SCALING UP

PLACE-BASED APPROACHES TO EARLY CHILDHOOD DEVELOPMENT IN AFRICA

SPRING IMPACT

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EXECUTIVE SUMMARY

Executive Summary is under development.

INTRODUCTION

This report shares the findings of a research project funded by the Hilton Foundation to support the expansion of place-based approaches to early childhood development (ECD) in Africa. The purpose of the research was to develop a set of evidence-based criteria for setting up and scaling up the social impact of place-based ECD interventions.

This research aligns with a growing movement towards early childhood service delivery models that are integrated, cross-sectoral, multi-systemic, multi-level, and community-based. Framed within this broader innovative movement, place-based approaches appear as a new way of thinking and doing. Accordingly, evidence about the outcomes and impact of initiatives that make up this movement are limited. Yet the strong theory of change backing place-based strategies has led to growing global interest and investment in them, signalling the need for research to strengthen the evidence base and support effective implementation and scaling.

The findings reported here respond to calls from leading experts for 'greater attention on transitioning small programs to systems and... integrated child programs'.[1] Drawing insight from international literature, remote interviews with practitioners, and in-depth field studies of three place-based ECD interventions, this report offers conceptual and operational frameworks to assist with scaling the social impact of place-based ECD models.

The report presents the research and its findings in the following sections:

Part 1 Research objectives, approach and methods

Part 2 Place-based approaches in the global context

Part 3 Implementing place-based ECD

Part 4 Framework for scaling the impact of place-based approaches to ECD

Part 5 Putting the framework into practice

These research findings form an initial understanding of how place-based ECD work can be set up and scaled up. People working on ground-breaking initiatives in Africa are invited to scrutinize and adapt the insights presented here to produce tools and frameworks that will be relevant and useful to scaling the social impact of their work.

1 Britto et al. 2018

1 RESEARCH OBJECTIVES, APPROACH AND METHODS

To provide a better understanding of the basis of this report, this section outlines the research process that led to its findings.

1.1 RESEARCH OBJECTIVES

At Spring Impact, our focus is on helping social innovations scale their impact in a more strategic and sustainable way. We define scaling social impact as increasing impact exponentially as resources are added incrementally. There are many strategies or ways to scale including replication, which is the process of taking an organization, program, or a set of core principles to other geographic locations or leveraging others to do so. Since PBA are inherently unique to each geographic location, we set out to understand what makes them work well, and how their impact might be scaled up.

The research was designed to meet three primary objectives:

1. To develop a set of evidence-based criteria and a framework for setting up and scaling up place-based ECD approaches in Africa.
2. To set up a framework to help assess the readiness of ECD interventions to replicate.
3. To catalyze and enable a movement for scaling up effective place-based ECD models in Africa.

In early stages of the research it became apparent that place-based approaches to ECD are very new, especially in Africa, and the evidence needed to back up a framework for assessing replication readiness may not yet be available. The second research objective was noted, therefore, as an ambitious one that may not be reachable within the scope of current work. The first and third objectives were then prioritized, with the researchers also aiming to provide guidance on assessing replication readiness even if a comprehensive framework was not yet achievable.

1.2 APPROACH AND METHODS

The research took a strengths-based approach to identify what place-based initiatives are doing well, how they have developed, and what other people can learn from their experience. It applied systems thinking to provide insight on how local, national, and international systems can be leveraged when bringing place-based models to scale.

Research methods were designed to contribute value to participating organisations and their staff by creating a space for reflection, communication, and knowledge sharing. Data collection processes were flexible and iterative to elicit local perspectives on place-based ECD, and incorporate these perspectives into research discussions, observations, and outputs as they evolved.

The three primary methods of data collection were:

1. **Literature review**
   Peer-reviewed and 'grey' publications were examined to get a sense of international best practice and existing frameworks for place-based ECD. Our literature review included examples of place-based approaches that have been regarded as successful and unsuccessful. The researchers drew from the literature review to form questions, discussion topics, and visual discussion prompts for remote interviews and field research.
2. **Remote interviews**
   Interviews were conducted with 15 people engaged in ECD work in the Global South, including 13 who work on initiatives in Africa. These interviews added context to the literature review, which found that most in-depth studies of place-based ECD took place in high-income country settings. Interviews focused on talking about how place-based ECD frameworks apply in African contexts, and determining which interventions to study further through field research.
3. **Field research**
   Researchers visited two ECD initiatives in Africa: Smart Start in Siaya County, Kenya and the Nurturing Care Partnership in Monapo District, Mozambique. A third field study of Urban95 Crezco con mi barrio was conducted in Bogota, Colombia to add data from a longer-running initiative. Each field visit was conducted over five days, during which researchers observed ECD-related services, led participatory workshop sessions on place-based ECD, and spoke with frontline service delivery staff, service users, government officials, NGO partners, community leaders, and other key informants to develop three in-depth case studies.

   Additional data was gathered through a two-round feedback process. First, feedback was gathered on initial thematic findings during the Young Children Affected by HIV and AIDS Partners Convening held by the Hilton Foundation in April, 2019. Second, key research participants – including those who hosted field studies – were invited to comment on an early draft of this report.

2 PLACE-BASED APPROACHES IN THE GLOBAL CONTEXT

This section presents an overview of international evidence on place-based approaches to early childhood development. It draws from academic and 'grey' literature as well as case studies from around the world to clarify what place-based approaches are, why they add value to ECD work, and what is known about how to implement them effectively.

2.1 WHAT IS A PLACE-BASED APPROACH (PBA)?

A place-based approach (PBA) to early childhood development (ECD) is a cross-sector effort that is focused on improving outcomes for young children in a specific geographic community. A PBA addresses the needs and problems of families and communities by building on strengths at the local level.[2] The geographic focus can be a neighborhood, municipality, district, county, province, or other sub-national area.

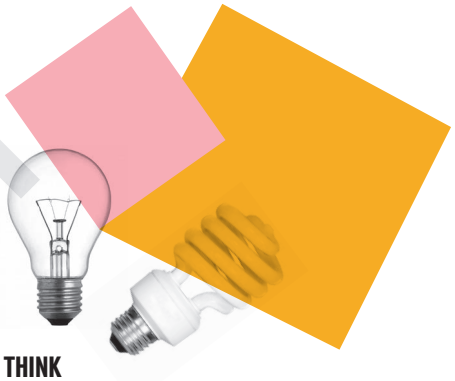
PLACE-BASED APPROACHES...

- Shift the focus from projects and programs to place (for example a county, district, or city)
- Ask the question: How can a variety of actors work together to make this a great place for a child to be born?
- Aim to empower people living in that place to meet the developmental needs of next generations.

The Centre for Community Child Health provides a more detailed definition:

> "Place-based approaches aim to **address complex problems by focusing on the social and physical environment of a community and on better integrated and more accessible service systems**, rather than focusing mainly on the problems faced by individuals. A place-based approach **targets an entire community and aims to address issues that exist at the neighbourhood level**, such as poor housing, social isolation...by using a community-engagement approach to address complex problems, a place-based approach **seeks to make families and communities more engaged, connected and resilient**'.[3]

Place-based approaches supporting early childhood development encompass both the social and physical environments of the community, aiming for more integrated and accessible service systems.[4] Therefore this approach usually involves multiple lines of action and initiatives, rather than a single program. Other terms such as 'community-based', 'neighborhood-based' and 'area-based' have been used to refer to similar initiatives and frameworks.[5]



EARLY CHILDHOOD SERVICES

FIGURE 1: FROM OLD THINK TO NEW THINK [6]

OLD THINK	NEW THINK
Parent vs child focus	Child and family well being
Isolated programs	Place-based strategies
Single program impact	Collective impact
Separate Sectors	Bundling services, multisectoral collaboration
Information to parents	Responsive parenting and capabilities, empowerment, enabling policies

2 Moore and Fry, 2011

3 CCCH 2011, quoted in McPherson et al. 2017, emphasis added

4 RCH & MCRI, 2011

5 Moore and Fry, 2011: 1

6 Lombardi, J. (2016) Cities, Science and Nurturing Care. Retrieved from: https://www.nyas.org/media/14885/gcecd_joan_lombardi.pdf

2.2 HOW DO PLACE-BASED APPROACHES CONTRIBUTE TO GLOBAL SUPPORT FOR ECD?

Place-based approaches are part of a larger movement towards a new way of thinking about early-childhood development. This new paradigm represents a significant shift in focus from singular programs that address particular needs to emphasize, instead, involvement of the whole community in efforts to help children and families learn and thrive (Lombardi, 2017).

The rationale behind place-based approaches is three-part:

HEALTHY CHILD DEVELOPMENT IS CONNECTED TO PLACE

The importance of place and geography in shaping the ability of young children to live healthy lives and develop to their fullest potential is well established. Acknowledging that disadvantage can be directly related to geographic location, place-based strategies emphasize prevention, early intervention, and the value of social networks and connectedness in supporting healthy childhood development. They address limitations faced by caregivers and service providers by engaging local communities in a comprehensive effort to address challenges that affect the ways in which children, families and communities function in their particular geographical area.[7]

HOLISTIC CHILD DEVELOPMENT REQUIRES MULTI-SECTORAL ACTION

Place-based approaches to early childhood development are firmly underpinned by the Nurturing Care Framework, which guides strategic action supporting holistic child development from conception. The Framework specifies five key components of nurturing care that give children the best start in life: good health; adequate nutrition; safety and security; responsive caregiving and opportunities for early learning.

A landmark publication by the WHO, Unicef, and the World Bank explains that:

> "[The Nurturing Care Framework] aims to inspire multiple sectors – including health, nutrition, education, labour, finance, water and sanitation, and social and child protection – to work in new ways to address the needs of the youngest children... The Framework promotes the use of local assets, it presumes adaptation to the local context, and it promotes ownership at community level. It describes the foundations, actions and government leadership that must be in place for all children to reach their potential.[8]

This call for multi-sectoral, community-owned interventions built from local contexts adds weight to the rationale behind place-based approaches to early childhood development.

FRAGMENTED SERVICES ARE UNABLE TO ADDRESS COMPLEX CHALLENGES

Place-based approaches aim to address problems that are complex and highly resistant to change. Compounding social challenges can manifest in a multitude of ways that affect communities, families and children. In African contexts, these have included:

- The legacies of colonialism
- Cycles of violent conflict
- Intergenerational poverty
- Malnutrition
- The HIV epidemic
- Impacts of climate change such as droughts.[9]

These problems have manifested differently in different places across the continent and, importantly, in different places across each country. Multiple physical, social, economic and demographic factors interact in ways that result in a unique blend of challenges to healthy child development in each province, district, city, and village.

Efforts to support children and families facing these challenges need to be capable of addressing such complexities. These efforts, however, tend to be siloed into separate and disconnected projects and programs, resulting in fragmented services with significant gaps and unnecessary duplication.[10]

Place-based approaches have emerged in response, stimulating the coordination of efforts, integration of services, community strengthening, and the building of supportive environments for young children and their caregivers. Improving relationships between service providers and the communities they serve is seen as essential to achieving this in a way that is responsive to community needs as they change over time.[11]

In African contexts, and especially in rural and remote areas, ECD services are often limited and usually fragmented, making them difficult for families to access.[12] Key challenges in ECD service delivery in many African countries include:

- Limited capacity
- Lack of trained personnel
- Culturally inappropriate resources
- Operational structures that place focus on enabling parents to work out of home with minimal investment in the cognitive, emotional, and social development needs of young children.[13]

While place-based approaches to ECD are very new, their potential for addressing these challenges has been recognized by a handful of new initiatives in Africa that aim to support local processes to strengthen ECD in specific socio-geographic areas.

7 Moore and Fry, 2011
8 WHO, Unicef & World Bank, 2018, p.4
9 Bantwana, 2018
10 RCH & MCRI, 2011
11 Britto et al. 2018; RCH & MCRI, 2011: 1
12 Bantwana, 2018
13 Firelight Foundation, 2017

2.3 EXAMPLES OF PLACE-BASED APPROACHES FROM AROUND THE WORLD

Place-based approaches are emerging in many places around the world. Here are a few examples.

1 **CHILE CRECE CONTIGO (CHILE)**
Comprehensive strategy for social protection and child development support systems with 'a wide scope' for ECD. Coordinated by dedicated staff at the municipal level and supported by national policy and international investment.

2 **UNICEF CHILD-FRIENDLY CITIES (MULTIPLE LOCATIONS, FOR EXAMPLE SHENZEN, CHINA)**
Establishes local coordination mechanisms at the municipal level and stresses the importance of child-participation in planning processes.

3 **THRIVE ESWATINI (SWAZILAND)**
Capacity building of neighbourhood points as an entry for social protection and early childhood care and development of vulnerable children of ages 0-5.

4 **STRONGER COMMUNITIES FOR CHILDREN (AUSTRALIA)**
Strengthens capacity in ten remote Aboriginal communities to give children the best start in life. Aims to ensure that local people have 'a real say' in the way decisions are made around service delivery.

5 **URBAN95 CREZCO CON MI BARRIO (BOGOTÁ, COLOMBIA)**
Supported in part by Bernard van Leer Foundation's Urban95 initiative to support innovations from around the world that focus on holistic wellbeing of children and families in the places they live. (See Section 3 for an in-depth case study.)

6 **SMART START SIAYA (KENYA)**
Innovative model led by the County Government, coordinated by a Multi-Sectoral Team, and supported by NGO and private-sector partners. (See Section 3 for an in-depth case study.)

7 **MONAPO NURTURING CARE COLLABORATION (MOZAMBIQUE)**
Coordinated effort established by a partnership agreement between NGOs operating in the district, and implemented in partnership with government health services. (See Section 3 for an in-depth case study.)

8 **EARLY LEARNING COMMUNITIES (USA)**
Community-driven initiatives to provide equitable access to ECD support based on four building blocks: community leadership, aligned services, family-friendly neighborhoods, and supportive policies. (See Appendix D for more information.)

9 **PRIMOKIZ (SWITZERLAND)**
Initiated by the Jacobs Foundation, Primokiz creates networks across sectors to support policy-making processes that produce high-quality support for young children and families.

2.4 WHAT DOES INTERNATIONAL EVIDENCE TELL US ABOUT IMPLEMENTING PLACE-BASED APPROACHES?

International evidence on successful implementation of place-based approaches points to the importance of involving multiple service sectors to reconfigure systems that influence young children.[14] This means that place-based approaches should aim to accomplish two interrelated tasks: collaborate across sectors and catalyze sustainable systems change.

2.4.1 COLLABORATE ACROSS SECTORS

Collaborating across sectors means finding new and better ways for government and non-government actors from different departments, agencies, and organizations to work together deliver support for ECD in a way that is integrated, aligned, and straightforward for children and caregivers to access.

For example, health services have been identified as a logical and cost-effective entry point for reaching the youngest children in many low-income country contexts.[15] Maternal and child services provided through health facilities are shifted to encompass awareness and support for all elements of nurturing care from the time of conception. From this starting point, collaboration with additional service sectors can integrate other forms of support, such as child protection, violence prevention, social support, financial stability and education. Cross-sectoral collaboration to deliver integrated early childhood services is central to effective implementation of place-based approaches.

2.4.2 CATALYZE SYSTEMS CHANGE

Systems change is a process of shifting the status quo by altering the way that a set of interrelated components interact with each other. Interrelated components of a social system include people, resources, services, relationships, values, and perceptions.[16]

For example, a family system involving one newborn child could include:

- the child
- one or more caregivers
- food, water, time, energy and other resources available to the family
- the ways in which caregivers and the child relate to one another
- beliefs and aspects of life that caregivers and their communities place importance on
- how caregivers and the child see one another and their place in the world.

This family system is part of a larger and more complex community system, which is part of a local system, which is part of a national system. These interlinked systems (family, community, local, national) can also be referred to as 'systems levels'. Place-based approaches to early childhood development generally focus on systems-change at the local level, in order to strengthen the ability of community and family systems to respond to the developmental needs of the youngest children within them.

The emerging evidence on how to implement place-based approaches effectively suggests that intentional efforts to change the ways that systems work is key to sustainable impact.[17] This involves identifying actions that will catalyze changes at multiple systems levels to enable caregivers, communities, service providers and policy-makers to better respond to local needs and aspirations surrounding early childhood development.

14 Britto et al. 2018; The Lancet 2016; Moore & Frye 2011

15 The Lancet, 2016

16 Abercrombie, Harries & Wharton, 2015.

17 ARACY, 2015; Fox et al., 2015; Moore et al., 2014

2.5 HOW CAN PLACE-BASED APPROACHES CATALYZE SYSTEMS CHANGE?

In order to catalyze systems change, place-based approaches to ECD must shift structures and mindsets to trigger responsive support for young children and their caregivers.[18]

2.5.1 CHANGE STRUCTURES

Structural changes may include shifts in governance arrangements, physical infrastructure, social investment policies, accountability frameworks, service delivery procedures, and referral pathways.

The World Health Organization provides a systems framework that is useful in understanding the structural factors that enable nurturing care.[19] At the center of the framework are the key components of nurturing care. The ability of young children to receive nurturing care is influenced by how well their support systems function on numerous levels.

ENABLING ENVIRONMENTS FOR NUTURING CARE

This framework offers a clear picture of why early childhood interventions often need to generate structural changes to support caregiver, community, and policy environments in order to enable nurturing care. Place-based approaches are faced with the challenging task of figuring out "how to eliminate long-standing disparities in housing, employment, education, and health caused by public policy decisions, and market forces and failures".[20] The 'big picture' structural changes needed to create healthier places for children to grow up vary from location to location, but strong evidence suggests that integration of nurturing care and child protection with coordinated actions from different sectors is key to generating impact at scale.[21]

The focus of place-based interventions, therefore, is often on establishing a common set of structures to underpin coordinated action that will make systems more responsive to local needs. The role of government leadership has been pointed out as essential in accomplishing this.[22]

The case studies in Part 3 demonstrate how both government and non-government actors can play a role in shifting structures to better support healthy ECD.

18 Fox et al., 2015

19 WHO, 2018, p. 17

20 Moore & Frye, 2011, p. 52

21 Britto et al. 2018; The Lancet, 2016, p.5

22 The Lancet, 2016

2.5.2 SHIFT MINDSETS

Reconfiguring systems to support early childhood development also requires changes in mindset.

> "There is consistent evidence that where a change in infrastructure is not mirrored by a change in mindsets, system reforms fail to achieve their goals. Conversely, where mindsets have changed but are not supported or echoed in everyday business process and other infrastructure elements, reforms fail to deliver".[23]

Mindset changes may include shifts in attitudes, beliefs, and knowledge about young children and what is required to support their healthy development.

For example, mindset shifts catalyzing systems change can include:

IMPROVING KNOWLEDGE ABOUT THE BENEFITS OF NURTURING CARE
Collaboration between multiple service sectors to deliver integrated services must be underpinned by strong understanding of the essential elements of nurturing care, including health, nutrition, security and safety, responsive caregiving, and early learning.[24] Demand for nurturing care interventions is also shaped heavily by caregivers' experiences of services and ability to observe and recognize the benefits for their children.[25]

IMPROVING KNOWLEDGE ABOUT WHAT WORKS FOR LOCAL PEOPLE
This requires engaging strong local voice at all stages of implementation including design, delivery, monitoring, and evaluation.[26] It also requires robust systems for gathering evidence and feeding it back in to implementation for continuous quality improvement.[27]

CHANGING ATTITUDES AND BELIEFS ABOUT PROFESSIONAL ROLES
Successful changes in social infrastructure require 'buy in' from professionals employed to enact those changes, as well as the communities they serve. Achieving this requires significant shifts in what health practitioners, early childhood educators, policy-makers, and other professionals believe about their role in supporting young children, as well as what communities expect from them.[28]

PROMOTING COOPERATIVE ATTITUDES AND PARTNERSHIP MENTALITIES
One strategy for doing this is to employ a shared practice framework that enables communities and professionals from multiple sectors to apply a common logic to achieving shared goals.[29] There is strong evidence to suggest the importance of ensuring that this logic draws heavily from local cultural knowledge systems.[30]

2.6 A SYSTEMS FRAMEWORK FOR DISCUSSING PLACE-BASED APPROACHES TO ECD

Place-based approaches to ECD are very new, particularly in African contexts, and the current research is among the first of its kind to generate evidence on how to bring them to scale. The international literature and case studies discussed in this section offered insight on how to discuss place-based approaches with people engaged in ECD work in Africa when the term 'place-based' is not yet well known in the field.

In particular, the emerging evidence base suggests that place-based interventions should be able to articulate how they:

- **Collaborate across sectors** and at multiple systems levels
- **Change structures** to create enabling environments for nurturing care
- **Shift mindsets** to support sustainable systems change.

The systems framework presented on p.9 incorporates these elements into a visual tool to help initiate and guide conversations about place-based ECD. The framework puts children and their caregivers at the center of multiple systems that influence their wellbeing.

Key features of the place-based approaches examined in this review are arranged in a way that will help ECD advocates and practitioners think and talk about their experiences of what works in terms of both structural change and shifts in mindsets. The principles and processes that comprise core features of place-based approaches are also listed to generate more specific discussion of the mechanics involved in achieving multi-level, cross-sectoral collaboration.

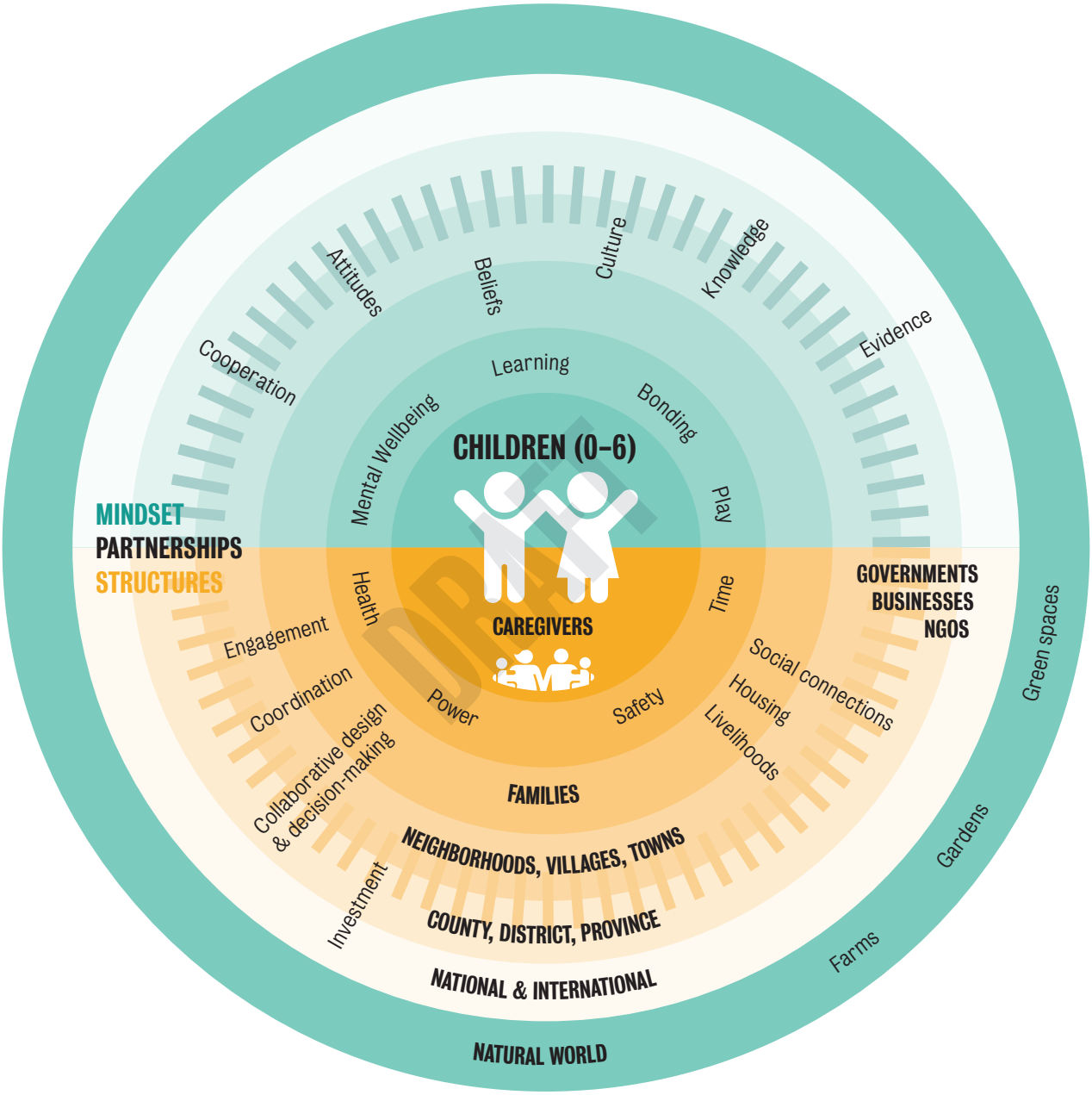
The framework is designed to enable implementers to focus on the strengths of their interventions and also to open a door for them to talk about the barriers and challenges they face. Implementers can use this to map systems changes produced by their work (see the case studies in Section 3 for examples). It can also be used to map changes in structures and mindsets that will strengthen the performance of systems to healthy child development, which will be discussed further in Section 5.

23 Fox et al., 2015, p. 148
24 The Lancet (2016) "Advancing Early Childhood Development: from Science to Scale" An Executive Summary for The Lancet's Series. October 2016. pg 3
25 Britto et al. 2018
26 Fox et al. 2015
27 Britto et al. 2018
28 Fox et al. 2015
29 Fox et al., 2015
30 Britto et al. 2018; Ninti One 2018

SYSTEMS FRAMEWORK FOR DISCUSSING PLACE-BASED APPROACHES TO ECD

PRINCIPLES OF PRACTICE

- Coordinated action by multiple sectors
- Driven by local actors
- Local leaders are committed to action
- Builds on existing systems
- Responsive and adaptive to local needs
- Communities engage in shaping interventions
- Local evidence used to make strategic decisions



3 IMPLEMENTING PLACE-BASED ECD LESSONS FROM PRACTICE IN KENYA, MOZAMBIQUE, AND COLOMBIA

SETTING THE STAGE FOR THE CASE STUDIES

Remote interviews with people implementing place-based approaches in African and Latin American countries were conducted to add context to published studies, which have mainly taken place in high-income countries. This set the stage for in-depth field studies of three initiatives that will be discussed in the following sections.

The interviews confirmed several important contextual points that are well-understood and accepted in the field of ECD:

THERE IS A NEED TO RAISE AWARENESS THAT ECD BEGINS AT CONCEPTION

ECD is often conceptualized as what happens when children begin preschool or school. Interviewees working in African contexts commented on the role of colonization in perpetuating strong beliefs that learning happens mainly at school. In recent years, there has been a push to raise awareness that ECD begins at conception. The Nurturing Care Framework has helped to articulate this, particularly among health professionals.

RESPONSIVE CAREGIVING UNDERPINS NURTURING CARE

There is no 'correct' way to deliver nurturing care, as each child has different needs at different times. No one knows how to respond to those needs better than those closest to the child, their caregivers.

CAREGIVERS ARE NOT ALWAYS PARENTS

Many young children rely on care from people other than their parents. Interviewees in Africa pointed out that it is typical for babies and young children to spend significant amounts of time in the care of grandmothers, aunts, neighbours, foster or adoptive families, and older siblings.

CAREGIVER WELLBEING IS ESSENTIAL TO RESPONSIVE CAREGIVING

Identifying and responding to the needs of very young children is demanding work, particularly when there is more than one child under the age of 3 in the household. It is also unpaid work, which caregivers must balance with sustaining an income or other forms of livelihood. Those suffering from serious health conditions, such as HIV, have the added challenge of balancing their own healthcare needs. For many caregivers in Africa, the stress of maintaining this balance is extreme, and can create barriers to their ability to be responsive to the developmental needs of the children in their care.

Remote interviews also offered key insights that suggest the value of place-based approaches, particularly in African contexts:

STRUCTURAL BARRIERS TO CAREGIVER WELLBEING AND ECD ARE IMPORTANT TO TAKE INTO ACCOUNT

Interviewees working in Africa noted barriers such as lack of essential infrastructure (such as access to clean water), economic constraints, safety risks, food insecurity, gender-based violence and discrimination. The most disadvantaged young children and caregivers face all of these barriers at once. Failure to acknowledge this in practice increases the risk of ECD interventions treating caregivers—especially women—as if they are simply irresponsible, ignorant, or otherwise inadequate, when in fact they are doing the very best they can despite great obstacles.

ACKNOWLEDGING STRUCTURAL BARRIERS CLARIFIES THE NEED FOR ACTION BY MULTIPLE SECTORS AND STAKEHOLDERS

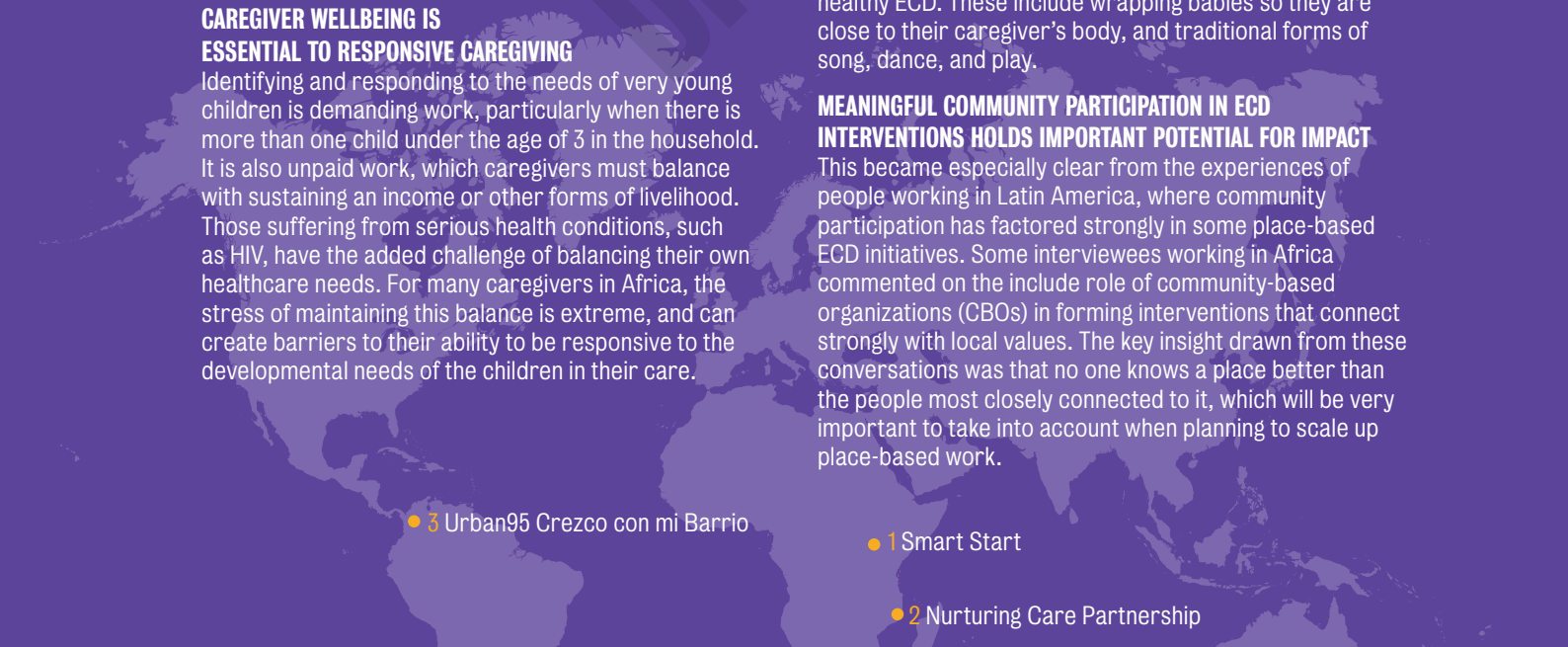
In order to support responsive caregiving, structural barriers facing young children and their caregivers must be addressed. No single organization or government department can do this alone, and the Nurturing Care Framework provides strategic direction to unify diverse actors.

STRENGTHS IN TRADITIONAL CAREGIVING PRACTICES ARE OFTEN OVERLOOKED

Since most studies of brain development have taken place in the Global North, there is little hard data on caregiving practices that have evolved outside of European traditions. As a result, these practices do not tend to feature in evidence-based ECD interventions. Interviewees working in Africa pointed out a number of traditional practices that are under-recognised in terms of their potential for supporting healthy ECD. These include wrapping babies so they are close to their caregiver's body, and traditional forms of song, dance, and play.

MEANINGFUL COMMUNITY PARTICIPATION IN ECD INTERVENTIONS HOLDS IMPORTANT POTENTIAL FOR IMPACT

This became especially clear from the experiences of people working in Latin America, where community participation has factored strongly in some place-based ECD initiatives. Some interviewees working in Africa commented on the include role of community-based organizations (CBOs) in forming interventions that connect strongly with local values. The key insight drawn from these conversations was that no one knows a place better than the people most closely connected to it, which will be very important to take into account when planning to scale up place-based work.



	CASE STUDY NAME	LOCATION
1	Smart Start	Siaya County, Kenya
2	Nurturing Care Partnership	Monapo District, Mozambique
3	Urban95 Crezco con mi Barrio	Bogota, Colombia

3.1 CASE STUDY: SMART START IN SIAYA COUNTY, KENYA

Smart Start in Siaya County, Kenya is one of the first early childhood initiatives in Africa to take a place-based approach. Their model offers an example of a subnational government that is leading cooperative action to support child development from conception. Smart Start fosters cooperation between a diverse array of actors, including government decision-makers from each ministry, NGO and private sector partners, health facility staff, community leaders, and community health volunteers. The model includes a formal coordinating body to integrate support for nurturing care into existing local systems.

3.1.1 LOCAL CONTEXT

Siaya County is located in the western province of Nyanza along the northern shores of Lake Victoria. With a population of just under a million, it is one of Kenya's most rural counties. Having struggled with one of the highest under-5 mortality rates in the country, Siaya has made significant gains over the past decade.

As child mortality rates have improved, increasing attention has turned to supporting young children to not just survive, but to also grow healthy, meet developmental milestones, and thrive.

Key challenges to this have included:

LACK OF AWARENESS ABOUT EARLY LEARNING

Many people think of learning as something that begins in school, and the term 'ECD' is often equated with preschool. Supporting healthy brain development from conception to age 3 requires changing these perceptions.

TEENAGE PREGNANCY

There is strong local concern about high rates of teen pregnancy, and especially those caused by rape and incest. Young mothers face huge challenges balancing the responsibilities of parenthood with socio-economic demands, such as finishing school and earning a livelihood. This creates barriers to nurturing care that often extend to children they have in the future as well.

MATERNAL MENTAL HEALTH

Mental health problems can render new parents incapable of responsive care. Depression is a matter of particular concern in Siaya, with a baseline study by Catholic Relief Services estimating that 65% of new mothers suffer from depression.

INVOLVING FATHERS IN CAREGIVING

Taboos surrounding fathers' involvement with their young children can prevent them from establishing nurturing, responsive relationships. Taboos begin affecting men's behavior even before their children are born, based on beliefs that they should keep a distance from pregnant women as well as new babies. Fathers and other male family members who provide loving care for babies and young children can face social consequences such as scolding or ridicule.

LITTLE ACCESS TO SPECIALIST SUPPORT

There is only one pediatrician practicing in Siaya, and accessing most forms of disability and developmental specialist support requires a two-hour drive to Kisumu or further.

UNREGISTERED CHILDREN

An estimated 50,000 children in Siaya County do not have a birth certificate. This leaves them without a legal identity, prevents them from accessing school, and excludes them when it comes to county- and national-level planning and resource allocation. Equitable distribution of health, education, and social protection services requires a concerted effort to register marginalized children so they can be factored in to government decision-making processes.

In 2010, a new constitution was established in Kenya, which devolved power over many government services to the county level. This came with both benefits and drawbacks. On the one hand, county governments now had the ability to tailor services to the needs of their people. On the other hand, not all counties possess the technical and financial resources to put national policy frameworks into practice. This has resulted in a lack of clarity around the roles and responsibilities of different levels of government when it comes to delivery of services such as health and early childhood education .[31]

The Government of Siaya County has navigated this complex policy environment with decisive action to lead coordination and expansion of early childhood services. This has included:

DEVELOPMENT OF A COUNTY STRATEGIC PLAN
That focuses on the early years – Formation of this plan has been led by the County Governor and First Lady of Siaya County, who have earmarked ECD as a flagship project and prioritized it as essential to achieving other development goals in Siaya.

INTEGRATION OF NURTURING CARE INTO THE HEALTH SYSTEM
This began in 2012 with the adaptation and use of PATH's Care for Child Development package to train key personnel positioned to support ECD messaging and monitoring by frontline health workers and volunteers.

PAYMENT OF A STIPEND TO COMMUNITY HEALTH VOLUNTEERS (CHV)
Like other counties in Kenya, the health system in Siaya County relies upon CHVs, who are local residents chosen by their community to address health issues. CHVs are trained and supervised to deliver health support and promotion services, including many aspects of pre- and post-natal care. Traditionally this role has been unpaid, which means that most CHVs must balance this work with income generation activities. In 2015, a landmark decision by the County Governor made Siaya County the first in Kenya to pay CHVs a stipend, which now provides Ksh3000 (roughly US$30) per month plus National Health Insurance coverage.

These actions set the stage for development of the Smart Start model.

3.1.2 THE SMART START MODEL

The vision of Smart Start is a population that is empowered to meet the developmental needs of young children from conception. This includes a County Government that leads robust service systems to support responsive caregiving, and a health workforce that is capable of delivering high-quality ECD counseling and services. The vision is underpinned by the logic that strong support for ECD is foundational to all other aspects of sustainable social and economic development.

The central feature of the Smart Start Model is a Multi-Sectoral Team (MST) created to coordinate resource allocation and service delivery to support ECD at the county level. The MST is made up of officials from each ministry of the county government, in addition to the County Health Services Community Focal Person (CHSCFP), who is responsible for compiling and reporting on health service delivery data countywide. This set-up enables government decision-makers to integrate public health information from the field into building better strategies for supporting ECD, both within the MST and in each of their own ministries.

High-level participation in the MST has made it a powerful agent for change in Siaya County. Strong leadership by Governor Cornel Rasanga and First Lady Rosella Rasanga has secured commitment from decision-makers in all ministries to actively engage with the MST, and The Office of the First Lady continues to play a prominent role in its work. The decision to lead this systems-change approach was inspired when the Governor took part in an ECD seminar designed for government officials and NGO partners at Harvard University. This prompted the Governor to nominate the First Lady as the patron of Smart Start.

All members of the MST, including the First Lady herself, have undergone a nurturing care training program purpose-built by Aga Khan University and funded by the Hilton Foundation. This training program has provided MST members with an understanding of what young children need to grow and thrive, which has both empowered and motivated them to create an enabling environment for nurturing care in Siaya County.

The MST convenes for a full day once every four months, and can call additional meetings if the need arises. The purpose of these meetings is to make decisions about how to support nurturing care across all sectors, and to review progress on the activities already decided upon. Before each meeting, a Technical Working Group (TWG) convenes to compile data, share insight, and prepare advice and recommendations for the MST. The TWG is made up of government representatives from each ministry and each sub-county, in addition to technical advisors from partner organizations and members of civil society.

The MST is also supported by a Secretariat led by the First Lady and guided by technical expertise from select MST members and partner organizations. The Secretariat's role is to foster political will, secure investment, and unify the county in a shared vision.

31 Putcha 2019

Within its role as coordinating body, the MST (with support from its TWG and Secretariat) integrates Smart Start into County Government action by:

FACILITATING INVESTMENT
Government officials serving on the MST are in high-level positions that include decision-making power when it comes to financing projects and programs.

SHARING INFORMATION
The MST enables officials from different government departments to learn from each other, and from health data emerging from the field. This supports all government departments to integrate evidence-based strategies for healthy ECD into planning, implementation, and regulation processes.

CHANGING POLICY
The MST facilitates collaboration between multiple government departments to identify policy gaps and support legislation of the changes needed. Policy change safeguards the systems put in place by Smart Start beyond the term of the current administration.

At the health service delivery level, Smart Start has integrated nurturing care into the roles of Community Focal Persons, Community Health Assistants, Health Providers, and Community Health Volunteers. This has facilitated a shift in service delivery that moves beyond the physical health of young children to encompass support for other domains of ECD such as language, motor, and social skills. It has also facilitated the flow of ECD-related information between government and communities through integration into existing reporting structures and feedback loops.

Smart Start is integrated into service delivery through:

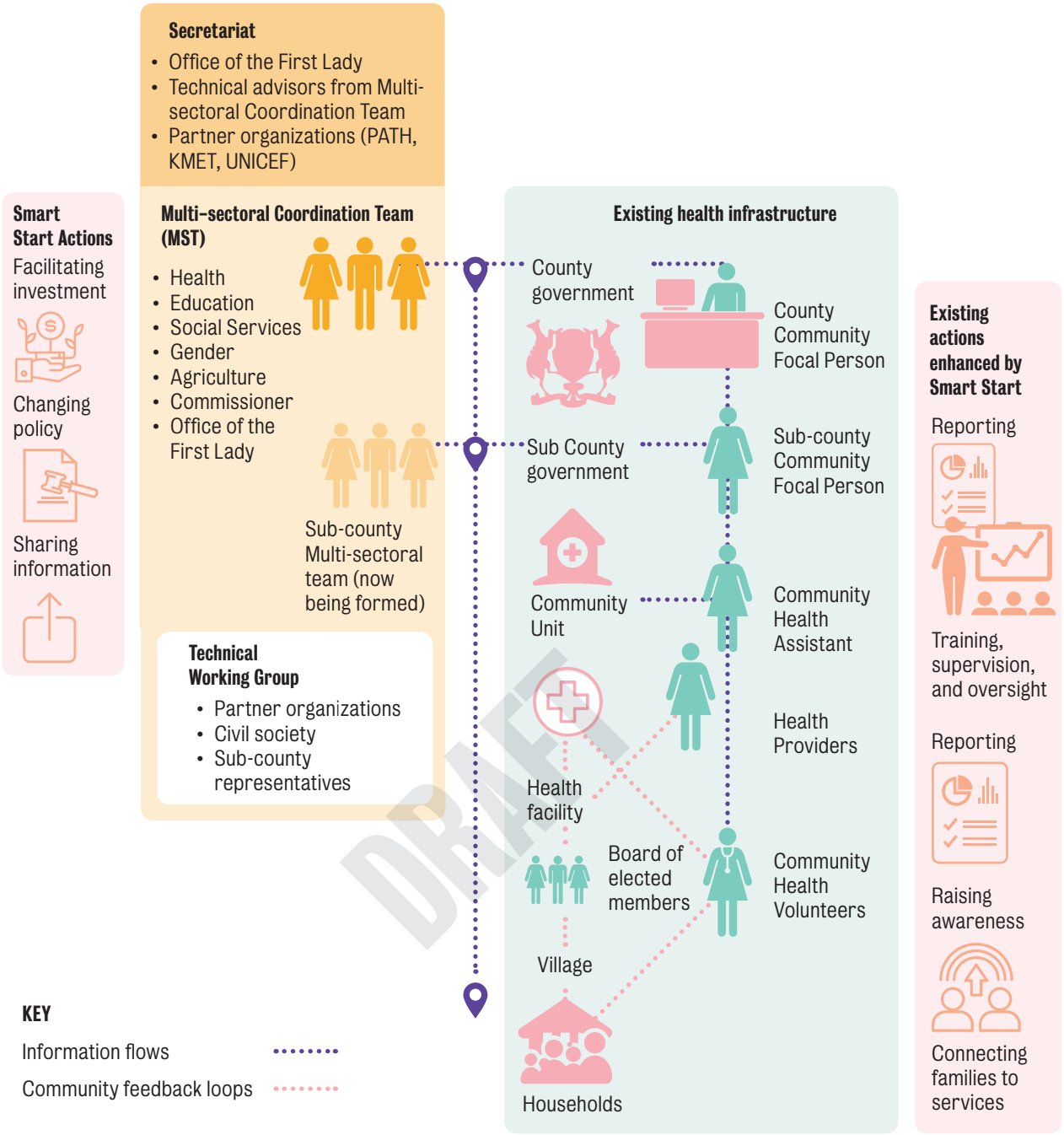
TRAINING, SUPERVISION, AND OVERSIGHT
To build the capacity of health workers and volunteers to look beyond bodily health and incorporate support for other elements of responsive caregiving in their work

REPORTING
Clear reporting structures enable information from the household and community levels to flow to the MST for strategic decision-making at the county level

RAISING AWARENESS
To build the capacity of caregivers to understand the developmental needs of young children and how to address them

CONNECTING FAMILIES TO SERVICES
To support children in reaching developmental milestones. This includes standard health facility services (for example routine pre- and post-natal care) and specialist services (for example mental health support, disability support, hearing checks)

INTEGRATING SMART START INTO SIAYA COUNTY HEALTH SYSTEM



HEALTH TALKS FOR CAREGIVERS AT TING'WANG'I HEALTH FACILITY

When new and expecting parents visit the Ting'wang'i health facility, they are invited to participate in health talks informed by the nurturing care framework. While they wait for their pre-natal check-ups or vaccinations for their babies, their local CHVs engage them in discussion about early learning, nutrition, child safety, foetal development, and responsive caregiving.

To call these sessions 'talks', though, may be misleading. The CHVs begin by singing a lively anthem that expresses their dedication to supporting their community. They point out a box of toys they have made and pass them out for the children as they discuss age-appropriate play. They teach songs from local tradition – some used to stimulate young children, and some to help soothe them to sleep. For expectant mothers, they talk about how babies can already hear and learn before they are born, then get them up to dance and play with their baby in-utero. They urge fathers to talk to their babies before they are born, so they will recognise their voice from day one. They pass around sweet potatoes from the health facility's kitchen garden, and explain how to sprout, grow, and cook them at home for nutritious roots and leaves. With each new topic, they ask questions to elicit what caregivers already know, praise them, and encourage them to ask questions of their own.

When asked whether ECD training had changed the way they work, some of the CHVs explained that it validated their intuition that social, emotional, and language development are all part of health. It clarified that their role included supporting these dimensions alongside physical wellbeing, and equipped them with new skills to recognise when children are meeting developmental milestones, and when they need a referral for additional support. It also taught them the importance of modelling in social development, which has prompted them to talk more openly with caregivers about how they behave in front of their children.

When asked what they have learned from their experience about how to best support healthy childhood development, the discussion centred on building strong relationships with caregivers. In their experience, key ingredients for supportive relationships include humour, patience, and persistence tempered with understanding of when to take a step back to give caregivers space and make their own decisions.

3.1.3 EARLY CHANGES PRODUCED BY SMART START

Smart Start has produced a number of benefits that can be understood in terms of the shifts in structures and mindsets that constitute systems change.

Structural changes produced by Smart Start include:

COORDINATION
The MST forms a central mechanism for coordinating a countywide effort to improve support for healthy ECD. This enables government, NGO, private sector, and civil society partners to share information and engage in unified action.

COLLABORATIVE PLANNING
Partners at the county, sub-county and community level have begun to integrate components of ECD support into government programs and services through inclusive planning processes. NGO and government partners also engage in joint planning processes to ensure strategic timing and use of resources.

POLICY
The Siaya County Health Services Bill passed in 2018 marks the first time that child development content has been included in a health bill in Kenya. This provides a strong regulatory framework to anchor health programs that embed developmental monitoring and support for nurturing care.

INVESTMENT
The MST has created a clear point of contact for NGO and private sector actors to invest in early childhood. It has also facilitated investment by multiple ministries in projects and programs to support ECD. For example, the Ministry of Agriculture has contributed significant staff time and other resources to establish kitchen gardens at health facilities and train CHVs to maintain them. This project has empowered CHVs to teach new parents how to grow nutritious foods, and to give them seeds to get them started.

Reporting structures and information flows – Smart Start has improved reporting on developmental milestones, and created clear pathways for information to flow from families and communities to government decision-makers. Many participants in the field research pointed to the important role of the CHVs in this, and remarked that paying them a stipend has led to greater quantity, quality, and consistency of reporting. MST committee members also expressed the importance of a recent government move to provide birth certificates to children whose births were not registered. Over 2,000 children were registered in the first phase of this program, which establishes more accurate population information for service planning purposes.

STRONGER RELATIONSHIPS WITHIN GOVERNMENT
By bringing together committee members from different government ministries, the MST has strengthened cross-sectoral working relationships and fostered new ones. For example, before Smart Start the Coordinator of Maternal, Newborn & Child Health had never met the person heading up ECD for the Ministry of Education, and now they work together and consult each other regularly, even phoning each other up when quick insight or advice is needed.

STRONGER RELATIONSHIPS IN FAMILIES AND COMMUNITIES
Integration of responsive caregiving and early learning into the health system has helped mothers, fathers, and other caregivers form closer bonds with their children and with each other. Regular health talks led by CHVs at health facilities have incorporated play, which opens the door for children to form friendships at an early age, and for mothers to meet and learn from other mothers. CHVs are also achieving some success in encouraging fathers to speak and play with their children even before they are born. One community leader remarked on how this and other support from CHVs is improving family relations.

Changes in mindset produced by Smart Start include:

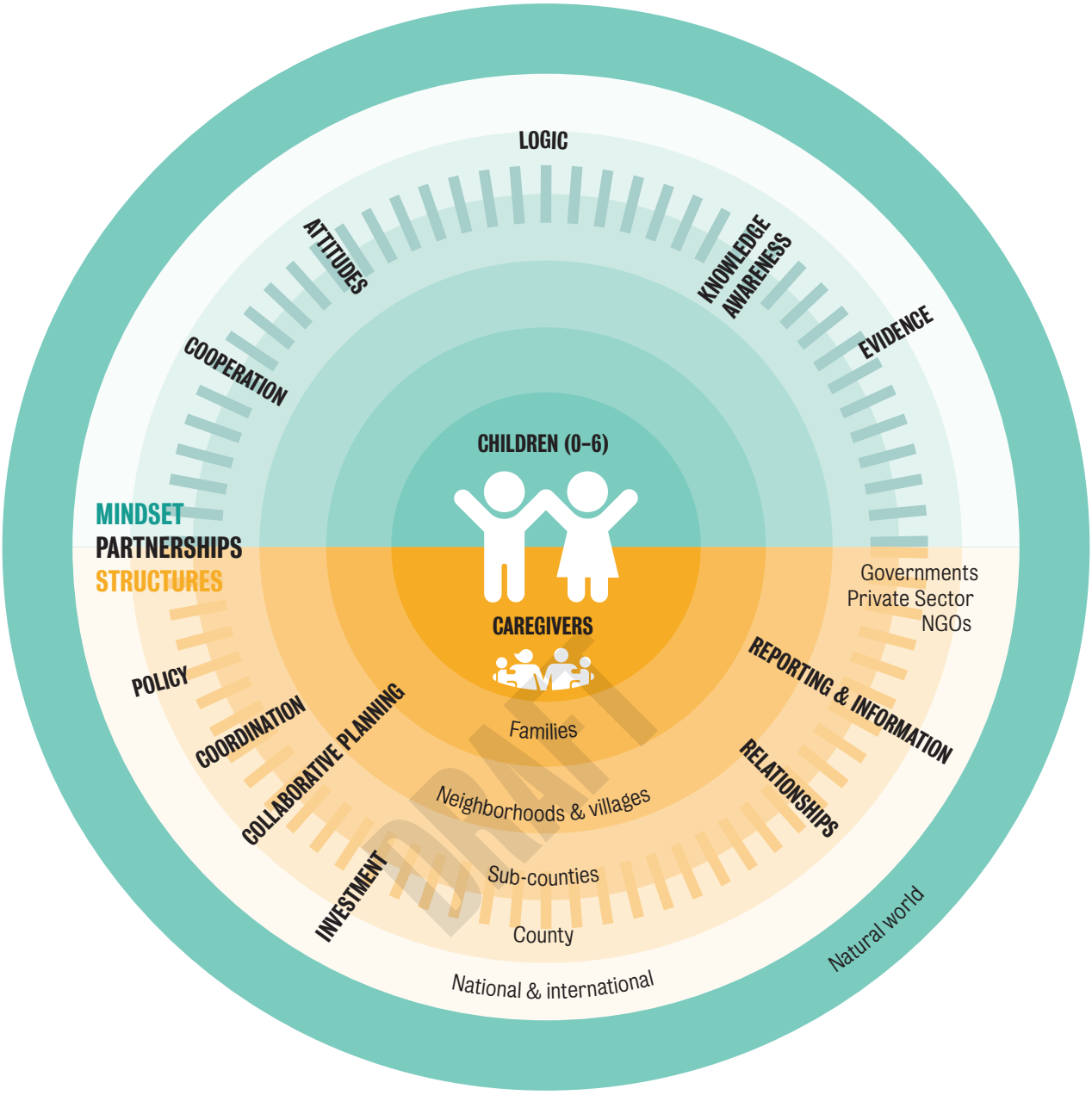
LOGIC OF INVESTING IN ECD
Smart Start has led to growing recognition among government decision-makers that healthy ECD is foundational to sustainable social and economic development. This was articulated clearly my MST committee members and other government workers who participated in the field research.

KNOWLEDGE AND AWARENESS
Smart Start has generated an ECD-oriented workforce that is trained and knowledgeable about responsive caregiving and early learning. This workforce continues to support the growth of knowledge and awareness among caregivers that early learning and development begins at conception.

LOCAL EVIDENCE TO INFORM DECISION-MAKING
Improvements to reporting structures discussed above have led to more and better evidence about how young children in Siaya County are faring in terms of meeting developmental milestones.

COOPERATIVE ATTITUDES TOWARD SUPPORTING ECD
Observations by field research participants suggest that a growing number of people in Siaya County are shifting their attitudes towards their own role in meeting children's developmental needs. Where ECD was once seen as the role of teachers, a range of other professionals, such as nurses and government officials, have accepted that nurturing care requires a cooperative effort and they also have an essential role to play. Where nurturing babies was once seen as the responsibility of women, a growing number of men are becoming involved. In addition, CHVs expressed how their focus on the physical health of babies and young children has expanded to include matters of social and emotional health, such as how parents treat each other and how they handle domestic disputes.

EARLY SYSTEMS CHANGES PRODUCED BY SMART START SIAYA



3.1.4 CRITICAL SUCCESS FACTORS

When reflecting on how they have achieved the outputs and outcomes listed above, people leading and implementing Smart Start identified the following factors as crucial.

COMMITTED LEADERS

At the county level, strong commitment from the Governor and the First Lady has raised the profile of ECD work and fostered shared vision and logic. Their leadership has motivated a wide range of people to work together to support ECD as a matter of priority. It has also started conversations that help people understand how investing time and resources in nurturing care will yield high social returns. The First Lady and Governor have demonstrated ongoing commitment by consistently engaging with the work of the MST, and generating substantive action to direct government resources and other forms of support to ECD work.

At the village level, the importance of responsive caregiving has gained traction from growing commitment by local administrators. Chiefs and Assistant Chiefs are especially powerful agents of change when it comes to shifting local norms surrounding the role of fathers and other men in supporting healthy childhood development. In Siaya County, local administrators are leading change by talking with fathers about ECD at village gatherings (known as barazas) and modelling responsive care for their own children.

SENSITIZATION TO THE IMPORTANCE OF ECD FROM CONCEPTION

In order to generate action to support nurturing care in Siaya County, Smart Start has had to sensitize people to the importance of the early years. At the county level, the Governor led the way by participating in an ECD seminar at Harvard, and working closely with the Ministry of Health to observe and understand the mechanics of frontline services. He then supported the rollout of a training program purpose-built by partner organisations to sensitize MST members, the First Lady, and elected members of the County Assembly. Private sector and NGO partners provided additional training to equip key health ministry staff at the county and sub-county level to sensitize the frontline health workforce. Frontline health workers and CHVs were then motivated and equipped to convey the importance of responsive caregiving and early learning from conception to caregivers and their communities.

The result of this has been local ownership of activities to support healthy ECD. From decision-makers at the county level, to health facility directors, to CHVs, community leaders, and caregivers, a wide range of people in Siaya County are actively engaging with activities to support healthy ECD.

FRONTLINE HEALTH WORKFORCE WITH STRONG COMMUNITY TIES

Government officials, health facility staff, and community leaders all emphasized the importance of the frontline health workforce in making Smart Start a success. Specifically, they pointed to the role of community health volunteers (CHVs) in delivering services, raising awareness, sharing information, and connecting the principles of healthy ECD to local norms, values, and traditions. Figure 3 provides further details about the multiple ways in which CHVs contribute to the success of Smart Start.

FIGURE 3: THE ESSENTIAL ROLE OF COMMUNITY HEALTH VOLUNTEERS (CHVs)

CHVs...	This enables Smart Start to...
Perform basic health checks and counsel families	Support every child from conception
Collect data	Make strategic decisions
Deliver information to the community	Raise awareness about services that are new, or changed
Build relationships	Develop trust and shared vision
Connect families to services	Support the most vulnerable children
Generate demand for nurturing care	Demystify ECD and promote better opportunities for the children of Siaya County

Many field research participants were outspoken about the importance of the stipend that CHVs now receive from the County Government. There was a general sense that this had a positive impact on health system performance, especially when it came to data collection and reporting. The CHVs themselves talked about how the stipend had relieved some of the economic pressure they experience, freeing up more time and energy for their health role. They also described how their status in the community has been raised by the stipend, alongside the additional tools and training they've been given recently (such as everything they need to test for malaria and treat immediately during home visits). One CHV remarked that 'people look at us like we're doctors now, and they come to us when they need help.'

STRONG RELATIONSHIPS AT MULTIPLE SYSTEMS LEVELS

Smart Start has been built upon a complex web of close relationships that link children and their caregivers with people who can contribute to healthy ECD at the village, sub-county, and county levels of operation. For example, CHVs maintain close relationships with the families they serve, as well as the local leaders in their village who have appointed them. They often play a role in public dialogues where they are trusted to voice questions and feedback relating to health matters in their village. CHVs also work closely with their local health facility, providing an important link between families, villages, and health providers. The key point of contact for CHVs at their health facility is a Community Health Assistant (CHA) who is responsible for their training, supervision, and oversight. The CHA maintains a close working relationship with a Community Focal Person at the sub-county level, who works closely with the County Community Focal Person, who is part of the Multisectoral Team (MST) for Smart Start. These relationships form a strong health infrastructure that supports a steady flow of information, feedback, and insight back and forth between families and decision-makers at the county level.

PARTNERSHIPS WITH NGOS AND THE PRIVATE SECTOR LED BY GOVERNMENT

NGO and private sector actors have provided essential financial resources and technical expertise to integrate nurturing care into government services. Within these partnerships, there is strong clarity of roles and responsibilities. The County Government drives the agenda and is responsible for legislating and operationalizing policy frameworks to deliver sustainable service systems. NGO and private sector partners assist the Government by building technical and financial capacity. This clarity has been crucial to successful implementation of Smart Start.

The importance of joint planning was also cited as essential to successful coordination of Smart Start. The sharing of work plans has led partners to build stronger relationships and cooperate in more efficient and strategic ways. Flexibility in implementation of these plans was also seen as crucial. For example, partners expressed mutual understanding that sometimes people need to delegate tasks or shift schedules to adapt to changing circumstances.

PERSISTENCE PAYS OFF AT REFERRAL HOSPITAL

When the nurses at Siaya County's Referral Hospital first underwent training in nurturing care, many felt sceptical. While the content of the training was very well received, there was an initial perception that they would be expected to add new work to their already very demanding jobs.

One experienced nurse was particularly concerned. She worked in a unit with low birth-weight babies who require extensive care and attention. How could she add more work for each child without compromising other aspects of their medical care?

The Kisumu Medical Education Trust (KMET) and other partners involved in delivering training had clearly communicated that health professionals should integrate – not add – nurturing care into their routines, but knew that more was needed to convey how this works in practice. In the weeks that followed, KMET representatives worked with the nurse, along with her supervisors at the health facility, to think through how to apply the training without adding workload. The nurse was interested in kangaroo care, which meant encouraging caregivers to hold their babies skin-to-skin to stimulate bonding and growth. Over time, she began to see that this didn't add more work, but rather changed the way she worked.

More importantly, the nurse was astounded to see what a difference kangaroo care made for the babies on her unit in terms of rapid weight gain. This reinforced her confidence in the overall content of the initial training, and motivated her to find other ways of applying it to her work. Now she is one of the most outspoken advocates for nurturing care in the hospital, and actively supports other nurses to integrate it into their work.

DISCUSSION WITH A COMMUNITY LEADER: THE POWER OF MODELLING

One community leader was especially keen to talk about ECD. When his wife was pregnant with their first child, he went with her to a playbox session at the local health facility where the CHVs explained to him that their baby could already hear his voice. At first he didn't believe them, but did try talking to the baby and when she was born he could see that it had worked. He described the moment that his new baby recognised his voice as one that dramatically changed how he perceives his role as a father. Since then, he has been passionate about helping other men become active and involved caregivers. This, he explained, requires 'washing away' taboos that keep many men in his community from engaging with their pregnant wives and new babies.

Community leaders like himself, he explained, can act as 'ambassadors' to bring messages about early learning and responsive caregiving to people in the community that may otherwise be difficult to reach, and to lead by example. While some fathers may face ridicule if they care for their young children in public settings, he makes a point of regularly bringing his daughter out and about. He knows that people will not be so quick to make fun of a man of his status, and that his caregiving behaviour will help people talk about fatherhood in new ways. He is also starting conversations by holding special public dialogues (barazas) where he asks fathers to bring their babies and young children along without their mothers. He brings toys for the children, and talks to fathers about the importance of play, and the importance of supporting their families with time and care.

As fathers have begun to engage more with their young children, this leader has observed benefits that impact the whole family. He remarked that, 'When fathers play with their unborn child, there is more peace in the home' and further elaborated on his sense that encouraging these early bonds with children can help reduce domestic violence in his community. His vision, he said, was that 'The whole community starts loving children from conception'.

When asked about his biggest challenge in changing social norms around caregiving, he explained that the older men in his community often expressed the greatest resistance. To address this challenge, he feels that children possess unique power to change hearts and minds. In his experience, a young child bringing her grandfather a toy and engaging him in play can spark a change that even he, as a respected leader, could never achieve on his own.

3.1.5 POTENTIAL FOR SCALING IMPACT

Section 5 of this report outlines three pathways to scaling the social impact of a PBA:

- **Replicating** the impact of a place-based approach in a new location
- **Expanding** population reach of impact within the same location
- **Improving** quality to produce greater benefits within the same location

Scaling up the social impact of Smart Start within Siaya County could involve:

- Integrating nurturing care across more health facilities in Siaya County – Smart Start has not yet reached all health facilities across the county. Plans are already in place to ensure that every health facility is equipped with at least one health provider (e.g. doctor, nurse, technician) who has been trained in the Care for Child Development Package. To expand the population reach of Smart Start, Spring Impact's Five Stage Methodology could be followed to replicate the core nurturing care principles and programs across health facilities.[32]
- Providing more in-depth training for health staff on particular aspects of nurturing care – The quality of support for young children and their caregivers could be improved with refresher trainings that focus on particular areas of local need. For example, maternal mental health is one concern that CHVs and health providers are often faced with, but have relatively little capacity to address. Another example is family conflict resolution. Recognizing the importance of modeling in early social and emotional development, CHVs are beginning to coach caregivers on how to handle domestic disputes. The quality of their efforts could be improved, and their impact leveraged, through culturally-located training on evidence-based techniques.
- Integrating nurturing care into a more diverse array of government functions – At this point in the initiative, most of the impact has been generated through the health sector, but there is strong potential for other government sectors to integrate nurturing care into policy and practice. One example that was discussed amongst stakeholders was the possibility of the Police Commissioner engaging in more targeted work with local administrators (chiefs and assistant chiefs) to support responsive caregiving, especially by men. It may also be worth considering whether embedding the nurturing care framework into police training could be a mechanism for improving local systems to address child protection, rape, incest, and domestic violence.
- Replicating the Smart Start model in other counties in Kenya – There has been significant interest in setting up similar initiatives in other counties. The place-based nature of this work, however, implies that setting up a similar model in a new place will require complex consideration of how to build on existing local systems, and may look quite different from Smart Start in practice. Section 5 of this report provides recommendations on how to avoid a 'cookie cutter' approach when preparing to scale place-based approaches.

32 Spring Impact. http://toolkit.springimpact.org/

3.2 CASE STUDY: NURTURING CARE COLLABORATION IN MONAPO DISTRICT, MOZAMBIQUE

The Nurturing Care Collaboration model brings together government, NGO, and community partners to integrate support for early learning and responsive caregiving across a range of health and social services in Monapo. In contrast to the Smart Start model, coordination of the Nurturing Care Collaboration is led by a dedicated staff member within a partner NGO, who works closely with government at both the District and Provincial level. Although early in its development, this provides an example of how a place-based approach can be set up in a context where government agencies are not in a position to lead a multi-sectoral ECD initiative.

3.2.1 LOCAL CONTEXT

Monapo is a very rural district of northern Mozambique, located around 120km west of the provincial capital of Nampula. The vast majority of the district's 414,000 residents rely on local agriculture for their livelihood, with 95% of women and 78% of men working as subsistence farmers. [33]

Children aged five and under make up nearly a fifth (18%) of Monapo's population. Common challenges faced by these young children and their caregivers include:

DIFFICULTY ACCESSING PROFESSIONAL MEDICAL CARE
Many people in Monapo live far from the District Hospital, and even the roads to their local health facility can be treacherous and, after rainfall, sometimes impassable. With only five medical doctors practicing in the entire district, even those near a health facility have little access. Health facilities also regularly run out of pharmaceuticals and other essential supplies.

DEMANDING WORKLOADS
Subsistence farming is time- and energy-intensive work. It is common for mothers in Monapo to leave for the fields before sunrise with their babies on their backs. By the time they have tended to their family's basic livelihood, finding time and energy for play can be a real challenge.

MALNUTRITION
UNICEF estimates that roughly half of children in the province of Nampula suffer from chronic and acute malnutrition, with especially high prevalence in the Monapo District.[34]

STIGMA SURROUNDING DEVELOPMENTAL DELAYS
Beliefs that developmental delays are caused by witchcraft, or by immoral behavior of the child's mother, are common in Monapo. This can create social repercussions for caregivers and prevent them from seeking help if they fear their child is not thriving. Stigma prompts some families to hide children with developmental delays, which creates further barriers to social, emotional, and language development.

These challenges in Monapo exist within a broader national context marked by a history of violent conflict. Three decades of war concluded in 1992, recently enough that many people traumatized by it are now caring for young children. In the final decade of war, one million people were killed in Mozambique, and one third of the population had to flee their homes.[35] Significant damage to physical and social infrastructure left the population ill-equipped to manage overlapping humanitarian crises, including the HIV/AIDS epidemic that took grip in the years that followed. Government bodies continue to face severe limitations in their capacity to address the nation's ongoing challenges.

3.2.2 THE MONAPO NURTURING CARE COLLABORATION (MNNC) MODEL

The vision of the Monapo Nurturing Care Collaboration (MNNC) is coordinated action by government and non-profits that empowers caregivers in all parts of Monapo District to meet the developmental needs of children from conception.

The collaboration was launched in late 2018 with a formal partnership agreement between non-profit entities working in Monapo. Signatory partners agreed to support government agencies at the district and provincial level to reinforce the quality and reach of ECD interventions across the district for an initial period of three years. The purpose of the partnership is to help children aged 0-3 achieve better developmental outcomes by improving their access to all elements of nurturing care and strengthening caregiver practices, especially around nutrition and early learning.

Signatory partners to the MNCC agreement are:

UNICEF
United Nations agency responsible for addressing the long-term needs of children in developing countries.

PATH
International NGO focused on health equity

ICAP
International NGO that delivers family-focused services to address HIV and tuberculosis

FHI360/COVIDA
FHI360 is an international NGO that serves as the lead partner for COVida, a five-year project that builds capacity in civil society to care for orphans and vulnerable children in Mozambique

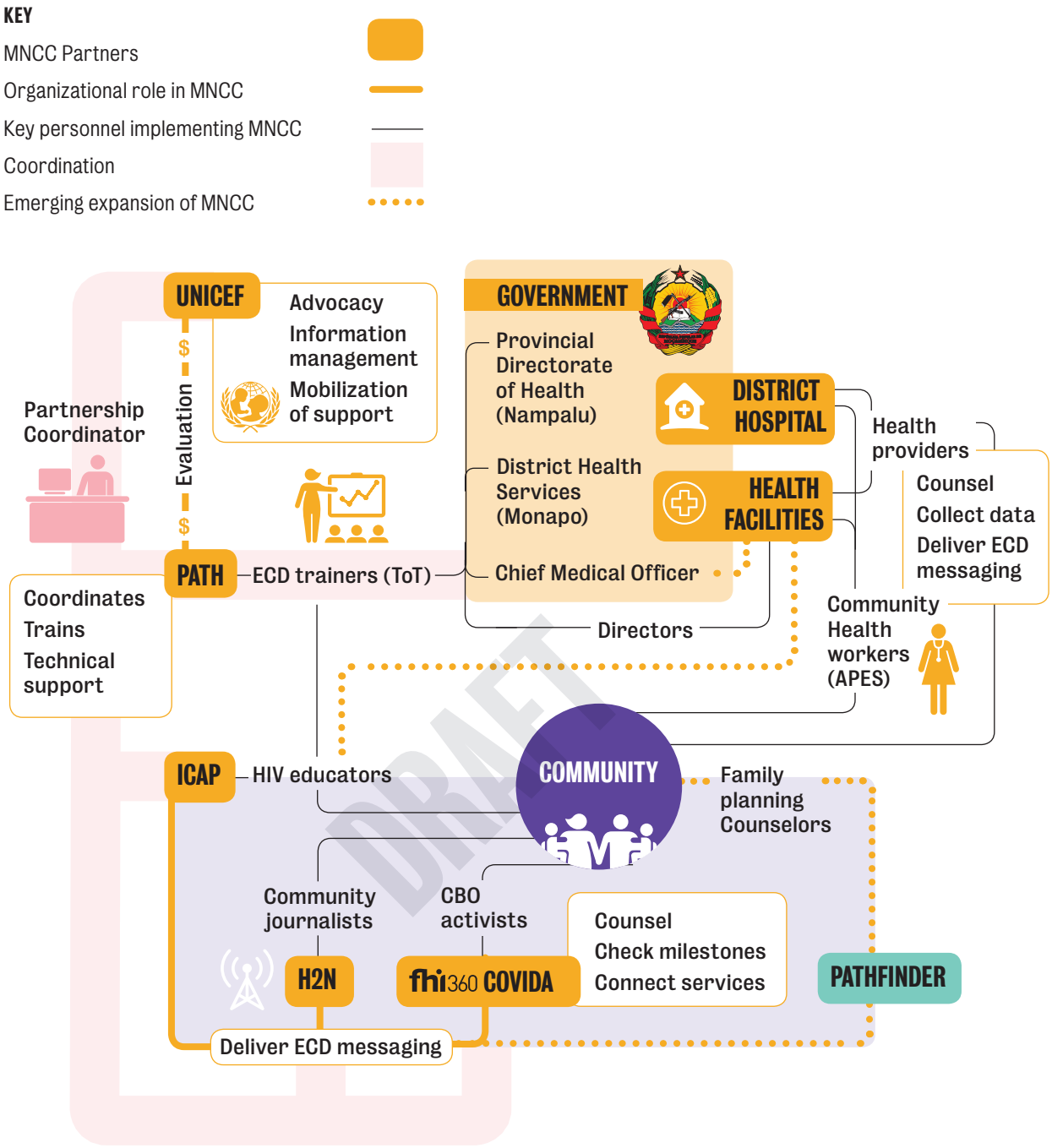
H2N
Mozambican organization that operates a community-based radio network to broadcast socially relevant information, especially on topics related to health and nutrition

33 All population figures from Census 2017 and 2007, as cited in PATH (2018) Monapo: Baseline formative assessment, Nurturing care for child development project 2018-2021

34 UNICEF (2018) Improving the Nutritional Status of Children in Zambézia and Nampula https://www.unicef.org/mozambique/en/press-releases/improving-nutritional-status-children-zambézia-and-nampula

35 Hanlon, J. (2010) Mozambique: 'the war ended 17 years ago, but we are still poor', Conflict, Security & Development, vol. 10, pp. 77-102, https://doi.org/10.1080/14678800903553902.

FIGURE 4: INTEGRATION OF MONAPO NURTURING CARE COLLABORATION (MNCC) INTO GOVERNMENT & PARTNER ACTIVITIES



Coordination of the partnership is formalised in the agreement with a commitment by PATH to employ a dedicated Partnership Coordinator. The document specifies three key coordination duties:
(1) serving as the point of contact for all partners,
(2) convening quarterly meetings and
(3) delivering progress updates. The agreement also formalises a commitment by UNICEF and PATH to co-finance the evaluation of partnership results.

Aside from these measures, the agreement allows significant flexibility in terms of the roles played by each partner, even stipulating that 'certain partners may not remain active throughout the entire 3-year period due to the nature of development financing'. It also opens the door for new partners to join the collaboration, subject to agreement by existing partners.

This flexibility frees the collaboration to take shape based on partner strengths and opportunities as they arise. Figure 4 illustrates how these roles have emerged at this early stage of the model to integrate support for nurturing care into the health system through new and existing partner activities. Examples include:

- **Training of trainers (ToT)** held by PATH to build government and partner capacity for monitoring developmental milestones, ECD counselling, and providing families with other forms of support such as playbox sessions. Participants in the initial ToT included key personnel from the Provincial Health Directorate, Monapo District Health Services, and ICAP, as well as the heads of selected health facilities.
- **Advocacy and mobilisation of support for nurturing care by Unicef** across sectors and at multiple levels of government. This often takes place within the context of Unicef's existing activities, such as when they facilitated a convening to operationalize the Multi-sectoral Action Plan for Reduction of Chronic Malnutrition (PAMRDC) in Nampula Province. Unicef brought the MNNC Project Coordinator in to clarify that children with developmental delays caused by malnutrition require targeted support beyond nutritional supplements, and ensured that early learning was on the agenda.
- **Counselling on developmental milestones and responsive caregiving by COVida activists**, who form close relationships with families and communities to support the care of orphans and vulnerable children. Activists monitor child development as part of their regular home visits, incorporate support for ECD into care plans they co-create with families for each vulnerable child, and connect them with additional support services as needed. They have also begun teaching caregivers about early learning, responsive caregiving, and how to make age-appropriate toys.
- **Delivering messages to the community about nurturing care** as part of existing partner activities. ICAP, for example, delivers health talks to expecting parents to teach them about HIV prevention while they wait for antenatal checks. They now incorporate information about responsive caregiving and healthy foetal development as part of these sessions. The community radio network H2N, meanwhile, is engaging their journalists in training on how to start conversations about nurturing care.

Cooperative activities by new and unexpected partners and personnel have also begun to emerge, suggesting that the MNCC has built momentum and is beginning to expand organically. For example, family planning counsellors working with the NGO Pathfinder International have begun to incorporate messages about nurturing care in their work with Monapo communities. Other examples are government and NGO partner staff (such as the district's Chief Medical Officer and HIV educators at ICAP) who have taken initiative to train community health workers (APEs) in additional health facilities to support early learning and responsive caregiving practices.

3.2.3 EARLY CHANGES PRODUCED BY THE MONAPO NURTURING CARE COLLABORATION

Despite its very recent formation, the MNCC has produced a number of early changes to structures and mindsets to support healthy childhood development.

Structural changes include:

COORDINATION

A recent surge of NGO activity in Monapo has led to

'turf wars' and disjointed service delivery. By establishing a dedicated staff position to coordinate the partnership, the MNCC has laid the groundwork for more strategic action.

COLLABORATIVE PLANNING

Uneven service delivery by multiple NGOs has left some communities without access, while others are overwhelmed by numerous consultations, trainings, and messages. The MNCC has begun to improve joint planning processes between the District Health Service and partner NGOs with the aim of providing more even coverage.

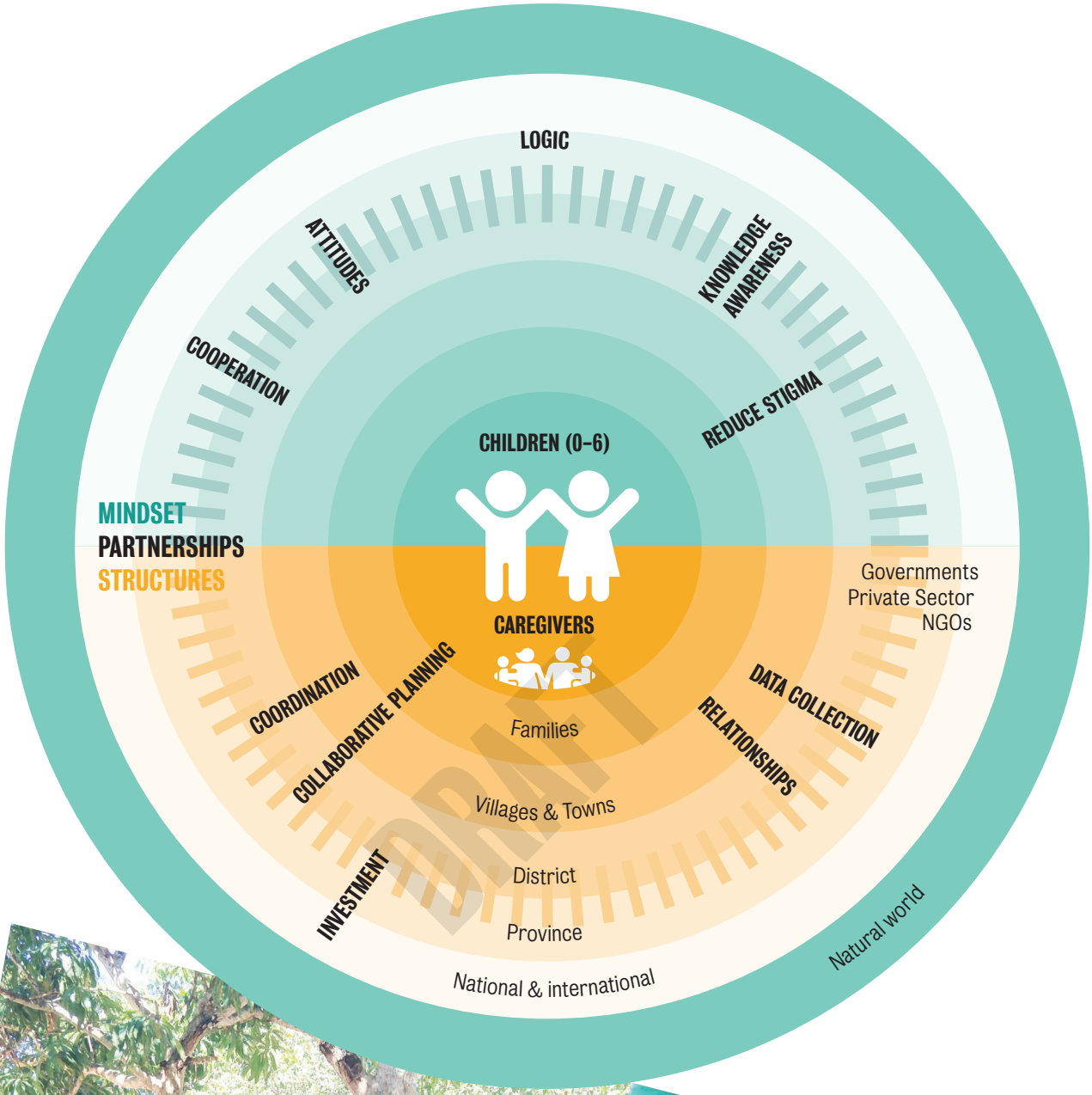
DATA COLLECTION

The initial training of trainers (ToT) convened by MNCC partners was very timely. New government health registers had just been rolled out in Monapo, and many health providers needed guidance on how to monitor and record developmental milestones, which were newly added features. The ToT was able to address this directly, strengthening local capacity to gather information about ECD in Monapo.

STRONGER RELATIONSHIPS BETWEEN PARTNERS

By bringing together government and non-profit actors to cooperate for a common goal, the MNCC has enhanced working relationships. Personnel involved in the collaboration described their relationships with other partner agencies as supportive, responsive, flexible, and adaptive to changing needs and circumstances. The MNCC has also increased communication between partners by establishing regular meetings with District Health Services and forming a WhatsApp group for NGO and government partners.

EARLY SYSTEMS CHANGES PRODUCED BY MONAPO NURTURING CARE COLLABORATIVE (MNCC)



STRONGER RELATIONSHIPS BETWEEN FAMILIES AND COMMUNITIES

Even at this early stage, there were some indications of MNCC activities strengthening relationships at the family and community level. For example, CBO activists from COVida described how learning about nurturing care changed their approach to fatherhood, sparking more fulfilling relationships with their children. Some activists were also inspired to make toys to use on home visits, which has helped them bond with children in the communities they serve.

Changes to mindset produced by the MNCC include:

KNOWLEDGE AND AWARENESS

Initial trainings have provided people working at government health agencies, health facilities, and partner organisations with knowledge and awareness about nurturing care, especially regarding developmental milestones, early learning, and responsive caregiving.

LOGIC BASED ON NURTURING CARE

Increased awareness of the nurturing care framework has changed the way that some partner organisations think and talk with the community about family health. For example, health promoters working with Pathfinder now frame their family planning counselling around the importance of early learning and responsive caregiving. They have found communities receptive to the idea that planning three years between pregnancies will free up time and attention to give each of their children the best start in life.

COOPERATIVE ATTITUDES TOWARD SUPPORTING ECD

By formalising cooperation to support healthy childhood development, the MNCC has begun to change people's attitudes regarding their own professional roles. Specifically, more people working to address health and social issues in Monapo now see support for early learning and responsive caregiving as an important part of their role. This is particularly noticeable amongst government health department workers, health providers, HIV educators working with ICAP, and CBO activists working with COVida.

REDUCTION OF STIGMA

There are early indications that attitudes toward developmental delays are beginning to change in Monapo. Health providers noted an increase in caregivers seeking help for children that once would have been hidden for fear of stigma. One told the story of a caregiver who travelled a long way to avoid being stigmatized, then bumped into another woman from her village who reassured her and praised her for seeking medical help.

3.2.4 CRITICAL SUCCESS FACTORS

Reflecting on how they have achieved the outputs and outcomes listed above, people leading and implementing the MNCC identified the following factors as crucial.

RESPONSIVE AND ADAPTIVE RELATIONSHIPS

The flexibility of the partnership agreement that initiated the MNCC has allowed partners to be responsive and adaptive to changing needs and circumstances. Flexibility has been important both in terms of how partners cooperate with each other, and how they support health facilities and community members. Monapo-based staff members of partner organizations explained that in practice, once they arrive at a health facility or community it is important to address priority needs as they arise, rather than restricting their activities to a pre-planned agenda. They see this flexibility as key to maintaining strong working relationships with health facilities and the communities they serve.

Partner staff implementing the MNCC also remarked on the importance of ensuring that training and supervision responds and adapts to changing needs and circumstances. Adapting training programs to target the needs of particular audiences emerged as crucial to engaging clinical staff and community health workers in cooperative work to support nurturing care. A prime example has been relating the initial nurturing care training directly to supporting clinical staff to monitor and record developmental milestones in the new government health registers. Monapo-based staff have continued to develop relationships with government and health facility staff by checking in regularly, in person and by phone, to respond to gaps in knowledge and provide ongoing support for integrating nurturing care into their work.

OWNERSHIP AND INITIATIVE BY A VARIETY OF LOCAL ACTORS

Although the MNCC originated with an agreement between NGO partners, local actors are taking ownership of their role in supporting its work, and initiating new ways of expanding its impact. For example, the Chief Medical Officer of Monapo District was so enthusiastic after attending the initial training with PATH that he took the initiative to deliver three days of nurturing care training to the clinical staff and community health workers (APEs) at a new health facility. Health promoters at Pathfinder, which was not part of the original partnership agreement, have begun aligning their messaging with the MNCC and are finding that talking about early learning and responsive caregiving helps engage caregivers in conversations about family planning.

Civil society actors are catalysing local ownership. Activists working for COVida have strong ties to local communities, and many are caregivers themselves. Training on early learning and responsive caregiving has resonated strongly with them, and they spread this enthusiasm in their work with vulnerable children and their caregivers. These activists, along with APEs and community radio journalists working with H2N, provide essential reinforcement for nurturing care messages delivered in clinical settings.

INTEGRATION OF ECD MONITORING IN DATA COLLECTION TOOLS

The MNCC has achieved early success in improving capacity for monitoring developmental milestones in health facilities. This has been critical in laying the groundwork for gathering local evidence that can be used by the MNCC in partnership with District and Provincial governments to make informed choices about service delivery. Continued efforts to improve the consistency of data collection by health providers will better enable this. Research participants also noted improvements needed to information flows, especially when it comes to reflecting data back to communities to raise awareness and generate demand for ECD services and support.

3.2.5 POTENTIAL FOR SCALING IMPACT

Section 5 of this report outlines three pathways to scaling the social impact of a PBA:

- **Replicating** the impact of a place-based approach in a new location
- **Expanding** population reach of impact within the same location
- **Improving** quality to produce greater benefits within the same location

Scaling up the social impact of the MNCC could involve:

EXPANDING COMMUNITY OWNERSHIP AND GENERATING DEMAND FOR ECD SUPPORT IN MONAPO

People in Monapo have been largely receptive and supportive of efforts by the MNCC, with many already taking initiative to expand its social impact. At the community level, people are already beginning to connect ECD messaging from health facilities and NGO partners with local norms, values, and traditions. One way of scaling impact would be to leverage this 'organic growth' with concerted efforts to expand community ownership and demonstrate the value and potential benefits of supporting early learning and responsive caregiving practices. (This process is sometimes referred to as generating demand.) This may include a campaign of praise and other positive reinforcement for caregivers and communities who engage in these practices. There is no better reinforcement than observing the benefits to children, so health providers can play a key role by connecting positive developmental assessments during health checks with praise for responsive caregiving practices. Communities will better connect these practices to benefits if monitoring and evaluation data is regularly reflected back to them, along with credit and praise for their role in achieving improvements. Community leaders and religious communities were identified as important potential allies for scaling impact in this way. The H2N radio network also provides important opportunities for public praise of healthy ECD practices, and raising awareness to address stigma.

ENHANCING COORDINATION AND JOINT PLANNING FOR MORE EVEN COVERAGE OF NURTURING CARE SUPPORT ACROSS MONAPO DISTRICT

The initial benefits of the MNCC have been centred in the town of Monapo. While the initiative intends to cover the entire district by 2020, MNCC partner organisations (like other organisations working in Monapo) face significant geographic and infrastructure challenges when it comes to reaching communities that are distant from the capitol. Joint planning between the MNCC and the District Health Services was identified as key to mapping out coverage of ECD support activities and effectively expanding reach. Joint planning processes can also build government capacity, enhance relationships between government and NGO partners, and help service providers use their resources strategically to avoid the 'traffic jam' of activity that is currently being experienced by communities near the capitol.

BUILDING GOVERNMENT CAPACITY TO LEAD COLLABORATIVE MULTI-SECTORAL SUPPORT FOR ECD

The MNCC may wish to consider whether government leadership of ECD would increase the reach, depth, and sustainability of its impact in the long-term. If so, careful consultation with government actors would be important to determine how to build capacity for this as part of a strategy to scale. An important question to explore would be which level of government is most appropriate to support effective planning and implementation. Research participants noted that joint planning with the Provincial Directorate of Health could help expand the initiative's coverage, both within Monapo and to other districts of Nampula. They also noted the essential role of District Health Services in effective implementation. Either way, building stronger government leadership into scaling strategies could be instrumental to expanding support for healthy ECD by involving new government sectors. For example, it may be worth considering whether any government champions are well-positioned to integrate support for early learning and responsive caregiving into delivery of the Multisectoral Action Plan for Reduction of Chronic Malnutrition (PAMRDC).

EXPLORING WAYS FOR LOCAL BUSINESSES TO SUPPORT NURTURING CARE

Involvement of local businesses is another area for consideration in scaling up the impact of the MNCC. For example, traditional medical practitioners provide services to families with young children, and play an especially strong role in communities that are distant from the capitol. Involving them in efforts to deliver ECD messaging and support has been identified as a strategic way of expanding the reach of the initiative. Another, very different example are small businesses that screen evening films. PATH has begun to explore whether they would be willing to screen short information clips about early learning that they have developed. The clips are funny and tend to be very well-received, so asking the business-owners to screen them may serve mutual interest.

3.3 CASE STUDY: URBAN95 CREZCO CON MI BARRIO IN BOGOTA, COLOMBIA

The initiative 'Urban95 Crezco con mi barrio' (**I grow with my neighbourhood**), has been implemented in the neighbourhood La Acacia, in Ciudad Bolívar, Bogotá. This experience unfolds from the global support given by the Bernard van Leer Foundation to a range of cities in order for them to promote the wellbeing of children and their families in the places they live- an initiative known as Urban95[36]. Although it has not been labelled as a place-based approach by its implementers, it has been chosen as a case study because of its alignment with this approach and for its strength in the citizen engagement component. The way of engaging the local community, service providers and governmental actors can shed light to the current processes happening in Africa.

3.3.1 LOCAL CONTEXT

Ciudad Bolívar is a low-income area of Bogotá. It was chosen as the focus for 'Urban95 Crezco con mi barrio' because of its high concentration of poverty, security threats and the presence of other District projects, such as the construction of the Transmicable car project.[37] The name 'Urban95 Crezco con mi barrio' was emphasised early on to avoid misunderstandings since 'La Urbe' was the name of a local gang. Being part of the capital city of Colombia, Ciudad Bolívar is home to a diverse population, including people from afro-descendent, indigenous and peasant backgrounds that have migrated from different parts of the country, bringing a strong cultural richness to the capital.[38] However, this area also faces social challenges, including the violence and insecurity related to the presence of illegal armed actors, gangs, and drug micro-traffic dynamics. As a whole, 'Urban95 Crezco con mi barrio' has generated a process that moved from community scepticism to strong local empowerment, fostering the sustainability of impact.

3.3.2 THE URBAN95 CREZCO CON MI BARRIO MODEL

'Urban95 Crezco con mi barrio' has focused on a specific socio-geographic area with the aim of improving the outcomes for children by bringing together the public institutions and services from different sectors that- directly or indirectly- impact early childhood development. This initiative has shown different sectors how their engagement with public space transformation can benefit children's wellbeing. For example, showing how implementation of speed reductions increases children's security and how lighting improvement in parks increases physical activity during day and night. From a systemic approach, this initiative brings together community forces, international support, NGO's technical advisory and services from the private sector, aiming for the improvement of the public space. Such coordination aims to develop positive interactions between children and their carers; foster children's early leanings and transform public space to achieve healthier and safer spaces.

36 https://bernardvanleer.org/solutions/urban95/
37 http://yemailarquitectura.co/portfolio/urban-95-proceso/
38 http://www.integracionsocial.gov.co/index.php/19-ciudad-bolivar

The current local government states the importance of looking at the city as a living system, looking not only at the places where children are but how they move. This systemic approach explores how services can complement one another, rather than addressing services as silos or isolated drawers. It also explores how spaces such as the soccer court, the community room and homes can be connected through artistic and play experiences. Accordingly 'Urban95 Crezco con mi barrio' serves as an umbrella for services to come together
to make physical and social changes once each entity has identified how to contribute. This has fostered a public policy dialogue in Colombia around: What kind of space is an empowering space for early childhood development?

The underlying logic of this process is the understanding of public space as the area that is common to everyone. Therefore, its transformation can impact a range of stakeholders besides children. Following the philosophy of Bogotá's Mayor, Enrique Peñalosa, public space is seen as "the place where we all meet as equals and the aim should be a city that is inclusive".[39] Therefore, public space transformation has served as an entry point for the local government to improve ECD and other complementary services in La Acacia neighbourhood.

This approach has contributed to the city Early Childhood Comprehensive Roadmap (**Ruta Integral de Atención a la Primera Infancia – RIAPI**), offering opportunities to strengthen Care Action #27, which suggests the importance of public space and urban design.[40] This service states how "pregnant mothers, boys and girls should have environments that are designed, adapted and endowed for the encouragement of their development, based on particularities, histories of life and cultural identities."[41] Therefore, 'Urban95 Crezco con mi barrio' has allowed the District government to deliver on its policy mandate in a way that complements other ECD services focused on children's rights from
pre-conception until children's transit to school.
The Project Manager of 'Urban95 Crezco con mi barrio' has worked alongside the Manager of Comprehensive Care Pathway for early childhood.

The two main components of 'Urban95 Crezco con mi barrio' are:

- Citizen engagement
- Interventions in the public space

CITIZEN ENGAGEMENT

Representatives from the Social Integration Secretariat describe three levels of citizen engagement that shape the initiative: community, service providers and governmental actors. The Project Manager has connected these levels by listening to the community, and then sitting down with service providers and decision-makers from different sectors to find ways to respond to these priorities and needs.

The initiative has implemented several participatory methods to engage people from the community since the start of the project. This includes defining the public space designs together, social mapping, doing walks around the neighbourhood with mothers to identify unsafe areas and forming focus groups with different people. Rather than big assemblies with discussions and decision-making, in this case people had the possibility to play, draw, and other activities that generated more connection with what was being done.
These methodologies were attractive to children and their parents, and also fostered relationships in the neighborhood.

'USING INFRASTRUCTURE PROJECTS TO STRENGTHEN COMMUNITY ENGAGEMENT'

One element that has been identified to strengthen the community engagement process, though not essential, is having a larger project or program being developed in the area. For example, construction of the Transmicable cable car and housing improvement projects have brought together district-level processes in a way that was complementary, rather than offering isolated actions. Once the community sees larger public space transformation happening, this can strengthen trust and credibility as well, encouraging community members to engage actively.

OTHER ASPECTS OF CITIZEN ENGAGEMENT

- Identify and involve different population groups. The baseline was developed with special focus groups for each population: children that do not speak, young people, parents, elders and others.
- Build relationships with community leaders.
- Needs assessment process that is comprehensive, considers all the actors, and works with different tools to respond to expectations of the community: Ask people what they want! Surveys to start with.
- Clear and constant schedule: Not necessarily large infrastructure transformations, but it is important for the community to see that every week something is happening in the neighbourhood.
- Iterative method: A process of making actions based on the voices of the community, evaluating and making changes according to the evaluation.

39 https://www.dadep.gov.co/noticias/todos-nos-encontramos-espacio-publico-iguales-alcalde-penalosa
40 http://www.deceroasiempre.gov.co/QuienesSomos/Documents/Political-Technical-and-Management-Fundamentals.pdf
41 https://sites.google.com/site/rutaintegraldeatencionbogota/atencion-27

THE ENVIRONMENTAL AREA CONSTRUCTION: A STRONG CASE OF COMMUNITY ENGAGEMENT

One of the ideas and interests expressed by children was the importance of having more green areas in their neighbourhood. This was the start of what is known today as the environmental area or **'aula ambiental'** which includes the following:

- Space for environmental education
- Ramps for strollers and easy access for elders
- Water fountain that remembrance water ways from the old times
- Garden that includes herbs and flowers
- Seats for carers while children play

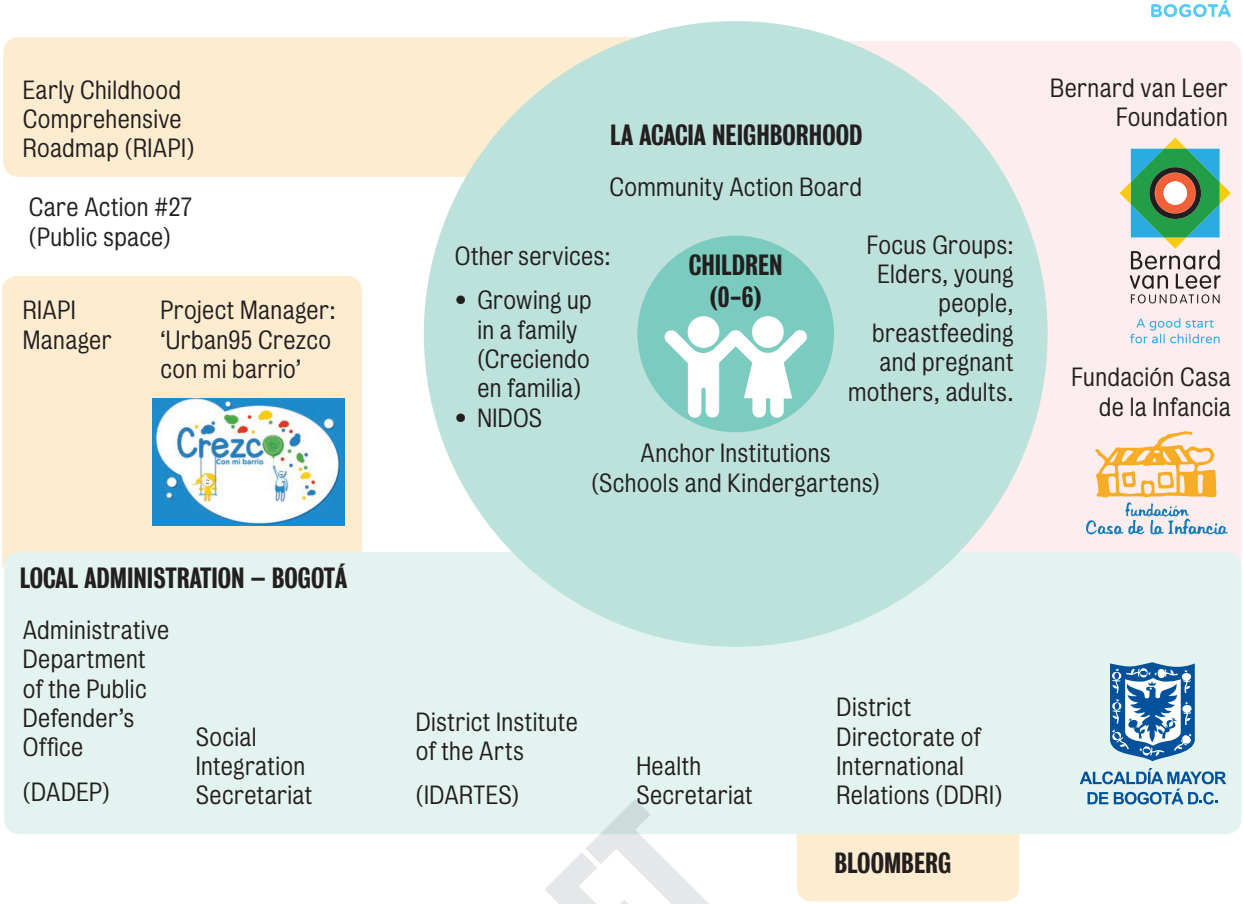
As shown in the pictures, children, young people, adults and elders have participated in the design, construction and care of this space. Community members who now feel the ownership of this place, are now planning to turn this area into 'La Acacia lab', which might include a library and playroom.

INTERVENTIONS IN THE PUBLIC SPACE

This includes the implementation of trials and pilots, including new furniture and improvement of the neighbourhood- including improvements in lighting, green areas, mobility, public spaces and playing areas- following the idea of 'tactical urbanism' which is based on experimental trials that can then be transformed into more permanent interventions in case they work for the community. Pop-up play, murals drawn by local artists, street closure, parks construction, lighting improvement, safe and healthy playing areas, safe crossings, recreational routes, environmental area construction have resulted in offering better areas for children. The initiative works by establishing a definite perimeter of information and bringing together services within that perimeter in order to generate better environments.

This process follows twelve steps needed to achieve a great public space, as well as twelve principles to support happy and healthy families in a friendly city that is open to play. It is aligned with the Sustainable Development Goals and has been described as a 'disruptive' process since taking out children to the street is a revolutionary idea. This brings a different mindset, based on the idea that this leads to autonomy and freedom.

URBAN95: CREZCO CON MI BARRIO



3.3.3 EARLY CHANGES PRODUCED BY URBAN95 CREZCO CON MI BARRIO

'Urban95 Crezco con mi barrio' has offered opportunities for improvement in the public space, leading to changes in mentality and relations that have increased the priority of ECD. The actors involved highlight the importance of measuring and evaluating how family integration is happening. With this aim, Casa de la Infancia has recently started an evaluation of behavioural changes.

Some of the structural changes:

INFLUENCE OF THREE PUBLIC POLICIES AT THE DISTRICT LEVEL

- Childhood and adolescence public policy- Articulation with Service #27 focused on public space as environments that foster ECD.
- Inputs for the Public Space Policy Formulation-Technical inputs for childhood inclusion in the public space.
- Plan of Territorial Ordination (POT)- Technical inputs about early childhood for the manual 'Bogotá Streets'; childhood included in its vision.

COMMUNITY OWNERSHIP, LEADERSHIP AND LOCAL EMPOWERMENT

People identify a 'community power' they had not perceived before. Throughout the process community members started to organise themselves and by the end they were the ones installing tents, play kits and closing the streets for children to play, without the need of an external actor to support or validate them.

PUBLIC SPACE TRANSFORMATION AND SPACE APPROPRIATION

The public space is now cleaner, with less dog feces and garbage. There has been a reduction of traffic accidents and theft. Houses and buildings have more colours, and the interventions encourage entertainment, family integration, creativity, exploration as well as connection between places that are important for children.

Also, community members have regained some spaces that felt unsafe or were otherwise unusable before. In some cases this happened organically, such as the case of the football court, which mothers and children started to use during 'Urban95 Crezco con mi barrio' in the daytime. In other cases appropriation required convincing people to share a space that was being used to throw garbage or park cars.

NEW RELATIONSHIPS AND BUILDING OF 'SOCIAL FABRIC'

The initiative has strengthened old relationships and encouraged new interactions. For example, different community actors have started to interact with communal action boards; public kindergartens with private ones; families from La Acacia with families from nearby neighbourhoods; children with young volunteers. Also, the engagement of elders to the process has brought important contributions on how to transform the public space for children and young people have started to feel part of an intergenerational community. Now more people are engaged in taking care of children.

Some of the changes in mindsets:

PRIORITIZATION OF CHILDREN WITHIN FAMILIES
There was an increase in the importance given to children and how to spend time with them, having new opportunities of going out to the public space and have fun as a family. At the beginning mothers were the ones arriving to the new playing areas; but after some time fathers and grandfathers started coming as well. Since men tend to be seen as the household decision-makers when they live together with their families, their engagement in the process is very valuable. Prioritization of children also resulted from raising awareness through communication strategies and workshops for parents.

PRIORITIZATION OF CHILDREN WITHIN LOCAL GOVERNMENTAL INSTITUTIONS
'Urban95 Crezco con mi barrio' has led to the inclusion of an ECD approach in institutions that did not have it before. This was achieved by demonstrating how their services could benefit children's wellbeing. An example of this is how fixing the lighting of a park can improve security conditions for children. The Project Manager played an important role in this process, motivating public entities to participate even if they did not have ECD services.
He highlights the importance of talking to mothers, fathers, grandparents and other carers to incorporate that information into decision-making about how to modify sidewalks, streets and corridors.

ADDRESSING 'THE INVISIBLE' ASPECTS OF CHILDHOOD IN THE PUBLIC SPACE
The transformation of the public space has improved areas and spaces that are usually not addressed by formal ECD services. New pop-up plays and installations have fostered informal play throughout the route from homes to school. This has led people from around the neighborhood, beyond just caregivers and service providers, to engage with children and support their wellbeing. For example, the man that sells ice cream now has an eye out for their safety; the lady from the local store offers to watch over kids playing in the new areas.

RESPECT FOR CHILDREN'S PEDESTRIAN AREAS
Drivers have started reducing speed in the zones of crossings, respecting speed reducers. Children now transit with their parents or carers through the painted areas in the street, jumping across coloured circles that mark their safe route.

3.3.4 CRITICAL SUCCESS FACTORS

POLITICAL WILL

The Mayor of Bogotá, Enrique Peñalosa has been a main supporter of this initiative, motivating and enhancing its implementation and coordination. He has a teamwork approach and a systematic way of thinking, motivating annual encounters between public servants and decision-makers from different sectors, fostering collaboration between independent organisations. Also, child wellbeing has been a priority for his administration.

COORDINATION LED BY A DEDICATED PROJECT MANAGER

The Manager is employed by the Social Integration Secretariat to design and implement the governance model. A strategy that worked when looking for allies was showing the map of the neighborhood, pointing to specific problems being faced by children and asking: "How you can help us solve these problems?" Sometimes 12-13 entities were working in the field simultaneously. At first, Casa de la Infancia coordinated their actions in the field and then the community played this coordination role. Having a strong understanding of the institutional architecture of the city is a key element for this coordination role.

PARTNERSHIPS BETWEEN GOVERNMENT, NGOS, AND THE PRIVATE SECTOR

Having a local NGO (Casa de la Infancia) as an ally and an international philanthropic partner (Bernard van Leer), allowed budget flexibility since public entities must plan in advance. Also, people working at the NGO had more chance than public servants of spending time in the field. Fundación Casa de la Infancia has been a key actor in terms of technical support and pedagogical advice. Within each governmental institution it was important to have people with experience on ECD. Community leaders also received capability transfer about ECD.

CLEAR COMMUNICATION OF CONTEXT AND LOGIC

Being able to portray the context and situation of caregivers in disadvantaged neighborhoods to decision-makers is a challenge. Infographics, maps, short documents with images, as well as presenting figures have helped 'Urban95 Crezco con mi barrio' implementers make their case stronger. Inviting people from the government to the field has also helped.

CITIZEN ENGAGEMENT

Urban95 Crezco con mi barrio' has implemented a continuous citizen engagement process described by the following steps or aspects:

CITIZEN ENGAGEMENT BEYOND 'COMMUNITY PARTICIPATION'

The initiative encourages active engagement by community members, service providers and government actors. It follows a horizontal approach that suggests sitting down with community members to design solutions, rather than a participation process understood by stakeholders as passive. Co-creation has been key to sustainability, since during a needs assessment process people identify their problems, risks, priorities, needs and solutions, giving an opportunity to those who usually have no voice in decision-making. Community members also have place-specific information such as which corners are dangerous because of car speeding or in which parks the local gangs are based. Maps are developed with this information, informing the baseline process undertaken with the community.

> "The community actor is very powerful and has been greatly underestimated. When given the due value, community actors bring impressive experiences" (...) "The community dynamic is there. All you have to do is wake it up". ˜
>
> Member of the Citizen Engagement Team for Casa de la Infancia.

BUILDING TRUST

The process of setting up 'Urban95 Crezco con mi barrio' started with skepticism, resistance and mistrust. Strong fieldwork was fundamental in generating trust amongst the community. Also, with the rapid minor improvements to parks and infrastructure, the community began to see the 'Urban95 Crezco con mi barrio' team respond to their feedback, and began to trust that the team was really committed to designing with them. This gave credibility to the project as well as legitimacy to the community leaders supporting the process.

ACTIVE PARTICIPATION BY CHILDREN AND YOUTH

As part of the decision-making process, children's perceptions were recorded in the field diary and survey of testimonies using specific methodologies designed for them by early childhood experts. For example, one group of children painted their way home with chalk and marked points that were special for them throughout the route. During meetings there was a special place for their input. Their interest in green spaces encouraged the construction of an environmental area.

Ninth grade students also participated as volunteers while doing their compulsory social service. Besides engaging in activities with children, they helped with monitoring and evaluation, for example by counting people using new interventions.

THE SMALL JAGUAR'S CORRIDOR – THE INSPIRING IDEA

The 'Lunárquicos' group, in charge of implementing some of the community workshops, developed an analogy between the risks faced by children and the vulnerability of small jaguars in their environment. This helped clarify the importance of improving areas that are important for children, turning them into 'oasis' and connecting those places as part of a corridor or route. Young volunteers from school started to take on the role of 'park rangers' to protect these spaces.

SHARED OBJECTIVE OF 'WEAVING THE CITY'

Working as a team has allowed this initiative to have positive results. The actors involved have shared the vision of improving public space by identifying overlapping responsibilities and ways of improving services related with early childhood. This collective action has brought together local services – recognizing their budget, possibilities and limitations, without the need of creating new programs or services. A clear and constant schedule has been a key element of this shared agenda.

3.3.5 POTENTIAL FOR SCALING IMPACT

The positive outcomes of 'Urban95 Crezco con mi barrio' have led the local administration and partners to scale the social impact of this initiative as shown below. Although not formally established, actors working at local institutions have mentioned ideas about how some aspects could be adapted to their services. For example, improving or transforming public space in rural or suburban areas to improve ECD.

Section 5 of this report outlines three pathways to scaling the social impact of a PBA:

- **Replicating** the impact of a place-based approach in a new location
- **Expanding** population reach of impact within the same location
- **Improving** quality to produce greater benefits within the same location

REPLICATION IN NEW LOCATIONS

This process is being referred to as 'Context-Sensitive Applications' (Aplicación en contexto) of the initiative, which has started in two other vulnerable localities of Bogotá (San Cristóbal and Usaquén), as well as in another large city of Colombia (Cali). This process follows the same logic of 'Urban95 Crezco con mi barrio', bringing together actors and organisations in a geographical area with the aim of making it a better place for children through public space transformation and citizen engagement.

Documentation to strengthen government capacity to scale impact: The strengthening of the city's existing programs will be supported by two documents now being developed:

1). Recommendations document: Intended to orient the next local government on how to continue implementation and scaling up of the initiative.

2). Guides: The Secretariat of Social Integration and Fundación Casa de la Infancia are currently working on guides about 'Meeting with families in the public space'.

3.4. KEY LESSONS FROM THE CASE STUDIES

The examples of Smart Start Siaya, the Monapo Nurturing Care Collaboration, and 'Crezco con mi barrio' demonstrate eight key lessons related to scaling the impact of place-based approaches.

BUILDING ON EXISTING SYSTEMS CAN GENERATE RAPID IMPACT

This lesson is most apparent from the case of Smart Start Siaya. Instead of reinventing the wheel, the architects of Smart Start have figured out ways of embedding better support for healthy ECD into structures, roles, and systems that were already in place. This strategy has enabled the initiative to make great gains in a very short period of time. In planning to scale, a good starting point will be to identify strengths and opportunities in existing systems that can be leveraged to support responsive caregiving, early learning, and other aspects of nurturing care.

It is important to note that existing systems include family and other caregiving systems, which operate based on local norms, values, and traditions. CHVs in Ting'wang'i expressed the importance of connecting the science of ECD with 'the old ways', and demonstrated how traditional forms of song and dance can be valuable tools for stimulating responsive engagement between caregivers and young children. This was also demonstrated in Monapo, where community health workers connected their ECD training with traditional forms of baby massage and methods for toy-building that were popular in past generations but lost traction in recent times.

COMMITTED LEADERS DRIVE COOPERATIVE ACTION

Smart Start shows how commitment from local leaders can be a powerful driver for change. In Siaya County, committed government and community leaders have played a key role in getting a wide range of people on board with a shared vision, and motivating them to take action. In Bogotá, the mayor has played an important role in driving cooperation. The situation has been slightly different in Monapo, where political leaders have not (yet) played a prominent role in the work. Leadership has come, instead, from government health officials such as the District Chief Medical Officer, NGO workers that lead collaboration, and community health workers and activists that are well-known and trusted by local residents.

This suggests that strategies for scale should consider who is best placed to lead action in different segments of the population, and how to sensitize these leaders to the importance of nurturing care within their existing leadership role. The training package created by Aga Khan University for Smart Start provides a useful resource to draw from, especially when it comes to sensitizing government and professional leaders. Sensitizing leaders at the community level will require methods that are tailored to local circumstances, and that draw attention to how early learning and responsive caregiving connect with local norms, values, traditions, and aspirations.

PLACE-BASED LOGIC IS USEFUL FOR BUILDING MOMENTUM, ESPECIALLY WHEN IT COMES TO ECD

Before our field visits, most people we spoke with had never heard the term 'place-based'. Yet, the logic underpinning all of the interventions is that healthy ECD is foundational to social and economic development, and that a wide range of people working cooperatively in a particular geographical area can make it a place where young children thrive.

This can be understood as a place-based logic, springing from the notions that healthy development and wellbeing are closely tied to geography, and that improving the situation for people living there requires adaptive, responsive, and cooperative action by a diverse array of actors. Instead of prescribing a particular set of activities to a particular set of people, these interventions have compelled a wide range of people to learn about ECD, and determine how to integrate support for nurturing care into their existing roles.

Articulating this logic has built momentum in Siaya County by securing commitment from people positioned to lead action at the county and community levels. The First Lady and MST often refer to the analogy of driving the ECD bus, where the First Lady is the conductor, and the work of the MST encourages everyone in the county to get on board, from pre-school teachers, to CHVs, local assistant chiefs, to caregivers. As one MST member put it, 'Children have the power to unite'. Smart Start engages county and community leaders with a straightforward vision that motivates them to work together.

PLACE-BASED LOGIC LINKS SOCIAL IMPACT TO LOCALLY-DRIVEN ACTION

If healthy development and wellbeing is closely tied to geography, and improving the situation for people living there requires adaptive and responsive action, then no one is better positioned to drive that action then the people most closely connected to that place. This logic implies that partnerships to support place-based approaches should operate on the principle that locally-driven action is linked to social impact.

This is consistent with the experience of Siaya County, where NGOs and the private sector have clearly positioned government actors to set the agenda for Smart Start. Many have expressed their sense that this has been essential to the initiative's success. It is also consistent with early experiences in Monapo, where the District Medical Chief is taking initiative to expand integration of nurturing care, CoVIDA activists and local workers for ICAP are shaping the roles of MNCC partners, and local health promoters at Pathfinder are aligning their work with MNCC in ways that demonstrate the potential value of a new partnership. In Bogotá, implementers have developed methods for citizen engagement that bring local residents, including children themselves, in as active partners in transforming both the public space and the social fabric in ways that better support healthy ECD.

EFFECTIVE USE OF DATA AS EVIDENCE THAT GENERATES LOCALLY-DRIVEN ACTION

This is especially apparent from the case of "Urban95 Crezco con mi barrio", where we see this working in two ways. First, data gathered through citizen engagement processes was listened to and acted upon to create changes to program design and implementation that responded to local needs and aspirations. In this way, local data was turned into evidence which flowed from community to government officials and NGO partners to drive action. Second, when local people began seeing that the initiative was responding to their input, they began to trust in its vision. This gave rise to new forms of action taken on by local people.

Another example of this was observed in Siaya County, where the director of a local health facility heard from CHVs that some women were experiencing insensitive treatment from some staff members during childbirth. Hearing these stories, other pregnant women were telling CHVs that they planned to avoid the facility and give birth at home instead. The facility director also noticed a significant decrease in the numbers of women giving birth there recently, and took swift action to address the problem. Staff members were made aware of how their insensitivities were generating serious problems, and trained on more empathetic treatment of women giving birth. Once the director was satisfied that childbirth services had improved, he asked the CHVs to spread the word among pregnant women and the following month the number of births at the facility began increasing again. This is an example of what is sometimes called 'demand-responsiveness', where a service provider uses local evidence (in this case CHV insight and childbirth attendance data) to ensure that service delivery is shaped by service-users.

COMMUNITY OWNERSHIP SPARKS 'ORGANIC' GROWTH OF IMPACT

All three case studies show how community ownership can drive unplanned or 'organic' growth and expansion of social impact. In Monapo, a variety of local actors have already embraced cooperation with the MNCC by reframing their work to encompass support for early learning and responsive caregiving. Some local actors have taken initiative to expand their support for healthy childhood development in ways that were not originally planned by MNCC partners, but fully align with their vision. In Siaya, community actors such as CHVs and local administrators are taking action to start new conversations about ECD that both challenge and connect to local norms and practices, reaching populations that would be difficult to reach otherwise. In Bogotá, community engagement processes have brought about strong local ownership of 'Urban95 Crezco con mi barrio', which has prompted a diverse range of residents in the area to take on actions that transform public space and social support systems independent of government or NGO action.

RELATIONSHIPS THAT MODEL RESPONSIVE CARE BOOST IMPACT

Relationships can be seen as the 'connective tissue' that holds these complex, multifaceted initiatives together. In the case examples, strong relationships are key enablers of effective coordination, information flows, building trust and commitment, generating community ownership, providing high-quality frontline support to caregivers and children, and challenging problematic social norms and institutional structures that form barriers to ECD support systems. Looking at what was working well in key relationships driving impact, what stood out were the parallels with responsive caregiving practices. The role of positive reinforcement and mutually supportive learning processes were especially clear.

For example, positive reinforcement and supportive learning relationships with caregivers was a common theme in discussions with health providers and CHVs about what works when it comes to talking with caregivers about ECD. They emphasised the role of asking questions to assess what caregivers were already doing, praising them for practices that align with nurturing care, offering them new ideas, building trust, and giving them space to make their own decisions when it comes to advice that challenges them. We observed interactions with caregivers in clinical, home visit, and health talk settings that demonstrated this. We also observed a few interactions, however, where mothers with healthy, alert, smiling babies were spoken to abruptly without any praise for the quality care that their child was clearly receiving. This highlights one example of how direct attention to responsive, caring relationships between adults can be crucial to scaling the quality of initiatives to support nurturing care.

Relationships across systems levels stood out as especially important, especially when it comes to how local evidence is gathered and used. For example, in Siaya County, a clear chain of supportive supervisory relationships mediate a steady flow of information back and forth from communities, to health facilities, to the county government multi-sectoral team. This enables responsive and adaptive action at multiple systems levels.

DIFFERENT PLACES MAY REQUIRE DIFFERENT ENTRY POINTS FOR PLACE-BASED ECD WORK

In Siaya, the starting point has been government, with heavy emphasis on delivering support for nurturing care through health services. In Monapo, there has also been heavy emphasis on health services, but the starting point has been an agreement between NGO partners. In Bogota, the starting point was an infrastructure planning process that brought together a range of actors (NGO, government, and private sector) in ways that are changing the city's social and physical infrastructure to better support early childhood development. The key lesson here is that each of these places presented a different set of needs and opportunities that provided fertile ground for growing a collaborative response. In each place, however, that fertile ground was located in different parts of the social landscape. This lesson is important to take into account when trying to replicate place-based work, as the new location may require a different starting point, and therefore look very different in practice.

4 FRAMEWORK FOR SCALING THE IMPACT OF PLACE-BASED APPROACHES TO ECD

An overarching lesson from the case studies and other evidence presented in this report is that place-based approaches to ECD are intricately interwoven with the unique array of social systems that influence what it is like to be born and grow up in a particular place. Early improvements to ECD support systems in each case study suggest that these complex initiatives are capable of achieving substantial impact. This section draws from the case studies and other evidence to develop a framework for scaling, or making more of this impact.

The framework offers strategic guidance for scaling the impact of place-based approaches by clarifying:

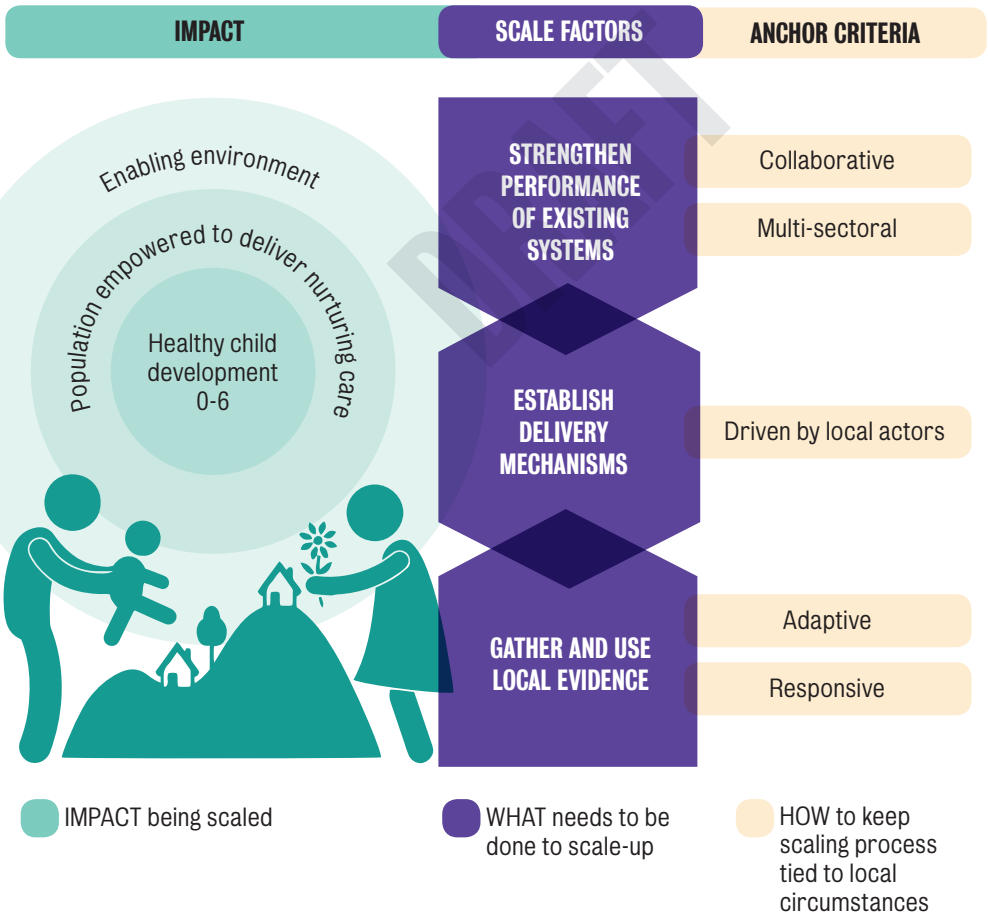
- **Impact:** what social benefits they aim to achieve
- **Scale factors:** what steps can be taken to grow their impact
- **Anchor criteria:** how these steps must be taken to fully address local circumstances

Figure 5 illustrates an overview of this framework, which features three scale factors at its core to direct action for growing impact. All three are iterative, overlapping steps that directly address the impact they aim to grow. This will be explained further in Section 4.2, which also provides more detail on specific delivery mechanisms that drive expansion.

A set of anchor criteria qualify how these steps must be taken in order to keep them targeted to local needs, priorities, and aspirations as they grow. Section 4.3 defines each of these criteria with reference to how they enable the scaling process to generate impact in settings where young children and their caregivers face complex challenges.

The framework clarifies three aspects of the impact being scaled. The social benefits produced by place-based approaches are broader than typical approaches to ECD because they acknowledge the fundamental role of places and their populations in supporting healthy child development. This will be discussed further in the next section.

FIGURE 5: FRAMEWORK FOR SETTING UP AND SCALING UP PLACE-BASED ECD



4.1 IMPACT

Before discussing how to scale place-based approaches, it is important to define the impact being scaled.

Ultimately, these approaches aim to achieve the healthy development of children in their early years of life. They also recognize, however, that place and population play a fundamental role in a child's ability to grow and thrive. In order to secure all five elements of nurturing care for young children, these approaches focus on creating an environment where people are empowered to meet the developmental needs of next generations.

Ultimately, place-based approaches aim to achieve the healthy development of children in their early years of life. This is supported by place-based approaches' ability to achieve the following:

- Empowerment of local populations to provide nurturing care for children from conception
- Environments that enable nurturing care

The empowerment of local populations to provide nurturing care is a complex element to define, and one that is closely intertwined with the delivery of place-based approaches. The dynamics necessary to achieve impact include steps that empower individuals, communities, and local governments to deliver nurturing care.

For this reason, there is strong overlap between the scale factors described in the next section, and the impact being scaled. Specifically, building nurturing care into existing systems, and establishing mechanisms to drive expansion both encompass elements of community empowerment. These elements are instrumental to healthy child development, but also constitute part of the impact being scaled.

4.2 SCALE FACTORS

Based on the case studies and other evidence reviewed here, three factors emerge as essential to success. In order to grow impact, place-based approaches must be able to:

- Build nurturing care into existing systems
- Establish mechanisms that drive expansion
- Gather and use local evidence

These scale factors formulate the focus for efforts to grow the impact of place-based approaches. Systematic consideration of each factor will help implementers and funders think through and discuss strategies for expanding the social benefits of their work.

4.2.1 STRENGTHENING PERFORMANCE OF EXISTING SYSTEMS

Place-based approaches, including the examples examined in this report, tend to be implemented in contexts where complex, overlapping challenges form barriers to healthy childhood development. Services to support young children in these contexts tend to be fragmented, siloed, complicated to navigate, difficult for caregivers to access, and rarely manage to reach the youngest children.

Instead of adding a new service, program, or project to the tangle, place-based approaches look for ways to build better support for nurturing care into the systems that influence children's development from conception. This means figuring out how to embed better support for healthy ECD into structures, roles, and services that are already in place. Doing this successfully is critical to scaling the social impact of place-based work.

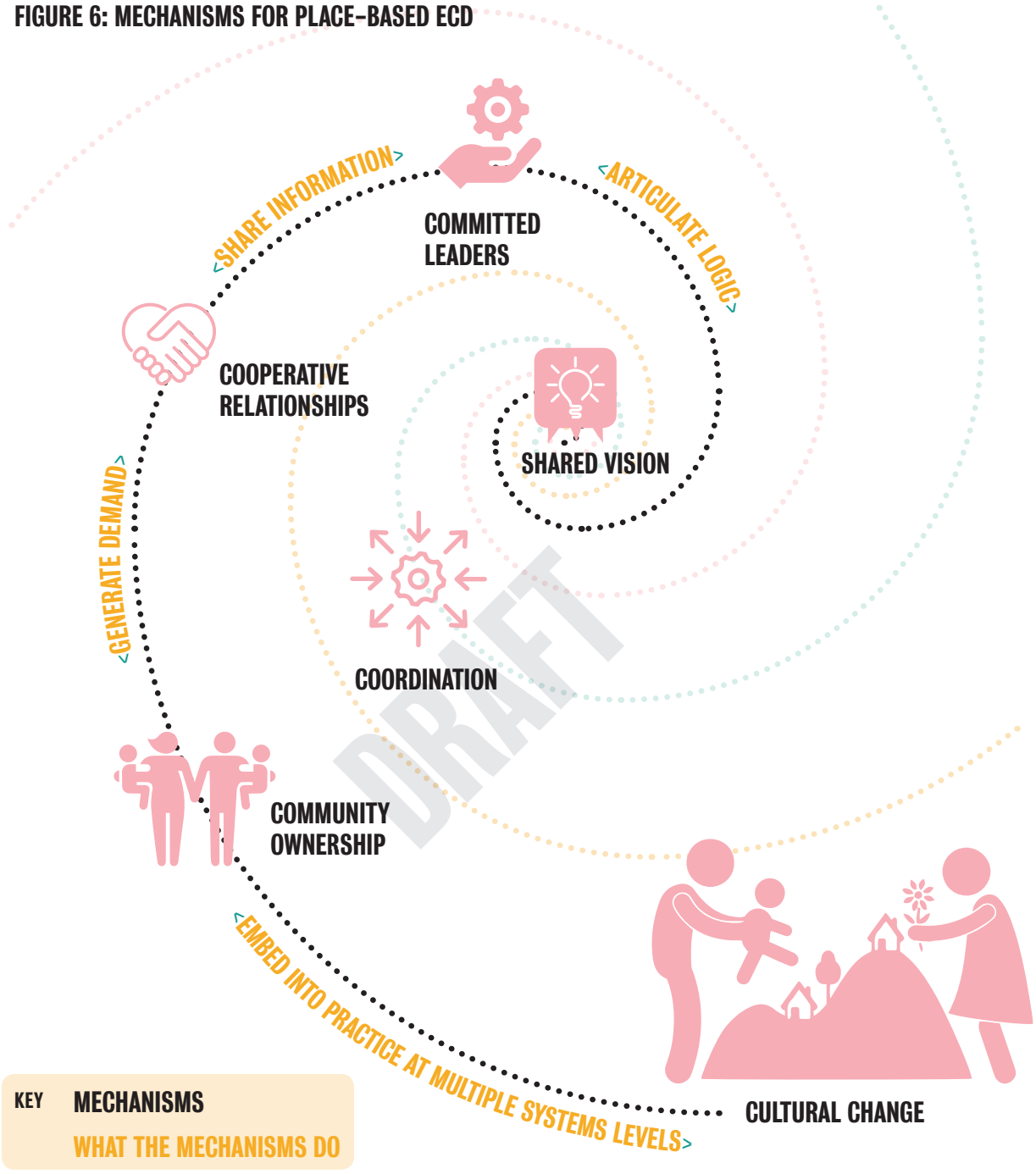
Strengthening support systems can also be understood as part of the impact being scaled. When populations achieve collaborative, multi-sectoral ways of working, they are more empowered to collectively deliver holistic support for early childhood development. The five elements of the nurturing care framework can help orient people working in many different sectors to develop power to support healthy ECD within their existing role.

When planning to scale, a good starting point is to identify strengths and opportunities that initiatives can build from, as well as barriers and challenges that can be addressed. Part 5 of this report will explore ways of doing this to meet particular scaling objectives.

4.2.2 ESTABLISHING DELIVERY MECHANISMS

Observations about what is working well in the case studies from Part 3 suggest a set of key mechanisms that drive the expansion of social impact. Figure 6 illustrates these mechanisms along with an early understanding of what they do and how they connect. Establishing these mechanisms to generate action and change at multiple systems levels is crucial to scaling the impact of place-based work.

FIGURE 6: MECHANISMS FOR PLACE-BASED ECD



The framework for setting up and scaling place-based ECD (p. 35) conceptualizes this set of mechanisms as one of three scale factors, but one that merges strongly with the impact itself in terms of empowering populations to provide nurturing care. They articulate important aspects of what collective empowerment means in practice, while also saying something about the 'mechanics' involved with delivering it.

Focusing on how to establish these mechanisms makes sense when setting up and scaling place-based approaches, because this brings attention to important elements of impact that are instrumental in scaling the ultimate impact of healthy child development.

Key mechanisms are:

COORDINATION
Keeps all the mechanisms working together so that the multiple moving parts of the initiative function as a whole, and bring the population toward a shared vision.

SHARED VISION
This may start as the aspiration of a handful of people, who encourage others to share in imagining a better collective future for their children and communities. As new people get on board, they may bring new perspectives that adjust the vision, or articulate it differently to engage new population groups in movement toward common overarching goals.

COMMITTED LEADERS
These are champions of the initiative who engage people in the shared vision, and persistently spark action to move toward it.

COOPERATIVE RELATIONSHIPS
The 'connective tissue' that holds the initiative together. Relationships mediate social impact at all systems levels, and the principle of responsive care is useful in understanding how to achieve effective cooperation.

COMMUNITY OWNERSHIP
Adoption and shaping of the initiative and its shared vision. Widespread action and commitment by local people to make their village or neighborhood a place where young children thrive.

CULTURAL CHANGE
Shifting of norms, values, and traditions to embed support for healthy ECD into practice. Impact can be generated by changes to the culture of organizations and government institutions as well as neighborhoods, villages, and families.

These mechanisms drive expansion by enabling people engaged in place-based work to:

ARTICULATE LOGIC
Establishing a shared vision sets new ways of thinking about the future into motion. In place-based ECD initiatives, this can give rise to new ways of reasoning that link the benefits of early learning, responsive caregiving, and other elements of nurturing care to a multitude of other actions and outcomes that local people value. Articulating the logic of supporting nurturing care can alert people to roles they can play, including leaders who are well-positioned to engage more people in shared vision and logic and drive cooperative action.

SHARE INFORMATION
Committed leaders and cooperative relationships facilitate the sharing of information to enable responsive, adaptive support for nurturing care. The crucial role of information and evidence flows in scaling impact is discussed further in Section 4.2.3.

GENERATE DEMAND
The process of showing the value and potential benefits of a service, product, or other resource is sometimes called generating demand.

Services and support for nurturing care will only be able to grow impact if people access them. There are a variety of reasons that caregivers who need support may choose not to access it, even if it is readily available to them. For example, local belief systems may attach a stigma to fathers attending a playbox session, or mothers seeking help for their children's developmental delays. In other cases, caregivers may not see the relevance or potential benefits of accessing support. Caregivers with very young children often face multiple demands and must make difficult choices about how to invest their time and energy – if the benefits of accessing support are not clear to them then chances for impact will be missed.

Cooperative relationships with community actors, such as CHVs and local leaders, can help clarify the benefits of accessing support responsive caregiving, early learning, and other elements of nurturing care. Generating demand is crucial in establishing community ownership, which gives rise to stronger levels of engagement to shape services and other forms of support to make them more relevant and capable of addressing barriers such as stigma. The more people begin seeing the benefits for children in their community, the more caregivers engage in cooperative relationships with health providers and other implementers to support early learning and responsive care. This process grows impact by expanding the web of cooperative action to connect services and support systems with the people closest to the children who stand to benefit.

EMBED INTO PRACTICE

Creating sustainable impact through place-based initiatives means embedding support for nurturing care into the ways that people treat young children and their caregivers. This means applying knowledge and understanding about how to support healthy child development in ways that become automatic, and expected. Embedding nurturing care into practice initiates shifts in social norms that guide people in a wide range of roles, including caregivers, community leaders, service providers, government officials, and others. The cultures of organizations, institutions and communities gradually begin to change in ways that benefit future generations. This cultural change acts as a mechanism that perpetuates the process of embedding nurturing care into more roles, more practices, reaching more children with more support to grow and thrive.

The spiral shape in Figure 6 signifies how impact grows as part of establishing these mechanisms. The rays extending outward from it are there to remind us that some of this growth takes on a life of its own, and some level of flexibility in scaling processes is important to nurture organic, unplanned forms of growth that spring from these mechanisms. Nurturing that 'organic' growth will enable the scaling process to leverage unanticipated strengths and opportunities, and respond to particular needs and aspirations of specific populations within each place.

Some growth of these mechanisms, however, can be intentional, planned, and targeted to meet particular scale objectives. Part 5 will elaborate further on systematic ways of thinking through and discussing how to establish mechanisms to drive expansion.

4.2.3 GATHERING & USING LOCAL EVIDENCE

Structures that facilitate the sharing of information and evidence are needed to keep a place-based approach responsive and adaptive to local needs. When we talk about data that is used as evidence, we are not just talking about scientific articles published in journals. Some of the most important evidence in shaping place-based approaches are being generated locally: reporting from health providers and community focal people, the professional experience of frontline service delivery staff, the lived experience of mothers, fathers, and other caregivers. All of these are extremely important in setting up and scaling ECD initiatives that empower local populations to meet the developmental needs of babies and young children.

The use of local evidence is crucial in building an initiative that places young children and their caregivers at the center of systems to support them, and targets that support to effectively address their needs and priorities. Figure 6 illustrates four key forms of local evidence that are needed to shape a child- and caregiver-centered approach:

- Research – Such as monitoring and evaluation data, baseline surveys, and pilot studies.
- Professional experience – Insight from people with a high degree of knowledge gained from practice, such as health providers and early childhood educators. In African contexts, the experience of volunteer community health workers and community administrators can also be included under this umbrella, especially where it overlaps with knowledge about target populations.
- Target population – What young children and their caregivers show and tell you about their lived experiences, as well as their ideas, aspirations, and concerns for the future.
- Local context – Observations and insight about the place where the initiative is implemented, such as geography, history, institutions, resources, and culture.

WHAT DO WE MEAN BY EVIDENCE?[42]

The use of local data as evidence to shape decision-making also grows impact by generating demand and fostering community ownership. Information flows from children and caregivers 'outward' to community members (such as CHVs) and district-level actors (such as health officials) enable better decisions about services and other forms of support. As support grows and improves, information and evidence about these decisions and rationale behind them must then be reflected back to communities and caregivers so that they are able and motivated to access new benefits stemming from them. Generating demand in this way builds community ownership of ECD support, builds trust between communities and district-level actors, and sparks initiative at the local level.

Gathering and using local evidence is also instrumental to achieving vertical alignment across multiple systems levels. When district-level actors (such as government officials) develop effective means of gathering and using evidence from local communities, they become more capable of providing valuable information and advice to national and international actors that seek to enable nurturing care. National and international actors (such as governments, NGOs, and funders) can make more strategic decisions about how to effectively support ECD by applying this information and advice. Robust information flows can enable actors influencing these 'outer' systems levels to better respond to the priority needs of young children and their caregivers, and grow impact by creating an enabling environment for nurturing care.

4.3 ANCHOR CRITERIA

The framework drawn from the case studies and other evidence reviewed for this report specifies six criteria for anchoring impact to place, illustrated by the pink boxes in Figure 5.

These criteria qualify the scale factors, and set a standard for how to apply them in a way that directs impact toward local needs, priorities, and aspirations. Applying these criteria will help ensure that scaling processes effectively tailor the scale factors to the particular circumstances of each place.

The criteria specify that scaling processes should be:

- **Multi-sectoral** – involving input from different sectors to provide holistic support for ECD
- **Collaborative** – reaching across sectors and systems levels to generate cooperative action
- **Responsive** – taking action based on ideas, needs and priorities demonstrated by target populations
- **Adaptive** – evolving in response to local circumstances as they change over time
- **Driven by local actors** – providing opportunities for people to shape and expand support for nurturing care in their communities

These criteria set a standard for the scale process as a whole. Some criteria, however, hold particular relevance for specific scale factors. Specifically, scaling up in a way that is multi-sectoral and collaborative requires attention to how initiatives will involve cooperative work between sectors to strengthen the performance of existing systems. High-quality delivery mechanisms should be driven by local actors. Local evidence must be gathered and used in ways that enable the scaling process to be responsive and adaptive.

42 Rycroft-Malone et al. 2004

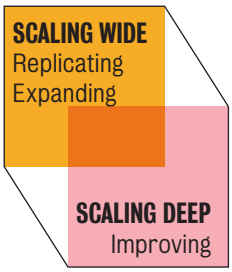
5 PUTTING THE FRAMEWORK INTO PRACTICE

The framework presented in Section 4 provides practical guidance for preparing to scale place-based approaches to ECD.

This section applies the framework to inform strategies for meeting three distinct scaling objectives:

- **Replicating** the impact of a place-based approach in a new location
- **Expanding** population reach of impact within the same location
- **Improving** quality to produce greater benefits within the same location

To better understand these three scaling objectives, consider two types of scaling impact, which may overlap in practice, as illustrated in the figure right. **Scaling wide** refers to impacting more populations. **Scaling deep** refers to amplifying the impact of existing operations.



A first step when preparing to scale is to determine which of these three objectives the initiative aims to achieve. Place-based initiatives that are just starting up are urged to consider how they hope to scale in future. In these cases, the framework can be applied to design initiatives that are scale-ready.

5.1 REPLICATING THE IMPACT OF A PLACE-BASED APPROACH IN A NEW LOCATION

Place-based approaches to ECD are complex and context-specific. Replicating an operational model that works well in one place cannot be expected to yield the same level of impact in a new location, especially if the context of that location is significantly different.

The huge diversity in African contexts—even within single countries—suggests that the key to replicating place-based approaches is a focus on replicating their impact and approach to working with local systems, rather than only replicating the ways in which the impact is delivered. The framework for setting up and scaling from Section 4 can help bring this focus to replicating a PBA to an entirely new location. For initiatives that have identified the potential for expanding impact by replicating a specific program, organization, or set of principles, Spring Impact's Five Stage methodology for replication offers a clear and systematic process for doing so. Section 5.2 goes further into how a PBA can expand its population reach.[43]

43 For more information on Spring Impact's methodology, see our open-source Social Replication Toolkit which has assisted organizations to better understand and approach scale: http://toolkit.springimpact.org/

To formulate a strategy for replication, consider the three scale factors:

STRENGTHEN PERFORMANCE OF EXISTING SYSTEMS

Building impact from a successful place-based approach into the existing systems of a new location requires careful consideration of the local context.

Tools and exercises to assist this process include:

Systems Mapping Replication Tool (p. 45) to prompt collaborative brainstorming based on consideration of key strengths and challenges at multiple systems levels

Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis to identify the following features to leverage or mitigate: internal strengths and weaknesses of the team setting up and scaling up a PBA, and external opportunities and threats to its success

PESTLE (political, economic, social, technological, legal, environmental) analysis to identify factors that could influence success

Systems framework for discussing place-based ECD (p. 9) to identify changes in structures and mindsets that will improve performance in terms of supporting healthy child development.

ESTABLISH DELIVERY MECHANISMS

The delivery mechanisms introduced in section 4.2.2 are a useful focal point for transfer of knowledge and experience from successful initiatives to new ones. Sharing stories, examples, and lessons learned can shed light on practical steps to setting up complex initiatives.

Appendix A provides a discussion exercise to help implementers gain a better understanding of how key components and processes can be established to grow impact in new places.

GATHER AND USE LOCAL DATA AS EVIDENCE

When preparing to replicate, it is important to think through how implementers will learn whether ideas drawn from the original initiative are producing the desired benefits in the new place. To be adaptive and responsive, the new initiative will need a plan for regularly accessing information about how local communities are understanding and supporting nurturing care. Implementers will also need to identify ways to feed that information into decision-making processes to shape services, activities, policies and other forms of support for ECD. Approaches such as the Lean Impact methodology can be leveraged to run hypothesis-driven experiments that gather and use local data as evidence.[1]

Wherever possible, initiatives should build from existing feedback loops, such as community dialogues, reporting mechanisms and supervisory structures. Key questions to consider include:

- How can this information help influence structural changes, such as policy reform, to improve the flow of benefits to new or under-served populations?
- How can this information help influence changes in mindset, such as attitudes, to assist in expanding impact to new populations?

1 Chang, A. (2018). Lean Impact.

5.2 EXPANDING POPULATION REACH OF IMPACT WITHIN THE SAME LOCATION

Place-based approaches to ECD aim to make their local area a great place for every child to grow up. Some children, however, are more difficult to reach than others. For this reason, expanding population reach is a scaling objective that every place-based initiative needs to consider. For instance, when gaps are identified, PBA strategies may decide to replicate specific programs, organizations, or sets of principles comprising the overall approach. Spring Impact's Five Stage methodology for replication offers a clear, systematic process for scaling up the impact of a program, organization, that might comprise a PBA. Of note is the third stage, Systemize, in which the critical systems and processes for scale are developed.[44]

To formulate a strategy for scaling local reach, place-based initiatives should consider the following questions concerning the three scale factors:

STRENGTHEN PERFORMANCE OF EXISTING SYSTEMS

- Which population groups are not benefiting from ECD support systems?
- What barriers or challenges are preventing the flow of benefits to these populations?
- How can these barriers and challenges be addressed?
- What strengths can be built upon to support healthy ECD in these populations?
- How can different sectors contribute to reaching these populations?

Appendix B provides a mapping tool to prompt consideration of multiple systems levels when discussing these questions.

ESTABLISH DELIVERY MECHANISMS

Who shares this? Who needs to get on board to improve the reach of ECD support? Does the vision need to be adjusted or articulated differently to reach new population groups?

Committed leaders
Which leaders can help reach new population groups? How can you articulate the logic of what you want them to commit to and why? How can they contribute support?

Cooperative relationships
Who needs to work together and how? How will these people share information?

Community ownership
To what extent are the target populations shaping support for nurturing care? How can new families and population groups become more engaged?

Cultural change
Which norms, values, and traditions in target populations align well with the vision? What cultural changes are needed to embed support for these populations into practice in families? Villages? Organisations? Government departments?

Appendix C provides visual tool for prompting discussion of these questions.

GATHER AND USE LOCAL DATA AS EVIDENCE

- What is already known about who is benefiting from existing support systems, and who is missing out?
- What additional information is needed to clarify gaps in reach?
- How can you identify barriers preventing the flow of benefits to particular population groups?
- What information is needed to gain a better understanding of how these barriers can be addressed?
- How will this information be gathered?
- Who will use this information and how will they access it?

44 For more information on Spring Impact's methodology, see our open-source Social Replication Toolkit which has assisted organizations to better understand and approach scale: http://toolkit.springimpact.org/

5.3 IMPROVING QUALITY TO PRODUCE GREATER BENEFITS WITHIN THE SAME LOCATION

In order to scale the impact of a place-base approach already in motion, we recommend identifying where you can help pull a lever that will change the way that systems work to better respond to the needs of children, families, and communities.

To formulate a strategy for doing this, consider the following questions concerning the three scale factors:

STRENGTHEN PERFORMANCE OF EXISTING SYSTEMS

What barriers or persistent challenges can be addressed to improve existing support systems for young children? For example, at the family level, addressing a high prevalence of maternal mental health problems can improve the capability of caregivers to provide young children with nurturing care.

What are the local strengths to build upon to address these challenges? For example, in Siaya County a pilot study by Catholic Relief Services is testing a group therapy model to help new mothers prevent and manage post-natal depression. This study will offer new insight and ideas that relate directly to local contexts, as well as providing a handful of local healthcare providers and CHVs with training, experience, and skills to support maternal mental health.

How can people working in different sectors contribute to addressing these challenges? For example, teenage mothers face a unique set of challenges and vulnerabilities when it comes to mental health, and some of them are still trying to finish school. What role can teachers, school administrators, and youth services play in supporting the mental health and wellbeing of young mothers?

ESTABLISH DELIVERY MECHANISMS

How can existing mechanisms be leveraged to generate change? For example, which leaders are already committed to the initiative and how can you encourage them to support maternal mental health? (Appendix C provides an exercise to help guide systematic consideration of each mechanism.)

How can new mechanisms be established to address this particular challenge? For example, who is positioned well to engage cooperative action to support the mothers and communities that need it most? How can you get them on board?

How can you engage in the processes to establish these mechanisms? For example, how can you articulate the logic of why mental health support for mothers will help their children thrive? How can you demonstrate the value of accessing mental health support to generate demand?

GATHER AND USE LOCAL DATA AS EVIDENCE

What is already known about these local challenges and how to address them? For example, the CRS study above has already collected baseline data in two villages, and trained CHVs and health providers who now have insight from their experience supporting maternal mental health with new mothers in Siaya County.

What additional information is needed to improve support systems? For example, does early insight from the CRS study prompt any new questions that could be investigated to strengthen mental health support for new mothers? Such as how to effectively talk about depression and raise awareness? Does data from the current pilot study show clear links between supporting mental health and ECD outcomes or is additional information needed to prompt county-level action and investment by government decision-makers and funding bodies?

How will this information be gathered? For example, could CHVs and health providers delivering the CRS mental health intervention be supported to communicate the lessons they have learned about how to talk about depression and raise awareness? Are further studies needed to examine links between mental health outcomes and ECD outcomes in Siaya? Is there any existing data (such as child nutrition data from children's health cards) that can add a new dimension to the current pilot study? What tools can be drawn from to gather useful data? For example, the RISE tool developed by the Hilton Foundation provides a systematic way of monitoring the quality of caregiving relationships.[1]

How will this information be used? For example, who will be able to make better decisions with local evidence about maternal mental health in hand? Who is positioned to changes structures (such as policies) to better address the situation? Who else should know about it to become better equipped and/or motivated to support maternal mental health? How is the evidence best communicated to these audiences?

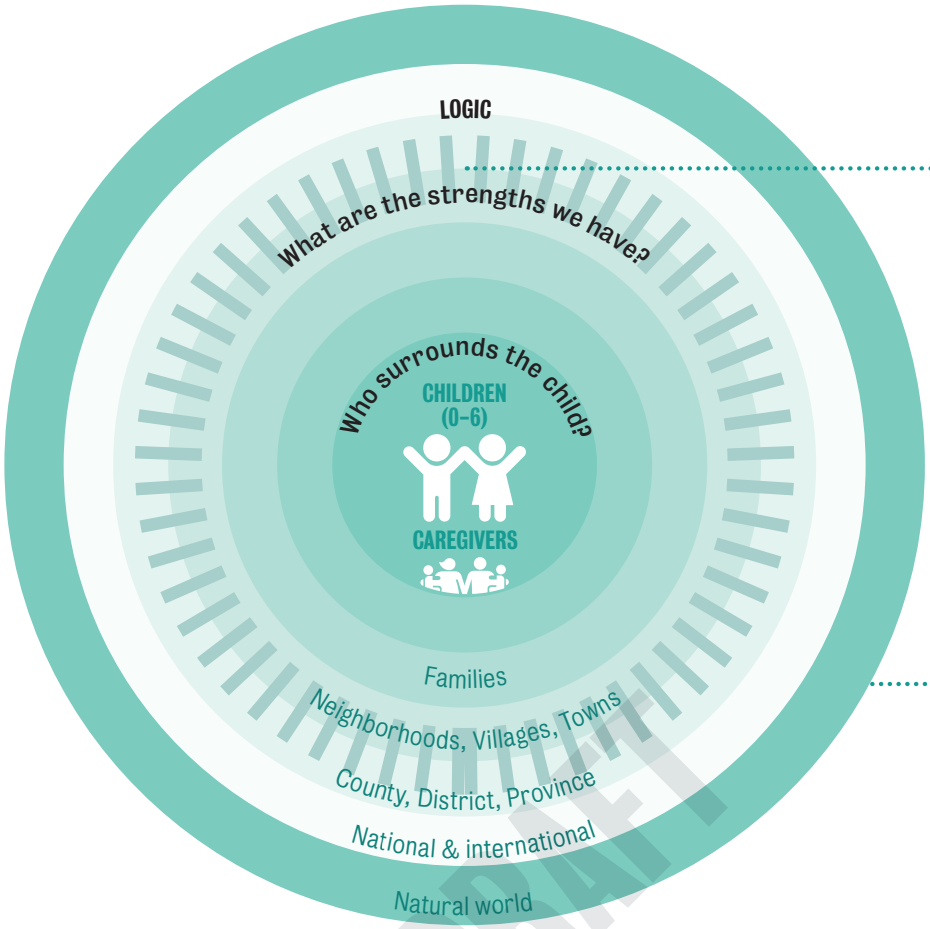
1 https://plant.connectedcommunity.org/browse/data-center/rise-tools

6 CONCLUSION

Conclusion is under development.

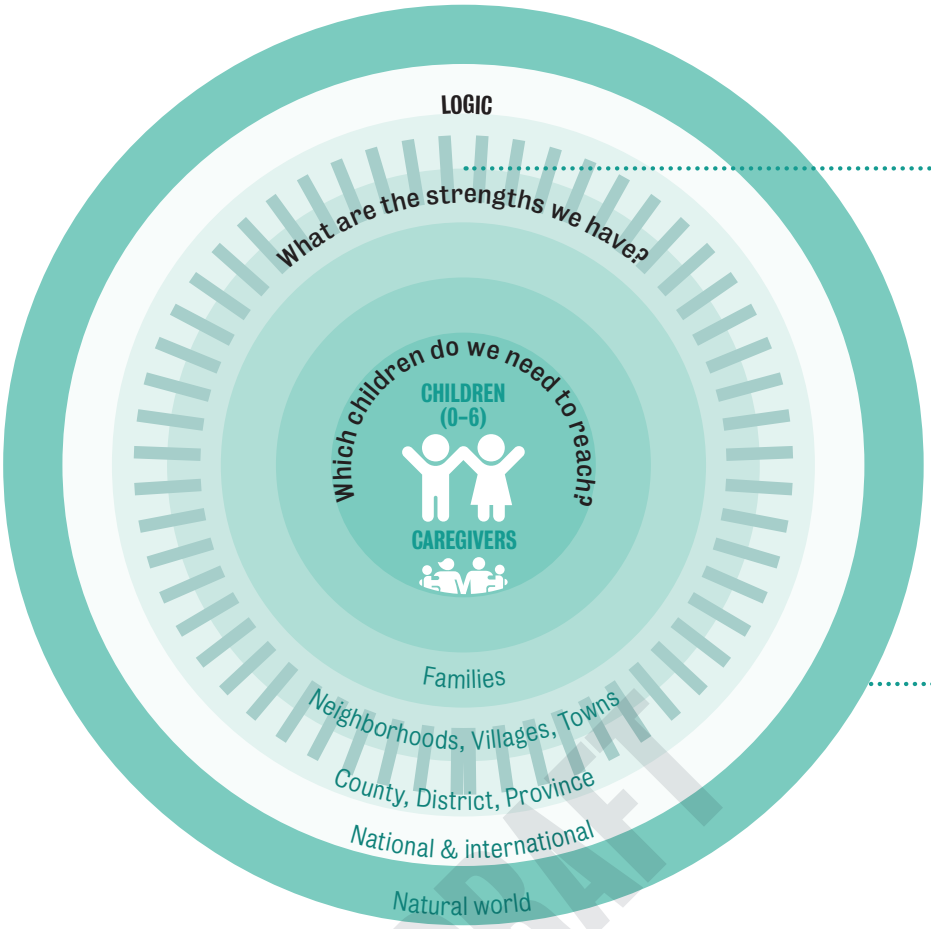
APPENDIX A

SYSTEMS MAPPING REPLICATION TOOL



APPENDIX B

SYSTEMS MAPPING FOR SCALING LOCAL REACH



APPENDIX C

EXERCISE

SETTING UP AND SCALING PLACE-BASED APPROACHES TO ECD

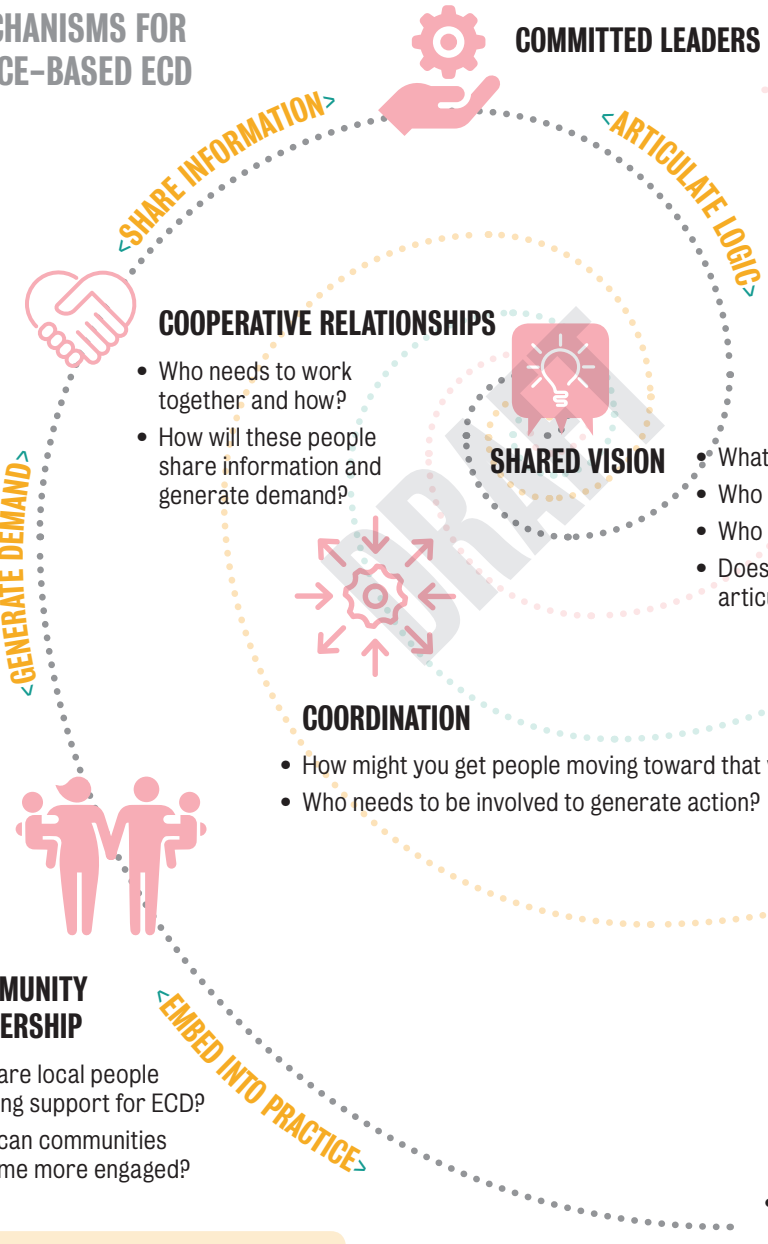
Place-based approaches...

- Shift the focus from projects and programs to place (for example a county or district)
- Ask the question: How do we make this county/ district a great place for a child to be born?
- Aim to empower people living in that place to meet the developmental needs of next generations.

Here are some questions to help think through the mechanisms for place-based ECD.

Considering your objective (setting up; scaling), what are some steps you could take to put these mechanisms into place?

MECHANISMS FOR PLACE-BASED ECD



COMMITTED LEADERS

- Who is committed to lead action?
- How do they show their commitment?
- Which other leaders can help engage more people in a shared vision?
- How can you articulate the logic of what you want them to commit to and why?

COOPERATIVE RELATIONSHIPS

- Who needs to work together and how?
- How will these people share information and generate demand?

SHARED VISION

- What is the vision?
- Who shares it?
- Who needs to get on board to meet your objective?
- Does the vision need to be adjusted or articulated differently?

COORDINATION

- How might you get people moving toward that vision?
- Who needs to be involved to generate action?

COMMUNITY OWNERSHIP

- How are local people shaping support for ECD?
- How can communities become more engaged?

CULTURAL CHANGE

- Which norms, values, and traditions align well with the vision?
- What cultural changes are needed to embed support for ECD into practice – in families?
- Villages?
- Organizations?
- Government departments?

KEY **MECHANISMS**

WHAT THE MECHANISMS DO

See section 4.2.2. in the main report (pg 41) for more details.

APPENDIX D: EARLY LEARNING COMMUNITIES (ELC) BUILDING BLOCKS MODEL, UNITED STATES

COMMUNITY LEADERSHIP, COMMITMENT AND PUBLIC WILL

Target 1.1: Local leaders work together across systems with a focus on early childhood.

Target 1.2: The community invests in young children and families.

Target 1.3: Community members support and understand the importance of early childhood health, learning and well-being.

Target 1.4: A rich network of informal supports is available for all families.

Target 1.5: Community resources for children and families are well-known, accessible and easy to use.

QUALITY SERVICES THAT WORK FOR ALL YOUNG CHILDREN AND THEIR FAMILIES

Target 2.1: Families have access to high-quality, basic services that proactively promote and support health, learning and family strengths.

Target 2.2: All children receive routine screening, identification, referral and linkage for additional risks and needs.

Target 2.3: Children and families at risk and those with identified needs have timely access to more intensive services.

Target 2.4: Families and parents are actively engaged as partners.

Target 2.5: Supports are in place for service providers.

Target 2.6: Leaders use data to drive change.

NEIGHBORHOODS WHERE FAMILIES CAN THRIVE

Target 3.1: The built environment promotes safety and allows families to access basic services in their neighborhoods and beyond.

Target 3.2: Economic and employment opportunities are available to all.

Target 3.3: Residents feel a sense of belonging and hope within their neighborhoods and connection to the broader community.

POLICIES THAT SUPPORT AND ARE RESPONSIVE TO FAMILIES

Target 4.1: Policies that govern child and family services are equitable and responsive.

Target 4.2: Workplace and other policies support families in raising children.

Target 4.3: Land use and community development policies are designed with consideration for how they affect young children and families.

Build Your Early Learning Community

Becoming an Early Learning Community is an ongoing process, where there are always opportunities to make progress. Remember to keep three critical considerations in mind in all your work:

Equity

Becoming an Early Learning Community requires that elected officials, advocates and business and civic leaders include and listen to people who have historically been left out of the decision-making process and those who face barriers to accessing services. Your action plan should include whatever changes are necessary to better meet the needs of all families in your community.

Family Partnerships

Service providers and system leaders in an Early Learning Community welcome parents as partners and as experts on their own children and families. Approaching parents as partners is critical to improving the programs and services they participate in, the neighborhoods they live in and their communities as a whole.

Focus on Results

Keeping a focus on results means clearly defining your goals from the beginning, identifying and gathering the data that will show whether you are achieving those goals and modifying your strategies as needed over time. We define an Early Learning Community's goals in three broad categories:

- Pregnant women and young children are healthy
- Children are ready to succeed in school
- Children live in safe, stable and nurturing families and communities

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Building Blocks for An Early Learning Community

1 Community leadership, commitment and public will

Target 1.1: Local leaders work together across systems with a focus on early childhood.
Target 1.2: The community invests in young children and families.
Target 1.3: Community members support and understand the importance of early childhood health, learning and well-being.
Target 1.4: A rich network of informal supports is available for all families.
Target 1.5: Community resources for children and families are well-known, accessible and easy to use.

2 Quality services that work for all young children and their families

Target 2.1: Families have access to high-quality, basic services that proactively promote and support health, learning and family strengths.
Target 2.2: All children receive routine screening, identification, referral and linkage for additional risks and needs.
Target 2.3: Children and families at risk and those with identified needs have timely access to more intensive services.
Target 2.4: Families and parents are actively engaged as partners.
Target 2.5: Supports are in place for service providers.
Target 2.6: Leaders use data to drive change.

3 Neighborhoods where families can thrive

Target 3.1: The built environment promotes safety and allows families to access basic services in their neighborhoods and beyond.
Target 3.2: Economic and employment opportunities are available to all.
Target 3.3: Residents feel a sense of belonging and hope within their neighborhoods and connection to the broader community.

4 Policies that support and are responsive to families

Target 4.1: Policies that govern child and family services are equitable and responsive.
Target 4.2: Workplace and other policies support families in raising children.
Target 4.3: Land use and community development policies are designed with consideration for how they affect young children and families.

NLC NATIONAL LEAGUE OF CITIES
INSTITUTE FOR YOUTH, EDUCATION, AND FAMILIES

Center for the Study of Social Policy

REFERENCES

Abercrombie, R., Harries, E., & R. Wharton (2015) Systems change: A guide to what it is and how to do it. New Philanthropy Capital, https://www.thinknpc.org/resource-hub/systems-change-a-guide-to-what-it-is-and-how-to-do-it/.

Aspen Institute (n.d.) 'Ascend', www.aspeninstitute.org/programs/ascend.

Bantwana (2018) "Thrive Program: Tools for a Head-Start, Resilience and Intervention in Vulnerable Environments".

Bernard Van Leer Foundation (2018) "An Urban95 Starter Kit: Ideas for Acion". Test Version.

Bernard Van Leer Foundation_A (xxx) Bogotá, Colombia. Retrieved from: https://bernardvanleer.org/urban95-city/urban95-city-bogota/

Bernard Van Leer Foundation_B. "Creating healthy, prosperous and vibrant cities where babies, toddlers and their families can thrive". Retrieved from: https://bernardvanleer.org/solutions/urban95/

Bernard van Leer Foundation_C. "The children's priority zone debuts in Bogotá".

Retrieved from: https://bernardvanleer.org/cases/the-childrens-priority-zone-debuts-in-bogota/

BMJ (2018) "Scaling up an early childhood development programme through a national multisectoral approach to social protection: lessons from Chile Crece Contigo". Retrieved from: http://dx.doi.org/10.1136/bmj.k4513

Chang, A. (2018). Lean Impact.

Chile Grows with You (2018) "10 Years of Chile Grows With You" (Chile Crece Contigo): Key Components and Lessons Learned for the Setting Up of Comprehensive Child Development Support Systems" Ministerio de Desarrollo Social; Chile Crece Contigo; The World Bank; Japan Trust Fund.

Boxelaar, L., Paine, M. and Beilin, R. (2006). Community engagement and public administration: Of silos, overlays and technologies of government. Australian Journal of Public Administration, 65 (1), 113–126.

Bradford, N. (2005). Place-based Public Policy: Towards a New Urban and Community Agenda for Canada. Ottawa: Canadian Policy Research Networks.

Boston Consulting Group (2008). National Early Childhood Development Strategy: Report to the ECD Subgroup of the Productivity Agenda Working Group, COAG. Sydney and Melbourne, Australia: BostonConsulting Group.

Centre for Community Child Health (2011) Policy brief: Place-based approaches to supporting children and families. Parkville: Centre for Community Child Health, The Royal Children's Hospital.

Chile Grows with You (2018) "10 Years of Chile Grows With You" (Chile Crece Contigo): Key Components and Lessons Learned for the Setting Up of Comprehensive Child Development Support Systems" Ministerio de Desarrollo Social; Chile Crece Contigo; The World Bank; Japan Trust Fund.

Connolly, M. (2007). Practice Frameworks: Conceptual maps to guide interventions in child welfare. British Journal of Social Work, 37(5), 825-837. doi:10.1093/bjsw/bcl049

Firelight Foundation (2018) Homepage. Retrieved from: http://www.firelightfoundation.org

Firelight Foundation_b (2018) "Our Mission". Retrieved from: http://www.firelightfoundation.org/about/mission/

Firelight Foundation_C (xxx) "Community-Driven Early Childhood Solution". PDF Retrieved from: http://www.firelightfoundation.org/files/7615/1790/9935/Community_Driven_Early_Childhood_Solutions.pdf

Firelight (2017) "Improving access to early childhood education for children affected by HIV and AIDS". http://blog.firelightfoundation.org/2017/11/20/creating-access-to-early-childhood-education-for-children-affected-by-hiv-and-aids/

Fox, S., Southwell, A., Stafford, N., Goodhue, R., Jackson, D. and Smith, C. (2015) Better Systems, Better Chances: A review of Research and Practice for Prevention and Early Intervention. Canberra: Australian Research Alliance for Children and Youth (ARACY).

Fundación Casa de la Infancia "Urban95 Bogotá". Retrieved from: http://www.casadelainfancia.org/urban-95-bogota/

Gillen, M. (2004). Promoting place: elevating place-based discourse and new approaches in local governance in New South Wales. Urban Policy and Research, 22 (2), 207-220.

Goldfeld, S., Molloy, C., Perini, N., and Harrop, C. (2018) Restacking the odds: Reducing intergenerational disadvantage in Australia. Melbourne: Murdoch Children's Research Institute, Social Ventures Australia, and Bain & Co.

Global Communities (2018) "Building Resiliency Among Families in Rwanda". The USAID-funded Twiyubake Program makes an impact on vulnerable rural families". Retrieved from: https://globalcommunities.exposure.co/building-resiliency-among-families-in-rwanda

Global Communities: Partners for Good (2018) "Rwanda: Building Resilience, Addressing Vulnerability". Retrieved from: https://www.globalcommunities.org/rwanda.

Gray, K. (n.d.) "Scaling up nurturing care in Siaya County, Kenya: A county-wide effort to reach children through the health sector and beyond".

Griggs, J., Whitworth, A., Walker, R., McLennan, D. & Noble, M. (2008). Person or place-based policies to tackle disadvantage?: not knowing what works. York, UK: Joseph Rowntree Foundation.

Howard, A. (2006). What constitutes child friendly communities and how are they built? West Pert

ICA International (2017) Leadership Inc China promotes "Child Friendly City" in Shenzhen". Retrieved: http://www.ica-international.org/2017/07/16/leadership-inc-china-promotes-child-friendly-city-in-shenzhen/.

Kalafatas, J. (2006). Approaches to Scaling Social Impact. Retrieved February, 2017, from https://centers.fuqua.duke.edu/case/knowledge_items/approaches-to-scaling-social-impact/

Lombardi, J. (2017) 'Stepping up to build communities where Young Children and Families Can Thrive'.

Lombardi, J. (2016) Cities, Science and Nurturing Care. Retrieved from: https://www.nyas.org/media/14885/gcecd_joan_lombardi.pdf

McPherson, C., Ploeg, J., Edwards, N., Ciliska, D., & Sword, W. (2017) "A catalyst for system change: a case study of child health network formation, evolution and sustainability in Canada" BMC Health Services 17:100. Retrieved from: https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-017-2018-5

Moore, T. and Fry, R. (2011) Place-based approaches to child and family services: a literature review. Murdoch Children's Research Institute. Centre for Community Child Health. Retrieved from: http://apo.org.au/system/files/53223/apo-nid53223-76706.pdf

Moore, T. G., McHugh-Dillon, H., Bull, K., Fry, R., Laidlaw, B., & West, S. (2014). "The evidence: What we know about place-based approaches to support children's wellbeing". Collaborate for Children Scoping Project. Melbourne: Murdoch Childrens Research Institute and The Royal Children's Hospital Centre for Community Child Health.

Ninti One (2018) "Stronger Communities for Children" Retrieved from: https://www.nintione.com.au/project/stronger-communities-children/

Ninti One (2018b) ""Stronger Communities for Children: Knowledge Sharing Seminar. Santa Teresa and Alice Springs".

Radeny, S. (2017) "Proposal form to: The Partnership for Maternal, Newborn & Child Health". Global Communities.

RCH & MCRI (The Royal Children's Hospital and Murdoch Children's Research Institute) (2011). Policy Brief: Translating early childhood research evidence to inform policy and practice. Issue 23. Retrieved from: https://www.rch.org.au/uploadedFiles/Main/Content/ccch/Policy_Brief_23_-_place-based_approaches_final_web2.pdf

Rycroft-Malone, J., Seers, K., Titchen, A., Harvey, G., Kitson, A. & B. McCormack (2004) What counts as evidence in evidence-based practice? Journal of Advanced Nursing, 47(1), 81–90.

The Lancet (2016) "Advancing Early Childhood Development: from Science to Scale" An Executive Summary for The Lancet's Series. October 2016.

UNICEF (2018) "China" Friendly Cities Initiative. Retrieved from: https://childfriendlycities.org/china/

UNICEF (2018b) "Make your city child-friendly". Retrieved from: https://childfriendlycities.org/.

Wiseman, J. (2006). Local heroes: Learning from community strengthening policy developments in Victoria. Australian Journal of Public Administration, 65 (2), 95-107.

World Health Organization, United Nations Children's Fund, World Bank Group. Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

World Health Organization, United Nations Children's Fund, World Bank Group. (2018) Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization, https://apps.who.int/iris/bitstream/handle/10665/272603/9789241514064-eng.pdf.


SPRING
IMPACT