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# What policies strengthen early childhood development?

Policy lessons for Latin America  
and the Caribbean

Thais Sanches Cardoso  
Sol Vande Rusten  
Josefina Vial Prieto



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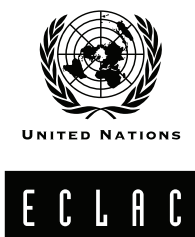
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This document was prepared by Thais Sanches Cardoso, Sol Vande Rusten and Josefina Vial Prieto, under the academic guidance of Nicholas Barr, Professor of Public Economics, and the supervision of Zhamilya Mukasheva, Fellow in Public Policy, both from the London School of Economics and Political Science (LSE). It was produced as part of the Master of Public Policy programme, in the context of the collaboration between the Economic Commission for Latin America and the Caribbean (ECLAC) and LSE, and within the framework of the project "Productive, ecological and socially just economic transformation in Latin America and the Caribbean", which is part of the ECLAC-BMZ/GIZ cooperation programme managed by ECLAC in partnership with Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) and financed by the Federal Ministry for Economic Cooperation and Development (BMZ) of Germany.

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## Executive summary

Early Childhood Development (ECD) programmes represent a strategic investment to address poverty and inequality, and sustain labour inclusion and economic growth. Yet, in Latin America and the Caribbean (LAC), countries face persistent challenges of variable quality standards, institutional fragmentation, and fragile political and financial sustainability that impact ECD programmes. Although these programmes are urgently needed, countries face challenges to implement high-quality, large-scale programmes that are sustainable over time and effective in advancing child development and addressing poverty.

This research aims to examine actions taken to address this issue and to extract lessons to guide the design and implementation of national and intersectoral ECD programmes in LAC. The analyses were based on a literature review, three case studies of intersectoral and large-scale ECD programmes (Sure Start, England; Integrated Child Development Services, India and Solid Start, the Kingdom of the Netherlands<sup>1</sup>), and semi-structured interviews.

The report recommends five strategic actions to create robust intersectoral ECD programmes: (i) build political momentum, (ii) design integrated programme structures, (iii) strengthen quality and equity through a comprehensive and multigenerational approach, effective training, continuous evaluations and rapid cycles of improvements, (iv) enhance conditions for the programme's long-term sustainability, and (v) create a strong data legacy. These recommendations are intended to guide policy improvements in LAC, which will lead to improvements in inclusive social development, with particular relevance for labour inclusion. Their effectiveness depends on how each country adapts them to its own institutional and social context. Finally, the research also highlights areas that are essential for ECD but have generally been overlooked in programme design and implementation, such as children's and caregivers' mental health, climate change, multicultural adaptation, and the digital environment. Where possible, these dimensions should be incorporated into future ECD policy agendas in LAC.

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<sup>1</sup> For the purposes of this research, references to the Kingdom of the Netherlands apply exclusively to its European territory and exclude Aruba, Curaçao and Sint Maarten.



## Introduction

Early Childhood Development is critical for children to exercise their rights, lifelong learning, labour inclusion and overall wellbeing. It also has a significant impact on a country's productivity and on reducing gender inequalities resulting from the unequal distribution between paid and unpaid care work. During the first and second 1,000 days, the brain develops most rapidly, with its peak capacity and plasticity (Center on the Developing Child at Harvard University, 2016). This period of rapid growth is sensitive to risk factors such as inadequate nutrition or exposure to chronic stress. Currently, at the global level, one in three children under five fails to reach their developmental potential due to poverty and undernutrition (Center on the Developing Child at Harvard University, 2016).

The situation is especially urgent in Latin America and the Caribbean (LAC), where inequality begins early in life. In 2022, poverty among children aged 0 to 8 reached 43.7% compared to 29% in the total population, while extreme poverty reached 17.4% compared to 11.4% overall (Santos Garcia, 2024). One study estimated that, on average, disadvantaged children<sup>2</sup> lose 20% of adult earnings, impacting labour markets, limiting national economic growth and increasing the risk of intergenerational poverty (Grantham-McGregor, Cheung, Cueto, Glewwe, Richter, Strupp, and the International Child Development Steering Group, 2007).

High-quality intersectoral ECD programmes are a cost-effective way of improving child development outcomes, yielding strong economic returns and reducing long-term social spending. However, governments often prioritise short-term fiscal considerations over long-term investment and, in many cases, face fiscal constraints that further limit their capacity to sustain long-term investments. Evidence shows that developmental gaps by socio-economic status emerge as early as ages 0 to 5 and persist for up to 12 years later without sustained intervention (Attanasio, López-Boo, Perez-Lopez, and Reynolds, 2025). Despite strong evidence of their positive impacts on early childhood development and long-term economic growth (Grantham-McGregor et al., 2007; World Health Organization [WHO], United Nations Children's Fund [UNICEF], World Bank Group [WBG], 2018; Heckman Equation, n.d. b; Nores, Vazquez, Gustafsson-Wright, Osborne, Cuartas, Lambiris, McCoy, Lopez-Boo, Behrman, Bernal, Draper, Okely,

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<sup>2</sup> In the cited study, "disadvantaged children" are defined as children under 5 years of age who are either stunted or living in poverty, with adjustments made to avoid double counting those affected by both conditions. This publication adopts this definition throughout the text whenever the term "disadvantaged" is used.

Tremblay, Yousafzai, Lombardi, and Fink, 2024), countries in LAC continue to face major challenges in translating this evidence into intersectoral national programmes that are high-quality, sustainable, and effective in advancing child development and poverty reduction.

In LAC, public spending on ECD is below the levels of high-performing low- and middle-income countries and Organisation of Economic Co-operation and Development (OECD) members outside the region, and current funding is insufficient to ensure equitable, sustainable, high-quality services (Inter-American Development Bank [IaDB], 2025). Recent ECLAC (2022) data show that public investment in early childhood education remains structurally low across the region. Around 2019, Latin American countries allocated on average 0.42% of GDP to pre-primary education, while Caribbean countries invested just 0.24% (Economic Commission for Latin America and the Caribbean [ECLAC], 2022). This limited fiscal effort is reflected in the fact that pre-primary receives less public investment per student than any other education level in most countries (Huepe, 2024). When compared internationally, the gap becomes even more pronounced: OECD countries invest 4.6 times more per student than the regional average (Huepe, 2024). This underinvestment can affect access to services and the quality of provision, with implications for social inequalities, underscoring the urgency of building political momentum to engage governments and increase investment in ECD.

Intersectoral implementation requires an effective programme structure. LAC's institutional landscape is highly fragmented, with services for young children spread across multiple ministries and agencies. This creates inefficiencies and uneven territorial coverage, particularly disadvantaging rural, low-income communities and Indigenous Peoples (Santos Garcia, 2024). The region would benefit from stronger institutional frameworks and cross-sector coordination to address implementation challenges (IaDB, 2025). Evidence suggests that national-level frameworks should promote intersectoral integration, while state and municipal structures must adapt service delivery to local contexts.

According to the Inter-American Development Bank's (IaDB) analysis of ECD systems in ten LAC countries (Brazil, Colombia, Costa Rica, El Salvador, Guatemala, Honduras, Jamaica, Mexico, Panama and Uruguay), broadening coverage and improving service quality remain persistent challenges in the region (IaDB, 2025). Expanding access without improving quality risks perpetuating existing inequalities rather than reducing them. A comprehensive and multigenerational approach enhances results: programmes that integrate parental wellbeing, income support, health, social protection, and education, achieve stronger outcomes for both children and families (Nores et al., 2024).

Responsive interactions between caregivers and children are central to early childhood development, yet studies across several LAC countries rate the quality of these interactions as low to moderate (IaDB, 2025). Family support on ECD programmes is therefore a key investment, but this component is embedded on a national scale in only some LAC countries and, where they do exist, quality standards are often limited. When successful pilots are expanded, programmes frequently struggle to maintain quality (IaDB, 2025).

Long-term sustainability of ECD programmes is another major challenge in LAC and depends on maintaining political commitment over time. Avoiding policy retrenchment requires embedding ECD within broader social protection systems and anchoring it in legal and institutional frameworks that protect funding across political cycles (Santos Garcia, 2024). It is also essential to build and apply evidence on which ECD approaches and delivery models are most effective, and under which conditions they can be scaled while maintaining quality standards (IaDB, 2025). Strengthening programme sustainability and expanding the evidence base are therefore critical to improving early childhood outcomes in the region.

Given these main challenges facing ECD programmes in LAC, this report explores policy learnings by examining three cases of intersectoral ECD programmes from outside the region that offer distinctive yet complementary lessons on the design, implementation, and sustainability of ECD systems: Sure Start in England, Integrated Child Development Services (ICDS) in India, and Solid Start in the Kingdom of the Netherlands, implemented in different contexts, to draw lessons for the design of intersectoral ECD programmes in LAC. The following research questions guided the analysis:

- To what extent does the available evidence inform how intersectoral ECD programmes contribute to improving child development and reducing inequalities?
- What elements of the selected ECD programmes contributed to an effective and sustainable implementation?
- What findings from large-scale ECD programmes offer potentially useful policy directions for Latin America and the Caribbean?
- What key areas that affect ECD remain underdeveloped or insufficiently prioritised in the selected programmes?

The report begins by analysing the importance of ECD and the role of national intersectoral programmes in the early years. Then, introduces the three selected programmes and presents key policy learnings that could strengthen programme outcomes in LAC. The report addresses policy and political aspects that influence programme funding and continuity. The recommendations are structured around five key stages: creating political momentum, building the programme design and structure, improving its quality, sustaining political commitment, and generating evidence and data legacy. The report concludes by highlighting areas that affect ECD but which remain absent from most programmes.



# I. Importance of early childhood development

## A. Nurturing care for early childhood development

The early years of a child's life are a critical period for the development of basic brain functions such as cognition, language, emotional regulation and social skills (Center on the Developing Child at Harvard University, 2016). These interconnected functions depend on early experiences, especially responsive interactions with caregivers, supportive environments and protection from toxic stress. When these experiences are positive, they are shown to foster adaptive skills and supportive relationships, which strengthen resilience and reduce the long-term effects of adversity (Center on the Developing Child at Harvard University, 2016).

However, certain experiences present a higher level of risk exposure. Evidence shows that variations in the quality of maternal care can lead to lasting changes in stress reactivity, anxiety, and memory function in children (Center on the Developing Child at Harvard University, 2016). Similarly, factors such as poverty, malnutrition, poor health, and inadequate care prevent millions of children worldwide from reaching their cognitive, socio-emotional, and motor potential (Grantham-McGregor et al., 2007).

The World Health Organization, the United Nations Children's Fund and the World Bank Group have developed the Nurturing Care Framework, a global roadmap for action to improve early childhood development. It emphasises five interrelated components that together create the conditions necessary for children to thrive: good health, adequate nutrition, responsive caregiving, security and safety, and opportunities for early learning (WHO, UNICEF, and WBG, 2018).

Each component influences development through complementary pathways and they operate within a wider enabling environment comprising policies, services, community and family support systems that allow caregivers to provide nurturing care. When these elements work together, nurturing care promotes physical, emotional, social and cognitive development, protects children from the effects of adversity, particularly in contexts of socioeconomic vulnerability, and amplifies protective factors that contribute to early childhood development (WHO, UNICEF, and WBG, 2018).

The Nurturing Care Framework reinforces that ECD is a highly interactive process influenced by the child's biology, relationships, and environment. During this period, brain plasticity reaches its peak, allowing rapid adaptations in response to experience. Therefore, early intervention is more cost-effective before the brain becomes less malleable, although brain development and adaptation continue throughout life (Center on the Developing Child at Harvard University, 2016).

## **B. Evidence: impacts, costs, returns**

When children grow up facing cumulative stress factors, their development can be disrupted, impacting their economic and social mobility. ECD programmes help to build the skills children and adults need to face adversity. Investing in these early years brings long-term benefits for both individuals and society (Center on the Developing Child at Harvard University, 2016).

Globally, child poverty represents a significant barrier to early childhood development. More than 200 million children under the age of five fail to reach their developmental potential due to poverty and adverse living conditions (Grantham-McGregor et al., 2007). Furthermore, one third of children under five worldwide are unable to achieve expected developmental milestones as a result of inadequate nutrition and poor health (Center on the Developing Child at Harvard University, 2016).

Poverty affects children's development through multiple factors, including undernutrition, caregiver stress and the lack of opportunities for early learning. These conditions limit the development of cognitive, emotional and social skills, often leading to delays in learning and poor school performance (Grantham-McGregor et al., 2007) with impacts on their future labour inclusion. The consequences extend well beyond childhood. Early disadvantages accumulate throughout the life course, perpetuating intergenerational disadvantages and reducing a country's development potential. It has been estimated that the loss of human capacities associated with early poverty results in a deficit of more than 20% in adult potential income (Grantham-McGregor et al., 2007).

Family circumstances are central to this process. Research shows that family income is closely associated with children's cognitive and behavioural development (Eisenstadt and Oppenheim, 2019). According to the Family Stress Model,<sup>3</sup> financial hardship generates parental stress, undermining mental health and parenting practices, which in turn negatively affect children's outcomes (Eisenstadt and Oppenheim, 2019). In addition, inequalities in child development arise from the interplay between socioeconomic conditions, parental resources (such as education and socioeconomic background) and other environmental factors, and these disparities emerge early in life, often persisting through childhood and adolescence into adulthood (Eisenstadt and Oppenheim, 2019). For instance, evidence from Latin America shows that developmental inequalities mirror national income inequality, with children in more unequal countries such as Colombia and Peru facing greater language and cognition gaps than those in less unequal countries like Chile and Uruguay (Attanasio et al., 2025).

Breaking this cycle requires policy interventions that mitigate the effects of poverty on children's development and create pathways for social and economic mobility. The longstanding expectation is that, with the right early opportunities, children growing up in poverty can thrive in school, access decent work, and raise healthier families, thereby interrupting the intergenerational transmission of poverty (Eisenstadt and Oppenheim, 2019). ECD programmes can help fulfil this expectation by supporting families and improving early care, nutrition and opportunities for early learning, thus mitigating the risks of poverty and laying the foundations for more equitable development trajectories (Grantham-McGregor et al., 2007).

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<sup>3</sup> The family stress model shows that poverty and economic pressure undermine parents' mental health and relationships, leading to conflict and parenting difficulties, which negatively affect children's behavioural, academic, health, and relational outcomes (Early Intervention Foundation, 2023).

Nobel Laureate James Heckman showed that investing early in childhood development yields the highest returns compared to later-life interventions. Each dollar invested in high-quality programmes for children from birth to five can generate up to 13% annual return through improved education, health and economic outcomes (Heckman Equation, n.d. a). Yet, fewer than 30% of children aged 3 and 4 in low- and middle-income countries are enrolled in early education programmes. Universal Early Childhood Care and Education (ECCE) would cost less than 0.15% of Gross Domestic Product, while the cost of inaction is up to 6.8%, with lost benefits valued at eight to 19 times the original investment (Nores et al., 2024). In Latin America and the Caribbean, inaction in early childhood is estimated to cost 1.6% of regional GDP (laDB, 2025).

While Early Childhood Care and Education strongly supports early development, outcomes can be strengthened when programmes include other key areas. A multisectoral approach integrating health, nutrition, education, and social protection contributes to meeting the full range of children's and caregivers' needs (Richter, Daelmans, Lombardi, Heymann, Lopez Boo, Behrman, Lu, Lucas, Perez-Escamilla, Dua, Bhutta, Stenberg, Gertler, and Darmstadt, 2016). ECD programmes are most impactful when they also support caregivers, increasing parenting skills and connecting them to income, mental health, and social services that reduce stress and increase stability (Fisher and Lombardi, 2025). Financial support, particularly through cash transfers, not only improves children's access to basic needs but also alleviates the psychological burden on parents, enhancing their capacity to support development (Eisenstadt and Oppenheim, 2019). Recent evidence further reinforces this point, noting that income protection strengthens parents' emotional and economic stability, expands children's opportunities and contributes to breaking cycles of poverty. Moreover, well-designed cash transfers can also generate broader social gains by reducing care burdens (particularly for women) and fostering more resilient and balanced family environments (ECLAC, 2024).



## II. Case studies

### A. Case selection and methodology

This research examines how intersectoral national ECD programmes can create conditions to improve their quality, effectiveness and sustainability. The analysis followed a qualitative case study approach, combining insights from primary and secondary data sources. Secondary data comprised a literature review of evaluations, policy documents and academic studies related to ECD and the selected programmes, while primary data drew on six semi-structured interviews with academics, policymakers, experts, politicians and practitioners (see annex A1 and A2).<sup>4</sup>

The interviews complemented desk-based research by adding practitioner and expert perspectives, capturing nuances and on-the-ground realities not fully reflected in the published literature. They provided practical insights into implementation challenges and helped identify transferable strategies to strengthen ECD programmes in Latin America and the Caribbean.

The selection of the programmes was based on five criteria: national coverage, a minimum of six years of operation, data availability, intersectoral coordination, and inclusion of at least two components of the Nurturing Care Framework. These criteria ensure the cases operate at a national scale and across political cycles. Requiring accessible data enables us to draw credible lessons on design, delivery, and results. Including the Nurturing Care Framework components and intersectoral coordination aligns with a focus on integrated ECD systems rather than single-sector schemes, and ensures a comprehensive approach, consistent with current evidence and policy priorities in LAC.

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<sup>4</sup> Six interviews were conducted to complement the literature review and the analysis of the three selected ECD programmes. The interviews aimed to deepen the understanding of key aspects of programme design and implementation and to gather lessons to inform policy development in LAC contexts. The interview guide was structured around four thematic areas: programme design; intersectoral and multi-level collaboration; community engagement; and programmes' political, financial and institutional sustainability, as well as their impact on inequalities and child poverty. Some interviews included additional questions tailored to the interviewee's expertise. For instance, with an expert on child poverty, the discussion explored the intersection between ECD policy and poverty alleviation strategies.

Applying these filters, three ECD programmes were selected and analysed considering their distinctive but complementary contributions to the design, implementation, and sustainability of ECD systems: Integrated Child Development Services (ICDS) in India, launched in 1975, Sure Start in England, launched in 1999,<sup>5</sup> and Solid Start in the Kingdom of the Netherlands, launched in 2018.

Sure Start (England) provides a rich evidence base on national-scale design, intersectoral delivery, and measured outcomes. ICDS (India) brings over five decades of experience, highlighting sustainability and the complex implementation and coordination challenges inherent in multilevel governance. Solid Start (the Kingdom of the Netherlands) represents a more recent, community-centred intersectoral model that scaled from pilots to nationwide coverage, with strong documentation of its design and scale-up strategy.

## B. Selected programmes

### 1. England: Sure Start

The Sure Start programme was launched in 1999 as a place-based, community-led initiative to improve children's early years in areas with a higher poverty rate. It aimed to reduce geographical disparities in early childhood outcomes by delivering integrated services that combined health, education, and family support. The programme was rooted in the recognition that children's health, learning, and wellbeing are shaped by the environments in which they grow up, and that the government has a role in equalising these conditions through coordinated intervention.

#### (a) How it works

The first phase of Sure Start began with local, community-based initiatives known as Sure Start Local Programmes (SSLP), created as "one-stop shops" in areas of England with the highest poverty rates, where many children under 4 were living in poverty. SSLP were partnerships that brought together health, education, social services and voluntary actors, working with local communities to provide outreach and home visits, family and parenting support, quality childcare and play services, healthcare, and assistance for children with special needs. By the early 2000s, 524 Local Programmes had been established (Carneiro, Cattan, and Ridpath, 2024a). Annual funding for Sure Start grew significantly during this phase: from 94 million euros in 1999/2000, to 217 million euros in 2000/2001, and approximately 529 million euros in 2002/2003<sup>6</sup> (Eisenstadt, 2011).

In 2003, the government announced a long-term strategy to transfer responsibility for Sure Start to local authorities, consolidating the initiative into Sure Start Children's Centres (SSCC). This transition, reinforced by the Ten-Year Childcare Strategy, aligned with the broader policy goal of expanding the quality and availability of childcare, including the commitment to establish a Children's Centre in every community in England by 2010. Expansion occurred in three phases, moving from the 20% most disadvantaged areas to national coverage, extending provision to 30%, followed by universalising Sure Start in England, resulting in more than 3,600 Children's Centres by 2010 (Carneiro et al., 2024a; Cattan, Conti, Farquharson, and Ginja, 2021).

The centres offered early care and education, parenting support, health services, employment assistance, and prioritised interventions for children with disabilities (Carneiro et al., 2024a; Cattan et al., 2021). The programmes combined parental support to enhance parenting skills with connections to job centres, offering assistance for parents seeking employment (Carneiro, Cattan, Conti, Crawford, Farquharson, and Ridpath, 2025).

<sup>5</sup> Scope of analysis: 1999–2010.

<sup>6</sup> This budget was originally reported in pounds sterling and has been converted to euros based on the Google exchange rate on 11 June 2025.

However, the programme's long-term sustainability was undermined by austerity measures and a shift in policy priorities after the 2010 change of government, which redirected resources towards subsidised childcare to support parental employment. Between 2010 and 2022, funding for Sure Start fell by more than two thirds, leading to the closure of over 1,340 centres and significantly reducing its universal accessibility (Carneiro et al., 2024a). In terms of evaluation, Sure Start was subject to continuous assessment from its launch until 2010, generating a substantial body of evidence on the impact of the programme and its services.

## 2. India: Integrated Child Development Services

India's Integrated Child Development Services was launched in 1975 and is one of the world's largest and longest-running national early childhood programmes, and continues operating today. It was designed to improve the health, nutrition, and development of children under 6, while also supporting pregnant and lactating women (Sachdev, Y., and Dasgupta, J., 2001). Its central aim is to break the intergenerational cycle of malnutrition and poverty by offering a package of services, delivered through community-based centres known as *Anganwadi* (National Council of Applied Economic Research [NCAER], 2011). By 2018, the programme was operating with more than 1.3 million centres serving around 100 million users (Press Information Bureau, Government of India, 2024).

### (a) How it works

ICDS delivers a package of six services: supplementary nutrition, immunisation, health check-ups, referral services, non-formal preprimary education, and health and nutrition education for women (Singh, Chauhan, Alderman, Avula, Dwivedi, Kapoor, Meher, Menon, Nguyen, Pedgaonker, Puri, and Chakrabarti, 2024). Implementation is coordinated by the Ministry of Women and Child Development (MWCD), in partnership with state governments, and supported by frontline actors including Anganwadi Workers (AWW), Accredited Social Health Activists (ASHA), and Auxiliary Nurse Midwives (ANM) (NITI Aayog, 2023). Financing follows a cost-sharing model between the central and state governments. In 2024–2025 the central government allocated 2.9 billion euros<sup>7</sup> to the programme (PRS Legislative Research, 2024).

Recent reforms introduced the National Framework for Early Childhood Stimulation (Ministry of Women and Child Development [MWCD], 2024), aligned with India's National Education Policy (2020) and the National Curriculum Framework for the Foundational Stage (2022). This framework introduced a month-by-month activity calendar for 0 to 3 years, integrating early learning practices into ICDS through home visits, early detection of developmental delays, and culturally responsive adaptations for children with disabilities, including the Divyang Protocol for screening, inclusion, and referral (MWCD, 2024). Monitoring and governance are supported by digital tools such as the Poshan Tracker app, which enables real-time service tracking (NITI Aayog, 2023).

## 3. The Kingdom of the Netherlands: Solid Start

Nationwide Dutch programme launched in 2018 to improve children's first 1,000 days, from preconception to age 2. It focuses especially on families facing poverty, housing problems or stress, and it integrates medical and social support through local coalitions in every municipality. The aim is to reduce health inequalities and give all children an equal chance to have a solid start in life.

### (a) How it works

The programme aims to prevent unplanned pregnancies, improve preparation for parenthood, identify risks early, and provide timely, tailored support. Municipalities receive national funds to build Solid Start coalitions, bringing together health professionals (midwives, obstetricians, youth healthcare), social services (welfare, housing, debt counselling), and local authorities (Schreiber, 2022; Steegers, Struijs,

<sup>7</sup> This budget was originally reported in crore (26,092 crore) and converted into euros based on the Wise exchange rate as of 7 October 2025.

Uijtdewilligen, and Roseboom, 2024). These coalitions use local health and socio-economic data to design interventions such as early prenatal care, home visits, parenting support, contraception counselling, and integrated care pathways (Schreiber, 2022; Ministry of Health, Welfare and Sport, 2020).

Financing comes from the national budget, with around 23 million euros allocated annually for 2021 to 2025 (Steegers et al., 2024). Throughout its development and implementation, the programme benefited from philanthropic funding, which helped enable its establishment and expansion. Funding is now embedded in long-term health expenditure accords and distributed through municipal allowances, ensuring that every municipality can sustain a Solid Start coalition (Uijtdewilligen, 2023).

Solid Start demonstrates how local pilot programmes can be scaled nationally while retaining flexibility to adapt to local needs (Schreiber, 2022). The use of neighbourhood health heatmaps and a national monitoring framework has helped municipalities identify priorities and adjust services. The programme started in Rotterdam and pilot lessons are now embedded in a nationwide approach, supported by learning communities where municipalities exchange best practices (Steegers et al., 2024). Partnerships with universities, Non-Governmental Organisations (NGO) and experts by experience have been essential, and the national government has invested in a robust data infrastructure to track medical and social indicators across the life course (Steegers et al., 2024).

#### 4. Comparative Overview of ECD Programmes

**Table 1**  
Comparative Overview of Early Childhood Development Programmes in England,  
India and the Kingdom of the Netherlands

Programme	England Sure Start	India ICDS	Kingdom of the Netherlands Solid Start
Year of launch	1999	1975	2018
Target	Families with children from 0 to 5 years of age.	Children of 0 to 6 years old, pregnant women, lactating mothers and adolescent girls.	Families and children in the first 1,000 days.
Delivery	Local <i>one-stop shops</i> for integrated services. It began with Local Programmes and transitioned to Children's Centres.	Community-based <i>Anganwadi</i> centres integrating health, nutrition and education.	Local coalitions linking social and public health services, tailored to local needs.
Services	<p>Sure Start Local Programmes provide services of early learning and childcare, antenatal and child health services, outreach, home visits, parental support, and assistance with employment.</p> <p>Sure Start Children's Centres, under local authority management, offered early education, parenting support, health services, employment assistance, and prioritised interventions for children with disabilities (Carneiro et al., 2024a; Cattan et al., 2021).</p> <p>According to the employment services at Children's Centres, they had to build connections with Jobcentre Plus, a pre-existing network of state-run agencies that assist unemployed people in finding work (Carneiro et al., 2025).</p>	Service package includes supplementary nutrition, immunisation, health check-ups, referral services, early childhood education, and maternal health education (Sachdev and Dasgupta, 2001; NCAER, 2011).	<p>Addresses:</p> <ul style="list-style-type: none"> <li>- Preconception stage: public campaigns focused on preventing unplanned pregnancies and increasing reproductive health literacy.</li> <li>- Prenatal stage: targeted home visits and risk detection systems, enabling early identification of maternal or environmental challenges.</li> <li>- Postnatal stage: medical and social coordinated parental support through both in-person (individual and group) and digital modalities (Schreiber, 2022).</li> </ul>

Programme	England Sure Start	India ICDS	Kingdom of the Netherlands Solid Start
Year of launch	1999	1975	2018
Funding	<p>In 1999/2000 it started with a budget of almost 106 million dollars.<sup>a</sup> In 2000/2002 it increased to approximately 245 million dollars.<sup>b</sup> In 2002/2003 it increased roughly to 597 million dollars.<sup>c</sup></p> <p>The peak was in 2010 with approximately 3.3 billion dollars<sup>d</sup> (Carneiro et al., 2024a; Eisenstadt, 2011)</p>	<p>Financed through national funding, with the majority of resources provided via MWCD, complemented by required state government contributions under a cost-sharing model (NCAER, 2011).</p> <p>In 2024 and 2025, the programme alone received approximately 2.37 billion dollars<sup>e</sup> (81% of the Ministry's resources). In total, the Ministry was allocated approximately 3.36 billion dollars,<sup>f</sup> amounting to 0.54% of the Union Budget (PRS Legislative Research, 2024).</p>	<p>Approximately 26.7 million dollars<sup>g</sup> per year (between 2022 and 2025) was used to finance the programme (Stegers et al., 2024).</p> <p>Decentralised grants, through the Healthy and Active Living Agreement (GALA), are used to fund implementation at the municipal level and regional collaborative agreements (Uijtdewilligen, 2023).</p>
Governance and coordination	<p>SSLP were coordinated through collaboration among the health, education, social services, and voluntary sectors. Each local programme was responsible for working with the community to design the services to be offered.</p> <p>The central government had overall control over programme funding, determining its distribution across local areas.</p> <p>When SSLP were transformed into SSCC, responsibility for managing the centres was transferred to Local Authorities. These were given targets and budgets based on child population and deprivation levels,<sup>h</sup> while retaining responsibility for determining the locations of Children's Centres (Carneiro, et al., 2024a; Carneiro, Cattan, Conti, Crawford, Drayton, Farquharson, and Ridpath, 2024b; Cattan, et al., 2021).</p>	<p>ICDS is coordinated by the MWCD and implemented in partnership with state governments and a network of local actors, including AWW, ASHA, and ANM (NCAER, 2011; Sachdev and Dasgupta, 2001).</p> <p>State governments are tasked with implementing the framework, including training frontline workers and adapting early learning activities to local cultural and linguistic contexts. District programme officers coordinate operations within each district, Child Development Project Officers manage implementation at the block level, and supervisors oversee clusters of centres. At the community level, Anganwadi Centres deliver services through AWW and Helpers, supported by ASHAs and ANMs (MWCD, 2024, <i>National Framework</i>).</p>	<p>The national government provides a strategic framework, funding, and technical assistance, and regional coordination supports local coalitions (municipalities, healthcare professionals, social workers, and public service providers) in designing and adapting specific interventions to meet local needs.</p> <p>Each municipality is supported to identify its priority challenges using tools such as perinatal health heatmaps, and then to select from a menu of evidence-based interventions, building context-sensitive care pathways (Schreiber, 2022; Steegers et al., 2024).</p>
Outcomes <sup>i</sup>	<p>Short term:</p> <ul style="list-style-type: none"> <li>- Fewer poisonings at ages 1 to 3 due to improved parental safety education (Cattan et al., 2021).</li> <li>- Earlier identification of special educational needs and disabilities in the 2006 birth cohort generated savings of 7.6% in education costs, equivalent to approximately 301 million dollars<sup>j</sup> (Carneiro et al., 2024a).</li> </ul> <p>Middle term:</p> <ul style="list-style-type: none"> <li>- For Sure Start cohorts, after the programme's implementation, hospitalisations rose by 6,700 at age 1, whereas between ages 11 and 15 they fell by 13,150 per year (Cattan et al., 2021).</li> <li>- Employment services had limited and inconsistent effects on maternal employment rate (Carneiro et al., 2025).</li> </ul>	<p>Short term:</p> <ul style="list-style-type: none"> <li>- Positive impacts on children with normal nutritional status and those suffering from Grade I malnutrition (varying in states) (Sachdev and Dasgupta, 2001).</li> <li>- Reduction in Infant Mortality Rates (Sachdev and Dasgupta, 2001).</li> </ul> <p>Middle and long term:</p> <ul style="list-style-type: none"> <li>- Evidence on child-level outcomes remains limited, as monitoring systems have historically focused on inputs and coverage.</li> </ul>	<p>Short term:</p> <ul style="list-style-type: none"> <li>- Increased parental support.</li> <li>- Improved prenatal care access.</li> <li>- Increased collaboration across healthcare and social sectors.</li> </ul> <p>Middle and long term:</p> <ul style="list-style-type: none"> <li>- Not enough data available about outcomes (Stegers et al., 2024).</li> </ul>

Programme	England Sure Start	India ICDS	Kingdom of the Netherlands Solid Start
Year of launch	1999	1975	2018
Outcomes <sup>i</sup>	Long term: <ul style="list-style-type: none"> <li>- Approximately 5.3 million dollars<sup>k</sup> were saved in the National Health System due to the decrease in hospitalisations (Cattan et al., 2021).</li> <li>- Improved educational performance is linked to an approximately 4.12 billion dollars<sup>l</sup> increase in post-tax lifetime earnings per cohort. This translates into approximately 2.53 billion dollars<sup>m</sup> in additional lifetime personal tax revenues (Carneiro et al., 2025).</li> </ul>		

Source: Carneiro, P., Cattan, S., and Ridpath, N. (2024a). *The short- and medium-term impacts of Sure Start on educational outcomes*. Institute for Fiscal Studies; Carneiro, P., Cattan, S., Conti, G., Crawford, C., Drayton, E., Farquharson, C., and Ridpath, N. (2024b). *The effect of Sure Start on youth misbehaviour, crime and contacts with children's social care*. Institute for Fiscal Studies; and Cattan, S., Conti, G., Farquharson, C., and Ginja, R. (2021). *The health impacts of Sure Start*. Institute for Fiscal Studies; Carneiro, P., Cattan, S., Conti, G., Crawford, C., Farquharson, C., and Ridpath, N. (2025). *The short- and medium-term effects of Sure Start on children's outcomes* (IFS Report R26g). Institute for Fiscal Studies; Eisenstadt, N. (2011). *Providing a Sure Start: How Government Discovered Early Childhood*. Bristol: Policy Press; Sachdev, Y., and Dasgupta, J. (2001). *Integrated Child Development Services (ICDS) scheme*. Medical Journal Armed Forces India, 57(2),139–143; National Council of Applied Economic Research. (2011). *Evaluation report on Integrated Child Development Services (Vol.1)*. Programme Evaluation Organisation, Planning Commission, Government of India; Legislative Research. (2024). *Demand for Grants 2024–25 analysis: Women and Child Development*; Ministry of Women and Child Development, Government of India. (2024). *Navchetana: National framework for early childhood stimulation for children from birth to three years*. National Institute of Public Cooperation and Child Development. New Delhi: Government of India; Schreiber, L. (2022). *A solid start for every child: The Netherlands integrates medical and social care, 2009–2022*. Princeton University, Innovations for Successful Societies; Steegers, E. A. P., Struijs, J. N., Uijtdewilligen, A. J. M., and Roseboom, T. J. (2024). *A good start for all children: Integrating early-life course medical and social care through Solid Start, the Netherlands' nationwide action programme*. Health Policy, 152, 105219; Uijtdewilligen, A. (2023). *Strong parents, healthy children: What it takes for municipal governments to give parents the support they need*. In *Early Childhood Matters*. Bernard van Leer Foundation.

<sup>a</sup> The original amount in GBP is 80 million pounds sterling. All monetary values in this table were converted to US dollars using the Google exchange rate of 7 December 2025.

<sup>b</sup> The original amount is 184 million pounds sterling.

<sup>c</sup> The original amount is 449 million pounds sterling.

<sup>d</sup> The original amount is 2.5 billion pounds sterling.

<sup>e</sup> The original amount is 2.04 billion euros.

<sup>f</sup> The original amount is 2.90 billion euros.

<sup>g</sup> The original amount is 23 million euros.

<sup>h</sup> According to the Index of Multiple Deprivation (IMD), the official measure of relative deprivation for small areas in England, "Deprivation refers to people's unmet needs, a lack of access to opportunities and resources which we might expect in our society. People can be considered to be in poverty if they lack the financial resources to meet their needs, whereas people can be regarded as deprived due to a lack of resources of all kinds, not just income." (UK Ministry of Housing, Communities and Local Government, 2025).

<sup>i</sup> Sure Start outcomes are based on results reported by the Institute for Fiscal Studies (IFS).

<sup>j</sup> The original amount is 226 million sterling pounds.

<sup>k</sup> The original amount is 4 million sterling pounds.

<sup>l</sup> The original amount is 3.1 billion sterling pounds.

<sup>m</sup> The original amount is 1.9 billion sterling pounds.

### III. Policy learnings and recommendations

Based on the analysis of the programmes, a literature review, and interviews with specialists, this research highlights key enablers and challenges in building high-impact national early childhood development programmes. In Latin America and the Caribbean, fragmented governance, weak institutional capacity, limited coordination, and deep inequality often make it difficult to establish long-term solutions (Pan American Health Organisation [PAHO/WHO], 2015).

This underscores the urgent need for robust institutional frameworks that combine regulation, organisational coordination, technical and operational tools, and sustainable financing (Santos Garcia, 2024). Within this context, this chapter presents cross-cutting lessons and recommendations for developing and sustaining effective intersectoral ECD initiatives capable of reducing inequality and supporting inclusive development in Latin America and the Caribbean.

The selected enablers reflect the main challenges in LAC and common themes from the programme analyses, reinforced by experts' opinions and the ECD evidence base. They outline strategies to build political commitment to design and launch a programme, good practice for establishing an intersectoral and multi-level structure, ways to improve quality to achieve better outcomes, the elements that support sustainability, and how data can contribute to these aims.

#### A. Create the political momentum

Political will strongly influences a programme's design, budget, and long-term sustainability. To prioritise ECD at the national level, it should be integrated with the country's existing national priorities and aligned with government objectives to build urgency and legitimacy. As a policymaker and practitioner in state finance advised: "*Connect with the biggest topics in the country and make it fit the urgent agenda.*"<sup>8</sup> Linking ECD to broader development goals can strengthen political interest and mobilise resources. It must be embedded within national policies and long-term development plans, not treated as a standalone effort.

To consolidate momentum, countries should establish a national multiparty and interministerial committee, led by the head of government and supported by the Ministry of Finance or an equivalent authority. This structure strengthens cross-sectoral coordination, enhances credibility, and helps secure

<sup>8</sup> Interview 4. For further details on the interviews, see Annex A1 and A2.

stable funding. Involving multiple parties also protects the agenda across political transitions. Early engagement of finance authorities signals that ECD is a strategic investment. As one expert noted, *"If the Minister of Finance is not at the table, the programme will not have money."*<sup>9</sup>

Additional interviews reinforced this point, highlighting that the early inclusion of the Ministry of Treasury was instrumental to strengthen the programme's legitimacy, reinforce its importance for the government, and enable its design alongside financial discussions. An expert and policymaker of Sure Start<sup>10</sup> explained that one of the programme's initial strengths was having three departments in charge: the Department of Education, the Department of Health, and the Treasury, underscoring how financial authorities played a central role in the development of an ECD programme.

The assessed programmes illustrate these lessons, showing that political commitment and alignment with wider priorities were key to their design and launch.

#### Box 1

##### Create the political momentum. Case study: Solid Start

Solid Start was launched to address health inequalities, aligned with the Kingdom of the Netherlands' national wellbeing agenda and the goal of achieving a healthy generation by 2040. The programme has its roots in Rotterdam, where research showed very high rates of perinatal mortality in areas with high levels of socioeconomic vulnerability. Local pilots such as "Ready for a Baby" and "Mothers of Rotterdam" demonstrated that poverty, stress and unstable housing were as decisive as medical risks, underlining the need to integrate health and social care (Schreiber, 2022; Winig and Wilson, 2018). The alderman of Rotterdam, later Minister of Health, Welfare and Sport, brought these lessons to the national level, leading to the launch of Solid Start in 2018 (Schreiber, 2022). The programme was embedded in the 2021 to 2025 coalition agreement, with 23 million euros in annual funding secured through that period and anchored in national policy via the Healthy and Active Life Accord. By 2022, all 342 municipalities in the Kingdom of the Netherlands had access to financial support and technical assistance to implement Solid Start (Steeegers et al., 2024). Key lessons from the programme design included the importance of a clear narrative, sustained urgency among stakeholders, and a multisectoral approach (Schreiber, 2022; Uijtdewilligen, 2023; Steegers et al., 2024).

Source: Schreiber, L. (2022). *A solid start for every child: The Netherlands integrates medical and social care, 2009–2022*. Princeton University, Innovations for Successful Societies; Winig, L., and Wilson, J. B. (2018). *Mothers of Rotterdam: Scaling a social services program in the Netherlands*. Harvard Kennedy School Case Program; Steegers, E. A. P., Struijs, J. N., Uijtdewilligen, A. J. M., and Roseboom, T. J. (2024). *A good start for all children: Integrating early-life course medical and social care through Solid Start, the Netherlands' nationwide action programme*. Health Policy, 152, 105219; Uijtdewilligen, A. (2023). *Strong parents, healthy children: What it takes for municipal governments to give parents the support they need*. In *Early Childhood Matters*. Bernard van Leer Foundation.

#### Box 2

##### Create the political momentum. Case study: Sure Start

When the Labour Party came to power in 1997 under the leadership of Prime Minister Tony Blair, its first major social policy commitment was the eradication of child poverty. To achieve this goal, the government launched a broad set of public policies and allocated substantial financial resources to support families with young children. Within this context, the creation of the Sure Start programme emerged as a central strategy to break the intergenerational cycle of intergenerational poverty and later broadened to include reducing current levels of poverty, particularly by addressing the high proportion of young children in households without employed adults (Eisenstadt, 2011). The initiative was placed at the heart of government priorities: the Treasury department was directly involved in the establishment of the Sure Start Unit, signalling that budgetary decisions and political will were fully aligned (Eisenstadt, 2011; Interview 1). The 2002 Comprehensive Spending Review then formalised these priorities, bringing together two key objectives that shaped the development of Sure Start: reducing child poverty and improving the long-term outcomes of disadvantaged children (Eisenstadt, 2011).

Source: Eisenstadt, N. (2011). *Providing a Sure Start: How Government Discovered Early Childhood*. Bristol: Policy Press; Interview 1.

<sup>9</sup> Interview 4.

<sup>10</sup> Interview 1.

**Box 3****Create the political momentum. Case Study: Integrated Child Development Services**

India's ICDS was launched after the adoption of the country's first National Policy for Children in 1974. At its inception, ICDS was conceived under India's Five-Year Plan and was presented as a national flagship scheme, co-financed by the central and state governments, to break the intergenerational cycle of malnutrition, morbidity and poor learning outcomes. It was supported by United Nations Children's Fund (UNICEF), the World Bank, and other partners and it quickly became the flagship programme for early childhood development. The programme symbolised a political commitment to place child development at the centre of India's social agenda. The decision to launch it on the second of October (Gandhi's birthday) further underlined its political and symbolic weight (Sachdev and Dasgupta, 2001; NCAER, 2011).

Source: Sachdev, Y., and Dasgupta, J. (2001). *Integrated Child Development Services (ICDS) scheme*. Medical Journal Armed Forces India, 57(2), 139–143; National Council of Applied Economic Research. (2011). *Evaluation report on Integrated Child Development Services (Vol. 1)*. Programme Evaluation Organisation, Planning Commission, Government of India.

## B. Programme design and structure

Building a strong and sustainable ECD programme requires clear design, coordinated action, integrated services and data, and effective collaboration across sectors, levels of government, and communities (Nores et al., 2024). In Latin America and the Caribbean, however, comprehensive early childhood care remains out of reach for most children. To move forward, policies should be integrated into comprehensive social protection systems, with care as a core component, and guided by a rights-based approach to ensure stability, transparency, and long-term sustainability (Santos Garcia, 2024). The following cases illustrate how assessed programmes have approached their design and structure.

### 1. Integrate ECD services

A key element of programme design is defining which services are integrated and the mechanisms to connect them. This can mean co-locating services in one centre, linking them through referral systems, or coordinating delivery across sectors. Key elements include defining the service package, setting up data and referral protocols, and establishing coordination routines between actors. Integration also depends on practical tools such as integrated information systems, governance arrangements, and joint training that allow professionals from different sectors to work together.

Countries illustrate different options for integration: India centred multiple services in Anganwadi community hubs combined with referral systems, England grouped them in Sure Start "one stop shops", and the Kingdom of the Netherlands linked actors through local coalitions. Integration is a policy design choice that can take multiple forms, but its effectiveness depends on governance arrangements, systems, and accountability mechanisms that link services and ensure they function as one coherent system.

**Box 4****Programme design and structure. Case study: Solid Start**

The Solid Start programme linked health and social domains, bringing together midwives, obstetricians, maternity nurses, youth healthcare providers, debt counsellors, housing services and municipal officials into local coalitions (Schreiber, 2022; Steegers et al., 2024). Different sectors had their own organisational cultures, professional standards and data systems, which initially made collaboration difficult (Schreiber, 2022). Over time, structured care pathways and national guidance helped overcome these barriers, and the establishment of a steering committee and a panel of experts ensured that both professional and community perspectives were integrated at the national level (Steegers et al., 2024). The programme learned that integration requires not only funding and policy frameworks but also continuous investment in relationship building, shared narratives, and platforms for professionals from different fields to collaborate and learn from one another (Schreiber, 2022; Steegers et al., 2024).

Source: Schreiber, L. (2022). *A solid start for every child: The Netherlands integrates medical and social care, 2009–2022*. Princeton University, Innovations for Successful Societies; Steegers, E. A. P., Struijs, J. N., Uijtendwilligen, A. J. M., and Roseboom, T. J. (2024). *A good start for all children: Integrating early-life care medical and social care through Solid Start, the Netherlands' nationwide action programme*. Health Policy, 152, 105219.

## 2. Multi-level coordination

While operating within a national framework, local adaptation based on data and community input increases the programme's relevance. Programmes must be tailored to local contexts; formative research and flexible delivery enhance their effectiveness (Richter et al., 2016). Alongside the support and flexibility at the local level, the programmes assessed have shown that coordination at the state and district levels can help enhance quality, consistency, and accountability by aligning efforts, promoting peer learning, and sharing resources for capacity building.<sup>11</sup>

In the Kingdom of the Netherlands, the national government provides the overall strategy, funding, and technical assistance, while multi-stakeholder local coalitions design and adapt interventions to fit local needs. With support from the state level, municipalities use tools to identify priority issues and select evidence-based interventions from the national menu, creating context-sensitive care pathways (Uijtdewilligen, 2023). Regional teams also supported the use of shared indicators, delivered technical support for data use and integrated services (Steegers et al., 2024). Solid Start policymaker also emphasised the importance of securing dedicated budgets for regional coordination.<sup>12</sup>

### Box 5

#### Programme design and structure. Case study: Integrated Child Development Services

In India, ICDS operates through a multi-tier structure with funding flowing from the centre down. The MWCD sets guidelines, co-finances with states, and oversees standards, training, monitoring, and fund releases. States add contributions, adapt guidelines, and channel resources to districts, where Programme Officers manage accounts, projects, and logistics. At the block level (the administrative unit within a district), Child Development Project Officers control funds, pay staff and suppliers, and supervise daily operations. Supervisors oversee groups of centres, while at the village level, Anganwadi Workers and helpers deliver nutrition, early education, and health services with panchayats<sup>a</sup> and health staff (MWCD, 2024; NCAER, 2011; Sachdev and Dasgupta, 2001). These mechanisms allowed ICDS to link with other flagship schemes, broaden its reach, and adapt interventions to local contexts. However, state and district capacities to manage financial flows and supervise frontline workers remain uneven, leading to gaps in service quality and accountability (NITI Aayog, 2020). Infrastructure constraints at the state level further undermine effective district coordination, and reliance on NGO varies widely across states, creating inconsistencies in programme delivery (NCAER, 2011).

Source: Ministry of Women and Child Development, Government of India. (2024). *Navchetana: National framework for early childhood stimulation for children from birth to three years*. National Institute of Public Cooperation and Child Development. New Delhi: Government of India.; National Council of Applied Economic Research. (2011). *Evaluation report on Integrated Child Development Services (Vol.1)*. Programme Evaluation Organisation, Planning Commission, Government of India; Sachdev, Y., and Dasgupta, J. (2001). *Integrated Child Development Services (ICDS) scheme*. Medical Journal Armed Forces India, 57(2),139–143; NITI Aayog. (2020). *Evaluation of ICDS Scheme of India*.

<sup>a</sup> Panchayats are constitutionally recognised village-level local governance bodies in rural India, operating within the country's decentralised administrative framework. They form part of a multi-tier government structure and exercise authority delegated by state governments, with additional institutional and financial support provided at the national level to strengthen local capacity and improve public service delivery (India Development Review, 2025).

## 3. Community engagement

Building trust with local communities is critical for programme acceptance and sustainability. Community co-design and responsiveness help build local buy-in, which is essential for long-term success (Eisenstadt and Oppenheim, 2019). All three programmes had a strong focus on community engagement; in both England and the Kingdom of the Netherlands, communities participated in programme design. Giving local actors decision-making power and flexibility to decide how to use resources for local initiatives fosters community ownership. In India, the selection of Anganwadi Workers from within the local community was itself a mechanism of community engagement, building trust and ensuring cultural relevance in programme delivery (Sachdev and Dasgupta, 2001).

<sup>11</sup> Interview 1, Interview 3, Comitê Científico do Núcleo Ciência Pela Infância (2024).

<sup>12</sup> Interview 3.

In England, when Sure Start was launched, centres received small “quick-win” funds to address immediate local needs, enhancing visibility and fostering reciprocity.<sup>13</sup> The participatory nature of Sure Start Local Programmes, where parents had a say in programme priorities, helped build trust within communities. This strong community involvement was central to the programme’s identity and acceptability. As an academic and expert on ECD and child poverty<sup>14</sup> noted, the deep engagement with families meant that Sure Start was genuinely appreciated by residents, who highly defended the programme. This community ownership not only enhanced participation but also reinforced the reputation and legitimacy of Sure Start as a key pillar of early childhood support in England.

#### 4. Stakeholder network

It is recommended that national ECD programmes actively engage stakeholders such as universities, NGO, and technical experts to strengthen programme design, implementation, and innovation. The selected programmes illustrate that these actors can contribute specialised knowledge, support data collection, assist with curriculum development, and provide technical assistance at multiple levels.

For example, Solid Start set up a national coalition of ambassadors that included scientists, health professionals, NGO, insurers, and local leaders to share a common vision and practical solutions (Steeegers et al., 2024). The programme also worked with the Van Leer Foundation, which supported research and policy learning during the scale-up, showing how philanthropy can help launch a programme. However, it does not replace long-term public financing (Schreiber, 2022). Universities such as Erasmus MC and Tilburg University contributed expertise in data and monitoring, while NGO like Pharos played a central role in helping municipalities form coalitions and translate national guidance into local action (Schreiber, 2022; Steegers et al., 2024).

#### 5. Prioritised intervention

Planning the structure of integrated data from the outset, along with what should be monitored, is essential. Starting with a clear baseline and an integrated data system enables regular, transparent monitoring and assessments of what works, for whom, and where improvements are needed (Eisenstadt and Oppenheim, 2019). Data are also important for deciding where to begin and where to expand.

Programmes should prioritise starting in areas with the greatest need, especially when budgets are limited. Evidence shows that universal services can reduce investment per child, affecting quality and limiting impact for those who need the most support. In contrast, prioritised approaches can deliver higher impact with limited resources (Eisenstadt and Oppenheim, 2019).

Evidence suggests that the greatest impact is achieved when programmes are both high-quality and prioritised for disadvantaged families. Small-scale education pilots such as the Perry Preschool Program and the Abecedarian Project show that intensive, well-designed interventions can generate lasting benefits in learning, health, and life outcomes for poor children (Hojman and López Boo, 2019).

The Sure Start also found that scaling too quickly diluted programme impact, with outcomes weakening as coverage expanded.<sup>15</sup> This experience highlights how prioritising the most disadvantaged areas can generate greater impact and protect programme quality, particularly when budgets are constrained.

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<sup>13</sup> Interview 1.

<sup>14</sup> Interview 2.

<sup>15</sup> Interview 2.

**Box 6****Programme design and structure. Case study: Sure Start**

Sure Start was not rolled out nationwide all at once. Rather, it followed a progressive, iterative trajectory. It began with local services in the 20% most deprived communities. This prioritised design sought to ensure that families facing the highest risks of poverty and social exclusion could access early years services. Over time, however, the programme was scaled up to cover the entire country, universalising Sure Start (Carneiro et al., 2024a; Cattan et al., 2021). While this expansion increased reach, it also weakened the quality and intensity of services available in the poorest areas.<sup>a</sup> It entailed a substantive change in service delivery: services became more standardised, thereby reducing the degree of community and parental involvement that had characterised the early Sure Start Local Programmes (SSLP) (Carneiro et al., 2024a).

Source: Carneiro, P., Cattan, S., and Ridpath, N. (2024a). The short- and medium-term impacts of Sure Start on educational outcomes. Institute for Fiscal Studies; Cattan, S., Conti, G., Farquharson, C., and Ginja, R. (2021). The health impacts of Sure Start. Institute for Fiscal Studies.

<sup>a</sup> Interview 1, Interview 2.

## C. Quality improvement

Strengthening national ECD programmes requires a more integrated structure: combining services for children, caregivers, and communities; linking data systems with referral protocols and risk alerts; investing in infrastructure and workforce capacity; and using rapid-cycle evaluation and training to drive continuous improvement.

### 1. Comprehensive and multigenerational approach

A comprehensive and multigenerational approach recognises that supporting children requires investing in their caregivers, families, and communities across multiple dimensions of wellbeing, along with complementary actions. Support should begin even before conception, through interventions in maternal health and family planning, where coordination between health services and social protection is essential.

During the first 1,000 days, family-based and health sector interventions should be prioritised. And after the “next 1,000 days,” interventions such as high-quality Early Childhood Care and Education, including daycare, parenting programmes, nutrition support, and income transfers, have demonstrated significant impact (Nores et al., 2024).

Evidence shows that centre-based care can significantly enhance the developmental environments of children from low-income households when strong quality standards are in place. However, the youngest and poorest children are often the least likely to participate, and public centres frequently face deficiencies in quality standards (Hojman and López Boo, 2019). Centre-based childcare systems also facilitate female labour force participation, which is particularly relevant in Latin America and the Caribbean, where women’s labour market participation remains, on average, around 30 percentage points lower than that of men (Hojman and López Boo, 2019).

Although access has expanded rapidly across Latin America and the Caribbean, policy efforts have not systematically prioritised quality. ECCE services should be play-based, culturally responsive, and delivered by well-trained and compensated staff, supported by continuous monitoring and evidence-based curricula. In addition, nutrition has a greater effect when paired with educational inputs such as free school meals (Nores et al., 2024).

Furthermore, ECD programmes must also support parental wellbeing and capabilities, including parenting practices, mental health, and economic stability. Building caregiver capabilities is vital because adults who interact with children daily need strong skills to create language-rich, responsive, and

emotionally secure environments that foster healthy brain development (Center on the Developing Child at Harvard University, 2016). Across the programmes reviewed, combining individual and group-based interventions proved effective by offering tailored support while also fostering group engagement.

**Box 7**  
**Quality improvement. Case study: Sure Start**

From its inception, Sure Start was designed around a holistic vision of early childhood development, where families could access a broad range of integrated services in a single place. Through the SSLP, communities received early learning and childcare, antenatal and child health services, outreach and home visits, parental support, and employment assistance. This approach recognised that supporting children also meant supporting their parents and caregivers across multiple dimensions of wellbeing. As the initiative evolved, Sure Start Children's Centres model offered early education, parenting support, health services, employment assistance, and prioritised interventions for children with disabilities, ensuring continuity of support across the early years and for the whole family (Carneiro et al., 2024a; Carneiro et al., 2024b; Cattan et al., 2021). By combining child-focused interventions with services for parents, Sure Start demonstrated how a comprehensive and multigenerational approach can enhance both child and family development. This comprehensive strategy, reinforced by complementary government policies outside the ECD programme, such as income support, contributed to reducing child poverty from around 34% to 27% between 1999 and 2010 (Eisenstadt and Oppenheim, 2019).

Source: Carneiro, P., Cattan, S., and Ridpath, N. (2024a). *The short- and medium-term impacts of Sure Start on educational outcomes*. Institute for Fiscal Studies.; Carneiro, P., Cattan, S., Conti, G., Crawford, C., Drayton, E., Farquharson, C., and Ridpath, N. (2024b). *The effect of Sure Start on youth misbehaviour, crime and contacts with children's social care*. Institute for Fiscal Studies; Cattan, S., Conti, G., Farquharson, C., and Ginja, R. (2021). *The health impacts of Sure Start*. Institute for Fiscal Studies; Eisenstadt, N., and Oppenheim, C. (2019). *Parents, Poverty and the State: 20 Years of Evolving Family Policy*. Bristol: Policy Press.

## 2. Rapid-cycle and training

To enhance their quality, ECD programmes should adopt a rapid-cycle, iterative approach that includes frequent evaluation, real-time feedback, and continuous training (Center on the Developing Child at Harvard University, 2016). A policymaker and practitioner of ECD policies from Solid Start<sup>16</sup> highlighted that measuring implementation quality remains a major challenge for national governments, especially at scale. A rapid-cycle approach addresses this by allowing small-scale testing and adaptation before broader rollout, helping identify what works, for whom, and under what conditions (Center on the Developing Child at Harvard University, 2016).

Competency-based training for frontline workers is essential, as many lack the skills to support early development; structured curricula, supervision, and intersectoral training improve service quality (Richter et al., 2016). The Solid Start programme taught the importance of investing in training for data use, intersectoral collaboration, and adaptive planning.

In India, the effectiveness of ICDS depends heavily on Anganwadi Workers, who are recruited locally to deliver services. Evaluations show they are often overburdened, underpaid, and inadequately trained, which limits the quality of services provided (NCAER, 2011; NITI Aayog, 2020). Reforms such as the ICDS Mission restructuring 2011–2012, the ICDS Systems Strengthening and Nutrition Improvement Program (ISSNIP), and the POSHAN Abhiyaan have introduced modernised infrastructure, training improvements and digital tools that enabled real-time reporting and closer supervision (NITI Aayog, 2020; Singh et al., 2024). These innovations helped increase service utilisation, with coverage rising from 58% to 71% between 2016 and 2021 (Singh et al., 2024), though gaps in training, workload, and supervision persist.

<sup>16</sup> Interview 3.

**Box 8****Quality improvement. Case study: Solid Start**

Solid Start has been updated based on feedback from municipalities and stakeholders. The National Institute for Public Health and the Environment (Rijksinstituut voor Volksgezondheid en Milieu, RIVM) conducts a process evaluation that gathers the perspectives of those involved in the programme, complemented by annual focus-group meetings with relevant stakeholders and interviews with clients and experts by experience (Steeegers et al., 2024). In addition, eleven local coalitions participate in regular learning sessions to identify their support needs (Steeegers et al., 2024). Municipalities reported that these learning and feedback processes strengthened collaboration between health and social actors, but they also revealed difficulties in sharing data across domains and differences in local capacity, underlining the need for continued support and training (Molenaar et al., 2023). To address these issues, RIVM developed a national monitoring framework, while the NGO Pharos provided municipalities with practical guidance, training, and tools to build their capacity (Molenaar et al., 2022; Steegers et al., 2024). These mechanisms informed adjustments in the second phase (2022–2025), which introduced new actions such as prenatal home visits, the *Not Pregnant Now* contraception programme, and greater involvement of general practitioners (Steeegers et al., 2024).

Source: Steegers, E. A. P., Struijs, J. N., Uijtdewilligen, A. J. M., and Roseboom, T. J. (2024). *A good start for all children: Integrating early-life course medical and social care through Solid Start, the Netherlands' nationwide action programme*. *Health Policy*, 152, 105219; Molenaar, J. M., Boesveld, I. C., Struijs, J. N., and Kieft-de Jong, J. C. (2023). *The Dutch Solid Start program: Describing the implementation and experiences during the first three years*. BMC Health Services Research; Molenaar, J. M., Boesveld, I. C., Kieft-de Jong, J. C., and Struijs, J. N. (2022). *Monitoring the Dutch Solid Start Program: Developing an indicator set for municipalities to monitor their first thousand days-approach*. *International Journal of Integrated Care*.

## D. Sustainability

This recommendation focuses on sustaining political momentum and transforming ECD programmes into long-term, sustainable systems. This requires four key strategies: targeted multi-stakeholder communication, community engagement, policy and governance alignment, and the creation of a robust data legacy. Securing and expanding public investment is equally critical to guarantee universal, high-quality early childhood services and protect income levels needed for inclusive social protection (Santos Garcia, 2024).

### 1. Targeted multi-stakeholder communication

Sustaining political momentum requires strategic communication efforts that engage influential stakeholders and build broad-based support across sectors. As a policymaker and finance expert suggested,<sup>17</sup> mapping and connecting with groups that hold political influence, such as women's organisations, health professionals, and educators, can strengthen the programme's legitimacy and visibility, making it too valuable to be dismantled.

### 2. Build community support

To become politically sustainable, an ECD programme must be well-known and valued by families and communities. Interviews from the three programmes mentioned that a key success factor is that they are appreciated by families. Popular support protects programmes from political shifts and can drive their expansion. The Sure Start programme had become so widely appreciated and demanded by families that in 2004 the government committed to establishing a Sure Start centre in every neighbourhood.<sup>18</sup>

### 3. Policy and governance alignment

Long-term sustainability depends on embedding ECD programmes within broader policy frameworks and institutional structures, while continually aligning them with government priorities. This includes integrating with national strategies, laws, and reforms. As a policymaker noted: "*The need is still there,*

<sup>17</sup> Interview 4.

<sup>18</sup> Interview 1.

and the structure is huge”,<sup>19</sup> highlighting that the continued demand for services and the scale of ICDS make it politically difficult to dismantle. Strengthening governance mechanisms, such as linking national committees with regional intersectoral coordination, creates a “path dependence” that helps keep programmes integrated across government levels.

The following examples illustrate how different governance and financing choices shape sustainability.

**Box 9**  
**Sustainability. Case study: Solid Start**

Solid Start has made important progress toward sustainability, but it cannot yet be considered fully secured. Since 2022, the programme has received structural national funding and has been anchored in policy frameworks such as the Healthy and Active Living Accord (Uijtdewilligen, 2023; Steegers et al., 2024). Governance has been reinforced through the establishment of a national steering committee and a coalition of ambassadors to promote the programme and support its visibility (Steegers et al., 2024). The ambassadors were scientists, medical professionals, local government, health insurance companies, health foundations and civil society leaders who collaborated with the Minister of Health, Welfare, and Sport to promote the importance of the first 1,000 days and to support the programme’s implementation. They brought complementary experience to create and disseminate a shared narrative across different settings, exchange lessons learned, and propose solutions to implementation challenges (Steegers et al., 2024). Yet challenges remain: municipalities report uneven capacity and difficulties in sustaining collaboration without continued support (Molenaar et al., 2023), long-term outcome data are still lacking (Steegers et al., 2024), and the programme’s early reliance on philanthropic funding highlights the importance of securing stable, government-backed financing mechanisms (Schreiber, 2022).

Source: Uijtdewilligen, A. (2023). *Strong parents, healthy children: What it takes for municipal governments to give parents the support they need*. In *Early Childhood Matters*. Bernard van Leer Foundation; Steegers, E. A. P., Struijs, J. N., Uijtdewilligen, A. J. M., and Roseboom, T. J. (2024). *A good start for all children: Integrating early-life course medical and social care through Solid Start, the Netherlands’ nationwide action programme*. *Health Policy*, 152, 105219; Molenaar, J. M., Boesveld, I. C., Struijs, J. N., and Kiefte-de Jong, J. C. (2023). *The Dutch Solid Start program: Describing the implementation and experiences during the first three years*. *BMC Health Services Research*; Schreiber, L. (2022). *A solid start for every child: The Netherlands integrates medical and social care, 2009–2022*. Princeton University, Innovations for Successful Societies.

**Box 10**  
**Sustainability. Case study: Sure Start**

For more than a decade, Sure Start had strong political support as part of a national strategy to tackle child poverty. During this period, the programme expanded rapidly, mobilising substantial resources and reaching thousands of communities across England. Public investment was exceptionally high, with total spending peaking in 2010 at around 2.86 billion euros in today’s prices. However, the change of government that same year marked a turning point. The incoming Conservative-led administration introduced deep budget cuts, with funding reduced from its peak to approximately 1.72 billion euros in 2010–2011 and by 686 million euros by 2016 to 2018. As a result, Sure Start lost scale, visibility, and political weight (Carneiro et al., 2024a; Cattan et al., 2021). This illustrates that even programmes with high investment, strong design, and long-term data about their impact can be dismantled when there is a change in political commitment.

Source: Carneiro, P., Cattan, S., and Ridpath, N. (2024a). *The short- and medium-term impacts of Sure Start on educational outcomes*. *Institute for Fiscal Studies*; Cattan, S., Conti, G., Farquharson, C., and Ginja, R. (2021). *The health impacts of Sure Start*. Institute for Fiscal Studies.

<sup>a</sup> This budget was originally reported in pounds sterling and has been converted to euros based on the Google exchange rate on 26 September 2025.

<sup>19</sup> Interview 5.

### Box 11

#### Sustainability. Case Study: Integrated Child Development Services

The sustainability of ICDS rests on its deep institutionalisation as a national flagship scheme. The programme began with fewer than 5,000 centres in 33 pilot areas (Sachdev and Dasgupta, 2001). During 2000, the scheme was progressively expanded until becoming universal between 2007 and 2008 (NCAER, 2011). Over time, ICDS has expanded to become a cornerstone of India's social policy, with more than 1.3 million centres serving around 100 million users by 2018, becoming the largest public early childhood programme in the world (Press Information Bureau, Government of India, 2024; NCAER, 2011; NITI Aayog, 2020). Its community-based delivery model through *Anganwadi* centres staffed by local workers was intended to anchor services in communities, build trust, and create a lasting political constituency. ICDS operates as a centrally sponsored scheme with joint financing by the central and state governments, renewed annually through the national budget (NCAER, 2011; NITI Aayog, 2020). This stable cost-sharing arrangement creates strong path dependence, making withdrawal politically costly. A multi-tier governance structure – national committees, state ICDS cells, District Programme Officers, Child Development Project Officers (CDPOs), supervisors, and the extensive Anganwadi network – ensures administrative presence in every district and village (NCAER, 2011; NITI Aayog, 2020).

Source: Sachdev, Y., and Dasgupta, J. (2001). *Integrated Child Development Services (ICDS) scheme*. Medical Journal Armed Forces India, 57(2), 139–143; National Council of Applied Economic Research. (2011). *Evaluation report on Integrated Child Development Services (Vol.1)*. Programme Evaluation Organisation, Planning Commission, Government of India; Press Information Bureau, Government of India. (2024). *Year End Review-2023: Ministry of Women and Child Development*; NITI Aayog. (2020). *Evaluation of ICDS Scheme of India*.

## E. Evidence generation and data legacy

Generating and communicating continuous evidence on the impact of early childhood development programmes enhances transparency and legitimacy, builds a compelling narrative of effectiveness, and supports long-term sustainability. Building robust integrated information systems enables monitoring of children's conditions, helps identify priority areas for intervention, and supports continuous improvements in service delivery. Disaggregated data by sex, socio-economic status, ethnicity, disability, migration status, and territory helps to reveal inequalities and inform appropriate responses. In the LAC context, ensuring that all children are registered and included in social policy registries is essential to guarantee timely access to services and to strengthen the accountability for the progressive realisation of children's rights (Santos Garcia, 2024).

These systems should also collect internationally comparable indicators on social, emotional, cognitive, linguistic, and motor development, and align with the Sustainable Development Goals indicator 4.2.1<sup>20</sup> to track whether children under 5 are developmentally on track (Santos Garcia, 2024). India's Integrated Child Development Services implemented digital monitoring and real-time feedback through the Poshan Tracker app. This system enables frontline workers to record data digitally, allowing supervisors and policymakers to track nutrition, growth, and preprimary education more rapidly (NITI Aayog, 2020).

Beyond demonstrating impact on the target population, long-term evidence can create a data legacy that safeguards programmes against shifts in government priorities, providing an objective basis for their continuation. Partnerships with independent institutions help ensure the sustained use of these data. This evidence base enables policymakers to revisit and, where appropriate, revive programmes following political change. In the case of Sure Start, although political priorities and budget cuts reshaped the original programme structure, published long-term outcome data continue to shape public debate and inform current policy discussions.

<sup>20</sup> United Nations Sustainable Development Goal 4 (Quality Education) - Target 4.2 aims to ensure that all girls and boys have access to quality early childhood development, care, and pre-primary education so that they are ready for primary school.

**Box 12****Evidence generation and data legacy. Case study: Solid Start**

In the Kingdom of the Netherlands, Solid Start combines local risk detection with a national monitoring and data system to strengthen learning and accountability. At the local level, coalitions use structured tools to detect health and social risks and ensure timely referral to services (Schreiber, 2022). These practices feed into broader monitoring structures: an initial set of 15 indicators, later expanded with 19 locally tailored measures, was developed with experts and municipalities to cover preconception, pregnancy, and postpartum phases (Molenaar et al., 2022; Steegers et al., 2024). This monitoring structure is supported by process evaluations, annual focus groups, and learning sessions with municipalities, parents, and experts-by-experience, as well as by the Data Infrastructure for Parents and Children (DIAPER) infrastructure that links health, social, and demographic data. Despite these advances, differences in local capacity and challenges in data sharing underline the need for continued support, training, and long-term evaluation (Molenaar et al., 2023; Steegers et al., 2024).

Source: Schreiber, L. (2022). *A solid start for every child: The Netherlands integrates medical and social care, 2009–2022*. Princeton University, Innovations for Successful Societies; Molenaar, J. M., Boesveld, I. C., Kieft-de Jong, J. C., and Struijs, J. N. (2022). *Monitoring the Dutch Solid Start Program: Developing an indicator set for municipalities to monitor their first thousand days-approach*. International Journal of Integrated Care; Steegers, E. A. P., Struijs, J. N., Uijtdewilligen, A. J. M., and Roseboom, T. J. (2024). *A good start for all children: Integrating early-life course medical and social care through Solid Start, the Netherlands' nationwide action programme*. Health Policy, 152, 105219; Molenaar, J. M., Boesveld, I. C., Struijs, J. N., and Kieft-de Jong, J. C. (2023). *The Dutch Solid Start program: Describing the implementation and experiences during the first three years*. BMC Health Services Research.

**Box 13****Evidence generation and data legacy. Case study: Sure Start**

In England, the Sure Start programme was subject to a National Evaluation led by Birkbeck, University of London, which systematically assessed outcomes between 2001 and 2012. This independent, university-led process ensured rigour and transparency in monitoring progress. In addition, other prestigious institutions such as the Institute for Fiscal Studies and the Sutton Trust conducted complementary studies, creating a robust evidence base that allowed policymakers to identify which groups benefited most, where gaps remained, and how provision could be improved over time (Eisenstadt, 2024). This experience underlines the importance of government, academic, and NGO partnerships in strengthening accountability and credibility. Above all, the continuous generation and publication of evidence have ensured that Sure Start remains part of current policy debates. Ongoing evaluations by institutions such as the Institute for Fiscal Studies<sup>a</sup> illustrate how sustained data production can keep programmes visible and relevant, even after major policy changes.

Source: Eisenstadt, N. (2024). *Investing in early years family support: Four lessons from the Sure Start programme*. LSE Inequalities Blog.  
<sup>a</sup> The latest IFS publications include two released on 22 May 2025 and one on 9 May 2025.

## F. Summary of recommendations

The following table provides a summary of the five strategic recommendations developed in the report for strengthening ECD programmes in Latin America and the Caribbean.

**Table 2**  
**Summary of recommendations for ECD programmes in Latin America and the Caribbean**

Recommendation	Main objective	Key actions
1 Creating political momentum	Secure long-term political will, stable financing, and institutional support for ECD.	<ul style="list-style-type: none"> <li>- Integrate ECD into the country's pressing national agenda and overarching development goals to foster urgency and legitimacy.</li> <li>- Establish a national multiparty interministerial committee led by the head of government and supported by the Ministry of Finance.</li> <li>- Engage the Ministry of Finance early to frame ECD as a strategic investment and secure budgetary commitment.</li> <li>- Involve multiple parties to safeguard programme continuity across political transitions.</li> </ul>

<b>Recommendation</b>	<b>Main objective</b>	<b>Key actions</b>
2 Programme design and structure	Build strong, sustainable ECD programmes through integrated services, cross-sector and multi-level coordination, and community ownership.	<ul style="list-style-type: none"> <li>- Define and integrate core ECD services with referral systems, shared data, and governance mechanisms.</li> <li>- Ensure multi-level coordination: national frameworks with regional support and local adaptation.</li> <li>- Strengthen community engagement through co-design, local leadership, and flexibility to decide how to use resources.</li> <li>- Involve universities, NGO, and technical experts to support design, implementation, and innovation.</li> <li>- Prioritise disadvantaged areas and establish integrated data systems for monitoring and scale-up.</li> </ul>
3 Quality improvement	Strengthen national ECD programmes through a comprehensive and multigenerational approach, gender-responsive design, high-quality standards, skilled workforce, and continuous improvement via rapid-cycle evaluation and training.	<ul style="list-style-type: none"> <li>- Adopt a comprehensive, multigenerational and gender-responsive approach that supports children, caregivers, and families.</li> <li>- Ensure ECCE services are high-quality, play-based, culturally responsive, and accessible.</li> <li>- Strengthen and professionalize the ECCE workforce, ensuring fair compensation, decent working conditions, and career progression pathways.</li> <li>- Expand access to centre-based childcare as a core component of care systems, contributing to the redistribution of unpaid care work and the promotion of women's economic autonomy.</li> <li>- Apply rapid-cycle evaluation and adaptive learning to improve quality and scale effectively.</li> <li>- Invest in competency-based training, supervision, and digital tools for frontline workers.</li> </ul>
4 Sustainability	Secure long-term sustainability of ECD programmes by embedding them in policy, building broad support, and ensuring stable investment.	<ul style="list-style-type: none"> <li>- Use targeted multi-stakeholder communication to engage influential groups and strengthen legitimacy.</li> <li>- Build strong community support so programmes are valued and protected by families.</li> <li>- Align programmes with national strategies, laws, and governance structures to ensure continuity across political cycles.</li> <li>- Secure and expand public investment to guarantee universal, high-quality services.</li> </ul>
5 Evidence generation and data legacy	Create strong evidence systems to demonstrate ECD impact, guide targeted action, and protect programmes over time.	<ul style="list-style-type: none"> <li>- Build integrated data systems with disaggregated indicators.</li> <li>- Ensure universal child registration.</li> <li>- Use digital tools for real-time monitoring.</li> <li>- Partner with independent institutions to safeguard a lasting data legacy.</li> </ul>

Source: Authors' own elaboration.

## IV. Other challenges to be considered in policy design

The literature review identified topics that significantly affect early childhood development but are rarely prioritised in ECD programme design. Bringing greater attention to these areas could strengthen policy responses and guide future research. This section highlights five key challenge areas: child and caregivers' mental health, the digital environment, urban space and nature, climate change, and multicultural adaptation.

### A. Child and caregivers' mental health

Mental health is a critical foundation for child development, shaping not only emotional wellbeing but also cognitive and social outcomes. Neuroscience shows that early experiences with supportive, responsive caregivers influence the architecture of the developing brain, while prolonged exposure to stress and parental mental health problems can disrupt this process (Center on the Developing Child at Harvard University, 2016).

This relationship is reflected in the Nurturing Care Framework, which identifies responsive caregiving as a core component of early childhood development. It relies on caregivers' ability to notice and respond appropriately to children's signals through consistent and nurturing interactions. The framework recognises that caregivers' wellbeing is a key enabling condition for such responsiveness, as stress and mental health challenges can limit caregivers' capacity to provide effective and sustained care (WHO, UNICEF, and WBG, 2018).

Children of parents with mental health conditions, such as postpartum depression and chronic maternal depression, are particularly vulnerable, but they also benefit significantly from interventions that address both caregiver treatment and parent–child interactions (Center on the Developing Child at Harvard University, 2016). Despite this, most parenting programmes still neglect parental mental health, even though it strongly influences positive parenting and child outcomes (Jeong, Franchett, and Ramos de Oliveira, 2021).

## B. Digital environment and screen time

The growing presence of digital technology in children's lives presents opportunities and risks. On the one hand, new technologies can offer telehealth, online learning, and parenting forums, offering innovative tools to support caregivers and improve service delivery. When thoughtfully designed, digital tools can support adaptive learning, strengthen cognitive skills such as memory and attention, and expand opportunities for children in vulnerable contexts (Organización de Estados Iberoamericanos [OEI], 2022). On the other hand, excessive screen time has been associated with delayed language and social skills, reduced physical activity, and increased obesity risk (Fisher and Lombardi, 2025). Digital tools that facilitate parenting may reduce face-to-face interaction and responsiveness, which are critical for healthy early development.

There is also growing concern about children's online safety and the risks associated with their exposure to digital platforms. Evidence shows that the risks also depend on the type of content and experiences. Exposure to harmful content, online bullying, and sexual abuse is strongly associated with poor mental health outcomes, including anxiety, self-harm, and suicidal behaviours (United Nations International Children's Emergency Fund Innocenti – Global Office of Research and Foresight, 2025).

The challenge for ECD policy is to promote its safe and purposeful use, both as a tool to support parents and as a means for children to access learning and connection, while ensuring strong protections from harm. Further research is needed to better understand how digital environments affect early childhood development.

## C. Urban space and nature

Urban environments strongly influence young children's healthy development and their access to essential services. Public space design, transport systems, and proximity of services shape whether families, especially in low-income areas, can benefit from opportunities that support early childhood development. The OECD highlights that neighbourhood quality, including access to safe green spaces, affects both children and their caregivers, with implications for family stress, parenting practices, and ultimately child outcomes (Organisation for Economic Co-operation and Development [OECD], 2025).

Integrating ECD into urban planning can therefore help reduce spatial inequalities and promote healthier family environments. Specialists on early childhood recommend prioritising young children in cities by ensuring access to green spaces for safe play (Draper et al., 2024). Evidence also shows that regular contact with nature supports children's physical, cognitive, and socio-emotional development, strengthening motor skills, attention, creativity, and resilience, while reducing risks such as obesity, anxiety, and sleep problems (Fleury and Charles, 2023). Yet, many children, particularly those in socially vulnerable communities, face barriers to safe and equitable access to natural spaces.

## D. Climate change

Climate change is a growing threat to children's healthy development. Young children are especially vulnerable because their bodies and brains are still developing, and they are less able to cope with heat, air pollution, lack of clean water, or disease. UNICEF estimates that 1 billion children live in countries at very high climate risk, facing greater exposure to floods, droughts, heatwaves, and food insecurity (United Nations Children's Fund [UNICEF], 2021). Experts call for greater focus on children under 3 years of age in national strategies to address climate and health risks, and stress the need for safe, climate-resilient infrastructure (Draper et al., 2024).

Research also shows that climate change not only harms children directly but also affects their families and communities, for example, by increasing stress on caregivers and weakening the support systems that children depend on (Fisher and Lombardi, 2025). These impacts are especially severe for children in disadvantaged settings, where existing inequalities make it harder to respond to climate shocks (OECD, 2025).

## E. Intercultural approaches

According to the United Nations High Commissioner for Refugees (UNHCR) (2024), 47 million children around the world were forcibly displaced by the end of 2023, and this number has been increasing significantly. Considering Latin America and the Caribbean, the longstanding presence of Indigenous Peoples and Afrodescendants, as well as diverse migrant communities across the region (Corbetta, Bustamante, Vergara and Parra, 2018), brings the need for intercultural approaches in ECD systems to guarantee that early childhood services are culturally and linguistically relevant to the populations they serve. This means tailoring services to diverse languages, values, and practices.

Technology can support this by broadening access and connecting families to language tools, culturally grounded content, and online community networks (Fisher and Lombardi, 2025). Advancing intercultural early childhood policies also requires strengthening the capacity of professionals to work respectfully and effectively with multiple cultural norms, moving beyond translation toward practices that recognise and reinforce diverse parenting practices, children's cultural and linguistic identities.

Several countries in the region have incorporated intercultural approaches into early childhood protection and education policies. In Chile, intercultural perspectives have been integrated into early childhood services as part of broader efforts to recognise and value Indigenous cultures and languages. These approaches include collaboration with institutions such as the National Corporation for Indigenous Development (CONADI), the participation of Indigenous Language and Culture Educators (ELCI), and the development of intercultural educational materials and training for educators. These initiatives are articulated within the national early childhood protection system, Chile Crece Contigo (Corbetta et al., 2018).

Other countries have advanced related initiatives. In Costa Rica and Panama, the UNICEF-supported "*Casas de la Alegría*" model has been implemented as part of a joint programme to improve the human security of Ngäbe-Buglé migrant families. The model provides care for young children while their caregivers engage in agricultural work, and it follows the community's cosmivision, culture and customs (Corbetta et al., 2018).



## V. Final reflections

Child poverty in Latin America and the Caribbean remains alarmingly high: by 2022, 43.7% of children under 8 years old were living in poverty, with extreme poverty also at high levels (Santos Garcia, 2024). These conditions threaten to compromise children's cognitive, emotional, and physical development, with long-term consequences in terms of productivity losses and heightened risks of intergenerational poverty (Grantham-McGregor et al., 2007). Designing effective early childhood development programmes is therefore urgent to support families to strengthen early care, nutrition, and opportunities for early learning, thereby mitigating the risks associated with poverty and laying the foundations for more equitable development trajectories (Grantham-McGregor et al., 2007). This can have a multiplier effect on countries' inclusive social development, impacting economic development, labour inclusion and productivity.

In light of these challenges, the experiences reviewed in this report provide insights into how different countries have addressed the design and implementation of ECD programmes. The cases of England, India and the Kingdom of the Netherlands illustrate diverse strategies to expand coverage, ensure quality, and strengthen governance, while also highlighting the political and financial opportunities and challenges for sustainability. They offer policy lessons to help Latin American and Caribbean countries design more effective, equitable, and resilient ECD systems.

Politically, early childhood should be connected to the main national agenda, with a cross-party, interministerial committee reinforced by the head of government and backed by the finance ministry, so ECD is treated as a strategic investment. Organisationally, services in health, nutrition, education, social protection, and other areas must be integrated, with shared data, governance routines, multi-level coordination that translates national standards to local realities, strong community involvement, and early involvement of universities, NGO and technical experts.

On quality, programmes should take a comprehensive, multigenerational approach, provide play-based and culturally responsive ECCE, and rely on a trained, supervised and fairly remunerated workforce that improves practice through rapid-cycle learning and digital tools. Expanding rapidly without paying attention to service quality is likely to deliver limited returns. Children in low-income households require prioritised, high-quality support to prevent developmental gaps from persisting throughout their life course. ECD programmes in Latin America and the Caribbean must combine ambitious national frameworks with locally responsive strategies to ensure inclusive reach and effective delivery.

Sustainability in the region also depends on embedding ECD within national development plans, laws, and cross-party agreements, while building intersectoral and multi-level governance structures that align national, state, and local implementation. In a region as Latin America and the Caribbean, marked by short political cycles and frequent institutional reforms, building broad-based agreements and embedding ECD in legal frameworks is particularly critical for sustainability. Monitoring and accountability systems, designed from the outset, are critical to safeguard progress against political volatility. Interoperable information systems with disaggregated indicators, universal child registration, and regular, independent publication of results create a data legacy that guides decisions, strengthens delivery and protects programmes over time.

At the same time, it is important to acknowledge some limitations in the evidence. Most ECD studies focus on short and medium-term outcomes, there is less longitudinal research on long-term socio-emotional and cognitive trajectories or on poverty reduction. This reflects a broader methodological challenge: it remains difficult to establish robust causal links between ECD interventions and subsequent socioeconomic outcomes. Evidence on strategies to sustain quality at scale is also limited. Finally, this study did not examine in depth programme curricula (e.g., intervention dose and consistency of staff training) or budget structures and their implications for sustainability.

Looking ahead, ECD systems should embed areas that strongly affect development but are often overlooked: children's and caregivers' mental health; digital environment; design of urban space and access to nature; climate change; and multicultural adaptation for migrant and displaced families. Programmes should pair parenting support with attention to caregiver mental health, promote safe and purposeful use of digital tools, work with local authorities to improve access to nearby, safe green spaces, adapt delivery and materials to different languages and cultures, and plan services and facilities to be climate-resilient and able to assist families when shocks occur.

The COVID-19 pandemic showed why this comprehensive approach matters in Latin America and the Caribbean: routine immunisations, antenatal care, growth monitoring, early learning and childcare were disrupted, and many low-income families faced negative impacts on children's learning, as well as increased family stress and instability. These shocks affected not only children's immediate outcomes but also caregivers' mental health and household income stability, intensifying toxic stress and weakening the responsive interactions essential for healthy development (Santos Garcia, 2024). In addition, better evidence on how caregivers' wellbeing and women's labour market participation influence child outcomes would help design policies that better integrate family support into the ECD agenda.

The recommendations presented are drawn from the analysis of three programmes implemented in different national contexts. They should therefore be read as a guiding framework that can inform policy design in Latin America and the Caribbean, to be critically reviewed and adapted to the specific context in which they are applied. Progress will depend on commitments to expand coverage with quality, secure sustainable financing, and prioritise the most vulnerable from the outset. Achieving this will require sustained investment, broad political support, and integrated systems that move progressively towards universality while maintaining quality. Through such efforts, the region can better safeguard children's rights and help every child develop to their full potential from the earliest years.

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## **Annexes**

## Annex A1

### Interview methodology

#### A. Purpose of the interviews

Six interviews were conducted to complement the literature review and the analysis of the three selected ECD programmes (Sure Start, Solid Start and Integrated Child Development Services).

The purpose of these interviews was to deepen the understanding of key aspects of ECD programme design and implementation and to gather insights and lessons that could inform policy development in Latin American and Caribbean contexts. The interviews contributed to:

- Complement the desk-based research with practitioner and expert perspectives.
- Explore nuances not fully captured in published literature.
- Explore and gather insights on the practical experiences and challenges faced by the interviewees.
- Identify transferable strategies for enhancing national intersectoral, high-quality and sustainable ECD programmes in Latin America and the Caribbean.

#### B. Approach and strategy

A semi-structured interview approach was adopted to allow for both comparability across interviews and flexibility to follow relevant lines of discussion with each participant.

The interview guide was structured around five key thematic areas:

- (i) Programme design.
- (ii) Intersectoral and multi-level collaboration.
- (iii) Community engagement .
- (iv) Programme's political, financial and institutional sustainability.
- (v) Impact on inequalities and child poverty.

Some interviews included additional questions tailored to the interviewee's expertise. For example, with an expert on child poverty, the discussion explored the intersection between ECD policy and poverty alleviation strategies.

#### C. Recruitment

A purposive sampling approach was adopted to ensure a diversity of roles and expertise. Interviewees were selected to capture a range of perspectives across roles and institutional contexts, including:

- Policymakers.
- Practitioners.
- Experts.
- Politicians.
- Academics.

## D. Interview format

- Three interviews were conducted online (via Microsoft Teams, Zoom, or Google Meet).
- Three interviews were conducted in person.
- The interviews were carried out between April and May 2025.
- Each interview lasted approximately 45 minutes.
- A semi-structured interview guide was used, with tailored questions depending on the participant's expertise.

## Annex A2 Interviewees

**Table A2.1**  
Interview details

<b>Interview</b>	<b>Role/expertise</b>	<b>Date of interview</b>
1	Expert and policymaker (Sure Start)	April 9 <sup>th</sup> , 2025
2	Academic and expert on early years and child poverty	April 29 <sup>th</sup> , 2025
3	Policymaker and practitioner of ECD policies (Solid Start)	April 30 <sup>th</sup> , 2025
4	Policymaker and practitioner in state finance	April 30 <sup>th</sup> , 2025
5	Government official on child services (ICDS)	May 17 <sup>th</sup> , 2025
6	Practitioner in women and child services (ICDS)	May 23 <sup>th</sup> , 2025

Source: Authors' own elaboration.

Interviews were conducted in line with LSE ethical guidelines. Participants were informed of the purpose of the research and gave verbal or written consent for their input to be used in an anonymised form.



This paper draws on well-documented early childhood development policies and programmes to identify policy lessons relevant for Latin America and the Caribbean. It is grounded in the recognition of early childhood development as a strategic investment to reduce poverty and inequality, strengthen labour inclusion and promote inclusive social development across the life course.

The analysis is based on a comparative assessment of three intersectoral national programmes: Sure Start (England), Integrated Child Development Services (India) and Solid Start (the Kingdom of the Netherlands). The document examines how these experiences have addressed challenges related to institutional fragmentation, programme quality and long-term sustainability.

The findings highlight five strategic areas for strengthening early childhood development policies: building political momentum; designing integrated, multilevel programme structures; improving quality through comprehensive and multigenerational approaches; ensuring institutional and financial sustainability; and strengthening evidence generation and data systems. In addition, the document identifies policy-relevant dimensions that remain insufficiently prioritized in programme design and implementation, which could be considered in early childhood development agendas in the region.



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