Investing in young children is one of the best investments that countries can make. A child’s earliest years present a unique window of opportunity to address inequality, break the cycle of poverty, and improve a wide range of outcomes later in life. A growing body of literature demonstrates that the returns on investments in young children are substantial, particularly when compared to investments made at later stages in life. Yet while there is an emerging consensus that investments in early childhood development (ECD) should be a priority and can have high returns, countries continue to fall short in their investments in ECD. This is due in part to budget constraints, but also to the fact that ECD is complex and multi-sectoral. There is still lack of awareness of how countries can design successful policies and scalable programs in this area.

Several development partners have introduced comprehensive frameworks to address the holistic needs of young children. UNICEF focuses on key areas of intervention for ECD, including basic health, nutrition, HIV/AIDS, education, and protection services. The World Health Organization (WHO) has established specific guidelines for each developmental phase, including pregnancy, postnatal, baby, infant, and young child health care, assisting professionals in delivering improved health services for the intended beneficiaries during the specific sub-periods. The Partnership for Maternal, Newborn and Child Health, led by the WHO and Aga Khan University, provides policymakers with specific information on the essential health interventions to address the main causes of maternal, newborn, and child deaths. At the World Bank, the Early Childhood Development Guide for Policy Dialogue and Project Preparation presents strategic entry points for effective ECD program implementation in countries, including center-based programs, home-based programs, and conditional cash transfer and communication and media campaigns targeting families with young children.

This note, which is based on Denboba et al. (2014), provides an accessible introduction to key interventions and broader principles that can help policy makers and practitioners think about how to effectively invest in ECD.

### 25 Key Early Childhood Development Interventions

Within the ECD period, 25 key interventions have been identified as essential for a child’s growth and development (see Figure 1). These interventions can be delivered through five packages at different stages in a child’s life: (i) the family support package to be provided throughout the ECD period, (ii) the pregnancy package, (iii) the birth package (from birth to 6 months), (iv) the child health and development package, and (v) the preschool package. Some of the high returns to many of these interventions as packages is shown in Box 1.

- **Family Support Package.** The family is the first and most effective support system to ensure young children’s healthy growth and development. While a range of ECD interventions are age-specific, many
others are necessary throughout the early years. Based on a two-generation approach, which focuses on creating opportunities for and addressing the needs of parents and children, the family support package provides parental support for vulnerable families through clusters of interventions and services, including: (1) maternal education; (2) planning for family size and spacing; (3) parenting and social networks of support and community education about growth and development; (4) social assistance transfer programs; (5) prevention and treatment of parental depression; (6) parental leave and adequate child care; (7) child protection services and provision of health, nutrition, and sanitation facilities for families; (8) access to health care, including for prevention and treatment of critical public health issues such as malaria; (9) micronutrient supplementation and fortification; (10) access to safe water; (11) adequate sanitation; and (12) hand washing education.

- **Pregnancy Package.** The pregnancy package consists of a number of key services from conception to birth: (13) prenatal care; (14) iron and folic acid supplementation for pregnant mothers; and (15) counseling on adequate diets for pregnant mothers. If these services are not provided during pregnancy, women and their newborns face several risks, including maternal and neonatal mortality, anemia, and low birth weight, as well as the associated impact on the child’s future growth and development.

- **Birth Package.** The birth package covers the first critical post-natal stage of the “windows of opportunity” in ECD, i.e. from birth to 6 months. It consists of three main sets of activities: (16) skilled attendance at delivery; (17) birth registration; and (18) exclusive breastfeeding. In the absence of the provision of this package, newborns and mothers may face increased risks of morbidity and mortality. Beyond survival, ensuring optimal growth and development is necessary.

- **Child Health and Development Package.** The child health and development package of ECD services covers the period from birth to 5-6 years. This package consists of six main interventions/services: (19) immunizations; (20) adequate, nutritious, and safe diet; (21) therapeutic zinc supplementation for diarrhea; (22) prevention and treatment of parental depression. If these services are not provided, children may face growth and development delays.

**Figure 1: 25 Key Interventions for Young Children and Families**

Source: Denboba et al. (2014)
treatment of acute malnutrition; and (23) deworming. The main risks of not providing essential services during this period are stunted growth, anemia, impaired cognitive development, and child mortality.

• **Preschool Package.** The quality of a child’s early learning experience makes a difference for school preparation, participation, completion, and achievement. The preschool package consists of two main interventions: (24) pre-primary education or preschools; and (25) continuity through primary education (smooth transition into formal schooling). Quality improvement in early primary grades can improve learning outcomes, school attendance, pass rates, and promotions, while reducing dropout and repetition rates. Well-trained and high-quality experienced teachers in the early grades of primary school can help close the readiness gaps that young children may face.

Four Policy Principles Help Create Well-Performing ECD Systems

In addition to key interventions and integrated packages, in order to create well-performing ECD systems, countries should be mindful of four policy principles: They should (1) prepare a multi-sectoral ECD diagnostic and strategy; (2) implement widely through effective coordination mechanisms; (3) create synergies and cost savings among interventions; and finally (4) monitor, evaluate, and scale up successful interventions.

• **ECD Diagnostic and Strategy.** Countries need to build an ECD strategy from the ground up by conducting a diagnostic of existing ECD programs and policies in order to identify gaps. The World Bank’s Systems Approach for Better Education Results (SABER) tool for ECD can inform such diagnostics. On the basis of the ECD diagnostic and taking into account costs and available funding, countries should prioritize interventions with three considerations in mind: (i) Start early—interventions during the first 1,000 days have lifelong impacts on a child’s ability to grow, learn, and rise out of poverty; (ii) address risk factors for poor growth and development—four key risk factors affecting at least 20-25 percent of infants and young children in developing countries are stunting and wasting, inadequate cognitive stimulation, iodine deficiency, and iron-deficiency anemia; and (iii) target the most vulnerable—while a system providing universal coverage for ECD interventions is ideal, countries under budget constraints should first target the most vulnerable.

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**Box 1: Examples of Interventions with High Returns**

**Family Support Package:** In Africa and Asia, access to safe water in rural areas can have a 3.4 to 1 benefit-to-cost ratio, and basic sanitation can have a 5-8 to 1 benefit-to-cost ratio. In the Africa, South America, Europe, and Southeast Asia regions, food fortification with iron and other micronutrients can have a benefit-to-cost ratio as high as 37:1. Estimates from the Africa, East Asia and the Pacific, and South Asia regions indicate that salt iodization can have a benefit-to-cost ratio as high as 30:1. In these same regions, vitamin A can cost $3-$16 per disability-adjusted life year (DALY) saved.

**Pregnancy package:** Iron supplementation for pregnant mothers costs from $66 (African sub-region with very high adult and high child mortality) to $115 (Southeast Asian sub-region with high rates of adult and child mortality) per DALY saved.

**Birth Package:** In South Asia and Sub-Saharan Africa, a package of maternal and neonatal health services costs from $3,337 to $6,129 per death averted and between $92 and $148 per DALY averted. Breastfeeding promotion programs cost from $527 to $2,000 per DALY.

**Child Health and Development Package:** Immunizations can have a benefit-to-cost ratio up to 20:1. Zinc supplementation for diarrhea management may cost $73 (Tanzania) per DALY saved. Estimates from the Africa, East Asia and the Pacific, and South Asia regions indicate that optimal feeding may cost $500-$1,000 per DALY saved, and deworming can have a benefit-to-cost ratio as high as 6:1.

**Preschool Package:** Increasing preschool enrollment to 50 percent of all children in low- and middle-income countries could result in lifetime earnings gains from $14 billion-$34 billion. High quality ECD programs targeting vulnerable groups in the United States have an annual rate of return of 7-16 percent.
• **Coordination and Wide Implementation.** Given that children’s growth and development cannot be adequately addressed through interventions in a single sector, the ECD policy framework must involve multiple ministries and agencies. Coordination must be maintained both horizontally between sectors and vertically between the central government and local authorities. Institutional arrangements may vary, but each country must take a pragmatic approach to work through existing entry points. Clear roles and responsibilities are key to avoid inefficiencies and duplication.

• **Integration of Services.** In order to ensure that appropriate packages of ECD interventions are delivered to families, it is important to take advantage of every contact with mothers and young children, and to build synergies between various types of interventions. Integrated ECD interventions that address multiple needs of young children are likely to yield the greatest results. For example, cognitive benefits tend to be larger with interventions combining stimulation or learning components as compared with education or economic assistance interventions only. In a context of tight budgets, integrated or co-located services can help reduce the unit cost of providing services, among others by reducing the time and travel costs needed to reach beneficiaries. Synergies through integrated service delivery are particularly important in contexts where mothers and young children are difficult to reach (for example, because they live in remote areas).

• **Monitoring, Evaluation, and Scaling Up.** Comprehensive monitoring and evaluation (M&E) systems help track ECD investments and assess performance, thereby supporting effective program management and policymaking. Countries should collect high-quality data across sectors on young children’s needs, their access to ECD services, the delivery and performance of those services, and the results of ECD investments. Monitoring systems should include data from multiple sources, including household and child surveys and national administrative data. Integrated systems that track vulnerable children are especially useful to promote effective targeting, referrals, and follow-up. In addition to monitoring, evaluations provide objective assessments of a project, program, or policy.

### Ensuring All Young Children Reach their Full Potential

The earliest years of a child’s life represent a unique window of opportunity to improve individual and societal outcomes in the future. For the reduction of extreme poverty and for shared poverty, investments in ECD are among the best investments that countries can make. The returns to many interventions have been shown to be larger than those taking place later in a child’s life. This is in part because failure to invest early can lead to irreversible damage for children. When young children and their families have access to the essential health, nutrition, education, and protection services, they are afforded the opportunity to learn and lead healthy and productive lives. Programs combining services can have especially large beneficial impacts.

This note has provided a simple framework for thinking about ECD investments. The five packages presented combine 25 essential interventions that are age-specific. The ability of countries to implement all 25 interventions will vary, but ideally, in order to address the needs of young children and their families, well-developed ECD systems should invest in those interventions. In addition, four principles have been outlined to help countries implement ECD strategies: (1) prepare an ECD diagnostic and strategy; (2) implement widely and coordinate; (3) create synergies and cost savings among interventions; and finally (4) monitor, evaluate, and scale up successful interventions. Following such an approach can help policy makers and practitioners ensure that all young children will reach their full potential.

### Reference