DE CERO A SIEMPRE
EARLY CHILDHOOD COMPREHENSIVE CARE

GOBIERNO DE COLOMBIA

TODOS POR UN NUEVO PAÍS
PAZ EQUIDAD EDUCACIÓN
EARLY CHILDHOOD POLICY DECISION-MAKING TOOLS AT NATIONAL AND LOCAL LEVELS: The Colombian Case

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Presidency of the Republic of Colombia
Addis Ababa, July 28th, 2015
The Colombian case contributes to the development of the iYCG Forum in the following ways:

- It is an experience that arises from the government sector.
- It refers to a policy based on knowledge and evidence.
- Its implementation has required the construction of tools that help decision making, at both national and local levels.
- It is a policy that recognizes children as comprehensive beings.
Early Childhood Policy decision-making tools at national and local levels: Colombian Case

PRESENTATION STRUCTURE

1. Context in which Colombia builds the policy
2. What is proposed by “DE CERO A SIEMPRE” Early Childhood Comprehensive Care Policy
3. Decision making tools that have been created
4. Two significant examples of tools applying
5. Contributions to the debate of the iYCG Forum
1. THE CONTEXT IN WHICH COLOMBIA BUILDS THE POLICY
Colombia is a Unitary Republic with:

- 32 departments
- 1101 municipalities
- 1 capital district
- 710 indigenous reserves
- 123 afro collective territories

There are 7,265,159 victims of armed conflict in Colombia, of which 1,348,778 have been died.

Colombia has a GINI Coefficient of 0.539: The highest in Latin America, similar to that of Lesotho.
Colombian children

5,174,000 children in early childhood

60% in poverty
23.3% in extreme poverty
Background

Colombia signs the Convention of the Rights of the Child

Colombia’s President defines early childhood as a priority for the Government

Strong technical and programatic disposition in early childhood care topics by different sectors, including, health education, and family welfare.

The Child and Adolescent Code:
• Mandates local governments to have a unique policy for children and adolescents that includes: diagnosis of the situation of child rights, goals and budget.
• Defines the concepts of the right to comprehensive development for early childhood.

• Low coverage on early childhood care
• Sectors are not coordinated
• Double efforts
• Low investment
• Issues with the quality of the services provided
• Lack of a policy that orients local work

DE CERO A SIEMPRE is launched as a government commitment to reduce inequity

1990
2010
2006
2011
2. WHAT “DE CERO A SIEMPRE” POLICY PROPOSES
Local Authorities

Education Sector

Private Sector

Health Sector

DIFFERENT OBJECTIVES, PROGRAMS, SERVICES
DIFFERENT OBJECTIVES

Local Authorities

Education Sector

Private Sector

Health Sector
What does the policy propose?

**COMPREHENSIVE DEVELOPMENT**

- A policy for the entire sector of the population (for all Colombian children), with the objective of comprehensive development.

**INTERSECTORAL COMMISSION**

- An intersectoral architecture according to a comprehensive understanding of child development.

**TERRITORIES**

- A process of implementation according to local realities.
The Comprehensive Care Roadmap (CCR) is created as an organizer of care actions for pregnant women, children, and their families, taking into account three criteria:

1. **Moments or age groups**

2. **Recipients according to age groups**
   (Women and men of childbearing age / pregnant women / fathers, mothers and caregivers / children)

3. **Environments where child development occurs**
Moments or age groups

Defines care actions required by FAMILIES and CHILDREN according to time frames or age groups

1. Preconception
2. Gestation
3. Birth to one month
4. First month to 3 years
5. 3 to 6 years
Comprehensive Care Roadmap

- **Home**
  - Preconception and gestation
  - Childbirth to first month
  - One month to 3 years
  - 3 to 6 years

- **Health environment**
  - Preconception and gestation
  - Childbirth to first month
  - One month to 3 years
  - 3 to 6 years

- **Educational environment**
  - Preconception and gestation
  - Childbirth to first month
  - One month to 3 years
  - 3 to 6 years

- **Public space**
  - Preconception and gestation
  - Childbirth to first month
  - One month to 3 years
  - 3 to 6 years
Implications of the Comprehensive Care Roadmap

The establishment of a Comprehensive Care Roadmap implied:

1. Reviewing of the services supply.

2. Prioritization of 8 care actions to organize government efforts in an intersectoral way.

3. Reflect on the relationship between the national and local level to implement the policy.
8 prioritized care actions

- Has access to specialized collections of books and cultural content
- Has a Birth Certificate
- Has current health insurance in the General Social Security Health System
- With a family participates in training processes
- With nutritional assessment and monitoring
- Attends to growth and development consultations
- Attends an ECD unit service, with certified staff
- Has a complete vaccination scheme according to his or her age
Establishment of Institutional Competencies

PRESIDENCY OF THE REPUBLIC
- Chairs the Intersectoral Commission and is in charge of its Technical Secretariat.
- Coordination of the design, implementation and monitoring of the actions that are part of the ECD Policy action plan.

MINISTRY OF CULTURE
- Guidelines for promoting language, artistic expressions, literature and reading in early childhood, child participation and exercise of citizenship.

NATIONAL PLANNING DEPARTMENT
- Technical assistance for formulating, implementing and evaluating the Strategy in its financial, territorial and public policy components.

MINISTRY OF HEALTH
- Provides guidelines for insurance and care with primary care approach in health services for families.
- Defines quality standards for the health sector.

MINISTRY OF EDUCATION
- Child to child monitoring system.
- Quality Management System for Early Childhood education services through guidelines and quality standards.

DEPARTMENT FOR SOCIAL PROSPERITY
- Territorialization processes and articulation between government programs for overcoming extreme poverty, care for victims of civil war, and other vulnerability conditions.

COLOMBIAN INSTITUTE FOR FAMILY WELFARE
- Provides early childhood education services (center based, family based and community based).
- Technical guidelines.

National System for Family Welfare
3. DECISION MAKING TOOLS CREATED
National level tool: Follow up System to Each Child

Purposes

- Having a tool that allows to have **up to date and unified information** by all sectors about the care attentions given to each child.

- Give **alerts** to the involved institutions on the attentions that have not been delivered to each child.
Previous situation

All sectors had their own systems of information and data are not crossed.

Current situation

A system that collects sectorial information and is unified by child.

Resume of each child
Resume of each pregnant woman
National control board
Territorial control board
Cartography of attentions
Alerts by attention
School registration SIMAT

Allows to make decisions
Resume of the child

The system collects information from all children individually and register the care attentions that he or she received.

<table>
<thead>
<tr>
<th>Tipo de Beneficiario</th>
<th>Tipo de Documento</th>
<th>Número de Documento</th>
<th>Fecha de Nacimiento</th>
</tr>
</thead>
<tbody>
<tr>
<td>NIÑO NIÑA</td>
<td>Registro Civil</td>
<td>1011207330</td>
<td>12/12/2010</td>
</tr>
<tr>
<td>Primer Nombre</td>
<td>Segundo Nombre</td>
<td>Primer Apellido</td>
<td>Segundo Apellido</td>
</tr>
<tr>
<td>SAIRY</td>
<td>VALENCIA</td>
<td>MUNOZ VALENCIA</td>
<td></td>
</tr>
<tr>
<td>Género</td>
<td>Departamento de Expedición del Documento</td>
<td>Municipio de Expedición del Documento</td>
<td>Fecha de Expedición del Documento</td>
</tr>
<tr>
<td>Máximo por el cual no tiene Documento</td>
<td>Fecha de Recopilación de la Copia Física del Registro Civil</td>
<td>En caso de no contar con el Registro Civil al momento del registro, ¿Qué acciones adelantó para obtenerlo?</td>
<td>NO SE HAN REALIZADO ACCIONES</td>
</tr>
<tr>
<td>El beneficiario ha sido Sienbenizado</td>
<td>Cuál fue el puntaje en SISBEN obtenido</td>
<td>La familia del beneficiario pertenece a familias en acción</td>
<td>Sí</td>
</tr>
</tbody>
</table>
The system tracks and monitors 8 indicators that have been prioritized by the Intersectoral Commission.
Cartography of attentions

The system can provide municipal, departamental or national level information.
The system give alerts to the institutions on the attentions that have not been delivered to each child.
Queries

It is possible to make different kind of queries depending of the needs of information.
Local level tools

Aimed at facilitating decision making at the local level

**TOOL # 1:** Diagnosis of the situation of early childhood rights in the territory

**TOOL # 2:** Prioritization of care actions at the local level based on the Comprehensive Care Roadmap
Tool # 1

Diagnosis of children’s rights situation in the territory

- It is a template with indicators of available information in order for local staff to search for the specific data of their territory and build their own diagnosis.

- The purpose is for each local ruler to have easy access to a diagnosis of the situation of the children in their territory.

- It allows for rulers to focus more on data analysis rather than data searching.
Datos demográficos

Según las proyecciones del DANE para 2014 del censo general 2005, en __________ existen ______ de niños, niñas y niños entre 0 y 5 años, que corresponden al _____% de la población total de la entidad territorial. De ellos, el _____% son niñas y el _____% niños. El _____% habita en zona urbana o centro poblado, mientras que el _____% lo hace en zona rural.

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1 Código de Infancia y Adolescencia, Ley 1098 de 2006. Artículo 204
2 https://www.dane.gov.co/index.php/poblacion-y-demografia/proyecciones-de-poblacion

Abriendo este vínculo encontrará la página de proyecciones de población del DANE. En el lado derecho de la pantalla busque “Estimaciones y proyecciones de población” y dentro de ese cuadro pique “Visor: Proyecciones de población total por sexo y grupos de edad de 0 hasta 80 y más años (2005 - 2020).” Se descargará automáticamente un archivo en Excel en su computador. Esta página calcula el total de población por entidad territorial, sexo y edad. En las filas 7 y 8 del archivo escoja el departamento y municipio que quiere consultar. En las filas 27 y 28 indica el periodo requerido: Desde 2014, hasta 2014. Finalmente, en las filas 28 y 29 indica desde (00) y hasta qué edad (5 años). Automáticamente aparecerá la información diferenciada por género. Para conocer el total de la población, indique (00)- (hasta 80 años y más).

3 Para calcular los porcentajes debe tomar el dato del total de la población de la entidad territorial y calcular el porcentaje de población en primera infancia.
Children Situation Template

Análisis de la información:

A continuación incluya un corto análisis con los principales elementos que hayan sido discutidos con el equipo territorial sobre la información demográfica. Haga uso del conocimiento que el equipo tiene de la situación e involucre percepciones que crea que son importantes en el momento de tomar decisiones sobre la manera de encauzar soluciones y generar desarrollo en la primera infancia.

Mujeres y hombres en edad fértil, familias y gestación

La composición familiar\textsuperscript{10} de las regiones de Colombia es bastante homogénea. Para el caso de la región \__________\ a la cual pertenece el departamento/municipio \__________\, la distribución porcentual de los hogares nucleares es en un \___\% completa y \___\% incompleta debido a la falta del padre o de la madre. En cuanto a la familia extensa, corresponde al \___\% completa, donde la pareja vive con sus hijos y otros parientes y al \___\% incompleta (el o la jefe sin cónyuge vive con sus hijos solteros y otros parientes). El \___\% corresponde a familias \textit{compuestas} por parientes y no parientes.

El embarazo en adolescentes no puede dejarse de lado. Es una de las grandes preocupaciones del país y de la Estrategia de Atención Integral a la Primera Infancia, ya que 19,5\% de las adolescentes son madres. En la zona rural este porcentaje corresponde al 26,7\% mientras que en la zona urbana es de 17,3\%, lo cual tiene un trasfondo latente de falta de oportunidades e inequidad que repercuten en la pobreza y la movilidad social. Para
Tool # 2

Care actions prioritization at the local level based on the Comprehensive Care Roadmap

Based on the diagnosis, a set of forms were designed in order to enable local governments’ staff to:

1. Establish their goals according to the diagnosis.
2. Check the status of service delivery for all the care actions included in the Comprehensive Care Roadmap.
3. Prioritize the care actions according to their diagnosis.
4. Identify the sector/institution responsible for every care action and if additional sectors should participate.
5. Build a work plan to be endorsed by local authorities, implemented and monitored periodically.
## Tool #2 (Example)

**Prioritization of care actions at the local level based on the Comprehensive Care Roadmap**

<table>
<thead>
<tr>
<th>Attentions</th>
<th>Is it delivered in the territory?</th>
<th>It is not delivered?</th>
<th>Home environment</th>
<th>Health environment</th>
<th>Educational environment</th>
<th>Public space</th>
<th>Observaciones</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attentions for children from 3 to 6 years old</td>
<td>Monitoring of growth and development</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td>Centro de salud</td>
</tr>
</tbody>
</table>

**Observaciones**
- Which actions are already implemented?
- Which entities bring the attention?
Local level tools: Types of decisions favored by the tools

1. Data-driven decisions according to their specific contexts

2. Prioritization of care actions consistent with a diagnosis

3. Appropriateness of care actions provided
Stakeholders that receive the information

Local administration staff

Sectoral institutions with local presence

Local authorities such as mayors, governors and ethnic community authorities

Social Policy Councils

National System for Family Welfare
4. TWO SIGNIFICANT EXAMPLES OF THE TOOLS IMPLEMENTATION
EXAMPLE # 1: MUNICIPALITY WITH 518,310 INHABITANTS
<table>
<thead>
<tr>
<th></th>
<th>Colombia</th>
<th>Soledad</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children 0 – 5 years old</td>
<td>5,200,000</td>
<td>67,229</td>
</tr>
<tr>
<td>Maternal Mortality Rate (for 1.000)</td>
<td>65.89</td>
<td>171</td>
</tr>
<tr>
<td>Chronical Malnutrition</td>
<td>13.4%</td>
<td>21.6%</td>
</tr>
</tbody>
</table>

Soledad, Colombia

Children 0 – 5 years old: 5,200,000, 67,229
Maternal Mortality Rate (for 1.000): 65.89, 171
Chronical Malnutrition: 13.4%, 21.6%
Pregnant women active search program and Stork Plan design

Based on the diagnosis, a program was designed to:
1. Perform active search of pregnant women in the municipality.
2. Educate women and families on health issues.
3. Improve accessibility to services.
4. Strengthen ties between women and their children.
5. Improve child health during the first thousand days of life.
Local institutional offer strengthening

- Guidance and care in the Hospital
- Welcome kit delivery
- Moving to home and support at home
- Leisure and self-care activities
- Pregnant women fair: valued women
Results

The design of the program and strengthening of the institutional offer based on the diagnosis and CCR/RIA, have produced the following results:

1. Zero maternal deaths in the municipality
2. Fulfillment and adherence to promotion and prevention activities
3. Immunization coverage and growth and development increased
4. Quality institutional births
5. Promotion of breastfeeding
6. Pregnant women trust the hospital and its staff
EXAMPLE 2: DEPARTAMENT WITH 125 MUNICIPALITIES
### Antioquia

<table>
<thead>
<tr>
<th></th>
<th>Colombia</th>
<th>Antioquia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children 0 – 5 years old</td>
<td>5,200,000</td>
<td>628,257</td>
</tr>
<tr>
<td>Maternal Mortality Rate (for 1.000)</td>
<td>65.89</td>
<td>47.1</td>
</tr>
<tr>
<td>Chronical Malnutrition</td>
<td>13.4%</td>
<td>10.2%</td>
</tr>
</tbody>
</table>

**Map of Colombia and Antioquia**
Articulation between the different levels of Government

NATIONAL LEVEL
DEFINES A FRAMEWORK OF POLICY ISSUES AT THE NATIONAL LEVEL

DEPARTMENTAL LEVEL
(Subnational)
BASED ON NATIONAL POLICY DIAGNOSED THE CHILDREN’S RIGHTS SITUATION AND DEFINES PRIORITIES

MUNICIPAL LEVEL
ADJUSTS THE OFFER AND PROVIDES SERVICES
1. Diagnosis of children's rights situation by municipality

2. Prioritization of municipalities

3. Review of the services supply

4. Complementation of services supply in order to deliver appropriate attention
5. CONTRIBUTIONS TO THE İYC G FORUM
It is important to transition to experiences that successfully implement public policy in a cost-efficient manner. However, it is necessary to consider what scaling this experiences implies.
Contributions to the Construction of the iYCG Forum

2. It is necessary to construct simple and practical tools that orient decision making and can be applied in a short time frame, for the implementation of public policies.
Contributions to the Construction of the iYCG Forum

3. Not every tool is good for every country.

The defined tools must be in accordance with the focus of the policy of each country.
Contributions to the Construction of the iYCG Forum

4. Decision making tools must be designed taking into account the abilities and responsibilities at each level of government.
Contributions to the Construction of the iYCG Forum

5. Even though there are differences at the local level, advances in the construction of tools and technologies that strengthen the planning and actions at a global level in early childhood care are important.

Given that many social issues are shared across the globe, the idea would be to adjust and adapt some tools that have been proved to work.

The starting from scratch is too expensive for any country.
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