Chile’s 10-year experience with a comprehensive early child development system

Investing in the Early Years CoP
March 29th, 2018
What is Chile Crece Contigo (CHCC)
Chile Crece Contigo (CHCC) Subsystem

✓ Chile Crece Contigo (Chile grows with you) is an integrated service delivery network to respond on timely and relevant basis to the children developmental needs and their families requirements of support.

✓ CHCC tracks each child development trajectory starting during pregnancy until they enter to PK (at 4 years old). In 2017, CHCC will be extended until finishing the first cycle of elementary school (PK, K, and grades 1 to 4).

✓ CHCC provides some universal services as well as differentiated services depending on child and family needs.

✓ A well-developed Management Information System (MIS) supports tracking activities including referrals.

✓ It is one of the Subsystems of the Intersectoral Social Protection System,
Main figures of Chile Crece Contigo (CHCC)
Integrated suite of services (children under 4 years old and their families) – supporting child’s development trajectory

Program: Support to bio-psycho-social development

Family allowance

Preferential access to social programs

Welcome set to newborns

Modalities to support developmental delays

Nursery and early childhood development education modalities

Technical aids for disability
Combination of universal and targeted interventions – different interventions in the same child and his/her family

ENTRY PROGRAM:
Support to bio-psycho-social development

Information, sensitization and education open activities

Differentiated and specialized interventions to:
Children
Parents and caregivers

All children (100%)

Children covered by the public health system (81.6% of all)

Children from 60% most vulnerable households (70% of all)

870,000 children each year (from pregnancy)
INSTITUTIONAL ARRANGEMENTS AT GOVERNMENT LEVELS

NATIONAL LEVEL
- MINISTERIAL COMMITTEE OF EARLY CHILHOOD
- MINISTRY OF HEALTH
- MINISTRY OF SOCIAL DEVELOPMENT (MDS)
- MINISTRY OF EDUCATION

REGIONAL AND PROVINCIAL LEVEL
- SEREMI OF HEALTH (REGIONAL REPRESENTATIVE)
- HEALTH SERVICES (HEALTH PROVIDERS)
- MANAGER OF CCC
- SEREMI OF MDS (REGIONAL REPRESENTATIVE)
- REGIONAL RESPONSIBLE OF CCC
- PROVINCIAL COORDINATOR OF CCC
- SEREMI OF EDUCATION (REGIONAL REPRESENTATIVE)
- JUNJI INTEGRA (PRE-PRIMARY EDUCATION PROVIDERS)

LOCAL LEVEL
- Local network of CCC
- Health
- MUNICIPALITY
- Education
How it works?
Open educational program – *for the whole population*

**Website**
www.crececontigo.cl

**Booklets for caregivers**
(massive delivery)

**Weekly radio program**
(national coverage)

1.9 million single visits each year

54,228 likes

143 videos

1.7 million views yearly

7,567 subscribers

8,916 followers

**APP CHCC**

**Hotline**
ENTRY PROGRAM: SUPPORT TO BIO-Psycho-Social Development

I. STRENGTHENING PRENATAL DEVELOPMENT
   A. Strengthening prenatal care
   B. Comprehensive intervention to families with psychosocial vulnerability
   C. Parenting education to the pregnant and her significative partner

II. PERSONALIZED SUPPORT TO DELIVERY PROCESS
   A. Personalized support to delivery
   B. Personalized support to puerperium
   C. Welcome set to newborns

III. INTEGRAL SUPPORT TO HOSPITALIZED CHILDREN
   A. Comprehensive intervention to hospitalized newborns
   B. Comprehensive intervention to hospitalized children

IV. STRENGTHENING COMPREHENSIVE DEVELOPMENT OF THE CHILD
   A. Strengthening regular health check-ups for integral development
   B. Parenting interventions "Nobody is perfect"

V. INTERVENTION FOR VULNERABLE CHILDREN AND DEVELOPMENTAL DELAYS
   A. Strengthening interventions to children with vulnerabilities and their families – referral services and modalities for children with delays or deficits in development.

PRIMARY CARE HEALTH SERVICES

PUBLIC HOSPITALS

PRIMARY CARE HEALTH SERVICES
Personalized support to each child

Identification of bio-psycho-social risks (protocols)

Entry

In any point the local network could be activate

SUPPORT TO BIO-PSYCHO-SOCIAL DEVELOPMENT

Health risk

Health

Bad housing conditions

Social risk

Municipality

EDUCATION

Differentiated support

Developmental delay

i.e. home visits

i.e. housing program

i.e. Social Registry

Need for nursery services
Examples of services
WELCOME SET TO NEWBORNS

Universal benefit in public hospitals

Equipped Crib

Basic stimulation and care

Secure Bonding and clothing for 6 months

Parenting session at the hospital
PARENTING INTERVENTION: NOBODY IS PERFECT

6 to 8 group sessions with a facilitator, certificated as trainer, based on peer discussions, information and orientation, related to child development areas. Supported by booklets organized through fact sheets with specific options to behave.
MODALITIES FOR CHILDREN WITH DELAYS OR DEFICITS IN DEVELOPMENT

✓ Provided by Municipalities
✓ Funding from the central level (CHCC funds) on annual basis.
✓ Each Municipality can provide one or more of the following modalities, depending on the profile of children to be supported and family profile:

✓ **Roaming services** – once a month in different localities – mainly isolated localities.

✓ **Home visits**

✓ **Toys library** – at community facilities

✓ **Stimulation rooms** – at community facilities and health centers
Specialized services – provided through referral system – coordinated by the CHCC local network lead by Municipalities

CHILDREN from 60% most vulnerable households

- Technical aids (disability)
- Nursery and KG modalities – mothers working, studying or seeking job.
- Part-time KG modalities – mothers not working out of home.

FAMILIES from 40% most vulnerable households

- Remedial education.
- Training and job placement services.
- Improving housing conditions
- Social and legal services
- Mental health services

PROVIDERS: Ministry of Education – Disability Fund - Municipalities

PROVIDERS: Different agencies – mainly through municipalities
Lessons Learned in 10 years of implementation
1. Build on existing services — *rearrangements more than new services to start*

- Growth and development protocol – health primary care: key service to start with.
- Prioritize the contact points with the children and their families.
- Analysis of available services (coverage and quality) to identify specific needs for improvement.
- Identification of potential package of services from existing ones (i.e. health primary care + cash transfers + parenting).
- Look beyond the obvious (i.e. housing, employment, care services – everything available related to families with children)
2. Phased implementation – *slow but safe*

<table>
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<th>COVERAGE</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
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<tbody>
<tr>
<td>MUNICIPALITIES</td>
<td>159</td>
<td>345</td>
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<td>PREGNANT WOMEN</td>
<td>47.683</td>
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<td>BIRTHS</td>
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<td>CHILDREN UNDER 1 YEAR OLD</td>
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<td>CHILDREN FROM 1 TO 2 YEARS OLD</td>
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<td>176.854</td>
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<tr>
<td>CHILDREN FROM 2 TO 4 YEARS OLD</td>
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<td>324.338</td>
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Deployment of CHCC – by cohorts (cumulative)
New Budget for CHCC implementation
(new services and improvements of existing ones)
Policy trajectory 2005 – to date

1. Pre-investment studies 2005
2. Presidential Advisory Council
   Proposals for action 2006
3. Special Ministers Committee
   Cross-ministerial technical group
4. Technical and political design and action plan for implementation 2006
   Starting Implementation 2007
   Starting by cohort 2007: pregnancy and 1st year.
5. CHCC LAW
   Approved 2009
6. EXTENSION TO FIRST CYCLE OF ELEMENTARY EDUCATION 2017

Broad Consensus
3. Informed decision making — *multiple sources more than waiting for the big impact evaluation*

- Evidence-based designs - intensive use of administrative data
- Monitoring processes from bottom to top
- Evaluation agenda – process, results and impact
- Studies of user satisfaction
- Keep open ears to the experiences of implementers

*20 studies and evaluations since 2008*
4. Respect and value the expertise of each sectoral policy — *collaboration vs competition*

- Participation of different sectors from the beginning.
- Each sector (health, education, social protection, others) know their own business and have to do their job at best possible
- An integrated system is a powerful tool to help each sector in achieving their results.
- Each sector has to clearly identify the gains in participating as a provider of the system.
- Working for exactly the same child is the better way to achieve results (extremely difficult but possible)

26 shared guidelines and protocols since 2007
5. Clear separation of functions between actors – *each is accountable for their own commitments*

- Both intersectoral and intergovernmental
- Implementation: those working directly with families of young children

**Coordination role** includes technical assistance and support to the other levels

**Fund for strengthening the network functioning**
6. An intersectoral policy requires specific tools—open to all actors, managed by the coordinator

- CHCC has developed 4 main management tools:
  - Management Information System (registration, tracking and referral). Doesn’t replace sectoral MISs, but interoperable.
  - Fund for strengthening the network functioning (annual resources to local networks for financing specific shared activities)
  - Interinstitutional agreements transferring resources (from the coordination entity) conditional on results.
  - Innovation fund (to experiment new service for potential scaling-up)
Final message

• It is important to start ...
• Better to be modest at the beginning not waiting for the perfect policy ...
• Children can not wait ...
• They grow so quickly and windows of opportunity are open for a short time.
• Each country needs to find their own way, based on what they have.
Thank You!!!