

POLICY BRIEF “Early Childhood Development: Identifying Successful Interventions and the Mechanisms Behind Them”

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Events and experiences in the early years of life have long run consequences; deficits accumulated during this period are very difficult and expensive to reverse in later life. The challenge faced by governments and policy makers is to identify interventions that are effective at improving child development, yet at a reasonable cost and that are sustainable in the longer run. In this research, we implemented an early childhood intervention that could be scaled up at reasonable cost, given the policy context and the resources (financial and human) available in Colombia, and have evaluated its impact. The evaluation, based on a randomised controlled trial, looks at the immediate effects on children’s development.

The early years is a key area of policy interest in Colombia, where the Colombian Government is currently formulating an integrated plan for the development of children below the age of 5. Findings from our research are extremely timely and relevant for this policy. The research will also affect policymakers on a global stage, particularly those involved in formulating policies to improve early childhood development and health.

The main findings from the research are as follows

- *The home visiting programme was beneficial for children’s development.*

This intervention, which lasted 18 months, comprised of weekly home visits to mothers and children, during which the home visitor showed the mother a number of activities to do with the child. Mothers were encouraged to participate in the play and to continue the activities during the following week. The home visitors followed a curriculum that is semi-structured with a cognitive and language focus. The intervention had a significant and sizeable impact on a variety of children’s outcomes including cognitive development, receptive and expressive language, which have seen improvements; and reductions in behavioural problems.

- *The programme seems to have been particularly beneficial for relatively older children.*

Children were aged between 12 and 24 months at the start of the programme, and continued to receive it for a year and a half. The ones who benefitted most from the home visits in terms of development are those who were aged 19-24 months at the start of the programme.

- *The impact of providing nutritional supplementation alone seems very limited.*

Nutrition supplementation for young children was provided in the form of ‘sprinkles’ containing appropriate levels of iron, zinc, Vitamin A and Vitamin C. Initial analysis suggests that improving nutrition alone does not seem to matter for children’s development.

Implementation and Action Points

1. Home visits should follow a curriculum that has ideally been tried and tested before. It is very important to adapt the curriculum in order to make it culturally appropriate for the context and in particular, for the families targeted by the visits. In the case of Colombia, books that were part of the curriculum contained pictures of local fruits and vegetables and of local housing that children were familiar with. We would encourage close collaboration with psychologists and practitioners who are familiar with the context and who have experience in child development.
2. The emphasis of the visits should be on the interaction between mother and child. At the heart of the intervention is the important role of the mother in helping her child to develop by talk, play and involvement in everyday activities. This also promotes sustainability.
3. A key challenge is how to select home visitors. For this, identify people from the communities themselves. This reduces the costs and empowers communities to take ownership of the

intervention, leading to beneficial spillovers. In our case, we exploited the presence of a conditional cash transfer programme targeted at the poorest 20% of households in Colombia, through which a network of local women is elected to act as community leaders. These women constituted the core of the intervention in that they could be hired and trained as home visitors, and will eventually take ownership of the intervention itself.

4. Further research is needed before the effects of nutritional supplementation can be gauged.

5. The impacts obtained are remarkable, given the resources used: the intervention cost was about US\$500 per child per year. In terms of scaling up such a programme, significant savings could be made on supervision, which could be made less intense. At scale, each supervisor could cover more home visitors, and could be selected locally. We estimate that the intervention could cost between US\$300 and US\$400 at scale.

6. That said, in scaling up an intervention such as this, one would need to factor the costs of reaching more remote areas with less infrastructure and poorer human resources.

7. It is important that such a programme includes regular training and motivation of those delivering it so as to sustain the results in the longer run.

Dissemination

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