

EQUITY FROM THE START

Comprehensive Social Protection System for
Early Childhood “Chile Crece Contigo” (Chile
Grows with you)

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Helia Molina Milman MD.MPH
Dean Medical Sciences Faculty
University of Santiago de Chile

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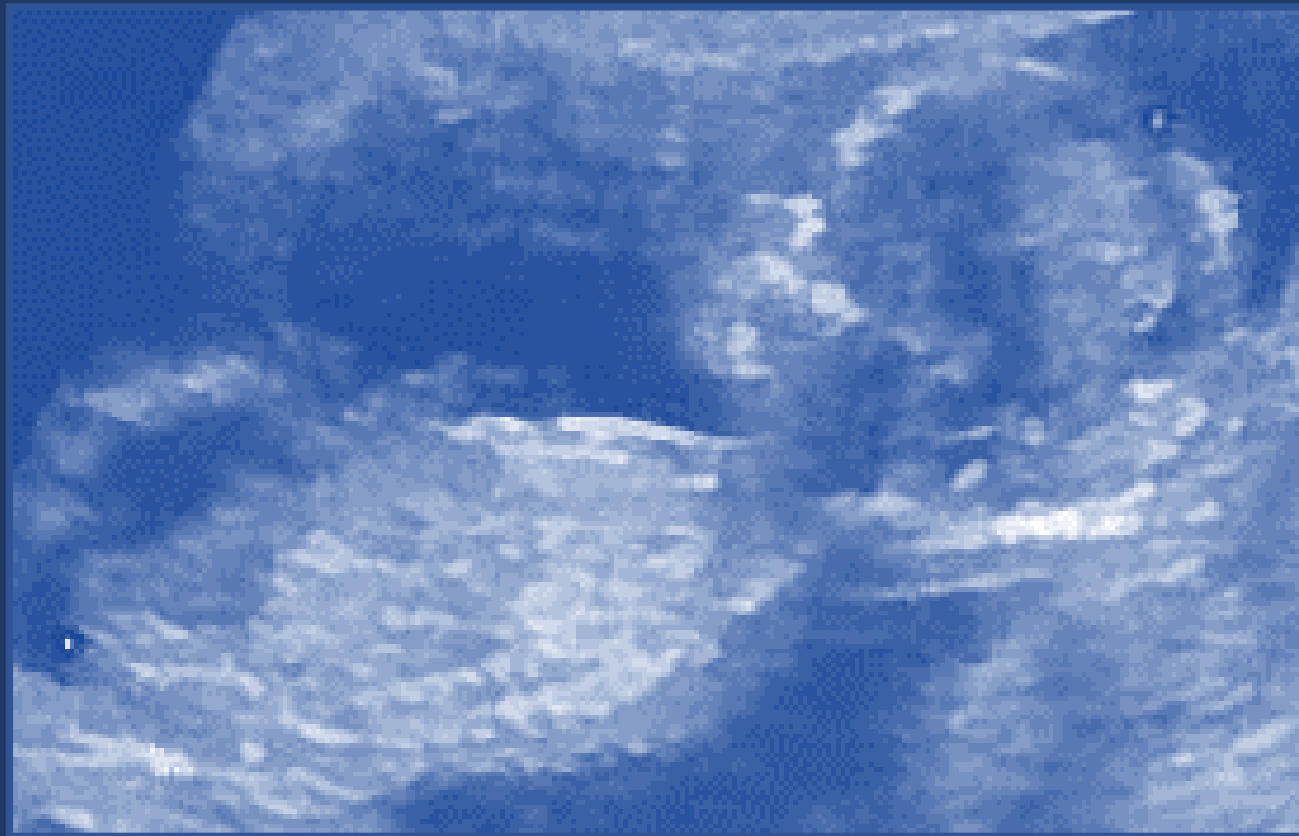
- **The origins of Chile Grows with You**
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Chile

- 16,7 millones habitantes 1
- **CENTRALIZED COUNTRY 15 regiones**
- **80% IS URBAN POPULATION**
- **Ingreso per capita : US\$23.000**
- **Índice Desarrollo Humano : 0,854, 37 en el ranking global**
 - Life expentancy 82,9
 - Literacu rate 98,7

 - % under poverty line 8
 - Inequidad de ingreso (Gini) : 5,1
 - **No undernutrition, overweith 50% of children 6 years**
 - **Infant Mortality 7per 1000 newborn alive**
 - **Maternal mortality the lowest in LAC**



**The Origins of Chile Grows with You
(Chile Crece Contigo)**

2006. Multidisciplinary Presidential Council of Experts on Early Child Development To develop a National System of Social Protection for children between 0 and 4 years old.

POLITICAL WILL



Institutionalization of *Chile Crece Contigo* (ChCC) Chile Grows With You

Cross-section system of social protection and institutionalization of the Comprehensive Childhood Protection Subsystem *Chile Crece Contigo*



Pre-investment studies

2005



Proposal of measures for the implementation of Comprehensive Childhood Protection System

Analysis and generation of actions by the government for its implementation

2006



Comprehensive Early Childhood Protection System

2007



Act that gives life to the Cross-sector Social Protection System and institutionalizes Chile Crece Contigo

2009



ChCC Norm Supreme Decree N° 14 is issued

2018

Chile Crece Contigo is designed based on:

1. Scientific Evidence:

- Consolidation and universal application of successful experiences and services (national and international evidence)
- “Window of opportunity” (high impact of the work done during early childhood)
- Return on investment (highly cost effective investment)

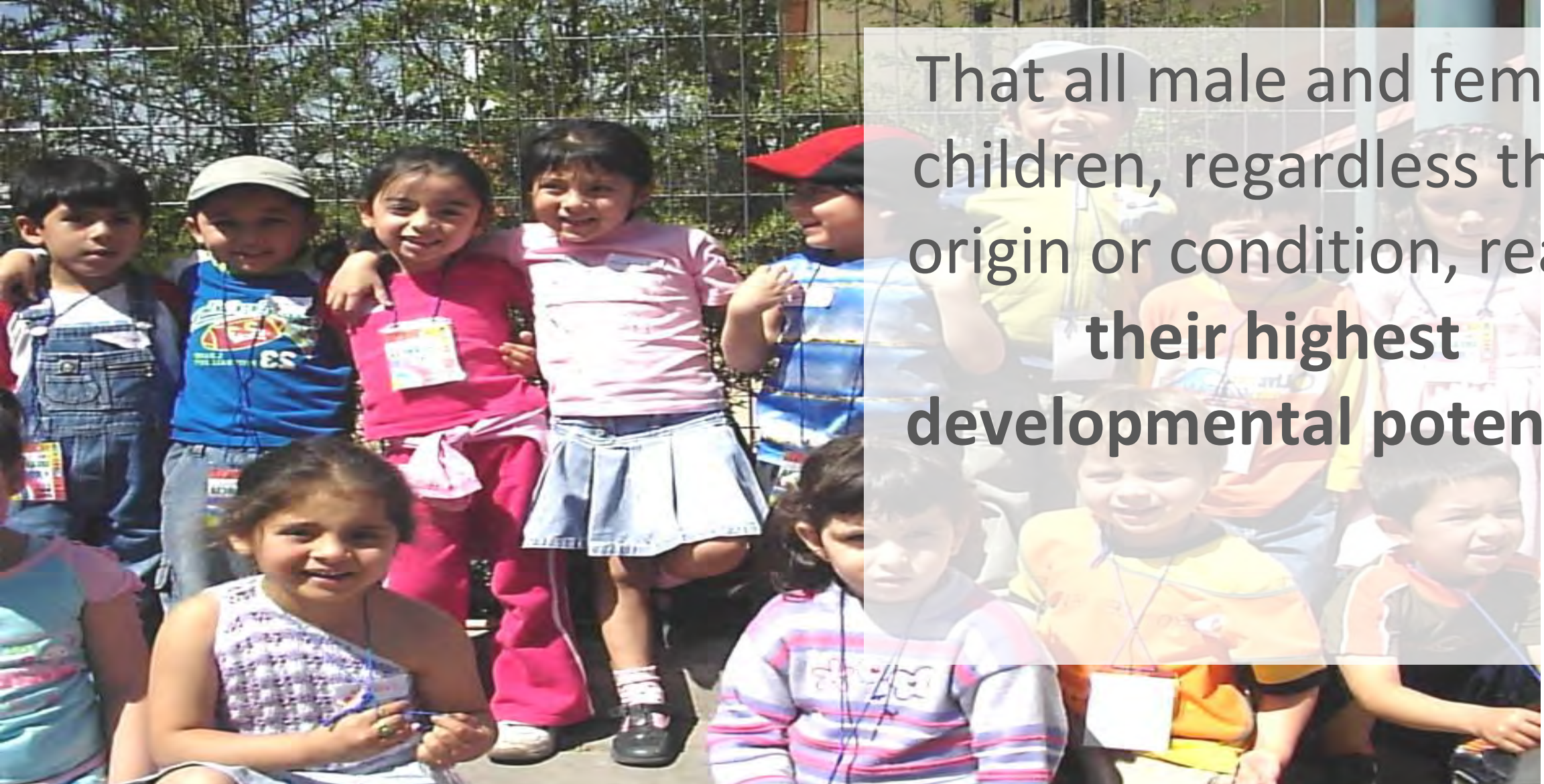
2. Global paradigms:

- Social Determinants of Health
- Focus on children’s rights.
- Systemic – Ecological approach.

3. Broad Consensus:

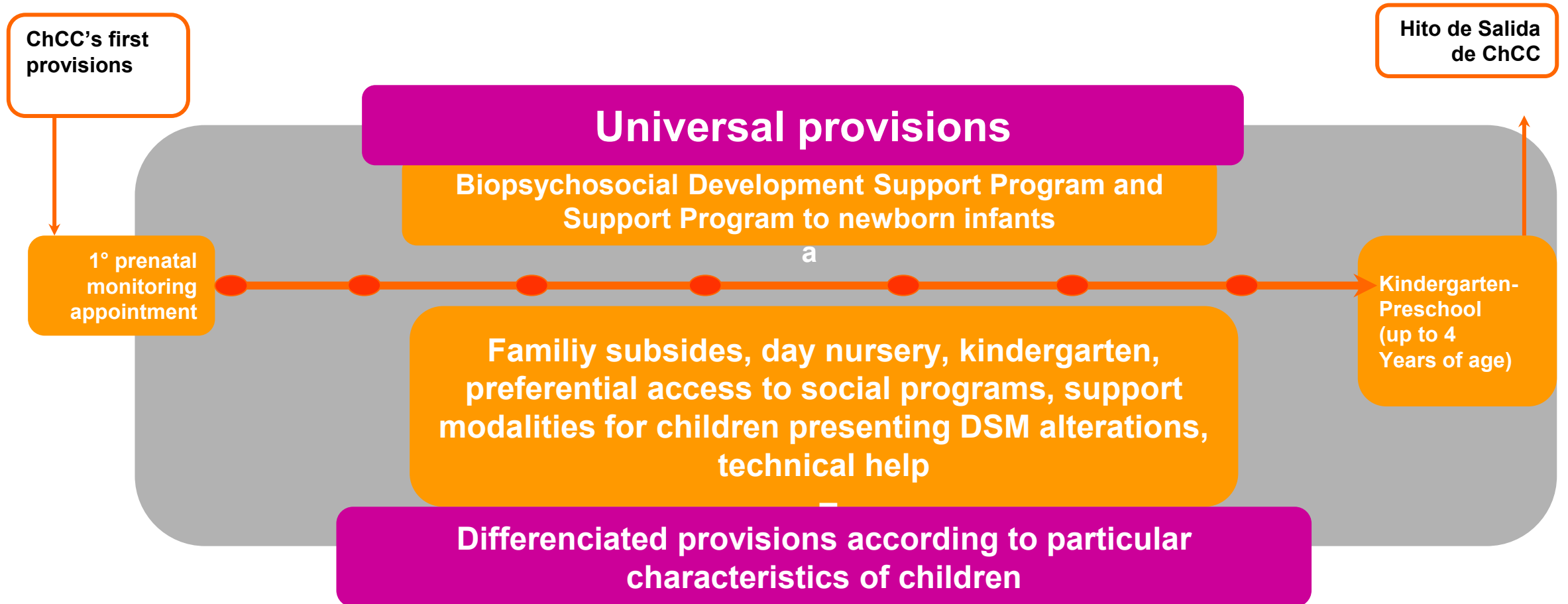
Unanimous approval of Law 20.379 which institutionalizes the Comprehensive Protection System for Early Childhood “Chile Crece Contigo”.

¿What is the goal of CHCC?

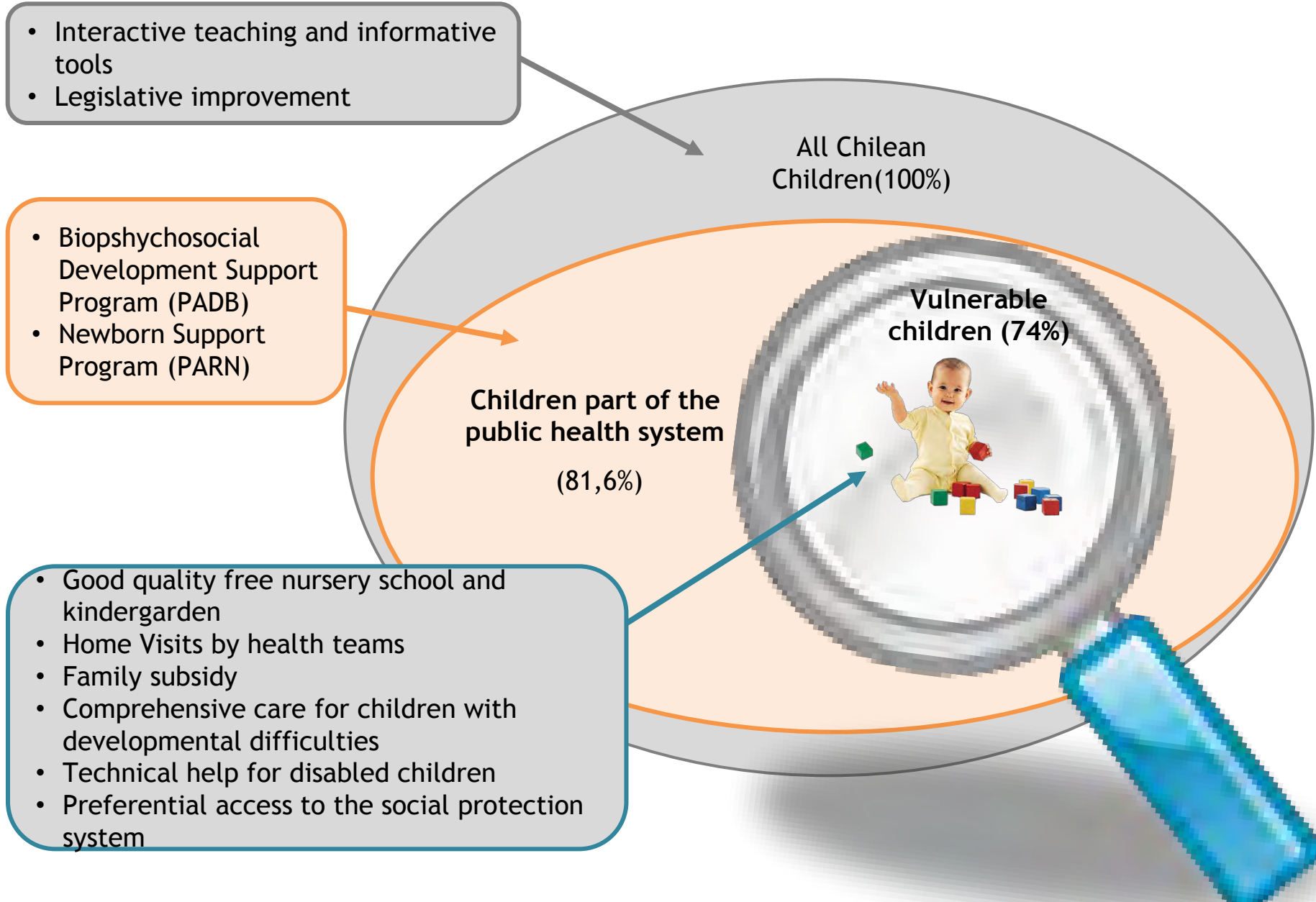


That all male and female children, regardless their origin or condition, reach **their highest developmental potential**

Program enables us to provide all different kinds of local support ChCC has to offer at a single space



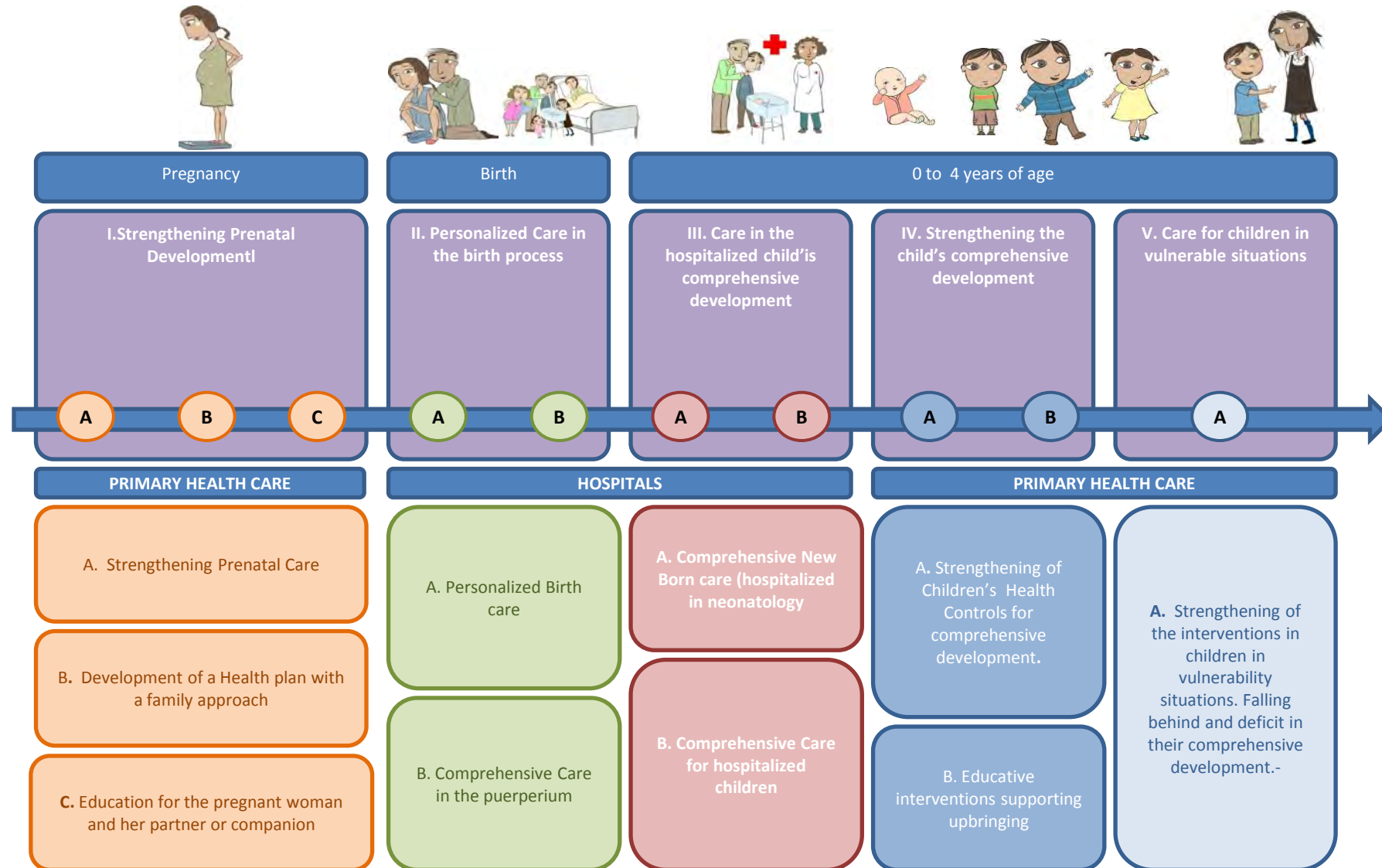
Support and Services offered by Chile Crece Contigo



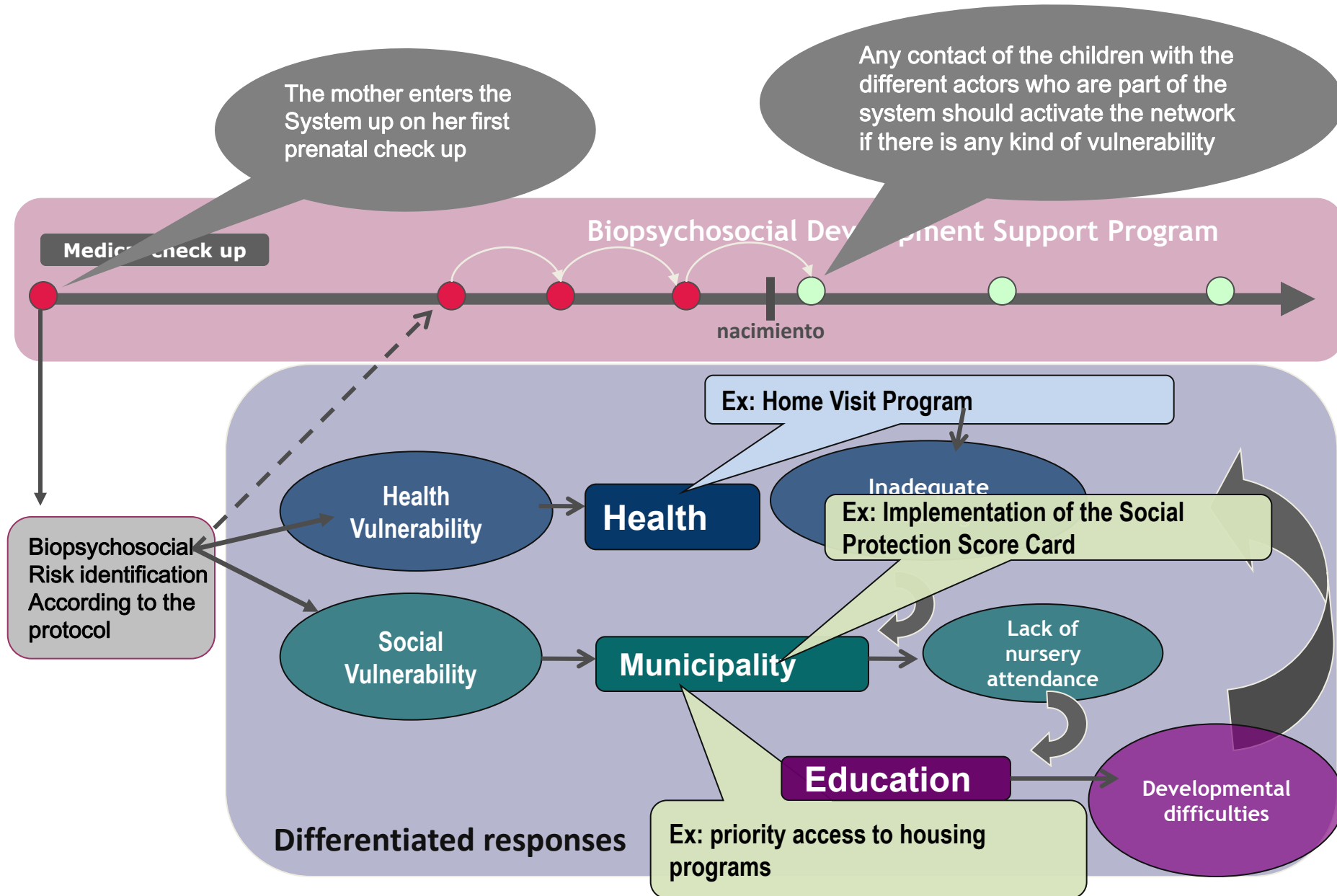
Program Tools

- Primary Program: Biopsychosocial Development Support Program (between Ministry of Health and Ministry of Social Development)
- Newborn Support Program (between Ministry of Health and Ministry of Social Development)
- Early Child Development Activities Support Fund (for Municipalities)
- Early Childhood Initiative Fund (with other public institutions)
- Municipal Strengthening Fund
- Early Childhood Hotline
- Interactive teaching and informative tools
- Registration, referral and monitoring system (IT)
- Technical Assistance to Municipalities
- Evaluation model

Biopsychosocial Development Support Program



Personalized follow up of early child development



Some of the Risk Factors that we try to identify: mother and children

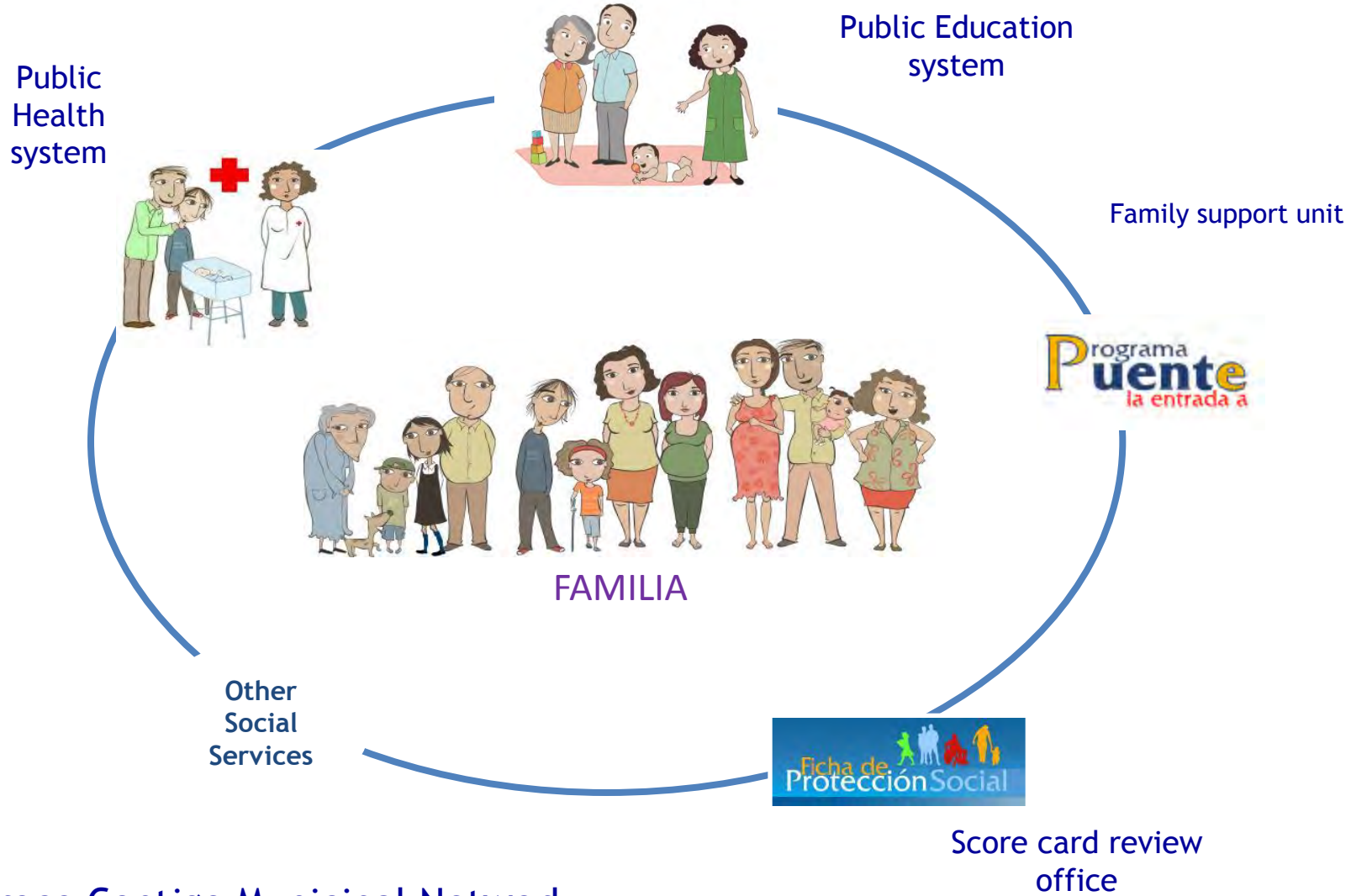
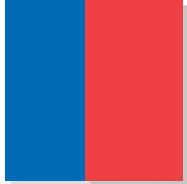
- Conflicts with the maternity
- Insufficient family support
- Depressive symptoms
- Affected by drug and alcohol abuse
- Violence against the woman
- Others vulnerabilities
- In foster care and public institutions
- Disabled and living with special health care needs
- Adolescent pregnancy
- Late arrive a prenatal control
- Mental health problems
- Low level of education.

Communal, Provincial, Regional and National Networks

- Since an unit or program cannot do everything on its own, it needs a network of service providers.
- It is precisely the level of articulation of services what determines and affects childhood development.
- Articulation, opportunity and suitability are the main axes of the functioning of networks
- The articulation of different sectors or units at a local level is not enough *per se*; *inter-territorial integration*
- becomes also necessary (national-regional; regional-communal; regional-provincial) for the improvement of the policy.



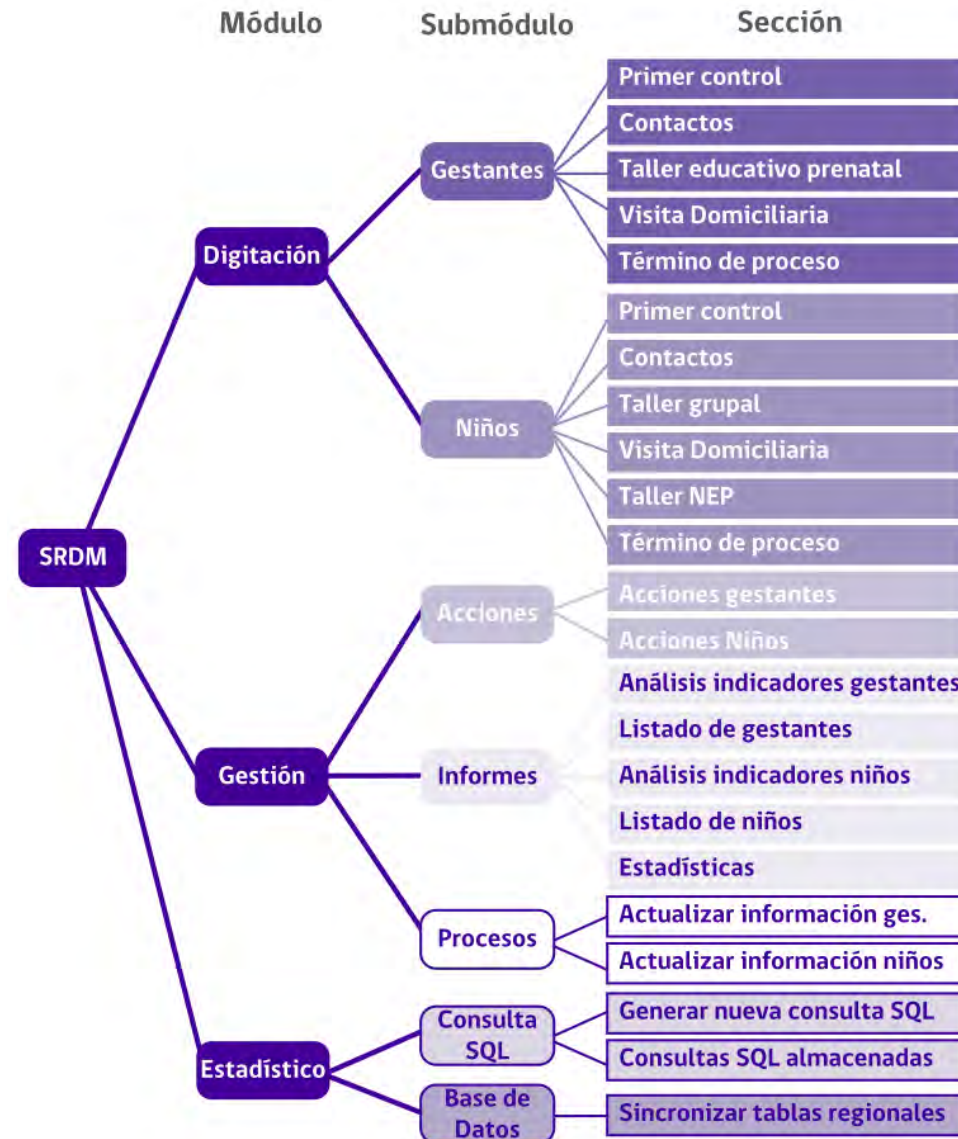
Chile Crece Contigo is an comprehensive Service network



Chile Crece Contigo Municipal Network



Sistema de Registro, Derivación y Monitoreo



Financing in Budget Act/law (Thousands of CLP \$)

PROGRAMS	INITIAL BUDGET	CURRENT BUDGET	ACCUMULATED EXECUTION TO FOURTH TRIMESTER	EXECUTION 2017
Fono Infancia	96.690.000	96.690.000	96.690.000	100%
Biopsychosocial Development Support Program- Min o of Health	18.414.107.000	18.414.107.000	18.414.107.000	100%
Newborn Support Program – Min of Health	14.333.586.000	14.333.586.000	14.333.586.000	100%
Preschool Education- JUNJI	4.792.021.000	4.792.021.000	4.792.021.000	100%
Fund of Intervention for Support of Child Development	2.640.193.000	2.640.193.000	2.640.193.000	100%
Competitive Funds for Initiatives of Child Support	438.115.000	438.115.000	438.115.000	100%
Municipal Strengthening Program	2.673.040.000	2.673.010.181	2.673.010.181	100%
Preschoolers' vulnerability diagnosis program	92.793.000	92.793.000	92.793.000	100%
Educative program	2.561.575.000	2.558.422.955	2.523.611.555	99%
Child Mental Health Support Program	868.142.000	868.142.000	868.142.000	100%
Comprehensive Learning Support Program	1.664.972.000	1.664.972.000	1.583.708.735	95%

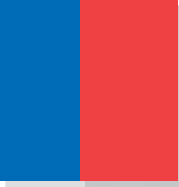


- Close to 70% of resources are administered by health-linked institutions
- Permanent increase in budget of the Childhood Protection System



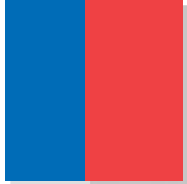


Personalized health plan



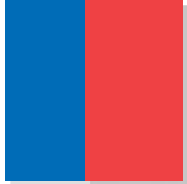


Childbirth preparation workshops

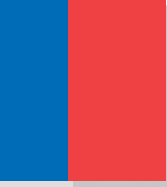




Personalized assistance during birth

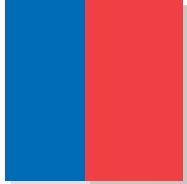


Alternatives to analgesia

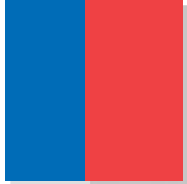




Presence of a person of the mother's choice



Assure early bonding



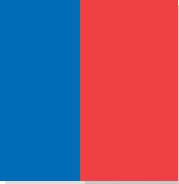
Supporting the comprehensive development of hospitalized children



Ludocarros



Ludobaúles



Nadie es Perfecto (Adapted from the Canadian Public Program “Nobody’s Perfect”)

- Adult Group Educative Intervention for parents and people raising children from 0 to 5 years of age aiming at fostering raising skills and parental knowledge as to improve healthy childhood development conditions in early stages of children’s lives.

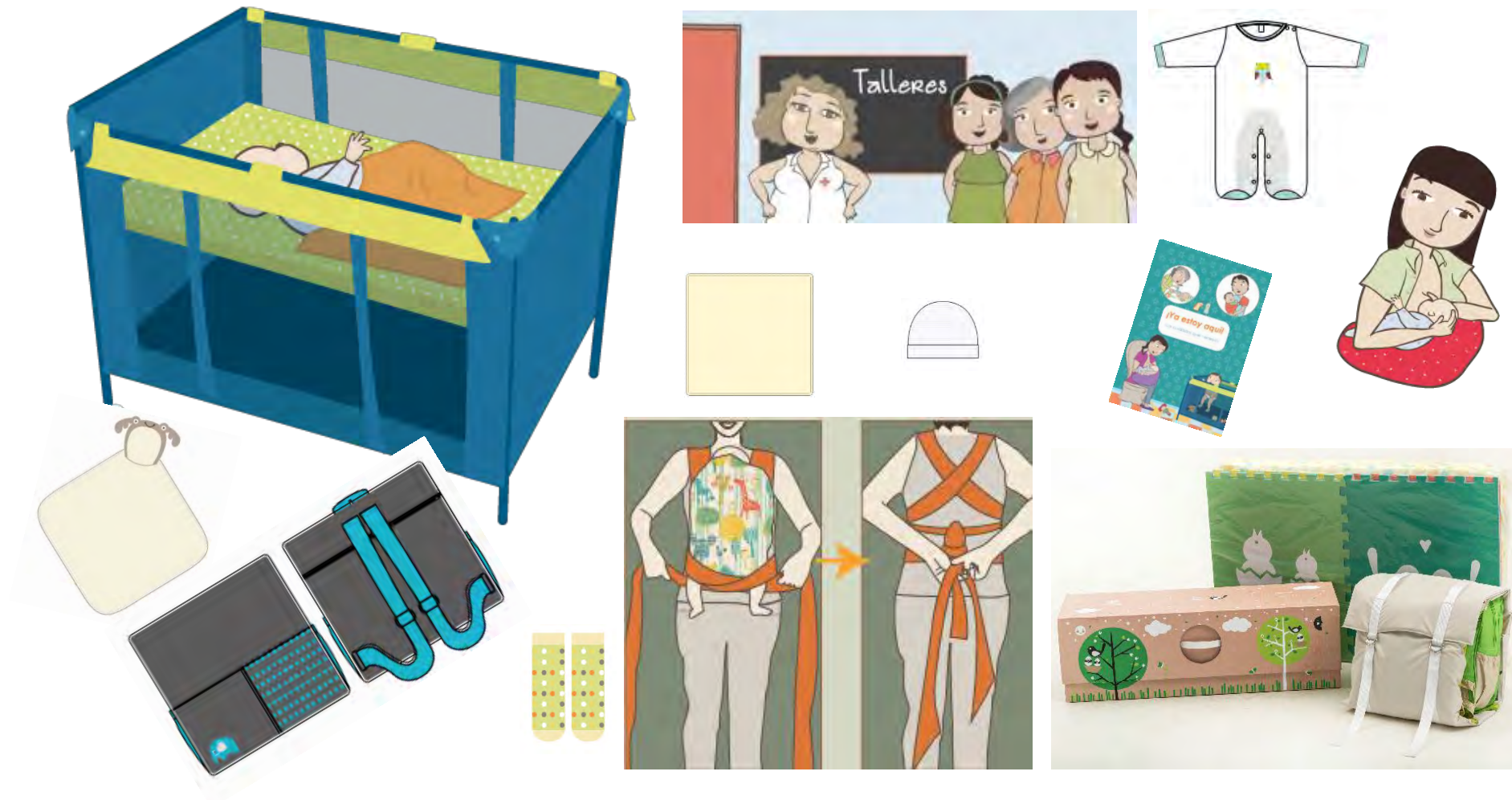


Goals:

- Fostering positive parenting skills
- Increasing parents’ knowledge on children’s health, safety and behavior
- Helping parents and caregivers to improve their existing personal skills and acquiring others
- Improving self-esteem and parents’ self-efficacy in parenting and conflict resolution, self-care
- Fostering mutual social support and self-care.
- Preventing child abuse and domestic violence
- Fostering shared responsibility in parenting

Support Program for Newborn Babies

- Handing over of a basic set of items for newborn babies and educative material
- Training on the use of these items and on care for the newborn





Doñihue



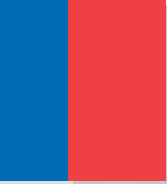
Independencia



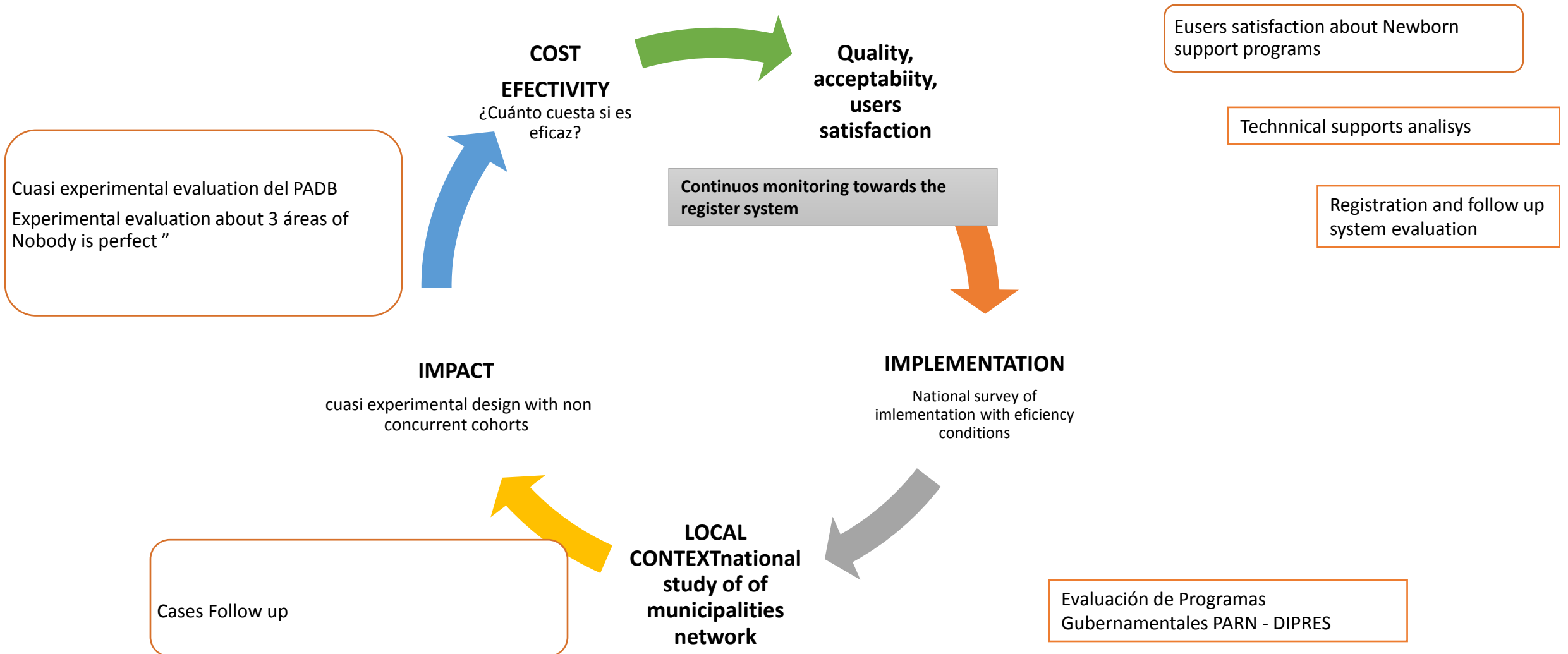
Chillán



Chañaral



Some assessments of the Comprehensive Infant Protection Subsystem Chile Crece Contigo

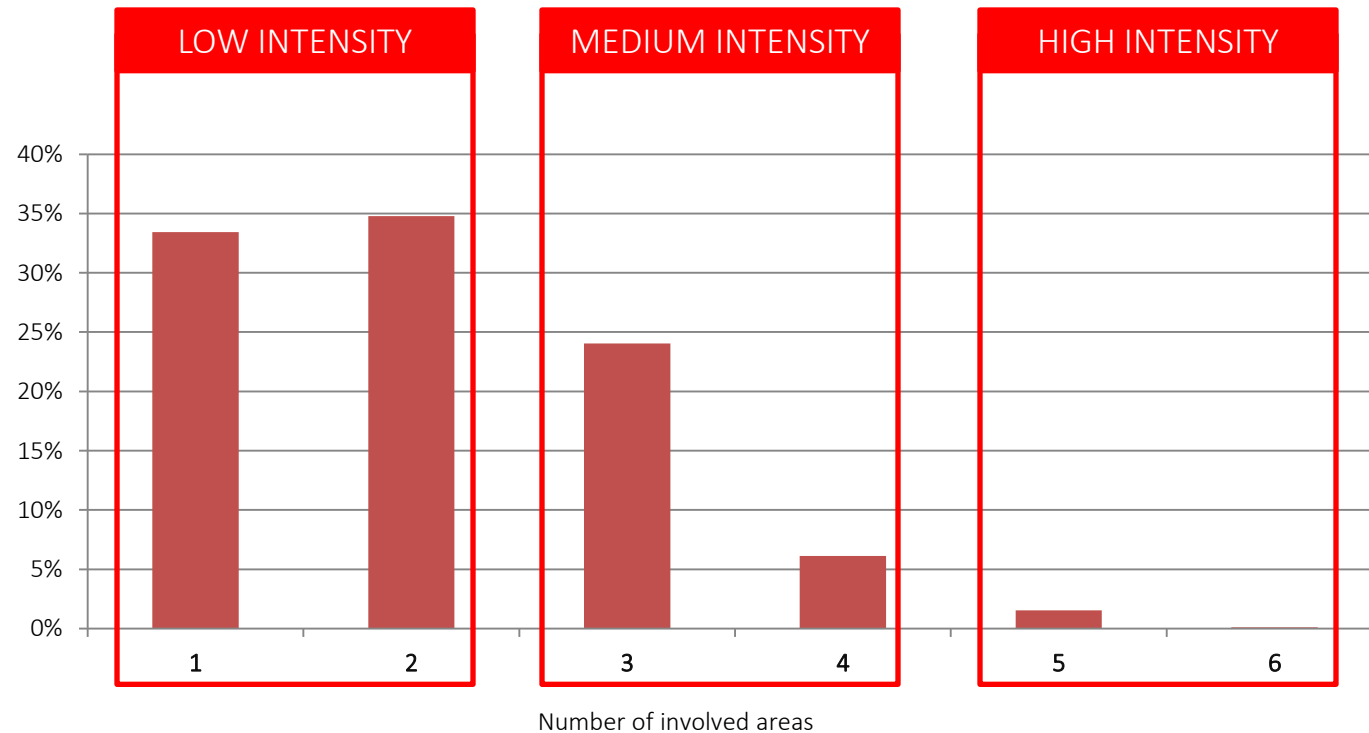


Chile Crece Contigo main assessments

- Quasi-experimental assessment of Biopsychosocial Development Support Program's effectiveness in one cohort throughout time (comparison with a non concurrent cohort as baseline)
- Experimental assessment of workshops for parental skills "Nadie es Perfecto" (Nobody's Perfect)
- PADB and PARN satisfaction and usability surveys
- National implementation survey
- Qualitative assessment of Biopsychosocial Development Support Program's implementation
- Qualitative and quantitative assessment of Chile Crece Contigo communal networks
- Cost-effectiveness assessment of support modalities to child development

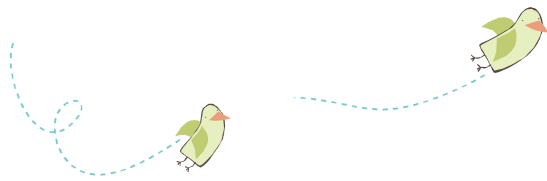
Cross-cutting intervention intensity

- Out of the 99.176 cases of children on which alerts were raised in 2016, 66,6% of them involve actions by more than one area or sector.
- 1,6% corresponds to cases of high intensity in which 4 or more areas are involved
- How can we provide a differentiated response to those cases that require
- high intensity cooperation?



Biopsychosocial Development Support Program's effectiveness

Expected outcomes (2007)	Deadline
a) Decrease in child development risk and delay rates	Short term
b) Decrease of territorial and socioeconomic gaps in child development issues	Short term
c) Children join the school system with necessary competences and skills as to continue learning	Medium term
d) Parents are active stakeholders in the education of their children by becoming integrated in the school system	Medium term
e) Gap reduction in human capital	Long term



Progress made after 10 years of
implementation of Chile Crece Contigo

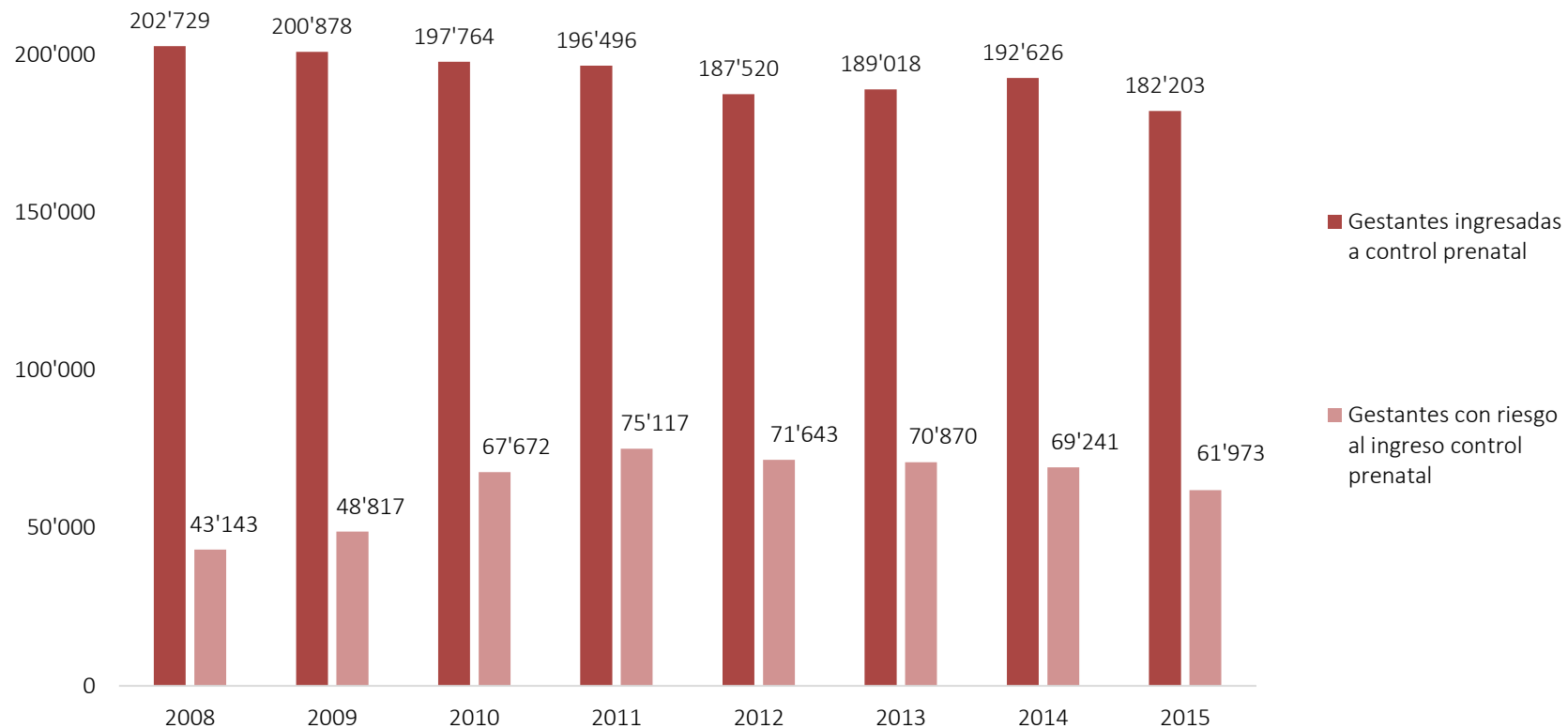
10 years of Chile Crece Contigo

- Coverage expansion from 32% to 66,7% in accompaniment programs for women in prenatal and birth stages between 2012 and 2017 (Ministry of Health)
- 90% of women received the set of implements and participated at the PARN Educative session in the postpartum period (Ministry of Health, 2012-2016)
- 61% of parents and caregivers of children under 1 year begin attending language and motor development workshops (Ministry of Health, 2016)
- 50% increase in comprehensive home visits to expectant women at risk (Ministry of Health)
- From 2006 to 2015, poverty in children under 4 years of age has decreased in 50,8%. From 39,6% in 2006 to 19,5% in 2015 (CASEN, 2006-2015)
- Increase of expectant women that get their first prenatal monitoring session before the 4th week of pregnancy; from 79,5% in 2009 to 80,5% in 2016 (DEIS, 2009-2016)



10 years of Chile Crece Contigo

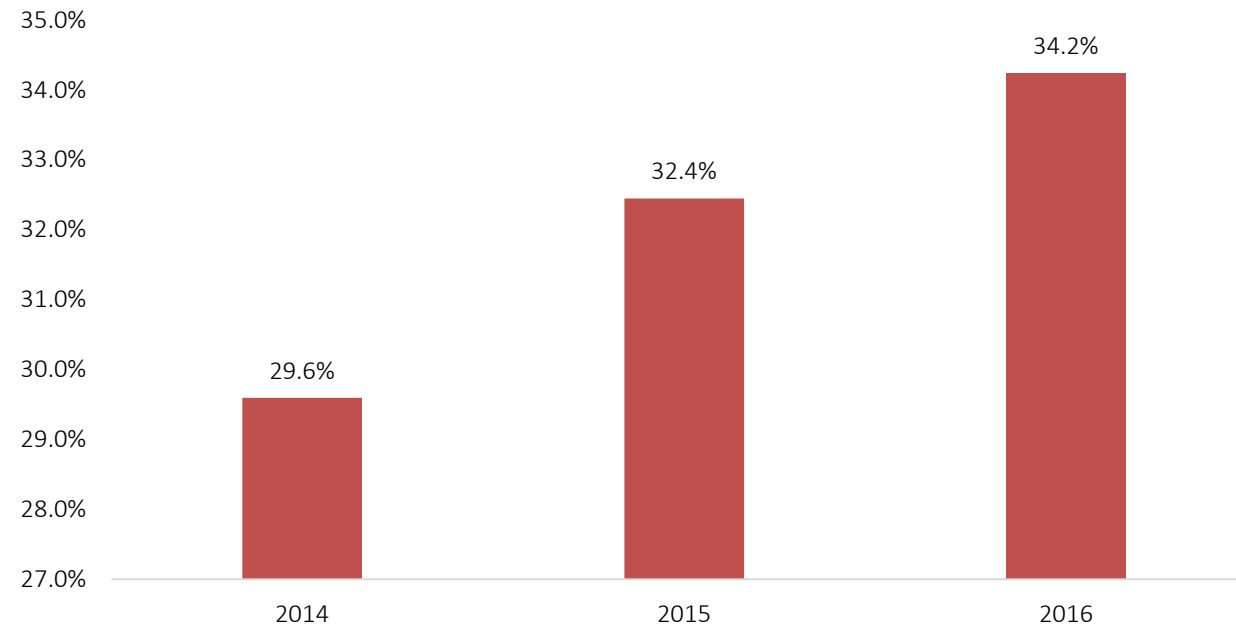
- Access to Chile Crece Contigo Subsystem includes a first milestone: the first prenatal monitoring session. During that activity the Abbreviated Psychosocial Assessment (EPsA) is conducted. That tool was first applied in 2007; it is able to detect the presence of 9 risk factors that could affect the expectant woman's health and thus the comprehensive infant development. The EPsA's application rate was 97% for the 2014-17 period.
- Psychosocial risk was detected in 37% of expectant women for the 2008-15 period in average. That figure decreased to 34,4% for the 2014-2017 period.



Comparison of expectant women presenting psychosocial risk according to EPsA, 2008-2015 period (Source REM)

10 years of Chile Crece Contigo

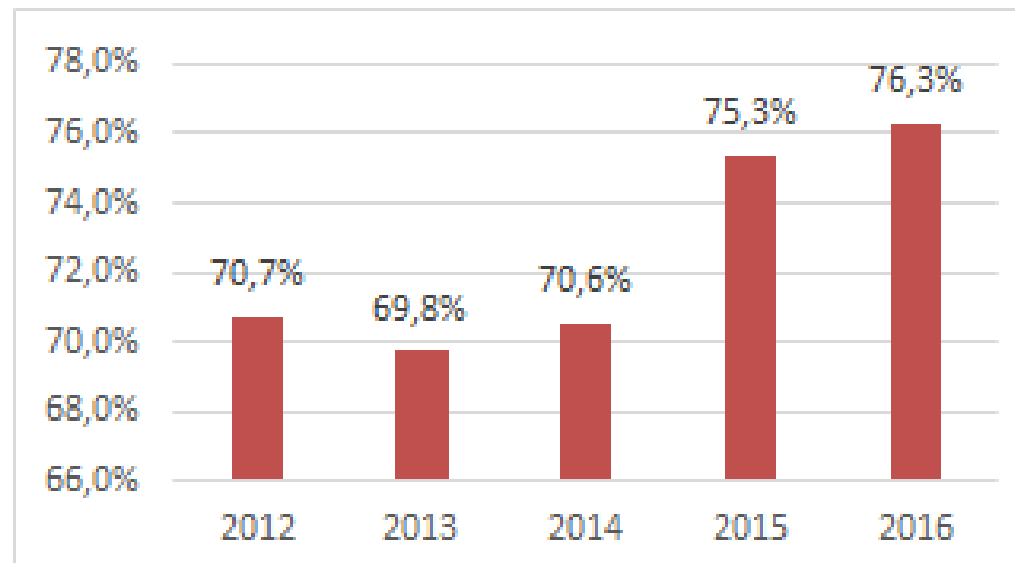
- Chile Crece Contigo fosters that family members join each other during the pregnancy stage as a factor of protection. The percentage of prenatal monitoring sessions having a partner, relative or someone else joining the pregnant women was 25% in average nationally for the 2008-2016 data. The percentage rose to 34,2% in 2016 (the target was 30%), surpassing the national average. This figure rose even more in 2017 reaching 34%.



Percentages of prenatal monitoring sessions en presence of partner, relative or someone else (2014 to NOV 2016-Source REM)

A 10 años del inicio de Chile Crece Contigo

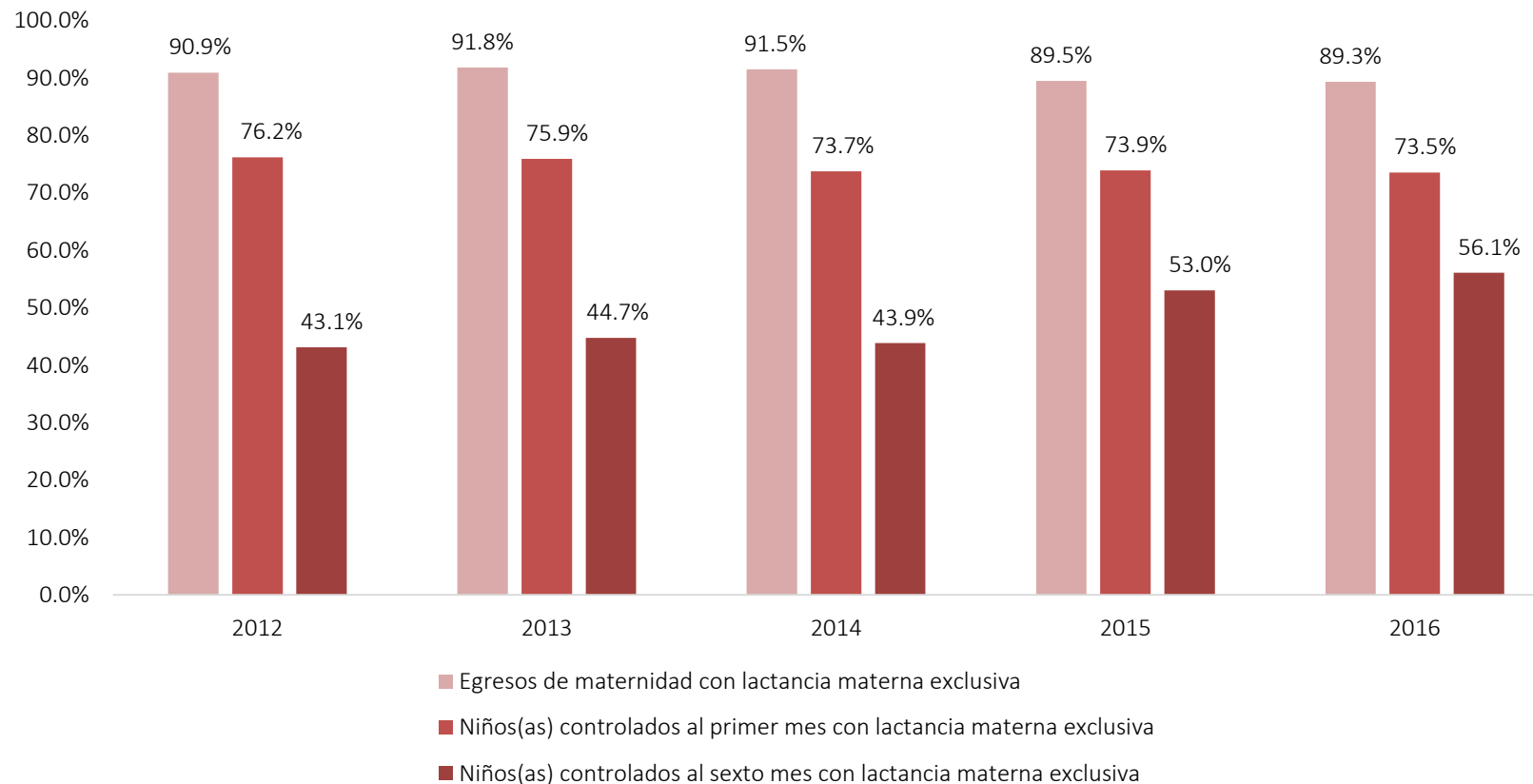
- Another element that Chile Crece Contigo has fostered as a sanitary practice is skin contact between the mother and the newborn when giving birth. One of the foundations for this practice is skin contact at birth contributes to decrease the stress level of newborns when being separated from the mother.
- Skin contact interactions equal to or longer than 30 minutes for babies born alive and weighting over 2500 grams has increased from 34,4% in 2009 to 76,3% in 2016. This means that Chile has increased 40,9 percentage points in seven years in this sense. This percentage reached 76,2% in 2017.



Percentages of newborn babies having skin contact equal or longer than 30 minutes, 2012-2016 (Fuente REM)

10 years of Chile Crece Contigo

- ChCC has contributed to fostering breastfeeding by handing over educative material to family members and professionals. When leaving the hospital maternity room, in average 91% of babies are fed only on breastfeeding (figures from 2012 to 2016)



Outcomes for babies fed on breastfeeding alone from the day they leave the hospital maternity room until their 6th month of age, 2012-2016 (Source REM -nov 2016)

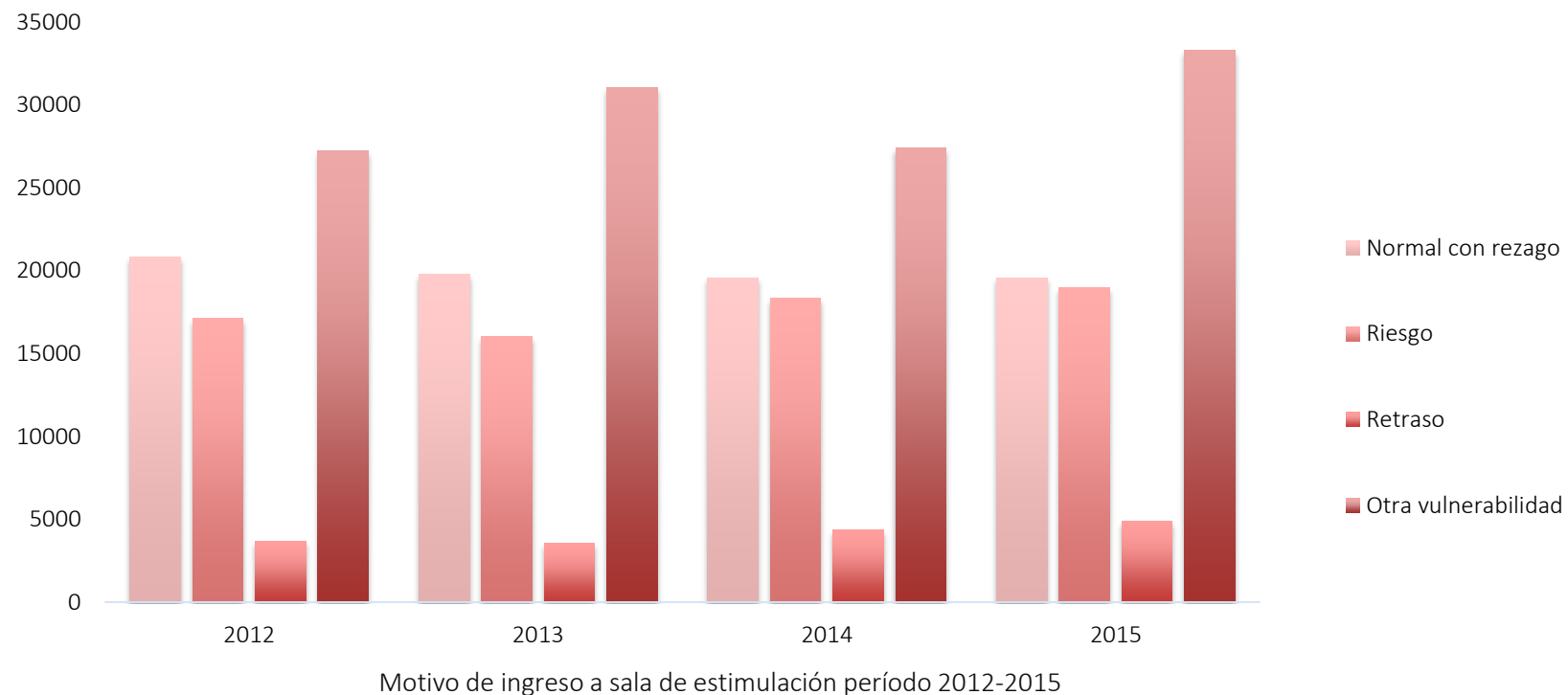
10 years of Chile Crece Contigo

- Surveillance throughout childhood development includes early detecting of risk or harms and effectively referring for preventive or active intervention.
- A detection modality is the application of comprehensive development screening during a medical monitoring session through EEDP (for children aged from 0 to 2 years) and
- TEPSI (from 2 to 5 years). It is expected that children get outcomes labelled as normal. Should the outcome present development delay or disorder (or any sign of risk) children
- are referred for stimulation modalities and proper medical treatment.
- 11,3% of children aged 7 to 47 months presented psychomotor development deficit by 2015.
- The following indicator show referral outcomes and effective access to stimulation rooms:
- Percentage of children presenting developmental delay referred to stimulation modalities: 100% (target 80%).
- Percentage of children presenting deficit in psychomotor development in the first monitoring session that were referred to stimulation
- sessions at a national level: 90,5% (target 90%)



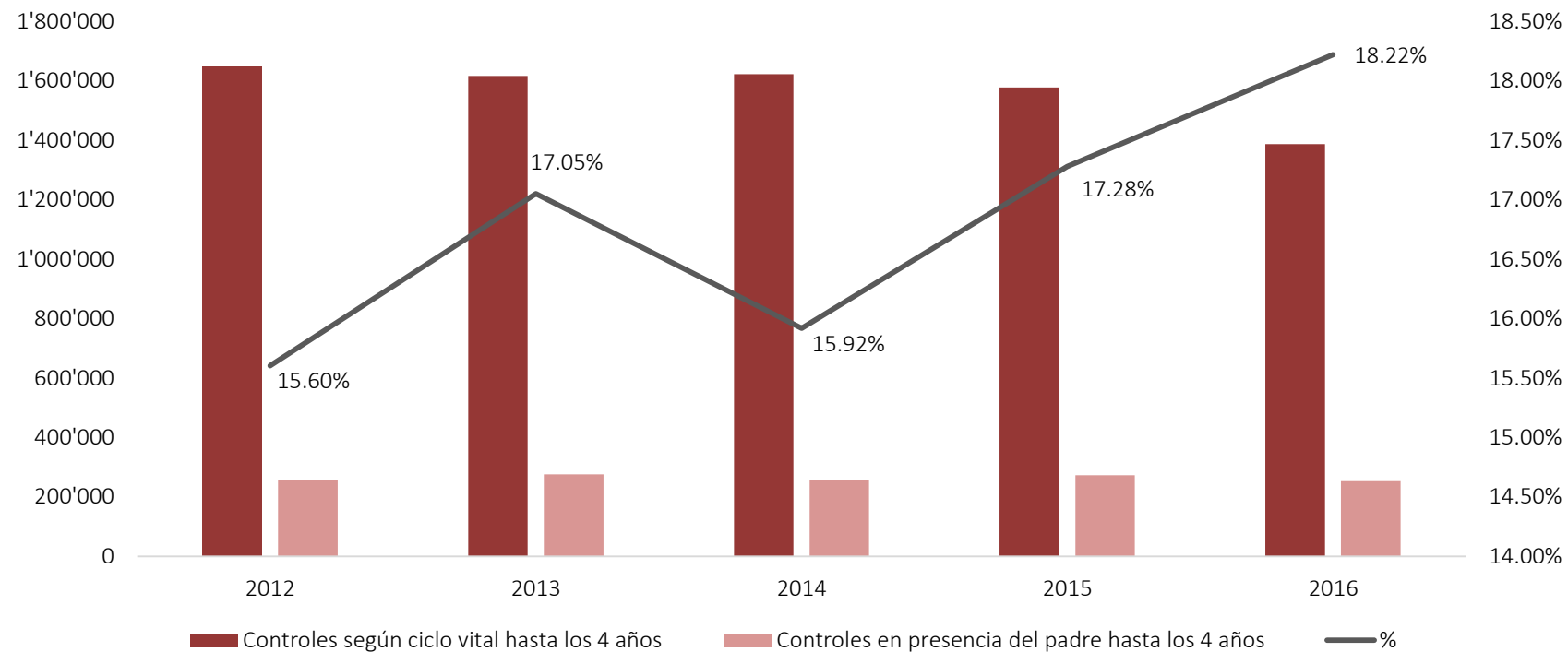
10 years of Chile Crece Contigo

- When it comes to indicating the reason for starting treatment at a stimulation room in the last years, we can see that there has been slight decrease in the reason titled “normal with delay”.
- We can also observe that from 2012 to 2015 the amount of treated children has increased from 68.825 to 76.772. There are 607 stimulation rooms in the country.
- The outcome for november 2016 shows that 42% of children aged from 7 to 11 months having DSM alterations have been able to recover.



10 years of Chile Crece Contigo

- Educative content on active male parenting (paternity) has been strengthened since 2016 in prenatal monitoring sessions advising health professionals to encourage fathers and male figures to participate in parenting tasks.
- Participation of parents is one of the priorities of the Biopsychosocial Development Support Program and it is constantly monitored being included in the local agenda as a factor that contributes positively to sanitary outcomes.



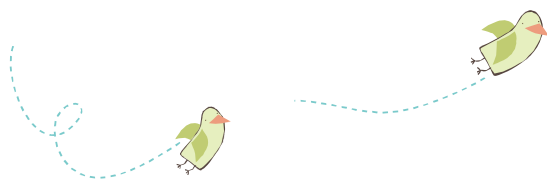
Percentages of participation of the father in medical monitoring sessions performed to children under 4 years of age, from 2012 to nov 2016.

10 years of Chile Crece Contigo

The health plan of Chile Crece Contigo fosters good practices that have proven to produce cultural changes and promote protection factors for the development of all children, such as:

- Early detection of psychosocial risks in expectant women and referral to medical units for proper health care
- Early detection of depression cases in women of children under 2 years of age enabling prompt access to proper treatment
- Company while prenatal monitoring sessions and birth process
- Encouraging active participation of the father (or any another significant adult) in health-related activities.
- Skin contact between mother, father, significative people and newborn baby.
- Interventions by psychosocial teams to hospitalized children
- Monitoring on the 10th day after birth and promotion of exclusive breastfeeding in babies until their sixth month of life
- Promoting families to participate at self-care, birth and parenting preparation, parentil skills, early childhood development workshops among others.
- Activities aiming at fostering good nutrition habits and preventing negative eating practices

Studies carried out show that social and economic factors determine outcomes in children development and quality of life

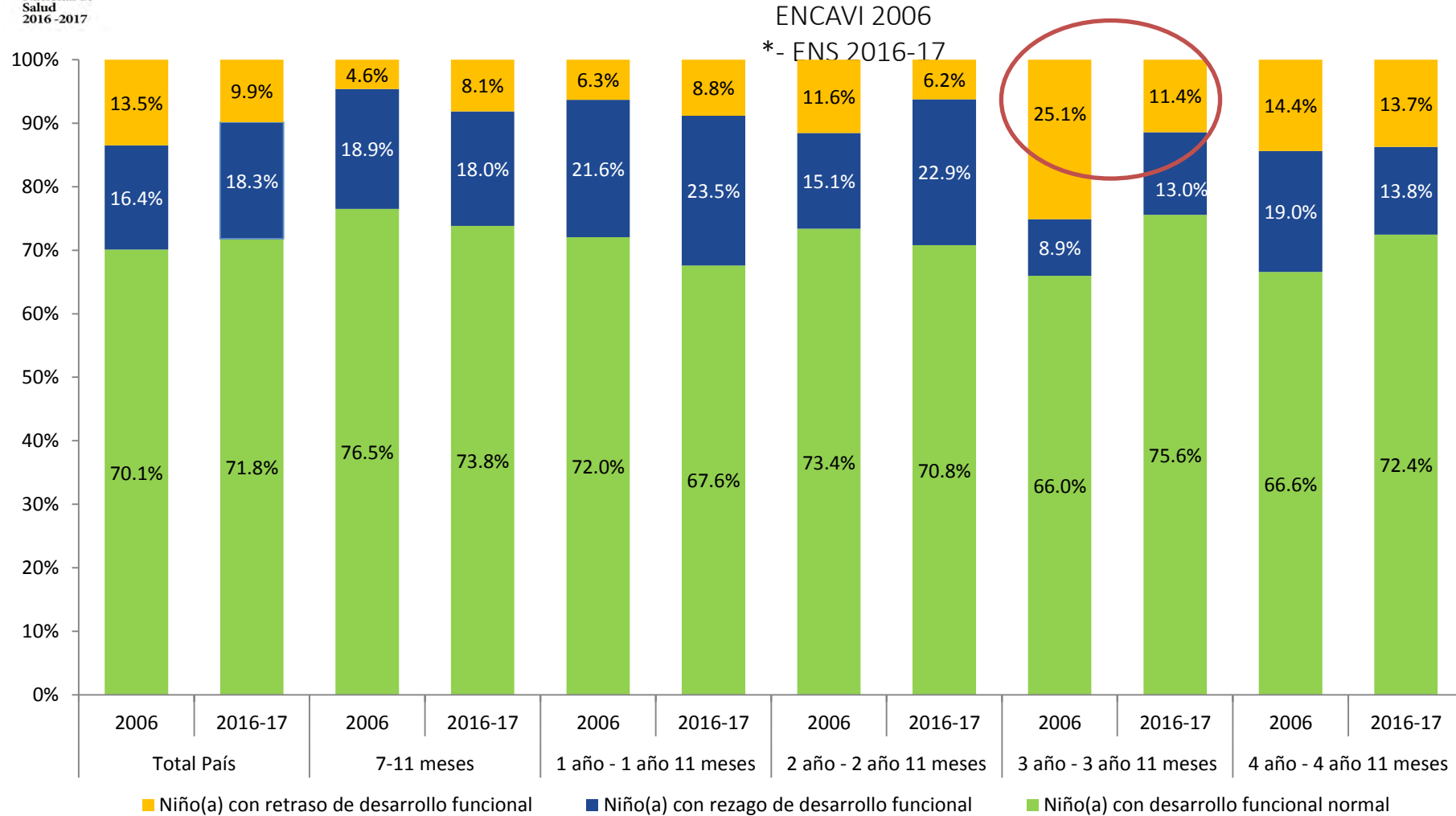


Children Development Assessment National Health Survey 2016-2017

Child development



Prevalence of normal functional development, slight delay and total delay by age groups



Elaborado por Departamento de Epidemiología

Se observan diferencias estadísticamente significativas entre los años 2006 y 2016-17 para niños y niñas con retraso de desarrollo funcional.

* Módulo extraído de la Encuesta Nacional de Calidad de Vida y Salud (ENCAVI) 2006

CHCC main lessons

1

It is required for service provisions at a local level to be **coordinated** among the public stakeholders involved to **prompt and properly** meet infants' and their families' needs

2

Accompaniment throughout development is a cross-cutting and effective work-methodology.

3

Basing ChCC's design on **strengthening already existing programs** with focus on customized articulation and follow-up

4

Implementation support at all administration levels (with local focus) is essential to guarantee proper policy effects

CHCC main lessons

5

High quality standards for provisions (in Catalog of Biopsychosocial Development Support Program and Infant Development Support Modalities)

6

Monitoring, Follow-up and Assessment
(Performance Indicators in over 30 different areas, customized follow-up computer system)

Challenges

- Making Chile Crece Contigo's actions visible and putting children at the heart of its actions
- Permanently strengthening work networks at all levels, especially at a municipal level, and keeping on strengthening cross-cutting collaboration
- Moving forward towards the generation of high quality standards that can be guaranteed for all delivered provisions and access protocol for services
- Reaching families with more and better information and services since families are the main responsible stakeholders when it comes to raising children
- Empowering families so that they get hold of Chile Crece Contigo's benefits by having them know and request the provisions and services they are entitled to.
- **Making early childhood development everybody's concern and priority.**





Thank you!

Thanks to Claudio Castillo
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