed everyone's right of freedom of choice and required the Ministry of Health to ensure access to all modern contraception.[31]

SDG 3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

Water, sanitation and hygiene (WASH)

WHY IT MATTERS: More than 800 children die every day from preventable diseases caused by a lack of clean water and poor sanitation and hygiene.[32]

WHAT TO DO: Sustainable improvements to WASH include three main areas of action: improve access to hardware and services like a clean water supply, sanitation systems and handwashing stations; create demand through interventions like mass media and community outreach; and use supportive regulations and coordinated planning to build an enabling environment.[33]

EXAMPLE: The Ministry of Health in Nepal is incorporating behavioural games which promote hygiene into immunisation programming. A pilot project improved hygiene behaviours and the prevalence of diarrhoea fell.[34]

SDG 6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all.

6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.

Photo: Jim Holmes AusAID

Nutrition

Around the world, one in three children under 5 are either undernourished or overweight, and at least half suffer from one or more micronutrient deficiencies.[35] While rates of undernutrition are slowly decreasing, obesity is surging at an alarming rate.

The right nutrition is vital at every stage of child development, from what mothers eat during pregnancy, through to breastfeeding and toddlers' diets. Nutrients like protein provide the building blocks in the brain for key processes such as the growth of cells.[36] By intervening with nutrition programmes, policymakers can improve children's future outcomes and break the cycle of poverty.

According to the World Health Organization, an estimated 50% of malnutrition is associated with poor water, sanitation and hygiene (WASH).[37] Interventions to improve nutrition and WASH behaviours can be integrated to reduce overburdening target audiences and those working with them.[38]

Governments cannot afford not to act. Long-term effects like health problems and depressed incomes are costly. Stunting alone currently costs developing countries an estimated 13.5% of GDP per capita, on average.[39] Obesity, meanwhile, is estimated to have the same impact on the global economy as smoking and armed conflict, at around 2.8% of GDP or $2 trillion.[40]

Photo: Demissew Bizuwerk - UNICEF

Employment policies (p. 20–21) like parental leave and workplace policies can boost breastfeeding rates.

Breastfeeding support

WHY IT MATTERS: Breastfeeding not only protects mothers and infants from disease, but significantly improves long-term child outcomes.[41] Despite these benefits, global breastfeeding rates are still low.

WHAT TO DO: Mothers require active support to breastfeed, from information and coaching to time and space. Interventions should include training health workers to help mothers initiate breastfeeding immediately after birth, offering parental leave benefits, making public spaces more breastfeeding-friendly, and regulating the marketing of breast-milk substitutes.

> EXAMPLE: In Brazil, a network of milk banks feeds around 150,000 babies each year and has helped to cut infant mortality by two-thirds.[42]

Child growth monitoring

WHY IT MATTERS: Monitoring child growth can provide the vital information to intervene early and target help towards children at risk of stunting or obesity.

WHAT TO DO: At the national level, work across sectors and create data-gathering structures so that child growth information can inform where to concentrate resources and which interventions are needed. At the community level, health workers can monitor child growth and offer support and nutritional advice to families. The WHO recommends growth charts to assess children's nutritional status.[43]

> EXAMPLE: In Chile, as part of the Crece Contigo (Chile Grows with You) child development initiative, the government created an electronic database and tracking system which clinic health workers contribute to directly.

Photo: Trupal Pandya/Bernard van Leer Foundation

Micronutrients

WHY IT MATTERS: The "hidden hunger" of micronutrient deficiencies claims thousands of lives globally and damages child health and development.

WHAT TO DO: Fortify staple foods like flour, rice and salt with micronutrients such as iron, iodine, folic acid and zinc. These products must be carefully regulated, and public-private partnerships are essential for sustainability.[44] So far, little progress has been made to address iron deficiency in mothers and babies – anaemia is a big priority.

> EXAMPLE: Costa Rica mandated the fortification of flour (wheat and maize) and milk (liquid and powdered) with iron and other micronutrients, which has been found to improve iron status and decrease anaemia.[45]

SDG 2.2 By 2030, end all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons.

Education

Access to quality early learning has a dramatic impact on children's long-term success – including their grades in school, likelihood of gaining a college degree and even future salary.[46] As a result, gaps in access and unequal provision of education during early childhood often contribute to an achievement gap between rich and poor children throughout their lives.

Early learning does not just mean formal preschool education. Caregivers, in particular, are their children's first teacher, and during a child's crucial early years of life, the health and childcare sectors play a vital role.

Policies to boost early childhood education and care (ECEC) not only improve outcomes across the board, but have the potential to close the achievement gap.[47] High-quality birth-to-5 programs for disadvantaged children also have a great return on investment in a child's lifecycle: estimated to be more than 13% per year.[48]

Photo: Courtesy of Thibaut Monnier

▷ Quality childcare

WHY IT MATTERS: Despite its substantial benefits for child development as well as maternal employment, there is a profound global shortage of affordable, quality childcare.

WHAT TO DO: Although the private and non-profit sectors often provide childcare, the bottom line is that governments need to invest public resources. That includes establishing childcare centres in areas of need, hiring and training quality staff, providing or subsidising affordable childcare places, and regulating quality standards.

EXAMPLE: In Nairobi, Kenya, a social enterprise model called Kidogo is expanding quality childcare in low-income communities in collaboration with county governments.

Space to play outdoors (p. 19) is connected to better outcomes during preschool.[49]

▷ Preschool

WHY IT MATTERS: Quality preschool education helps children perform better at school and in the workplace, but efforts to improve access have been slow and unequally distributed.[50]

WHAT TO DO: Governments need to ensure that pre-primary learning opportunities are available to all families by working towards free, universal preschool. The quality of preschools should be monitored and improved to maximise impact, such as by increasing teacher-to-child ratios, boosting staff training and educating parents to bring lessons home.

EXAMPLE: In Bangladesh, preschool enrolment tripled in five years thanks to a concerted effort between the government and civil society. One year of pre-primary education is now universally available, though quality is extremely variable.[51]

SDG 4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.

Photo: GPE/Carolina Valenzuela

▷ Parent coaching

WHY IT MATTERS: Parents or caregivers are their children's first teachers: the home learning environment has a huge impact on child outcomes.[52]

WHAT TO DO: Take advantage of contact points with families, giving caregivers evidence-based knowledge and methods to boost child development – such as encouraging them to play with and read to their children. This will range from local-level community health workers to population-level mass media campaigns, and must always fit the cultural context.

EXAMPLE: In Boston, United States, five "Basics" – simple messages which promote child development and interaction – were created at Harvard University and are disseminated in videos and pamphlets with the help of around 100 partner organisations.

Photo: L Eleaza Cuadro

Social Protection

Babies and toddlers' growing brains are shaped by experiences – whether good or bad. Adverse early experiences like abuse and neglect can cause "toxic stress," which disrupts the brain's architecture and increases the likelihood of developmental delays and health problems.[53]

Around the world, millions of young children need protection from violence, abuse and neglect. Threats to child protection are particularly high in vulnerable populations, including those suffering from displacement, marginalisation or poverty. The long-term impacts of toxic stress are transferred down generations, which means interventions can be needed to break that cycle.

The measures outlined in this section should be accompanied with social protection policies to help the most vulnerable families. Cash transfer programmes, for example, can help to meet families' nutritional, health and educational needs, while bringing in additional services like parent coaching. Globally, two out of three children are not covered by any form of social protection.[54]

Photo: Courtesy of Ministério da Cidadania, Brazil

Registration efforts should be integrated into the health sector's newborn care. (p. 9)

▷ Mandatory birth registration

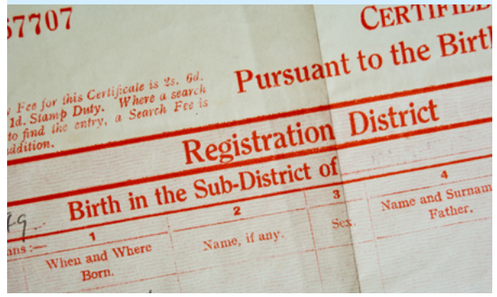
WHY IT MATTERS: Birth registration is often required to access vital services for families, but one in four children under 5 worldwide were not registered at birth.[55]

WHAT TO DO: Governments should encourage registration by ensuring families deliver in certified health facilities, where they can require all births are registered, and promoting it through other contact points like parent coaching. Steps should also be taken to simplify the process, such as by digitising records, and increasing access to birth registration and services to children born of migrants or other marginalised groups.

> EXAMPLE: In South Africa, birth registration surged from 25% to 95% from 1991 to 2012. The successful measures included increasing access to health facilities in rural areas, creating incentives for parents and launching outreach programmes to isolated communities.[56]

SDG 16.2 End abuse, exploitation, trafficking and all forms of violence and torture against children.

16.9 By 2030, provide legal identity for all, including birth registration.



▷ Child protection

WHY IT MATTERS: Child abuse and neglect from parents and other caregivers during early childhood has life-long physical, intellectual and psychological repercussions.

WHAT TO DO: Governments need to create systems for reporting abuse, strengthen child protection laws and regulate institutions like childcare centres. Behaviour change interventions should be used to help parents improve behaviours, such as by giving fathers parenting courses,[57] while safeguards must exist to place children who need protection in alternative care.

> EXAMPLE: In Montenegro, violence against children was banned in all settings in 2016, and the government has been strengthening implementation through a public information campaign and national child abuse helpline.[58]

▷ End institutionalisation

WHY IT MATTERS: Orphanages hamper children's social, emotional and cognitive development,[59] yet millions still live in institutionalised care.

WHAT TO DO: Policymakers should carefully manage the closure of institutions, reintegrating children with family members or foster families, while strengthening social supports at the community level. By bolstering family support systems, they should work to prevent family separation in the first place. The vast majority of orphans have at least one living parent.

> EXAMPLE: In Romania, where more than 100,000 children lived in institutions in 1998,[60] a national deinstitutionalisation strategy has included investing heavily in social workers, building alternative care services and bolstering support for local authorities.[61]

Urban Planning

Every decision made in urban planning and development has an influence on children and caregivers' experiences and interactions. Those experiences shape a child's development and life potential. Today, more than one billion children are growing up in cities.[62]

At this crucial early stage for babies and toddlers, thoughtful city planning helps children stay safe and healthy, and empowers caregivers to provide the loving, responsive care that is essential to child development.

That does not just mean building playgrounds. Family-centred urban planning and design includes various aspects of life: families are disproportionately challenged by things like poor public transport, lack of access to key services, and pollution.

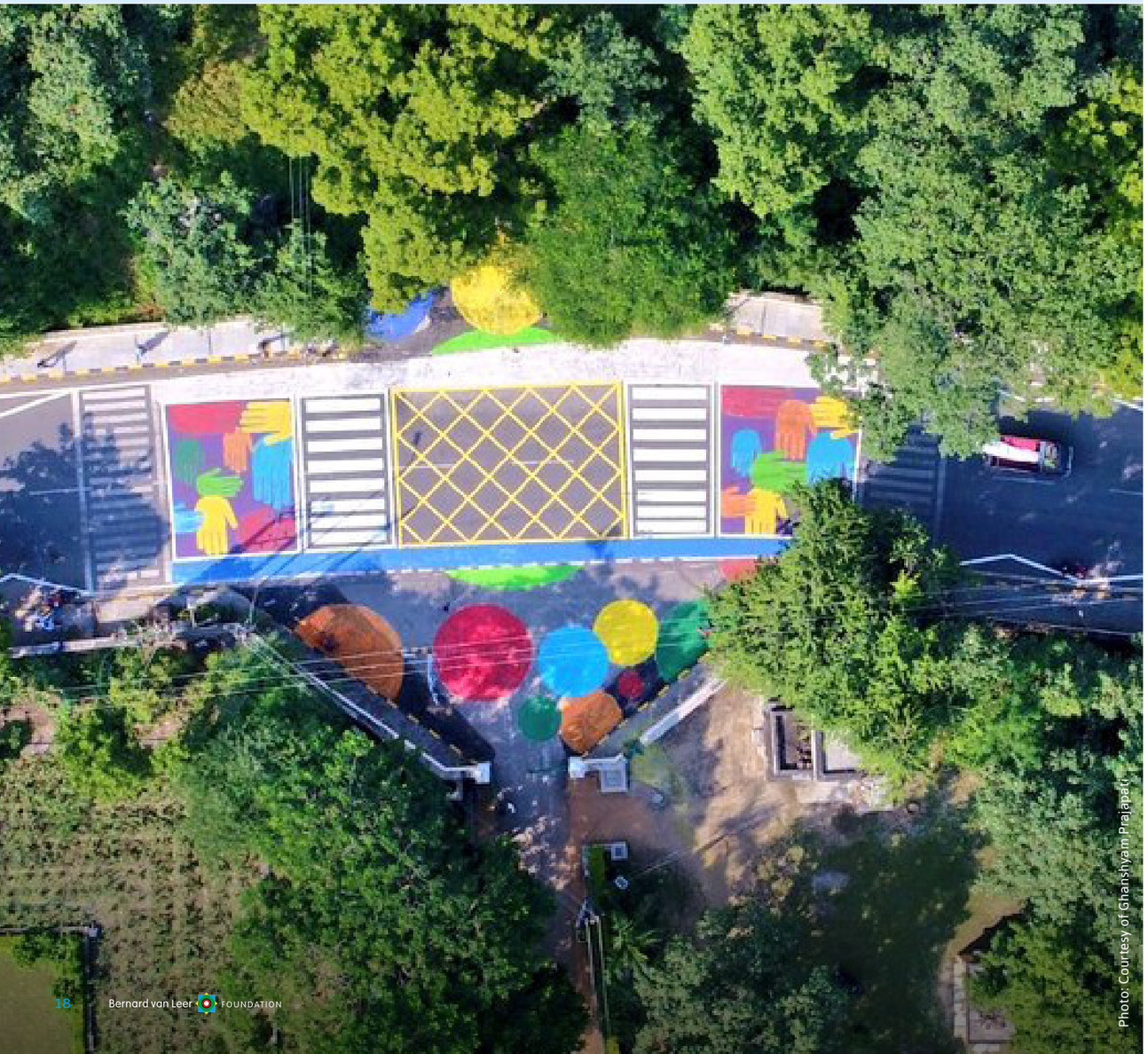


Photo: Courtesy of Ghanshyam Prajapati

Cutting air pollution will take pressure off the healthcare sector (p. 8–11), from prenatal support onwards.

▷ Clean air

WHY IT MATTERS: Air pollution is extremely damaging for young children. It impairs brain and body development, and increases the risk of chronic health issues in later life.[63]

WHAT TO DO: Solutions are needed at every level, from international emissions commitments to street-level monitoring. The most important action is reducing the source of emissions by transitioning to clean energy – from heavy industry to cooking stoves. Strategies should also reduce pollution in spaces where children spend time, like outside nurseries, and encourage families to spend time in places with better air quality.

> EXAMPLE: In India, the Ujjwala programme has supplied more than 80 million liquified petroleum gas cooking stoves to low-income rural women to decrease indoor pollution.[64]

SDG 3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination.

SDG 11.2 By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons.

11.7 By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities.

▷ Safe mobility

WHY IT MATTERS: Moving around the city easily and safely means young families can access the services and outdoor spaces they need, enhancing wellbeing and enabling more quality time.

WHAT TO DO: Public spaces and services for families should be connected to safe walking, cycling and transit infrastructure. Streets should have context-appropriate speeds, sidewalks should be in good condition, there should be frequent crossings and traffic protection buffers where possible. More streets should be closed to cars and public transport should be much more accessible for young children and strollers.

> EXAMPLE: Vilnius, Lithuania, collects location data to determine where kids travel for childcare and kindergarten, and adapt public transport accordingly.

▷ Space to play outdoors

WHY IT MATTERS: Play is essential for building young children's brains as well as their social development and resilience.[65] But all around the world, toddlers lack playable public spaces.

WHAT TO DO: Creating family-friendly public spaces requires a shift in political priorities and technical implementation systems across city agencies responsible for urban spaces. Green and blue spaces like parks and ponds can be an effective way to reduce pollution, improve children's mental and physical health,[66] and reduce waste in an affordable way. Spaces should be accessible – particularly for the most vulnerable families – comfortable for children and caregivers to use, and allow exploration in various forms – such as with natural play elements like trees.

> EXAMPLE: In Tirana, Albania, an ambitious child-focused strategy has included the creation or renovation of 48 playgrounds and the gathering of data on families at the neighbourhood level.[67]

Labour and Employment

Employment policies often form the structures around young children, including how parents and other caregivers organise a child's early care and education. The wellbeing of parents and families can have a significant impact on children's physical, cognitive and social development.[68]

Policies like the minimum wage and parental leave can literally change children's long-term outcomes in life. Poverty remains a huge barrier for too many children around the world, and it passes down generations. By improving the economic situation in the home during early childhood, children can break out of this cycle.

Employment policy is also vital for supporting the early childhood workforce, which is suffering globally from a lack of people and training. Workforce quality and welfare is an essential component of programme success.[69] Governments often focus on affordability for parents, while conditions for workers in health, childcare and preschool can suffer.[70]

This issue is part of a larger crisis in the economy of care. Predominantly performed by women, care work supporting young children, disabled people and the elderly around the world is underpaid and undervalued. Unpaid care work by women accounts for at least 13% of global GDP.[71]

Photo: Will Boase/Bernard van Leer Foundation

▷ Paid parental leave

WHY IT MATTERS: Paid parental leave boosts child development in several ways, including increasing the rate and duration by which children are breastfed, vaccinated and attend medical visits.[72]

WHAT TO DO: Policymakers should guarantee paid parental leave for new parents, including protection for their jobs and anti-discrimination laws for when they return to work. UNICEF recommends governments and businesses also introduce shared parental leave and encourage fathers' participation – take-up rates are often very low.

> EXAMPLE: In Quebec, Canada, the provincial government introduced a successful "daddy quota" in their shared leave policy: five weeks of paid paternity leave for fathers or non-biological mothers which cannot be transferred to their partner.[73]

▷ Affordable childcare

WHY IT MATTERS: Not only does quality, affordable childcare boost child outcomes (p. 17), but it enables mothers to participate in the workforce, promotes gender equality and improves a family's economic stability.

WHAT TO DO: As discussed above (in Education), childcare is provided by multiple sectors. While not all countries can yet provide publicly-funded universal childcare, governments should work to make childcare affordable through benefits and subsidies, while creating services in areas which private providers won't reach, and encouraging participation among vulnerable families – who have the greatest need but lowest participation rates.[74]

> EXAMPLE: In Yokohama, Japan, city officials completely cut the childcare waiting list in 2013 by giving subsidies to new affordable childcare centres. They worked with private enterprises to set them up in practical locations for parents, like building facilities at parking lots near train stations.[75]

Supporting and training early educators boosts the quality of children's educational outcomes (p. 14–15).

▷ Early childhood workforce

WHY IT MATTERS: There is a global early childhood workforce crisis, with workers underpaid, under-recognised and struggling to stay in the profession.

WHAT TO DO: Policymakers need to help improve poor wages and working conditions which are leading to a high turnover in staff, such as by topping up pay. It's not just about money, though: early childhood workers need more recognition for their work, opportunities for professional development and promotion, and regular training to maintain service quality.[76]

> EXAMPLE: In Finland, retention is high in ECEC despite modest pay. This is down to good working conditions, including a low child-to-staff ratio and reasonable hours, and the high-esteem workers are held in, partly because they require at least a three-year qualification.[77]

SDG 5.4 Recognise and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies, and the promotion of shared responsibility within the household and the family as nationally appropriate.

SDG 8.8 Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment.

Part 2

KEY LESSONS AND CASE STUDIES

All of the policies above have the potential to improve the lives of young children and their caregivers. However, combining these interventions in a comprehensive, coordinated approach is the best way to support all the different dimensions of child development at the same time.

Giving babies and toddlers the best start in life involves multiple government ministries, institutions and sectors. That means working together and taking advantage of the contact points which programmes and services have with families.

In this section, we lay out 10 key lessons for success in building and implementing integrated policies. This is followed by five global case studies which demonstrate these lessons in action.

Photo: Courtesy of Vanessa Touzard / Bernard van Leer Foundation


Photo: Courtesy of Jon Spaull

10 key lessons from effective policies

From decades of work in the field and input from local and international partners, here are 10 key lessons policymakers can learn from policies around the world which have managed to transform young children's lives. The subsequent Case Studies section then illustrates these lessons in action.

1

Start early

Integrated policies should begin as early as possible in a child's life, including in the womb – when interventions already have a dramatic impact on child development.

2

Secure political support

Gaining political buy-in, particularly at (but not limited to) the top level and across different sectors, is vital in securing momentum and funding to make a coordinated policy succeed.

3

Plan for all, but target those in need

Access to programmes and services should ideally be universal, with additional resources focused on identifying and helping families with specific needs.

The World Health Organization and other international institutions provide concrete global targets, which national or local policymakers can use to create their own goals. On nutrition, for example, the WHO names seven key targets and the policy areas which need to be addressed for countries to reach them.[78]


Photo: Courtesy of Jon Spaull/ Bernard van Leer Foundation


Photo: Maria Fleischmann - World Bank

4

Create clear targets

Coming up with specific goals helps in developing a suitable strategy, coordinating different actors and monitoring progress during implementation.

5

Allocate a budget

There must be a sufficient budget allocated for implementation for all ministries and organisations involved, and plans in place to monitor and use the money efficiently and sustainably.

Photo: UNICEF

In 2011, Colombia founded an intersectoral commission on early childhood. Comprising delegates from across government departments, the commission sets standards and coordinates services across agencies. It meets monthly and submits biannual reports on the progress of implementation and coordination.[79]

6

Pick a focal point

When implementing policies with various actors, it's useful to have one working group or ministry responsible for leading activities, to avoid any confusion or duplication.

7

Coordinate ministries

Roles of ministries and mechanisms for coordination must be clearly defined, especially between health and education departments – which often work in siloes.

8

Collaborate outside government

In many contexts, private actors like businesses, charities, community leaders and families themselves play a significant role, and governments need to collaborate with these key allies.

Photo: Jonathan Torgovnik/Getty Images/ Images of Empowerment

The Tanzania Early Childhood Development Network (TECDN) – a civil society organisation which represents early childhood stakeholders from across the country – holds a seat on the National ECD Steering Committee, working in collaboration with key government officials.[80]

9

Establish quality standards

In order to maximise impact on child outcomes, the quality of services, programmes and parent-child interactions need to be clearly defined and monitored. A workforce must be trained and supported to ensure these standards are met.

In the United Kingdom, London's fight against air pollution has included launching a street-level, comprehensive, low-cost air quality monitoring system. Called Breathe London, it equips advocates and policymakers with hyperlocal data, including giving children pollution monitors in their backpacks en route to school.[81]

10

Regular monitoring and evaluation

Create mechanisms for regular data collection to monitor and share results openly across sectors, and to make adjustments during implementation whenever necessary.

Photo: Courtesy of Jon Spaull/Bernard van Leer Foundation

Photo: Save the Children

Case Studies

Hand-picked from around the world, these five case studies on the following pages illustrate key lessons for policymakers – from all levels of government to NGOs and international organisations. Each case study includes a quick summary, bitesize information and an explanation of how the integrated policy was set up to achieve impact.

	Amsterdam	India	Mali	Peru	Tel Aviv
Leadership	Municipal government	Ministry of Women & Child Development	Ministry of Health	Ministry of Finance	Director General, Municipality
Launched	2012	1975 / 2000	2013	2006	2016
Policy	Kansrijke Start, Health Weight Programme	Integrated Child Development Service	Africa Nutrition Security Partnership	Crecer, Juntos, Cuna Mas	Urban95 Challenge, Digitaf
Core intervention	Home-visiting	Anganwadi framework	Micronutrient supplements	Results-based budgeting	Government culture shift
Key lessons	❶ Start early ❹ Create clear targets ❽ Collaborate outside government	❻ Pick a focal point ❾ Establish quality standards ❿ Regular monitoring and evaluation	❺ Allocate a budget ❽ Collaborate outside government ❿ Regular monitoring and evaluation	❸ Plan for all, but target those in need ❻ Pick a focal point ❼ Coordinate ministries	❷ Secure political support ❺ Allocate a budget ❼ Coordinate ministries

CASE STUDY

Amsterdam, The Netherlands

Fighting childhood obesity

▷ AMSTERDAM'S SYSTEM-WIDE APPROACH TO THE FIRST 1,000 DAYS

WHO:
- Municipality of Amsterdam
- Local partners in welfare, youth and healthcare
- (National) Ministry of Health, Welfare and Sport
- Bernard van Leer Foundation

WHAT:
Amsterdam has cut school-age child obesity dramatically since 2012. Since 2017, the city has been working to replicate the approach and those results for babies and toddlers.

HOW:
A multidisciplinary approach including home visits, early detection of obesity risk, preschool interventions for parents and community outreach.

After its success in cutting child obesity, Amsterdam has broadened its focus to the first 1,000 days of life. The city is using its system of home-visiting midwives, youth healthcare and parenting services to identify and support parents and children at risk of obesity, from pregnancy onwards. With clear targets to cut overweight and obesity among 2- and 3-year-olds, the city is focusing on resources in vulnerable neighbourhoods, to educate parents through health services, community ambassadors, and preschools and nurseries.

> "For babies, the behaviour and social circumstances of parents is the key – even before and during pregnancy."
>
> - *Marianne Mahieu, Director, Kansrijke Start, City of Amsterdam*

Photo: Anahí Clement/Bernard van Leer Foundation

Amsterdam's success in cutting child obesity in children aged 4–12 years old has been lauded around the world. Beginning in 2012, the Amsterdam Healthy Weight Programme focused on boosting child health in the family context. Now the city wants to replicate and expand those results for younger children – among whom obesity has still been increasing.

Key lessons

1. Start early
4. Create clear targets
8. Collaborate outside government

With a strong political commitment, Amsterdam has set the bold target of ending childhood obesity by 2033. The key to this is a whole-systems approach, focused on changing behaviour and policies within and outside local government, working closely with policymakers, professionals, communities and target groups.

IN NUMBERS

USD 2 trillion
the annual impact of obesity on the global economy[1]

12%
decrease in overweight and obesity in school-age children, 2012 to 2015[2]

200
trained health ambassadors in Amsterdam neighbourhoods[3]

The city is intervening from preconception onwards, utilising its home-visiting system of midwife assistants and youth healthcare professionals to identify obesity risk factors such as stress, maternal health, housing and family income. Within the infrastructure of Amsterdam's parent support and health services, these home visitors can offer help and advice while organising further support for families when necessary – such as with welfare, mental health support, community interventions, dieticians or physiotherapists.

Photo: Merlijn Hoek/Flickr

Interventions are also taking place in preschools, nurseries and the wider community. More than 1,200 preschool parents have been involved in activities on healthy nutrition, and 200 community ambassadors have been trained to provide nutritional advice and information in their communities.[4] Resources are being targeted to areas of most need – in particular the north, west and south-east city boroughs.

Amsterdam has worked with the national government in developing the 'Kansrijke Start' (Solid Start) project to find out what's needed to boost early childhood development, including tackling issues like obesity. Working across government and with organisations including the Bernard van Leer Foundation, the city government is using insights from behavioural science to develop and explore tools to improve nutritional and healthy behaviour in families, and lobbying for national legislative changes such as a clampdown on milk formula advertising.

Amsterdam's schools were a strong focal point around which to organise anti-obesity efforts. For early childhood, caregivers and young children come into contact with various different departments, services and community influences. This underlines the need to further expand the scope of the city's integrated approach for young child health. Most importantly, says Marianne Mahieu, Director of Kansrijke Start, they must help midwives, maternity assistants and other service providers to give parents as much support as possible during the first 1,000 days, to help them tackle social risk factors, equip them with information and instil positive lifestyle and parenting behaviours.

READ MORE

Amsterdam Healthy Weight Programme 2018-2021 Multiannual Programme (City of Amsterdam)
Policy Brief: Malnutrition in the Early Years (Bernard van Leer Foundation)

CASE STUDY

India

The anganwadi system

▷ INDIA'S INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS)

WHO:
- Anganwadi centres
- Ministry of Women & Child Development
- State governments
- UNICEF

WHAT:
India has achieved an impressive scale of early childhood services, serving vital primary health and childcare to 82 million children under 6[1] and scaling preschool to 33 million children.[2]

HOW:
By expanding early childhood services through one contact point: anganwadi centres. A legal early education framework since 2013 has helped to boost preschool quality.

India's longstanding ICDS scheme is a powerful system for scaling early childhood interventions, with local "anganwadi" and health workers in each community providing holistic care from pregnancy to the age of 6. With government backing, the last two decades have seen the system reach more children and add more services. A legal ECCE framework has helped to standardise and monitor early education and care, and a flagship nutrition programme is aiming to combat stunting.

"Any programme where we want to reach out to the parents or the community and we want to change something, we're still banking on ICDS."

- Aparajita Chaudhary, Early Childhood Development Specialist, UNICEF India

India's Integrated Child Development Services (ICDS) is a package of six services including supplementary nutrition, pre-school non-formal education, nutrition and health education, immunisation, health check-ups and referral services. It began in 1975 but was expanded to all states in 2000, and more services have been gradually added.

Key lessons

6 Pick a focal point

9 Establish quality standards

10 Regular monitoring and evaluation

These interventions are implemented through local anganwadi childcare centres, where an anganwadi worker supports a population of around 1,000 people. Progress is reported up through a chain of supervisors to each state's child development department, which then reports to the federal Ministry of Women & Child Development. Each anganwadi worker works in collaboration with a local social health worker and midwife, who each holds different responsibilities.

With that structure at its core, the government has added different priorities over time. A national Early Childhood Care and Education (ECCE) legal framework introduced quality standards for education in 2013, leading to the creation of a national curriculum framework, activity books and assessment cards. States began creating their own contextualised curriculums and monitoring early education more closely.

Since 2018, Poshan Abhiyaan (The National Nutrition Mission) has been the government's flagship programme to improve nutritional outcomes during early childhood. Primarily implemented through anganwadi centres, the policy is increasing the use of technology to track growth monitoring data of women and children, and intensifying health and nutrition services for the first 1,000 days.

Despite ICDS' successes, there are several improvements required. The first is human resources: anganwadi workers are under a lot of pressure serving so many people and need more support to boost quality of care. There are huge regional inequalities in terms of programme success and many families are not participating, sometimes due to cultural or access issues. Disabled children struggle to access services through ICDS, for example.

IN NUMBERS

82 million
children under 6 served by ICDS[3]

1.3 million
anganwadi centres across India[4]

<60%
of women and children received any key ICDS intervention in 2016[5]

Photo: Trupal Pandya/Bernard van Leer Foundation

READ MORE

Inside India's ambitious effort to provide early care and education to 400 million kids (Quartz India)
India's Integrated Child Development Services programme; equity and extent of coverage in 2006 and 2016 (World Health Organisation)

CASE STUDY

Mali

The Sikasso paradox

▷ A COMMUNITY APPROACH TO FIGHTING MALNUTRITION

WHO:
- Ministry of Health
- Groupes de Soutien aux Activités de Nutrition (Nutrition support groups)
- UNICEF
- European Union
- Italian Agency for Development Cooperation

WHAT:
Micronutrient powders (MNP) delivered to young children helped to cut chronic malnutrition in the Sikasso region's Yorosso district from 30.2% in 2012 to 15.4% in 2016.[1] The MNPs reached more than 44,990 children in 2019 in Sikasso overall.[2]

HOW:
Introducing MNPs through a multisectoral group of community volunteers, within a package of interventions including counselling to promote nurturing care and key family practices like child feeding, hygiene and health.

In the Sikasso region, UNICEF, the Ministry of Health and other agencies have worked to build a community-led nutrition intervention. Aimed to reduce stunting and anaemia, each community has a group of locally-respected volunteers who disburse micronutrient powders and promote key family practices like early initiation of breastfeeding and dietary diversity. Piloted in two districts, the approach cut childhood stunting rates in half and is now looking to scale.

> "We have put the community at the heart of their own development."
>
> - *Marietta Mounkoro, UNICEF Nutrition Officer in Sikasso*

Photo: Miguel Lizana / AECID

The Sikasso region is known as Mali's breadbasket yet has some of the worst malnutrition rates in the nation. This is called the "Sikasso paradox." One in three children under 5 suffer from stunting.[3] As one of four countries in the Africa Nutrition Security Partnership, Mali's Ministry of Health worked with UNICEF and other agencies to pilot a new approach to tackling child malnutrition at a community level in the districts of Yorosso and Koutiala.

Key lessons

5 Allocate a budget

8 Collaborate outside government

10 Regular monitoring and evaluation

With implementation beginning in 2013 in Yorosso and 2016 in Koutiala, the intervention combines micronutrient powders (MNPs) with community-based leadership. MNPs contain 10 vitamins and five minerals to help support nutrition for children from 6 to 35 months old, and can easily be added to normal diets like in porridge.

1 in 3
children under 5 suffer from stunting in Sikasso[4]

44,990
children aged 6–35 months given MNPs in 2019 in the region[5]

14.8%
drop in stunting rate in Yorosso district, 2012–16[6]

The key to improving nutritional behaviours has been nutrition support groups of volunteers in each community called Groupes de Soutien aux Activités Nutrition (GSAN). Coming from various sectors and identified by village-level dialogue, the GSAN are trained in early childhood development and have the respect of their communities. There are 2,093 GSANs in Sikasso and the groups are being extended to Mali's other regions, with more than 6,000 GSANs nationwide.[7]

Not only do the GSANs distribute MNPs, but they support a range of behaviours to promote child development, including healthy nutrition during pregnancy, exclusive breastfeeding in the first six months, dietary diversification for young children and cognitive stimulation.[8] More than 630,000 parents and caregivers in the two districts were reached with messages on essential family practices including child feeding, health and hygiene in 2018 and 2019.[9]

In Yorosso, the stunting rate for under-5s dropped from 30.2% to 15.4% from 2012 to 2016.[10] In Sikasso overall, chronic malnutrition reduced more slowly, from 35.5% to 28.9% from 2015 to 2018.[11] Working with the government, UNICEF and other partners have been helping to create GSAN groups and MNP interventions across the region and nationwide.

The partners are also looking at ways to strengthen the quality of the interventions, such as introducing greater supervision of GSAN volunteers, working with the government to improve their training and creating financial incentives for them. Another challenge is finding the right financial model to fund improvements and further scale the intervention going forward.

Photo: Miguel Lizana / AECID

READ MORE

A magical powder for the children of Sikasso (UNICEF)

Adherence and acceptability of community based distribution of micronutrient powders in Southern Mali (World Bank)

CASE STUDY

Peru

A national stunting strategy

▷ THE POWER OF REAL-TIME DATA AND ALIGNED MINISTRIES

WHO:
- Ministry of Economy and Finance
- Ministry of Health
- Ministry of Development and Social Inclusion (MIDIS)
- Prime Minister's Office
- World Bank

WHAT:
The prime minister launched a national strategy in 2007 to defeat stunting. The policy cut Peru's chronic malnutrition rate by more than half in less than 10 years.[1]

HOW:
The finance ministry introduced results-based budgeting: using real-time data to target resources on evidence-based interventions. It coordinated several partners from within and outside government.

Peru has combatted stunting through a combination of cash transfers, increased health coverage, home visiting and childcare. The key has been prioritising resources to the first 1,000 days of life, doubling down on evidence-based interventions and tracking progress by establishing local accountability mechanisms. Ministries were aligned behind a clear, focused strategy, and backed by a strong political commitment from successive governments.

> "Peru proved that stunting can be reduced through high-level political commitment, an evidence based causal model, results driven budgetary programs, progress monitoring and social participation."
>
> - *Ariela Luna, Doctor, ECD expert and former Minister of Development and Social Inclusion*

Peru's efforts to reduce stunting have been driven by a strong political commitment since the 2006 election, when it was placed on the national agenda by a coalition of organisations. After millions had been wasted on ineffective feeding programmes, the finance ministry established results-based budgeting to improve the quality of public spending. Resources were focused on evidence-based interventions, targeted towards specific areas and populations to achieve the most impact: especially pregnant women and children under 2 in poor areas.

Key lessons

3 Plan for all, but target those in need

6 Pick a focal point

7 Coordinate ministries

With the finance ministry as the focal point, government ministries, NGOs and international organisations worked together under a common stunting reduction strategy. At the community level, comprehensive monitoring systems were set up to collect real-time local data, making local implementers accountable to goals set nationally. And in 2011, a new Ministry of Inclusion and Social Development was formed to further coordinate the government's efforts against stunting in high poverty areas.

Interventions have included the "Juntos" programme of cash transfers – conditional on mothers taking young children to growth check-ups – and "Cuna Más" which consists of weekly home visits in rural areas and free, quality childcare in urban areas. The government had to boost the public's understanding of stunting, to increase demand for healthcare locally and to improve attendance at growth monitoring and promotion sessions, which track child outcomes and counsel parents about changes to health and nutrition. Another vital aspect has been promoting birth registration for children as a gateway to access these services.

Peru's results against stunting have been remarkable. The rate of chronic malnutrition among children under 5 was more than halved, dropping from 28% in 2008 to 13% in 2016.[5] Supported by the country's economic growth, targeted interventions vastly improved healthcare support for young children – especially in poor areas. Attendance at growth monitoring appointments rose from 21% to 66% for children under 3 in rural areas from 2008 to 2016.[6]

Despite this success, problems remain. Stunting levels have been slower to drop in rural areas, especially among Indigenous populations. The prevalence of anaemia in young children is also very high and the government is implementing a multisectoral plan to combat it. Meanwhile, the number of young children who are overweight and obese is on the rise. Tackling those issues will need renewed momentum and new solutions.

IN NUMBERS

1 in 3
children under 5 are undernourished or overweight globally[2]

3x
increase in child growth monitoring attendance in Peru's rural areas[3]

377,000
Peruvian children saved from being stunted from 2007 to 2016[4]

Photo: Dominic Chavez - World Bank

READ MORE

Standing tall: Peru's success in overcoming its stunting crisis (World Bank)
The Cuna Más Home Visiting Program in Peru (Early Childhood Workforce Initiative)

CASE STUDY

Tel Aviv, Israel

A city for young families

▷ HOW TEL AVIV-YAFO MADE EARLY CHILDHOOD A PRIORITY

WHO:
- Director General & Communications
- Municipal departments[1]
- Bernard van Leer Foundation
- Tel Aviv Foundation

WHAT:
The city has expanded services for young families, launched a digital platform for parents and renovated public spaces like playgrounds to suit babies, toddlers and their caregivers.

HOW:
With support from the Bernard van Leer Foundation, the municipal leadership and several departments have integrated early childhood into their work as a priority, running pilots and expanding services.

Tel Aviv had a big influx of young families, but the city didn't work for them. In partnership with the Bernard van Leer Foundation and the Tel Aviv Foundation, several municipal departments have integrated early childhood into their approach, dedicating resources to making public spaces more child- and caregiver-friendly, rapidly expanding services like parent-child activities, and opening communication with parents through a digital platform.

> "It's easier to be an agent of change by not just talking but by showing results"
>
> *- Bosmat Sfadia-Wolf, Urban95 Manager, Community, Culture and Sports Administration*

Photo: Courtesy of Oded Antman/ Bernard van Leer Foundation

Young families flocked to Tel Aviv when it became an economic hub from the late 2000s. But there was a problem: the city wasn't adapted for young children and caregivers. As research from Bloomberg Philanthropies later showed, early childhood services were expensive and hard to come by. In 2011, families even protested the gaps in "stroller marches," hitting newspaper front pages.[2]

Key lessons

2 Secure political support
5 Allocate a budget
7 Coordinate ministries

This demand made sure that early childhood services became a political priority. To turn that into action, the municipal government partnered with Bernard van Leer Foundation's Urban95 Challenge and the Tel Aviv Foundation in 2017. Several departments have incorporated or expanded their services for young children and caregivers, and the partnership even included embedding an architect and urban designer – Bosmat Sfadia-Wolf – into the municipal government to encourage intersectoral collaboration around improving the city for babies, toddlers and caregivers.

The Parks and Gardens Department, for example, has built early childhood play spaces into more than one-third of the city's playgrounds, boosting its budget for young children. The Director General's communications department has launched a digital platform called Digitaf on Facebook, and has more than 17,000 members which informs parents about services and activities. At health baby clinics and community centres, around 370 parent-child activities now take place each month.[4]

Changes like these required a cultural shift in government. For example, parent-child activities are put on by both the health and social sector and community services, necessitating cooperation between those departments and providing more points of access for families. One of the most successful steps taken by the partners was to take city leaders on a study trip to Copenhagen, where they could see examples of human-centred design.

The city is only a few years into this project, which means there is much more to do. The price of early childhood services and childcare is yet to be fully tackled, while persuading some departments to prioritise early childhood has been easier – particularly those already working with families – than others, such as transport. But Tel Aviv shows how political commitment, early childhood knowledge and coordination can lead to significant change.

IN NUMBERS[3]

8%
of Tel Aviv's population are aged 0 to 5

150 playgrounds
have had early childhood play spaces added, out of 475

370
parent-child activities take place each month

Photo: Nati Halevy

READ MORE

City Hall Embraces Early Childhood Development: Reaching an Underserved Population in Tel Aviv, 2016 – 2019 (ISS, Princeton University)

Photo: Jacob Krupnick/Wild Combination

Part 3

RECOMMENDED RESOURCES

This final section includes a non-exhaustive list of useful resources for policymakers and practitioners, from more in-depth policy ideas and solutions to data banks and measurement tools.

▷ Data sources

Africa Early Childhood Network: Country profiles

FOR: country-level data and information, tracking progress on early childhood indicators

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Asia Pacific Regional Network for Early Childhood: Country profiles

FOR: country profiles covering key early childhood information and data

---

Nurturing Care for Early Childhood Development WHO, The World Bank, UNICEF

FOR: country-level data on early childhood policies across several sectors

---

Systems Approach for Better Education Results (SABER) The World Bank

FOR: data on education system policies and institutions from more than 35 countries

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Maternal, Newborn, Child and Adolescent Health Data Portal WHO

FOR: global, regional and country statistics and policy profiles

▷ Measuring and evaluation

Early childhood development: an imperative for action and measurement at scale (2019) Richter et al.

FOR: the global state of early childhood development measurement

---

International Development and Early Learning Assessment (IDELA) Save the Children

FOR: a global tool to measure children's early learning from 3.5 to 6 years old

---

The Standardized Early Childhood Development Costing Tool (SECT) The Brookings Institution

FOR: a tool for funders, governments, implementers and researchers to cost services

---

The Global Scale for Early Development (GSED) WHO et al

FOR: an upcoming global tool to measure to measure child development for children under the age of 3

▷ Policy solutions and toolkits

Proximity of Care (2020) Arup

FOR: a guide to assessing, designing and implementing child-centred interventions in vulnerable urban contexts

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Early Years Starter Kit: Ideas for action (2019) Bernard van Leer Foundation

FOR: a toolkit for municipal and national government officials and their partners

---

Improving early childhood development: WHO guideline (2020) World Health Organization

FOR: a guideline for the health sector and others to support nurturing care

---

Policy briefs: The Early Years (2019–20) Bernard van Leer Foundation

FOR: an in-depth look at key policy areas, such as mental health and air pollution

---

Scaling partnerships: Case studies (2019) Bernard van Leer Foundation

FOR: more case studies on scaling early childhood interventions

---

Programme Guidance for Early Childhood Development (2017) UNICEF

FOR: a framework for ECD action linked to the SDGs, and strategies for implementation

▷ The science

The Beginning of Life (O Começo da Vida) Maria Farinha Filmes

FOR: a documentary film highlighting the importance of the early years of a child's life, with footage from nine countries

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The Best Start in Life: Early Childhood Development for Sustainable Development SDGAcademyX

FOR: a free eight-week course on early childhood development from global experts

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The Deepest Well: Healing the Long-Term Effects of Childhood Adversity (2018) Dr Nadine Burke Harris

FOR: a ground-breaking book on adverse childhood experiences

Resources Healthy Newborn Network

FOR: a database of global scientific studies on newborn health

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Science of Early Child Development University of Toronto & partners

FOR: a suite of media-rich educational resources making ECD science more accessible

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What Is Early Childhood Development? A Guide to the Science Harvard Center on the Developing Child

FOR: a summary of early child development and brain science

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