



Abstract of parallel session: 15

Title:

Integrating Early Childhood Development Programs into the Health Sector - Evidence from Sao Paulo's Western Region

Presenting Author(s): Günther Fink^{1,2}
Institutes: 1) University of Basel 2) Swiss TPH 3) Sao Paulo University
Authors (s): Alexandra Brentani³, Günther Fink^{1,2}
Abstract no: 100
Presentation language: English

Abstract

Despite major improvements in nutrition and child survival, a large share of children growing up in low income settings continue to be experience a substantial amount of adversity in early childhood due to exposure to pollutants, exposure to external and domestic violence, as well as high rates of unstable family environments, maternal depression and inadequate learning opportunities.

Several recent studies from low income countries have demonstrated that home visiting programs can be highly effective in improving child developmental outcomes. The principal common feature of home visiting programs is that trained child development or community agents meet with mothers or parents on a regular basis to observe the interactions between caregivers and their children, and to provide practical guidance on how to interact with children and on how to provide them with the support needed at each age. At the core of these visiting programs is a detailed curriculum, which contains key topics of child health and development to be covered at each home visit.

In this project, we assess the effectiveness and cost-effectiveness of home visiting programs in the urban context of Sao Paulo, Brazil. Given that Brazil's middle and upper income children already benefit from a range of early childhood care services, our focus was low-SES families.

One of the key policy changes in the ECD area is identifying the best mechanisms to integrate ECD programs in existing health systems. In this project, we assessed two platforms: 1) the introduction of a newly trained cadre of Child Development Agents (CDAs); and 2) the integration of home visiting programs into the existing community health worker programs, using Community Health Agents (CHA) already employed through the national Family Health Strategy (PSF).

To assess the relative effectiveness and cost-effectiveness of these platforms, we conducted a randomized controlled trial with 800 low SES children in Sao Paulo. Children were randomly allocated to four arms with equal probability:

1. No home visits
2. Routine community agent visits
3. CDA visits
4. CHA + ECD training visits.

We find that while the CDA program led to substantial improvements in child development, integrating an ECD curriculum into community health worker programs did not lead to any improvements in child



developmental outcomes, mostly because community health agents found it impossible to take on additional tasks as part of their work routine.

The results of this trial suggest that ECD programs will likely need delivery platforms outside of the traditional health sector in Brazil and similar settings, and highlight the difficulty to add additional tasks to existing community health platforms more generally.