Comprehensive Protection System for Early Childhood (Chile Grows with You)
The Chilean experience

Implementation and evaluation

Mr. Claudio Castillo

International Conference on Human Development Measurement Methods and Evaluation Approaches Focused on Equity in Favor of the New generations

Rabat, Morocco, June 5th, 2014
Chilean context

- Population (‘000 inhabitants) 17,403 (2012)
- Geographical distribution
  - 15 regions
  - 54 provinces
  - 345 municipalities
- GDP per capita (USD current PPPs) 22,416 (2012)
- Population under poverty line (%) 14.4 (2011)
- Gini coefficient 0.50 (2010 - of household disposable income and gap between richest and poorest 10%)
- Children population aged less than 15 (%) 21.8 (2012)
- Life expectancy at birth (years) 80 (2014)
- Infant mortality (per ‘000 born) 7.4 (2010)
- Birth rate (per ‘000) 14.4 (2011)
- Birth attended by skilled health personnel (%) 100 (2013)

Source: OECD - INE – CASEN - OMS
Evidence-based public policy

Unequal paths

Source: Lancet ECD 2011. Global Child Development Steering Group
Chilean context before *Chile Crece Contigo (CCC)* - 2006

90% of pregnancy under regular check-ups and newborn check-up close to 100%
100% Births attended by skilled health personel
(Presidential Advisory Council for Policy Reform for Childood, 2006:19)

5,2% of children under 4 years in extreme poverty (3.2% overall) and 16,7% in poverty
(10.5% overall)
(Casen 2006)

3 of 10 children didn’t reach the expected development at their age
(Second National Survey of Quality of Life, Ministry of Health, 2006)

Mothers of 50 % worse off households do not reach the full secondary education
(Casen 2006)

16% of lower-income households with children were living overcrowded
(Casen 2006)

49% prevalence of 6 months exclusive breastfeeding
(DEIS, 2006)

80.6% of children under 4 years were attending the Public System (Fonasa)
(Casen 2006)
The origins of Chile Crece Contigo (CCC)

Under the chilean social protection system

Previous studies

Presidential Advisory Council on Early Childhood Policy Reform

Analysis and actions taken for its implementation

Comprehensive Protection System for Early Childhood

Institutionalization of CCC by law

Law 20.379

2005

2006

2007

2009

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What is *Chile Crece Contigo*

It is a management system that aims creating a level playing field for early childhood development, supporting fulfillment of each child developmental potential contributing to social mobility.
Social Protection System

Intersectoral social protection system

Work and income protection
- Unemployment insurance
- Basic Solidarity pension

Chile Solidario Ingreso Ético Familiar
- Families in extreme poverty (PUENTE)
- Homeless (CALLE)
- Seniors living alone (VINCULOS)
- Children with parents in prison (ABRIENDO CAMINOS)

Chile Crece Contigo
- Children from the more poorest homes
- Children attending the public health system
- All Citizen

Conditional cash or in kind benefits

Social Protection Card (targeting instrument)

Integrated Social & Health Information System

Source: Presentación Equity from the beginning. Chile Crece Contigo: A national policy to protect early years. EARLY CHILD DEVELOPMENT MEETING World Bank; WDC. February 22 2010 y aportes del autor

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Structure: articulation of social protection

NATIONAL LEVEL

- MINISTERIAL COMMITTEE OF EARLY CHILDHOOD
  - MINISTRY OF HEALTH
  - MINISTRY OF SOCIAL DEVELOPMENT (MDS)
  - MINISTRY OF EDUCATION

REGIONAL AND PROVINCIAL LEVEL

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

LOCAL LEVEL

- Local network of CCC
- Health
- MUNICIPALITY
- Education

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Support and services offered by Chile Crece Contigo

- Interactive educational and informative tools (website, social media, radio)
- Biopsychosocial Development Support Program (PADB)
- Newborn Support Program (PARN)
- Good quality free nursery school and kindergarten
- Home Visits by health teams
- Family Allowance
- Comprehensive care for children with developmental delays
- Technical aids for disabled children
- Preferential access to the social protection system

All children, parents and caregivers 100%

Children affiliated to the public health system 80%

Vulnerable children (biological and social) 60%
Personalized tracking of early child development

The mother enters the System on her first prenatal check up

Any child’s contact with the different actors who are part of the system should activate the network (if there is any kind of vulnerability)

Health check up

Biopsychosocial Development Support Program

Health

Ex: Home Visit Program

Inadequate

Ex: Completion of the Social Protection Card

Municipality

Need of nursery services

Education

Developmental delays

Ex: priority access to housing programs

Biopsychosocial risk Identification according to the protocol

Differentiated responses

Ex: priority access to housing programs

Comprehensive Protection System for Early Childhood | Chile Grows with You
System’s Tools

- Primary Program: Bio psychosocial Development Support Program (Ministry of Health and Ministry of Social Development)
- Newborn Support Program (Ministry of Health and Ministry of Social Development)
- Support Fund to Early Childhood Development Modalities (Municipalities)
- Fund for Early Childhood Initiatives (other public institutions)
- Fund for Strengthening Municipal Capacity (municipalities)
- Early Childhood Hotline
- Interactive educational and informative tools
- Registration, referral and monitoring system (IT)
- Technical Assistance to Municipalities
Biopsychosocial Development Support Program

I. Strengthening Prenatal Development
   A. Strengthening Prenatal Care
   B. Development of a Health plan with a family approach
   C. Education for the pregnant woman and her partner or companion

II. Personalized Care in the birth process
   A. Personalized Birth care
   B. Comprehensive Care during the postpartum period
   C. Newborn Support Program

III. Comprehensive Care during hospitalization
   A. Comprehensive care of hospitalized newborns
   B. Comprehensive Care for hospitalized children

IV. Strengthening the child’s comprehensive development
   A. Strengthening Children’s Health check-ups for comprehensive development.
   B. Educative interventions supporting parenting

V. Care for children in vulnerable situations
   A. Strengthening interventions with vulnerable children. Delays and deficit in their comprehensive development.
Newborn Support Program

- Delivery of a set of basic tools for newborn care and educational material.
- Education on the use of implements and newborn care.
Main Chile Crece Contigo Evaluations

- Quasi-experimental assessment of the biopsychosocial Development Support Program on an historical cohort (baseline data already collected)
- Experimental evaluation of parenting skills workshops “Nadie es Perfecto” (Nobody’s Perfect)
- Satisfaction and usability surveys of the Biopsychosocial Program and the Newborn Program.
- National Implementation Survey
- Qualitative evaluation of the implementation of the Biopsychosocial Development Support Program.
- Qualitative and Quantitative Evaluation of Chile Crece Contigo Municipal Networks.
- Evaluation forms to support child development interventions
- Cost effectiveness evaluation of modalities to support child development
Some of our achievements

- **Increase and Improvement of relevant services to support early childhood development**: for instance, identification of risk factors during pregnancy, home visits, prenatal and parenting skills workshops, among others.

- **High levels of user satisfaction for biopsychosocial program and newborn program**: 81% y 94%, respectively.

- **Constant budget increase for Chile Crece Contigo**, especially of the funds aimed at supporting local management and nursery and kindergarten education.

- **Building Key Performance Indicators (KPI) for every single municipality**: our objective is to have indicators that allow us to identify how well the municipal network is functioning and the kind of assistance they require.

- **Progressive increase** in the use of the registration, referral and monitoring system (IT).
Post evaluation activities

- Training Plan for deficient teams (Ex: professionals working in rooms stimulation)
- Technical Assistance Plan for regional teams
- Development of technical implementers’ performance profiles (Ex: Home visits)
- Development of new Technical Guidelines (Ex: modalities for supporting early childhood development and educational sessions for the Newborn Support Program in primary care and hospitals teams)
- Creating virtual communities for teams
- Improvements on monitoring system and more feedback (opportunity)
- Adding new topics to informative tools (Ex: respectful and active parenting)
- Logistical changes in Newborn Support Program
- Changes in the composition of the Newborn Support Program Set.
### Effectiveness of Biopsychosocial Development Support Program

<table>
<thead>
<tr>
<th>Expected results (2007)</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Reduction of risk rates and delayed child development.</td>
<td>SHORT TERM</td>
</tr>
<tr>
<td>b) Reduction of territorial and socioeconomic gaps in child development</td>
<td>SHORT TERM</td>
</tr>
<tr>
<td>c) Children enter the school system with the competencies and skills necessary to continue their learning.</td>
<td>MEDIUM TERM</td>
</tr>
<tr>
<td>d) Parents are active agents in the education of their children, to integrate the school system.</td>
<td>MEDIUM TERM</td>
</tr>
<tr>
<td>e) Reduction of gaps in human capital.</td>
<td>LONG TERM</td>
</tr>
</tbody>
</table>

Source: Presentation of Paula Bedregal MD.
Study 2013 (developed by Pontifical Catholic University of Chile)

- **Survey data**

<table>
<thead>
<tr>
<th>Source</th>
<th>Treated (2013)</th>
<th>% of total</th>
<th>Controls (2010)</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Survey CCC</td>
<td>1429</td>
<td>100%</td>
<td>1790</td>
<td>99%</td>
</tr>
<tr>
<td>Battelle</td>
<td>1429</td>
<td>100%</td>
<td>1790</td>
<td>99%</td>
</tr>
<tr>
<td>Achenbach (behavior)</td>
<td>1429</td>
<td>100%</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

- **Additional information used**

  Sheets and clinical records in health centers

- **Child’s characteristics**: sociodemographic, health, perinatal history, birth history, health history.
- **Primary caregiver characteristics**: sociodemographic, social capital, mental health, physical health
- **Parenting characteristics**: beliefs about children, availability of resources for stimulation at home, emotions in the relationship with the child / a, parental involvement, maternal and primary caregiver.
- **Socio-economic characteristics** of the household
- **Use of services** (health and education)
Study 2013 (developed by Pontifical Catholic University of Chile)

Findings

- Better family economic conditions (2010-2013)
- In treated (2013), the primary caregiver has better mental health status, except for alcohol consumption
- Improved emotional control of the primary caregiver
- No change on beliefs about children and parenting roles
- No changes on parenting behaviors
- Availability (in household) of implements pacing is similar
- Increased use of health services
- Best path during pregnancy
- Same situation at birth
Study 2013 (developed by Pontifical Catholic University of Chile)

- The **independent variable** in the impact assessment is intervention of the "Subsystem Child Protection, Chile Grows with You", represented by the **Support Program for Biopsychosocial Development** (PADB).

- The **dependent variable** for assessing the impact of short-term program is **child development** which is defined as a continuous and progressive process of acquiring skills, knowledge and behaviors increasingly complex. This is displayed in the following areas: motor; cognition; socioemotional; language. (Method of measurement: the Battelle Developmental Inventory, STROOP DCCS and the questionnaire Achenbach).

- **Intermediate / moderator and potentially confounding variables** are in the first instance to **risk or protective factors of child development**, and that can be considered variables also immediate result of the program and that, therefore, may mediate or confound the relationship between the independent and dependent variable.
### Study 2013 (developed by Pontifical Catholic University of Chile)

- Are there differences in the level of development achieved by children treated in relation to those in the control group?

<table>
<thead>
<tr>
<th>Development area</th>
<th>Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global</td>
<td>Positive in % altered development</td>
</tr>
<tr>
<td>Social Personal</td>
<td>Positive in percentiles and % altered development</td>
</tr>
<tr>
<td>Adaptative</td>
<td>Positive in % altered development</td>
</tr>
<tr>
<td>Motor</td>
<td>Without evidence</td>
</tr>
<tr>
<td>Comunication</td>
<td>Negative in percentiles</td>
</tr>
<tr>
<td>Cognitive</td>
<td>Negative in percentiles and % altered development</td>
</tr>
</tbody>
</table>

**Time of implementation and use of services are the key**
Conclusions

- High magnitude of development problems: 30% (max)
- High magnitude of behavioral disorders: 20% (max)

A breakthrough:
- Economic improvements and possibly labor force participation of mothers
- In prenatal stages
- Service offering. Its use enhances results.

No changes in beliefs regarding parenting roles.
Impacts on public policy

- Feedback to teams (different levels)
- Strengthen effective actions
- Focusing efforts
- Evaluation of budget allocation (budget based on results)
- Extend to 8 years
- Starting point for discussion of a new institutional arrangement for Childhood policies (National Council)
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