

Early childhood care for greater well-being



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Early childhood care for greater well-being

In Latin America and the Caribbean (LAC), there are 48.8 million children under the age of five.¹ In the future, these children will assume leadership roles in society and will be responsible for generating the goods and services we need to live.

However, a high percentage of these children grow up with serious deprivations, in a context of deficient public policies that are unable to reverse inequalities or, in some cases, even exacerbate them. These deficiencies, occurring in the most critical stage of their growth, result in many children not achieving ideal physical, socio-emotional, and cognitive development, placing them at a disadvantage from a very early age.

As the years pass, the accumulation of human capital in these children will weaken, in many cases permanently, negatively impacting not only their health and productivity but also the general level of well-being in our societies. In this regard, it has been found that a country's long-term growth is lower when its average level of human capital is lower.² Therefore, investments aimed at strengthening human capital from an early stage in life have enormous potential to increase prosperity levels, helping to reduce poverty and inequality.³

Ensuring that children have adequate care, regardless of where they were born, is not only a moral imperative but also a necessity in terms of equality and efficiency.

Ensuring that children have adequate care, regardless of where they were born, is not only a moral imperative but also a necessity in terms of equality and efficiency. Greater access to goods, services, and opportunities will result in more happiness and fulfillment for them, better capabilities to meet their own future needs and those of their families, and consequently, in higher levels of well-being and prosperity in Latin American and Caribbean societies.

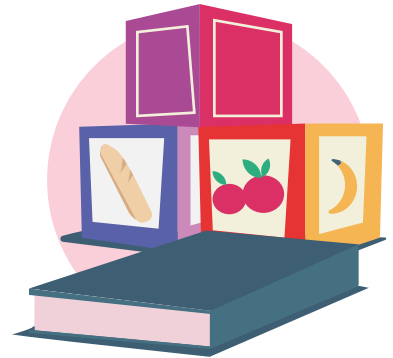
Childhood-related challenges in LAC

The optimal development of a child's skills and abilities fundamentally depends on the quality of care received during the gestation period and the first years of life.

The optimal development of a child's skills and abilities fundamentally depends on the quality of care received during the gestation period and the first years of life. Unfortunately, many children in LAC, especially those living in more disadvantaged socioeconomic contexts, are far from receiving adequate care at this stage. For some children, deprivations begin even before birth. Statistics indicate that one in ten pregnant women in LAC has fewer than four prenatal check-ups,⁴ affecting both their own health and that of their baby. It is estimated that nearly 10% of children born in the region in 2020 were underweight,⁵ impacting their immune system from the first days of life.⁶

Another critical point is related to feeding during the first six months of life when breast milk is the best possible food for the baby. According to UNICEF data, 43% of children in LAC received exclusive breastfeeding during the previous day, a slightly lower figure than the global average of almost 48%.⁷ Meanwhile, in the complementary feeding period, 20% of the children between six months and two years old in the region did not consume any vegetables or fruits during the previous day, and 57% did not receive a minimally acceptable diet^a the previous day.⁸

In terms of stimulation, there are also significant deficiencies according to available information^{9,b}: 27% of children between two and five years old did not receive any type of stimulation and/or receptive care in the last three days; and of the percentage that did receive it, less than a third was provided by their parents. Additionally, 70% of children in this age range have fewer than two children's books available at home, and 29% have no more than one toy.



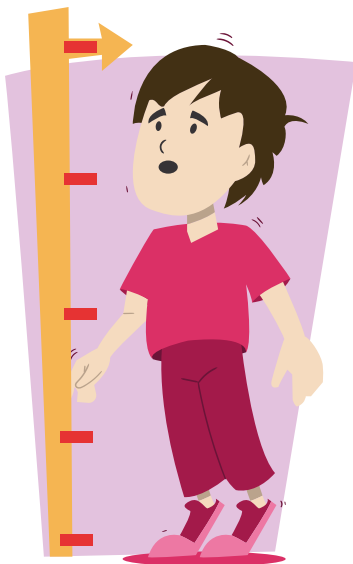
a It refers to a diverse diet because it includes foods from at least five of the eight food groups and frequent because it occurs between three to four times a day, depending on age (UNICEF).

b Information is available for the last year for: Argentina, Belize, Chile, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guyana, Haiti, Honduras, Mexico, Panama, Paraguay, Suriname, and Uruguay.

Many children in the region also lack adequate water and sanitation services ([ImpactoCAF – Water and Sanitation](#)) and therefore, are more vulnerable to waterborne diseases, such as diarrhea or acute respiratory infections. In LAC, nearly 15% of children under five had at least one respiratory infection in 2019, and 2% had at least one episode of diarrhea.¹⁰

Nutrition and care as the basis of child development

When children do not receive adequate nutrition and care, and when they live in environments lacking hygiene, they are more likely to have health and development problems.



In LAC, as of 2019, 21 out of every 100 children between six months and five years suffered from anemia,¹¹ which limits the body's functioning by reducing oxygen transport throughout the body. Similarly, by 2022, **five million children under five** suffered from **growth delays measured by height for age**, one of the main indicators of chronic child malnutrition (CCM).¹² This amounts to 12 out of every 100 children, almost three times more than what is observed in Europe. Moreover, the incidence of this problem is very uneven in the region: on average, a child from the poorest quintile is three times more likely to suffer from growth delays than one from the richest quintile.¹³ Regarding overall development, in LAC we find that 18% of children between three and five years do not have age-appropriate development in at least three of four relevant domains (cognition, motor development, socioemotional skills, and learning).⁹

Having reviewed some of the main issues in child development in LAC, what impact do nutrition and care have on children's growth?

On one hand, the quantity and quality of interactions between the baby and their caregivers, as well as adverse and stressful experiences in early childhood, affect brain structure and functions such as language skills, reading and learning, memory, response to fear, and emotional processes, among others.¹⁴ Children who have not had the opportunity to establish secure and loving relationships with their caregivers may have trouble developing self-control and empathy.³

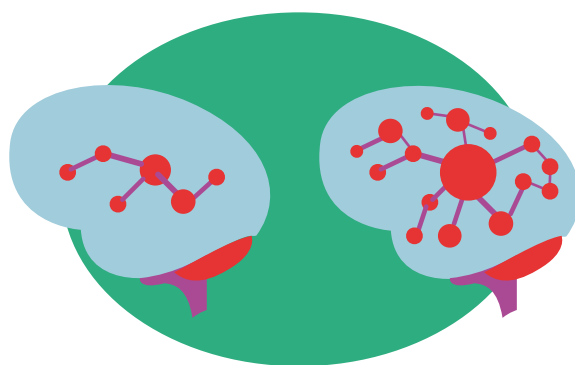
On the other hand, proper nutrition and care, even during pregnancy, are fundamental to ensure optimal brain development and good health. The incidence of diseases reduces the child's ability to learn, exercise, and interact with others, and in some cases contributes a greater risk of death or facing chronic health sequelae,¹⁵ as well as making the child more likely to suffer from malnutrition problems.¹⁶

Ensuring good health, especially in the early years of life, depends on the family providing quality care and appropriate environments for the child's development.

Ensuring good health, especially in the early years of life, depends on the family providing quality care and appropriate environments for the child's development. Hygiene in the spaces where the child spends their time and in daily activities (food preparation, hand washing before and after using the bathroom, etc.) is key to keeping the child and their environment healthy. Importantly, the child's well-being depends on the family being in constant contact with the healthcare system so that their growth and overall development can be monitored to prevent and address complications and provide support and guidance to those responsible for their care.¹⁷

In the specific case of malnutrition, it has been shown to negatively impact brain development by reducing the number of neural connections formed in the child's brain,¹⁸ among other adverse effects.^c Inadequate brain development decreases cognitive, psychomotor, language, and behavioral functions.¹⁹

The following illustration represents the difference in neural connection density between a child with malnutrition problems (left) and a healthy one (right):



Source: Based on an image from [Kakietek et al. \(2017\)](#) citing Nelson (2017).

^c Other brain development processes are also affected: neurogenesis, axonal and dendritic growth, synaptogenesis, cell death, synaptic pruning, myelination, and gliogenesis. These processes are responsible for the structural and functional capacity of the brain ([Grantham-McGregor et al., 2007](#)).

Additionally, malnutrition negatively affects physiology, metabolism, and the endocrine and immune systems.²⁰ Therefore, children with nutritional problems face a higher risk of contracting infections, especially gastrointestinal and respiratory ones, of having more severe infectious diseases, and of dying from these infections.²¹



It is important to emphasize that, for proper nutrition, caregivers need not only sufficient economic resources but also the necessary knowledge to effectively implement a nutritious, balanced, and varied diet.

A fragile state of health and inadequate brain development substantially affect a child's learning capacity and school performance.

A fragile state of health and inadequate brain development substantially affect a child's learning capacity and school performance.²² On one hand, they prevent the child from being in an optimal state for learning because their concentration, motivation, energy levels, and physical abilities and skills are diminished.²³ These deficiencies also affect the development of non-cognitive skills such as perseverance, responsibility, curiosity, emotional stability, or their level of determination.²⁴ On the other hand, health problems affect learning through increased school absenteeism and a later start to formal education.²⁵ A study of 79 countries found that for every 10% increase in CCM, there is a 7.9% decrease in the fraction of children reaching the last grade of primary school.¹⁸ Similarly, the reduction in personal interaction resulting from not attending school or having reduced playtime with other children limits the child's ability to learn how to interact with their environment and to benefit from those interactions.²²



Malnutrition leads to children accumulating less human capital throughout their lives, with very negative effects on their income-generating capacity, their health, and their well-being.

The consequence of the above is that children accumulate less human capital throughout their lives, with very negative effects on their income-generating capacity, their health²⁶ and their well-being.²⁷ An estimation for several countries finds that an increase of two standard deviations in height for age can imply an additional year of education and an increase of around 8% in lifetime labor income.²⁸ Other studies for specific nutrition and stimulation programs corroborate these results.^d

Stimulation and nutrition have also been found to have impacts on other dimensions such as health and criminal behavior. A long-term follow-up of the early stimulation program Abecedarian in the United States found a decrease in the prevalence of pre-hypertension in women by 24 percentage points (pp) and hypertension in men by 34 pp.²⁹ Meanwhile, a program providing nutritional supplements in Jamaica resulted in a two-thirds decrease in the probability of being involved in criminal acts.³⁰

It is estimated that children growing up in extreme poverty lose about 25% of their income-generating potential and have a lower chance of escaping poverty as adults.³¹ In Latin America and the Caribbean, according to some studies, nutrition problems (malnutrition, overweight, and obesity) can cost between 2 and almost 5% of the GDP annually.^{32,e}

Unfortunately, one of the most complicated aspects of this issue is that deficiencies generated in the first two years of life can only be partially reversed with later investments in childhood or adult life.³³ That is, there seems to be an ideal window of intervention in childhood, after which the negative effects of malnutrition and inadequate care are more or less permanent. And in LAC, with a high persistence of inequality, this implies that not only will the well-being of the child decrease, but also that of their descendants.³⁴

d In Guatemala, there was a 46% increase in average salary for participants in a nutrition program ([Hoddinott et al., 2008](#)). In the United States, lifetime earnings increased by 25% due to a stimulation program ([Belfield et al., 2006](#)). In Jamaica, 20 years after the program, incomes increased by 25% thanks to the provision of supplements to children under two years of age ([Gertler et al., 2014](#)).

e These estimates include healthcare costs, the burden of mortality, costs related to grade repetition, a decrease in years of education achieved, and loss of productivity.



CAF's action

Since 2019, CAF has contributed USD 1.169 billion to early childhood care in LAC, supporting early childhood development policies and social protection, as well as promoting nutrition and maternal-child health.

CAF's strategy, based on existing evidence, seeks to support countries in the region through financing, technical assistance, and the generation and dissemination of knowledge in comprehensive early childhood development. Within this agenda, as of 2023, CAF has supported seven countries in the region with credit operations and technical cooperation, benefiting 3.8 million children in the last five years.

CAF'S ACTION OVER THE PAST 5 YEARS (2019-2023)

\$1.169 billion
dollars

invested in order to attend children

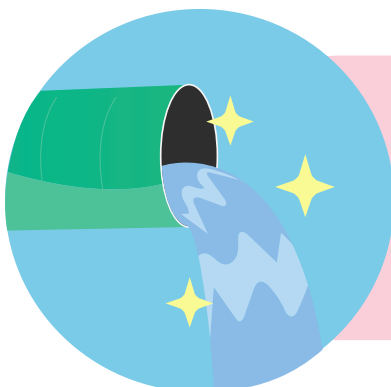
7 countries

supported with credit operations and technical cooperation

3.8 million

children benefited from this efforts

It is important to highlight that, especially in the case of Ecuador and Panama, CAF's support has not only been directed toward the implementation of policies to address CCM but also has emphasized supporting the management of these policies. This is done through the Results-Based Budgeting (RBB) tool in Ecuador and support for the improvement in the implementation of early childhood policies in Panama. Particularly, RBB has been key in coordinating various institutions at different levels of government to ensure that the policy approach is comprehensive and multisectoral.



As already seen in [ImpactoCAF - Water and Sanitation](#), CAF also has a long tradition of supporting the water and sanitation sector in the region, which has contributed to efforts to improve early childhood care by ensuring that millions of children have access to safe and convenient water and sanitation services.

CAF's focus in early childhood

CAF's action is based on the **conceptual framework of Nurturing Care**,^{3,f} according to which proper child development depends on establishing solid foundations in health, nutrition, safety, early learning, and responsive childcare. Children must grow up in a loving environment and receive care that meets their daily needs, including nutritional and stimulation needs. They should also grow in safe, healthy, and hygienic environments.

Very importantly, children must be in constant contact with the healthcare system to receive specialized service attention when they present anomalies in their development or suffer situations that may affect their well-being.

This multidimensional nature of child development requires, therefore, that early childhood care policies be approached in a coordinated manner by different sectors.

- The health sector must provide pregnant mothers and children with control, prevention, treatment, and guidance services.
- Childcare services must be strengthened to ensure that all children can access quality services in convenient modalities based on each family's needs. These services should offer appropriate spaces for early childhood care and stimulation, as well as guidance services for the relatives in charge.
- It is also necessary to ensure that children have access to safe water and sanitation services and that appropriate hygienic practices are used at home.
- Finally, the social protection system is vital to protect children from violence, abuse, and neglect, to access fundamental social services, and to support families with monetary resources, in-kind or in knowledge, so that they provide the little ones with a favorable environment for their development.

f The conceptual framework of Nurturing Care for Early Childhood Development was developed by the World Health Organization, UNICEF, and the World Bank, in collaboration with the Partnership for Maternal, Newborn & Child Health and the Early Childhood Development Action Network.



Specific policies supported by CAF through diverse mechanisms:

- » **Cash transfers for food purchases** in Argentina
- » **Prevention and treatment of the CCM using the Results-Based Budgeting tool** in Ecuador
- » **Other actions for the prevention and treatment of CCM** in Venezuela
- » **Strengthening of maternal-child care** in Panama, Peru, Uruguay, and Venezuela
- » **Provision of food in schools and communities** in Peru and Venezuela
- » **Promotion of WASH practices** in Venezuela and Bolivia
- » **Strengthening of information systems** in Uruguay

Cash transfers for food purchases

ARGENTINA

Since 2020, three credits have been approved by CAF to support the implementation of Argentina's "Prestación Alimentar", totaling USD 700 million. Alimentar is a monthly unconditional transfer in Argentine pesos for food expenses of families already receiving the Universal Child Allowance (AUH, Spanish acronym), the country's main cash transfer for families with children and adolescents, Universal Child Allowance for Children with Disabilities (AUHD, Spanish acronym), or Universal Pregnancy Allowance (AUE, Spanish acronym). In other words, the program is focused on families living in vulnerable conditions with children, young people, persons with disabilities, and/or pregnant women with at least three months of gestation.

The amount of the transfer has varied, covering as much as between 65% and 130% of Argentina's basic food basket in April 2022, depending on the number of children in the household. As of December 2022, Alimentar was benefiting 3.8 million children under the age of 14, with around 2 million under six. To improve how families use the resources received, the program includes an additional component of promoting good food practices through workshops, informative brochures, and campaigns in

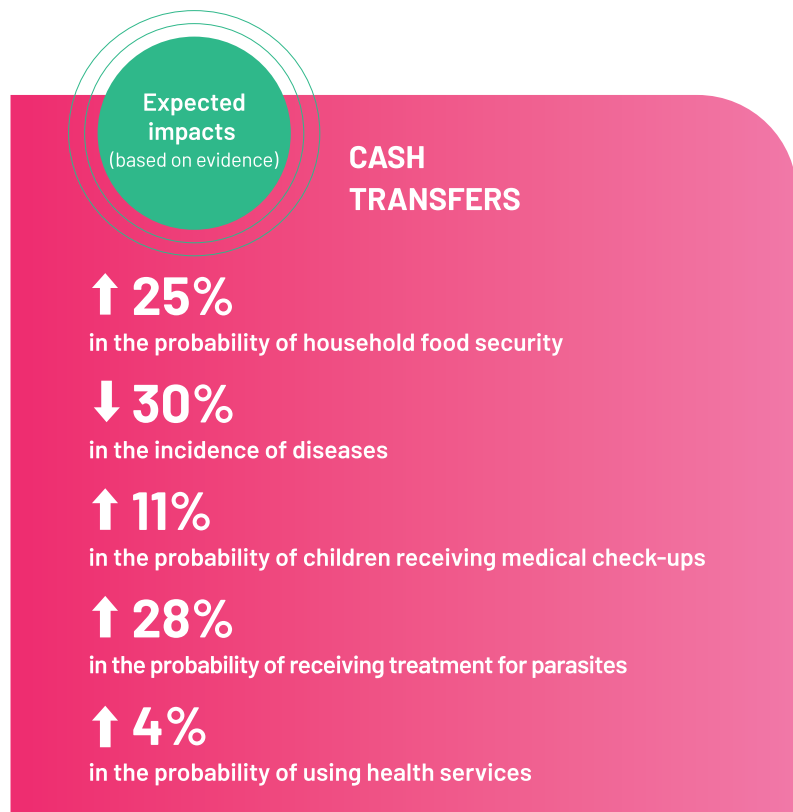


audiovisual media and the internet.

As of June 2022, 2,365,487 brochures had been distributed nationwide, and 11,680 nutritional workshops had been conducted with 656,754 participants.

According to existing evidence, cash transfers help increase the probability of household food security (+25%) and improve some structural determinants of poverty.

According to existing evidence, cash transfers help increase the probability of household food security^g (+25%)³⁵ and improve some structural determinants of poverty.^{36,h} In terms of nutrition, they help improve diet by increasing the consumption of animal-origin foods and the diversity of foods consumed.³⁷ Similarly, they have positive impacts on disease incidence (-30%), the probability of conducting medical check-ups for children (+11%), receiving treatment for parasitic infections (+28%), and using healthcare services (+4%).³⁵ A study analyzing large-scale cash transfers (both conditional and unconditional) found that they have resulted in a reduction in mortality rates among women and children under five.³⁸



^g Food security measures the physical availability of food, economic and physical access, food utilization, and the stability over time of these dimensions (FAO).

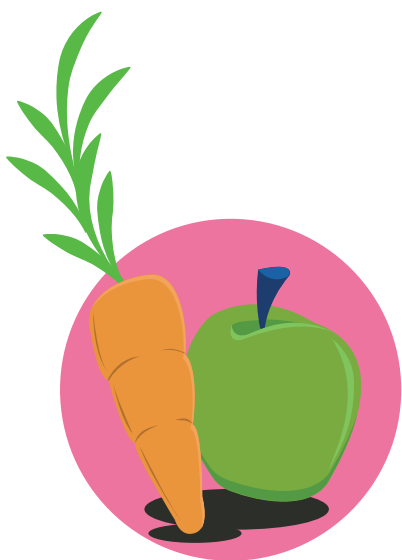
^h Structural determinants with evidence of impact include: financial poverty, education, household resilience, child labor, capital and social cohesion, civic participation, and birth registration.

There is evidence that cash transfers have greater potential to improve nutrition when combined with informative interventions aimed at changing household purchasing and dietary habits.

The effectiveness of cash transfers in addressing nutrition problems is, however, mixed. Some studies³⁹ find significant but small impacts on the probability of suffering CCM (-2.1%) and height-for-age score (+0.03), while others³⁵ do not find significant impacts on any growth-related variables. One possible reason for these mixed findings is the variation in program design. Specifically, some programs combine cash transfers with nutritional guidance, which can enhance the impact of transfers by providing families with information on how to use the resources received to achieve a balanced and healthy diet. Indeed, there is evidence that cash transfers have greater potential to improve nutrition when combined with informative interventions³¹ aimed at changing household purchasing and dietary habits.

In the case of Alimentar, beneficiary households reported buying more dairy products, cereals, vegetables, fruits, meats, and legumes, but also more bakery and pastry products, sugary beverages, cold cuts, and sausages.⁴⁰

However, an impact evaluation conducted on this program^{41, i} did not find significant impacts on the quality of consumption among beneficiary children and adolescents. Nevertheless, the study did find a significant decrease of 16.9 percentage points in the probability of severe food insecurity among beneficiary children and a significant increase in the consumption of non-food products, such as cleaning products, personal hygiene products, and feminine hygiene products. In line with existing evidence, the authors of the evaluation⁴¹ conclude that the nutritional education component implemented to complement the cash transfer in Alimentar may not have been sufficiently developed to substantially change the dietary habits of families. These results, although consistent with evidence from rigorous evaluations of other similar programs, are conditioned by the context of the COVID-19 pandemic in which the Alimentar card was launched and evaluated.

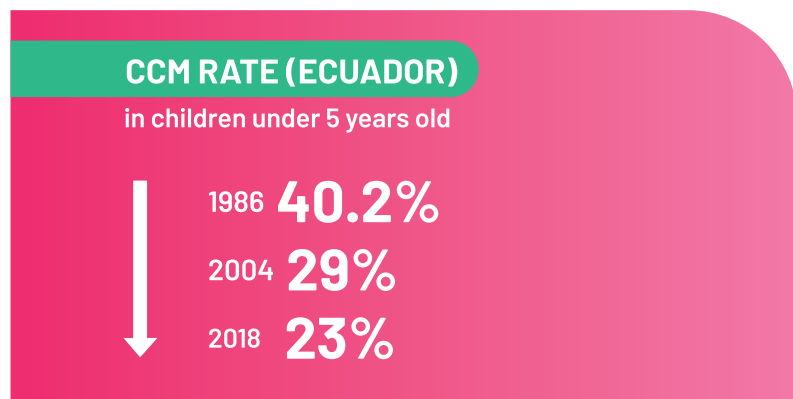


ⁱ This evaluation compares AUH and Alimentar beneficiary households with households that are not beneficiaries of either program.

CCM prevention and treatment using the Results-Based Budgeting tool

ECUADOR

CAF has sought to go beyond supporting specific programs to focus on improving the implementation of existing programs in the fight against child malnutrition. During the last decade of the 20th century, the rate of CCM in Ecuador decreased from 40.2% of children under five years old in 1986 to 29% in 2004. From that point on, the country's progress was slower, with the CCM level only reduced to 23% in children under five in 2018.⁴²



In this context, since 2019, CAF has been supporting Ecuador in implementing a Results-Based Budgeting (RBB) approach to reduce the incidence of CCM. In the RBB methodology, a variable of interest that the public policy aims to impact is selected. Subsequently, budget planning and execution are based on the activities that need to be implemented to achieve the desired outcome in the variable of interest, and how close or far it is from the set goal.

A concrete advantage of the RBB framework is its emphasis on achieving concrete results, which creates incentives for close monitoring of planned activities' implementation and encourages greater coordination of various actions.

In Ecuador, the objective was to reduce CCM, and within the framework of RBB, a package of public policies (prioritized package) was selected that, according to evidence, are the most suitable for preventing and mitigating malnutrition.

A specific advantage of the RBB framework is its emphasis on achieving concrete results, which creates incentives for close monitoring of planned activities' implementation and encourages greater coordination of various actions. This is particularly useful when outcomes depend on actions in different areas, as is the case with CCM.

The technical cooperation resources approved by CAF in 2019 allowed for the adaptation and validation of the RBB strategy for addressing CCM in Ecuador. This effort served as the foundation for the approval of two sovereign loans, totaling USD 350 million, which enabled the scaling of the RBB strategy nationwide. The first loan allowed the adaptation of the public policy action on malnutrition to an RBB framework and supported the definition of a budgetary allocation, protection, and monitoring mechanism for the programs within the prioritized package. The second loan strengthened the management and monitoring of the early childhood care strategy, implementing a nominal information system and reinforcing the governance and capacities of institutions to implement the prioritized policy package. The nominal information system allows for individual tracking of each child and woman (mother or pregnant) in terms of access to each of the prioritized programs, as well as their progress in the main variable of interest (height for age). This information is available to local health centers at an individual level and publicly aggregated at the parish level.



To continue supporting these efforts, in 2023, CAF approved another loan of USD 45 million to Ecuador, which financed part of the implementation of the set of prioritized programs under the RBB for pregnant women and children under two years old.

Given the multifactorial nature of CCM, there is a consensus that a comprehensive approach is required to prevent and treat it, as well as to ensure the necessary conditions for children to reach their full developmental potential. For example, the framework of Nurturing Care³ proposes a five-component approach: good health, adequate nutrition, responsive caregiving, opportunities for learning, and security and safety.

The **package of early childhood care** prioritized in Ecuador's strategic approach, designed to assist around one million children, effectively takes an integral approach and includes interventions that have proven to be effective in combating child malnutrition or complementing policies aimed at these issues:



1. Timely and complete vaccination schedule. Especially the administration of vaccines against rotavirus and pneumococcus.^j Rotavirus is the most common cause of diarrhea in children under five worldwide.⁴³ Pneumococcus, on the other hand, is the second leading cause of acute respiratory infections (ARI), such as community-acquired pneumonia (CAP), one of the main causes of hospitalization and death in children under five in developing countries.⁴⁴

2. Prenatal check-ups and follow-ups until the age of two. Regular check-ups are crucial for monitoring the progress of both the mother and the baby, allowing early detection and treatment of any complications, including inadequate growth patterns.⁴⁵ Additionally, they provide an opportunity to provide or prescribe effective supplements for pregnant women,⁴⁶ such as folic acid, iron, and multiple micronutrients, and to support the growth and development of the baby, especially in the early stages.⁴⁷

3. Exclusive breastfeeding counseling. Breastfeeding counseling employs various techniques to promote exclusive breastfeeding and guides mothers in the early weeks of a baby's life to have a successful breastfeeding experience. A systematic review⁵² estimates that, on average, promotion can double the fraction of children who are exclusively breastfed. Breast milk contains all the nutrients a baby needs for optimal growth during the first six months of life.⁴⁸ In terms of short-term benefits, it is known that exclusive breastfeeding for at least six months helps prevent gastrointestinal and respiratory infections.⁴⁹ In the long term, evidence suggests there may be some benefits in terms of intelligence⁵⁰ and cognitive development,⁵¹ although high-quality studies on these aspects are limited.



4. Counseling on handwashing, complementary feeding, and food preparation (from the "Creciendo con nuestros hijos" program of the Ministry of Economic and Social Inclusion). Promoting good caregiving and feeding practices at home enhances interventions aimed at improving the nutritional status of children.⁵³

^j Rotavirus and pneumococcal vaccines have a direct impact on CCM, but the entire vaccination schedule was prioritized, including BCG (Bacillus Calmette-Guérin); Hepatitis B; Pentavalent (DPT-Hib-HB); Meningococcus; Polio; MMR (Measles, Mumps, and Rubella); Varicella; and Influenza (flu).

Providing knowledge and practical tools, as well as using psychosocial approaches, have proven effective in encouraging the adoption of good hygiene practices in different contexts.

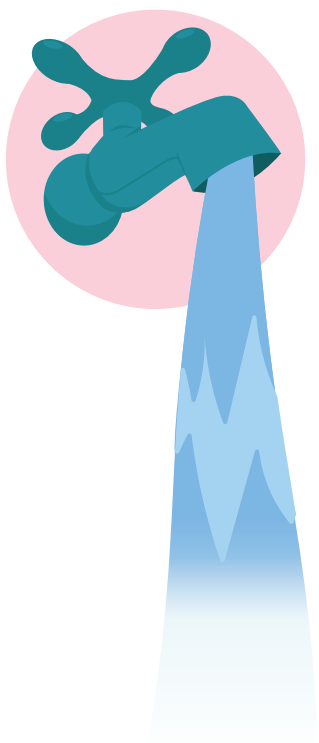
Hygienic practices primarily refer to handwashing, food washing, personal hygiene, and overall household hygiene. They are crucial for preventing human exposure to pathogens that cause infections and for preventing tropical enteropathy,^k both of which are closely related to malnutrition. Providing knowledge and practical tools, as well as using psychosocial approaches, have proven effective in encouraging the adoption of good hygiene practices in different contexts. One study found that diarrhea incidence can decrease by around 30% through hygiene promotion interventions.⁵⁴ Similarly, these practices have been shown to be effective complements to water, sanitation, and/or nutrition interventions aimed at preventing waterborne diseases⁵⁴ and improving child growth.⁵⁵

Counseling on complementary feeding and food preparation aims to inform caregivers about the need to introduce nutritious and fresh foods into the child's diet in sufficient quantity and quality. They have proven to be effective in improving feeding practices (a 12% lower probability of introducing complementary feeding before six months)⁵⁶ and to some extent, in improving children's growth.⁵⁷ In a systematic review,⁵⁸ it was found that nutrition education can slightly increase weight-for-age and height-for-age scores at 12 months (by +0.15 and +0.12 standard deviations, respectively).

- 5. Access to safe water.** Reduces the incidence and mortality of diarrhea, as well as CCM in children under two years of age, especially when combined with nutritional interventions. According to the evidence, safe access to water and sanitation can reduce the incidence of diarrhea in children under five by up to 50% ([ImpactoCAF - Water and Sanitation](#)).

The analysis of progress in reducing CCM worldwide points towards the greater effectiveness of multisectoral policies, as implemented in Ecuador, rather than isolated policies, even if they are effective on their own.⁵⁹ In this regard, a systematic review of programs aimed at reducing CCM concluded that while the ideal set of policies should be adapted to each implementation context, the combination of different policy alternatives can result in an average annual reduction in the CCM rate of between 3% and 8%.⁶⁰

^k Tropical enteropathy refers to a disorder in the lining of the intestine that leads to poor nutrient absorption ([Chirgwin et al., 2021](#)).



The existing evidence from around the world regarding the implementation of combined programs suggests that the comprehensive approach adopted in Ecuador may have prevented or lifted approximately 12,000 to 32,000 children annually out of CCM.

In the specific case of Ecuador and the implementation of the RBB approach, there was a strong emphasis on two key elements: firstly, as previously mentioned, a combination of programs whose effectiveness in preventing or treating CCM has been proven and that the implementing team determined to be suitable for the Ecuadorian context; and secondly, the fact that the RBB approach focuses on reducing CCM requires the coordination of several existing programs, ensuring that the target population is served in an integrated manner.

In early 2023, CCM in Ecuador stood at 17.5% in children under five, representing a reduction of nearly 6 percentage points compared to its value in 2018 (National Survey on Child Malnutrition conducted between 2022 and 2023). Although an impact evaluation has not been conducted, the existing evidence from around the world regarding the implementation of combined programs⁶⁰ suggests that the comprehensive approach adopted in Ecuador may have prevented or lifted approximately 12,000 to 32,000 children annually out of CCM.

In line with the experience in Ecuador, CAF is supporting other countries in the region through technical cooperation to improve the implementation of their early childhood care programs using the RBB tool.

URUGUAY

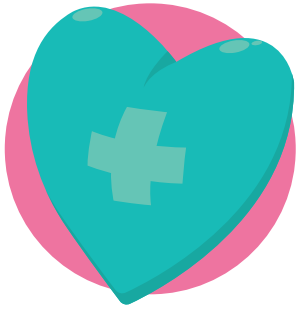
In the department of Canelones, a results-based management model is being developed to address early childhood care.

BOLIVIA

Support is being provided for the implementation of a national strategy for the care and attention of early childhood, with a special emphasis on consolidating intersectoral coordination mechanisms, defining a package of services for children, pregnant women, lactating mothers, and caregivers, and implementing an RBB management mechanism for early childhood care.

PERU

The goal is to strengthen the strategy for early childhood development, by enhancing the implementation and coordination of prioritized services for pregnant mothers and children under three throughout the national territory.



Other actions for CCM prevention and treatment

Through two technical cooperation initiatives, CAF has supported activities to identify and address populations affected by malnutrition, as well as to prevent it through regular check-ups and the provision of supplements.

VENEZUELA

In **Caracas**, around 680 children were diagnosed with severe malnutrition and received treatment with therapeutic foods and weekly follow-ups. By early 2023, 60% of these children had recovered nutritionally. The remaining children (around 9,000) received supplementation with multiple micronutrients to prevent malnutrition. The cooperation also supported community health centers in improving their practices for the prevention, diagnosis, and treatment of acute malnutrition, providing them with equipment for nutritional and anemia screening and conducting training for healthcare personnel.

In the **Bolivar** state, 3,100 children under the age of five and 1,605 pregnant women and lactating mothers received nutritional care through community-based approaches. UNICEF provided appropriate outpatient management with ready-to-use therapeutic formulas (RUTF) and nutritional monitoring for 241 cases diagnosed with acute malnutrition. A 70% recovery rate was achieved within an average of 12 weeks for these cases.



Strengthening maternal and child care

In addition to the prioritized policies within Ecuador's RBB framework, CAF has supported strategies to promote high-quality childcare at home, in school, and within communities.⁵³ Since 2016, CAF has approved five technical cooperation projects in Panama, Peru, Uruguay, and, with the support of UNICEF, in Venezuela:

PANAMA

In collaboration with UNICEF, support is being provided for the development of operational manuals for all modalities of comprehensive early childhood care services in the country to improve the quality of services offered.

PERU

Support was provided to community kitchens in Ica, with nutrition training workshops benefiting nearly 6,800 vulnerable children.

URUGUAY

In the Department of Canelones, support is being provided for the implementation of two remote counseling services for pregnant women and mothers of infants under one. The first system aims to transmit information, on a large scale, related to parenting, health, nutrition, care, and access to public programs. The second one, focused on a subgroup of beneficiary families of the “1000 Dias de Igualdad” program (1000 Days of Equality), aims to provide mothers with a space to interact with specialists.

VENEZUELA

In Caracas, in 2022, 6,209 pregnant women, mothers, and caregivers of children under five years old participated in workshops on essential maternal and child health practices.

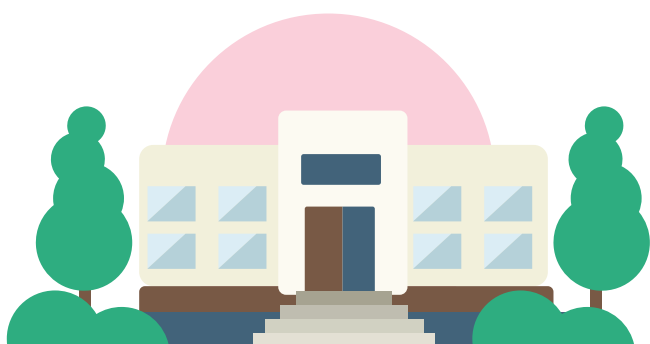
In the state of Bolívar (Venezuela), in 2022, training activities on school nutrition were conducted with 20 cooks who are also mothers. Additionally, nearly 5,000 mothers participated in workshops to promote key infant nutrition practices (feeding young children, breastfeeding, the importance of immunization, food hygiene, and handwashing).

Provision of food in schools and communities

PERU

VENEZUELA

Providing food in schools is a way to ensure that children receive a minimum quantity and quality of food. Based on evidence, it can be an effective strategy to improve growth, especially in the most vulnerable areas, although the magnitude of the impacts has been found to be small.⁶² In Peru and Venezuela, CAF has supported community kitchens and school cafeterias by financing gas stoves and installations in the former case and by purchasing food and utensils for educational institutions in the latter.





WASH' practices

In [ImpactoCAF – Water and Sanitation](#), it was noted that access to water and sanitation is a necessary but not sufficient condition to reduce the prevalence of waterborne diseases. For this reason, resources should also be allocated to improve hygiene practices in households, schools, and health centers through the provision of information. According to evidence, these efforts result in changes in practices and attitudes, effectively complementing investments made to increase access to water and sanitation.⁶¹

Four technical cooperation projects approved by CAF in the last five years have focused on improving WASH (water, sanitation, and hygiene) practices in various settings:

VENEZUELA

In **Caracas**, the families of 680 children diagnosed with malnutrition received a basic hygiene kit, followed by a replenishment kit, as well as informational materials on home hygiene.

In **Maracaibo**, between 2020 and 2022, educational staff and the students from ten schools received training in personal and environmental hygiene practices, along with cleaning and disinfection supplies. The schools also received portable handwashing stations.

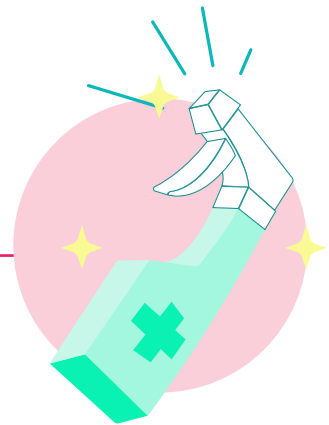
In the state of **Bolívar**, actions were supported to strengthen healthy hygiene practices among the school population and the cleanliness of educational centers.

BOLIVIA

The Safe Water Growing (Creciendo con Agua Segura or CAS) program, piloted in 2022 and supported by CAF through technical cooperation, aimed to prevent CCM in rural areas with a multisectoral and comprehensive approach, promoting 14 key practices related to hygiene, nutrition, health, and child stimulation. The promotion of practices was conducted through training sessions that, using a sequential methodology, focused on the home, health services, and educational units in prioritized municipalities.

An evaluation of the pilot program found that some household hygiene practices improved after its implementation, including

⁶¹ Water, sanitation, and hygiene.



the quantity of food, the availability of soap for handwashing, child hygiene, and household hygiene. However, other practices did not experience changes, such as safe water consumption, exclusive breastfeeding, and open defecation. The evaluation found that some factors that may have affected the adoption of new practices include cultural characteristics that influence family perceptions and decisions, the lack of means or conditions for families to implement recommendations, and the short follow-up period by the program to reinforce knowledge and guide families.

Strengthening Information Systems

URUGUAY

In 2022, CAF approved a technical cooperation to strengthen the information system of Uruguay's Institute for Children and Adolescents (INAU, Spanish acronym) to improve the characterization, prioritization, and monitoring of children benefiting from programs offered by the Centers for Childhood and Family Care (CAIF, Spanish acronym). CAIFs are socio-educational centers that provide various stimulation, learning, and guidance services to children up to three years old and their caregivers. The cooperation aims to reduce program targeting issues, ensuring that the population in greatest need has the opportunity to access CAIF's services.

Knowledge generation and dissemination

In 2019 and 2021, CAF published two massive open online courses (MOOCs) as part of its efforts to strengthen the capacities of public institutions in the region: [How to implement programs to reduce chronic child malnutrition](#) and [How to implement community-based actions to reduce chronic child malnutrition](#). Over 25,000 people participated in the latter course.



In summary

In LAC, only 30% of countries are on track to meet the goal of reducing by half the prevalence of CCM by 2030. Unfortunately, this means that the number of children suffering—and who will continue to suffer—from chronic malnutrition will remain higher than what countries committed to achieving in 2015. By 2030, it is expected that the incidence of CCM will exceed the Sustainable Development Goals target by 1.6 million children.⁶³

This backlog poses a significant challenge for the countries in our region, not only in terms of the resources they must allocate to early childhood but also in the need to coordinate efforts across multiple sectors and institutions in our society.

CAF, through its early childhood agenda, has supported these efforts by directly financing the implementation of policies and strengthening the processes of design, execution, and monitoring of these policies, with a comprehensive and evidence-based approach. Through its actions, CAF has benefited 3.8 million vulnerable children in Latin America and the Caribbean, representing nearly 5.6% of children under 14 in vulnerable conditions in the region.⁶⁴

CAF's support has potentially contributed to increasing food security by 25% in households benefiting from cash transfers in Argentina and reducing CCM in Ecuador by approximately 6% annually through its RBB approach. Similarly, with its activities in specific communities in Bolivia, Panama, Peru, Uruguay, and Venezuela, CAF's actions may have helped reduce, among other things, diarrheal incidence by 30% through the promotion of hygienic practices, reduced the probability of premature introduction of complementary feeding by 12% and reduced the incidence of growth stunting by 0.12 standard deviations through the promotion of proper feeding practices at home. In Venezuela, mitigation actions were crucial in recovering between 60% and 70% of malnourished children who were attended to.

This support has been central to ensuring that thousands of children can have proper physical, cognitive, and socioemotional development, laying the foundation for a productive, healthy, and happy life.



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