ECD as a Focus for Cross-Sectoral Coordination

Charles M. Super, PhD
Professor of Human Development and Pediatrics
University of Connecticut, USA

Presented at Symposium “What future do we want for young children? The role of early childhood care and development in the post-2015 agenda”

Thursday 14th March, 2013
Crawford School of Public Policy
Australian National University, Canberra
1. Cross-Sectoral Coordination

Why?
1. The Ultimate Cross-Sectoral Co-ordination is with the Family
2. Cross-Sectoral Coordination

How?
“Silos are good for farming... but not for marketing.”
Co-Ordination at the National Level

1. “Ministry of Childhood” - Morocco: Ministry of Social Development, Family, and Solidarity
   - Potential silo of its own, may still need coordination
2. Childhood Units within Ministries - Algeria
   - Coordination depends on the budget and influence within disparate Ministries
3. National Council for Children - Sudan, Yemen
   - Headed by Prime Minister
   - Success depends on standing and stability of PM
4. National Institute for Family Affairs - Jordan
   - Ministers, experts, public figures-
   - Responsible for all aspects of policy development, planning, implementation, management, monitoring, & evaluation
Co-Ordination at the Local Level

Community-Based

- better represent local needs and values

- may invite participatory peer-to-peer spirit

- subject to local politics and prejudices
Mid-Level Co-Ordination

Provincial, State, District etc.
2. Administrative Silos Need to be Connected in Order to be Coordinated -- Connected Horizontally and Vertically
3. About Risk and Protection Factors

- Risk and protective factors are probabilistic
- Their effect is cumulative (over factors and over time)
- Therefore -- except for insults of very high intensity -- serious developmental deficits result from the combined impact of multiple, lasting, co-varying risks
Co-varying Risk Factors

- Poverty
  - Poor water, sanitation
  - Substandard housing
  - Hazardous location
  - Insecure residential status

- Exposure to infections agents
- Risk of injury, infection
- Exposure to toxins, floods, ...
- Parental mental health problems

Early Childhood Development

Adapted from Wachs & Rahman, 2013
Co-varying Risk Factors

- Maternal Depression
  - Less adequate prenatal care
  - Reduced breastfeeding
  - Child undernutrition
  - Child diarrheal disease
  - Less adequate child healthcare

- Less responsive childcare
- Disrupted mo-inf attachment
- Use of harsh discipline
- Weaker maternal coping skills
- Increased family stress

Adapted from Wachs & Rahman, 2013
Co-varying Protective Factors

- Higher Maternal Education Level
  - Use of prenatal care
  - Use of child immunization
  - Use of family medical services
  - Use of insecticide nets
  - Better child nutrition
  - More positive feeding and hygiene
  - More stimulating environment
  - Receptivity to ECD programs

Adapted from Wachs & Rahman, 2013
The Effect of Diarrhea on Children’s Growth Interacts with Level of Nutrition

Lutter, Mora, Habicht, Rasumssen, Robson, Sellers, Super,& Herrara,  Am J Clin Nutr, 1989 (50) 1-8
3. Risk and Protective Factors Exist in Clusters, and Are Usually Interactive – So they Make Excellent Targets for Coordinated Intervention by Multiple Sectors
4. About Methods
Monitoring, Evaluation, and Research

- Design of research
- Methods of data collection / measurement
Research Design

Experimental, Randomized Control Trial
The Gold Standard

Mixed-Methods
The Platinum Standard
The Perry Preschool Project
Cost Benefit Analysis

Figure 2. Return on Investment, High/Scope Perry Preschool Study

Benefits

- Welfare
- Education
- Earnings
- Taxes paid
- Crime

Costs

- $15,166

Total return = $258,888; $17.07 per dollar invested
$12.90 to the public, $4.17 to participants

Cost and return on investment

Source: Schweinhut and others 2005.
The Perry Preschool Project
Research Design (1962)

- 123 children 3-4 years, high risk of school failure
- Assigned “randomly” to:
  - (1) daily preschool (5x2.5 hrs/wk)
  - AND home visits (1x1.5hrs/wk); or
  - (2) nothing
- Data collected from annually 3 – 11 years, then ages 14, 15, 19, 27 and 40 years
The Perry Preschool Project
Selected Outcomes

<table>
<thead>
<tr>
<th></th>
<th>ECD</th>
<th>Control</th>
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<tbody>
<tr>
<td>Ready for School age 5</td>
<td>67%</td>
<td>28%</td>
</tr>
<tr>
<td>Did homework &amp; talked w parents about school (14y)</td>
<td>61%</td>
<td>38%</td>
</tr>
<tr>
<td>Graduated from HS</td>
<td>49%</td>
<td>15%</td>
</tr>
<tr>
<td>Arrested &gt;= 5 times (40 yrs)</td>
<td>36%</td>
<td>55%</td>
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Quantitative – Qualitative Paradigms

“Good news—I hear the paradigm is shifting.”
Quantitative – Qualitative Paradigms

“Measure all that can be measured, and render measurable all that defies measurement.”

Galileo Galilei, 1564-1642
ECD as a Focus for Cross-Sectoral Coordination

Charles M. Super, PhD

- Delivering on the promise of ED requires many sectors;
  - The primary access to children is through the family.
- The “siloh” approach has many drawbacks;
  - There are several models of coordination at the national level.
- Risk and protective factors for children come in clusters;
  - Risk factors are cumulative, interactive, and multiplicative;
  - Multi-sectoral interventions are best coordinated on a cluster.
- The policy question is no longer “Do programs ECD work” but “How?”
  - Understanding “How” requires a mixture of research designs and methods.