

A photograph of a woman with dark hair, smiling warmly while holding a young child in a doorway. The child is wearing a light green sweater. The doorway is framed by weathered wood and a green-painted door. The background shows a rough, textured wall. A white light fixture is visible on the right side of the doorway.

INVESTING IN THE EARLY YEARS TO BUILD HUMAN CAPITAL:

Practical Solutions and Tools
for Parliamentarians

ACTION

**ACTION
AGAINST
HUNGER**



**ACTION
CONTRE
LA FAIM**

INVESTING IN THE EARLY YEARS TO BUILD HUMAN CAPITAL:

Practical Solutions and Tools for Parliamentarians

ACTION: ACTION is a partnership of locally rooted organizations around the world that advocate for life-saving care for millions of people who are threatened by preventable diseases. The tuberculosis epidemic, low vaccination rates, and poor child nutrition disproportionately affect the world's most vulnerable people. Affected and donor countries can end diseases of poverty and improve quality of life for all people if they step up funding and create more effective policies. We work as equal partners to bring together efforts across borders to increase investments and build political support for global health.

Action Against Hunger: Action Against Hunger is an international non-governmental organization fighting hunger at the global level. Its mission is to save lives by eliminating hunger through the prevention, detection, and treatment of undernutrition, particularly during and after emergencies related to conflict and natural disasters. Structured as an international network, our organization leads a coordinated response in nearly 50 countries. Our priority is to act concretely on the ground and to testify on the fate of the populations. Because the causes of hunger are multiple, our response is multisectoral and relies on strong expertise.

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TABLE OF CONTENTS

The Challenge Ahead.....	2
Investing in people to build human capital	2
Importance of the first 100 days	2
Solutions: Invest in the Early Years.....	4
Interventions	5
Counseling on adequate diets for pregnant mothers.....	5
Exclusive breastfeeding	5
Micronutrient supplementation and fortification.....	6
Adequate, nutritious, and safe diet	6
Prevention and treatment of severe acute malnutrition.....	6
Early and pre-primary education	7
Antenatal visits	7
Attended delivery	7
Immunization	8
Education about early stimulation	8
Social assistance transfer programs	8
Parental leave and child care.....	8
The Role of Parliamentarians in Building Political Will.....	9
The role of parliamentarians	9
Opportunities for Financing.....	11
World Bank International Development Association (IDA).....	11
The Global Financing Facility’s replenishment and scale-up.....	12
Scale-up of Power of Nutrition.....	12
Annex: Definitions, Actors, and Institutions	14
Annex 1: Definitions	14
Annex 2: Actors and institutions	15
Annex 3: Additional and heavily cited resources	16

THE CHALLENGE AHEAD



Investing in people to build human capital

In the economy of the future, a fusion of technologies will blur the lines between the physical, digital, and biological spheres. Low-skilled jobs will be replaced with artificial intelligence, and human workers will require a more complex set of skills. This shift, often called the “fourth industrial revolution”, has the potential to lead to long-term gains in efficiency, productivity, and, ultimately, incomes and quality of life for populations around the world. It will require that countries invest in their people if they hope to compete. Without the right kind of investment, this shift could also yield greater inequality.

Building human capital requires investing in a range of interventions and programs that target development early in a person’s life. The same way a farmer cannot wait until just before harvest to water or care for the crops and still expect to gain the greatest yield from his or her fields, a country cannot wait until a person is in adolescence or adulthood to invest in the skills necessary to contribute to the robust and ever-changing global economy. Investing in the early years in human capital through better nutrition, health, stimulation, and care promotes individual development and drives national wealth and economic growth. This builds a path to ending extreme poverty and reduces inequality.

Importance of the first 1000 days

By age three, a child’s brain is developed to 80 percent of its adult size.¹ Researchers agree that the first 1000 days, or conception to 2 years, is the most critical period to lay a strong foundation for longer term physical, intellectual, and social health. Such development is fueled by proper nutrition, prevention of illness, and a nurturing environment through care and age-appropriate stimulation. Early malnutrition and neglect weaken children’s growth and development, educational achievement, and future economic potential. This results in huge direct and indirect costs to individuals, families, and entire nations. Still, one in four children under the age of five suffer from stunting (low-height for age, a form of malnutrition), which leads to serious and irreversible delays. Figure 1 demonstrates the disparities in brain development caused by stunting.² Children who are stunted are more likely to suffer from health issues, less likely to stay in school or benefit from schooling, and earn lower incomes as adults, thus further perpetuating the cycle of poverty. Malnutrition undermines adult earning potential by about 10 percent.³ On the other hand, children with access to good nutrition, quality health care, and stimulation in the early years grow up to be adults who are healthier, more likely to complete higher years of schooling, and earn higher incomes. Supporting childhood nutrition programs will also yield high returns on investment for both individuals and governments, as demonstrated in figure 2.⁴ A child that was well-nourished

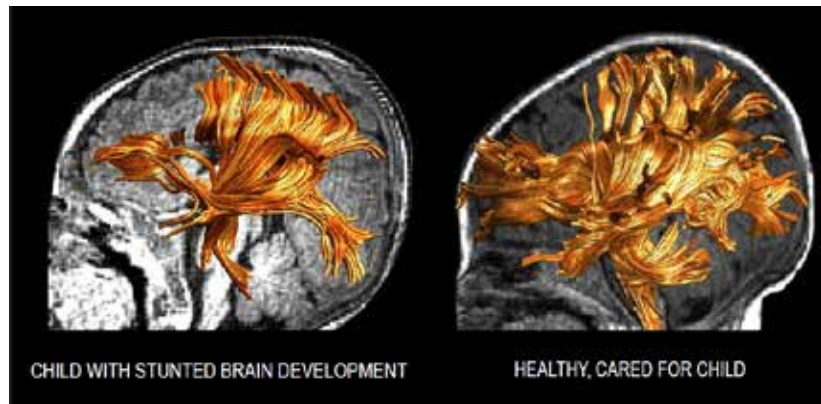
¹ Gilmore JH, Knickmeyer RC, Gao W. 2018. Imaging structural and functional brain development in early childhood. *Nature Reviews Neuroscience* 19,123–137.

² Presentation by World Bank President Jim Yong Kim at the Human Capital Summit: Investing in the Early Years for Growth and Productivity, October 6, 2016. Washington, DC.

³ World Bank. 2005. *Repositioning nutrition as central to development : a strategy for large scale action : Main report (English)*. Washington, DC: World Bank. <http://documents.worldbank.org/curated/en/690491468150317834/Main-report>

⁴ Devercelli, AE. 2017. Investing in the Early Years. Presentation given to Parliamentarians for Investing in the Early Years, October 2017. Washington, DC.

Figure 1. Development of white matter fiber tracts compared between stunted and normal growth three-month-old Bangladeshi children.



Source: Charles A. Nelson, Harvard Medical School, and others. Picture © Nadine Gaab and Charles A. Nelson

during their early years is likely to earn 20 percent more than their malnourished peers.⁵ Additionally, for every \$1 invested in nutrition, a country can get \$16 in return.⁶ High-quality preschool programs that specifically target vulnerable groups can result in a rate of return of 7 to 16 percent annually.⁷ Alternatively, the impact of failing to improve nutrition is felt throughout the global economy in the form of losses of US\$3.5 trillion per year, or \$500 per individual.⁸ In April 2016, World Bank President Jim Yong Kim pronounced, **“Providing early childhood development is both morally right and economically smart. How do we expect employers to invest in a country if its workforce is not sufficiently developed physically or cognitively? Governments that don’t invest in a skilled, healthy, productive workforce are harming their future economic growth.”**

Figure 2. Impact of investing in ECD



Schooling: We can increase children’s average length of schooling by one year, improve reading and math scores, and greatly improve efficiency within education sector spending



Earnings: Lifetime earnings gains of \$15-\$34 billion if global preschool enrollment increased to 50% for children on low-and middle-income countries



Poverty: Children who escape stunting are 33% more likely to escape poverty as adults



Economy: We can increase GDP by 4–11% in Africa

⁵ Grantham-McGregor S, Cheung YB, Cueto S, Glewwe P, Richter L., Strupp B. International Child Development Steering Group. 2007. Developmental potential in the first 5 years for children in developing countries. *Lancet*: 369:60–70.

⁶ International Food Policy Research Institute. 2015. *Global Nutrition Report 2015: Actions and Accountability to Advance Nutrition and Sustainable Development*. Washington, DC.

⁷ RESULTS. 2017. *Building Brain Power*. Washington, DC.

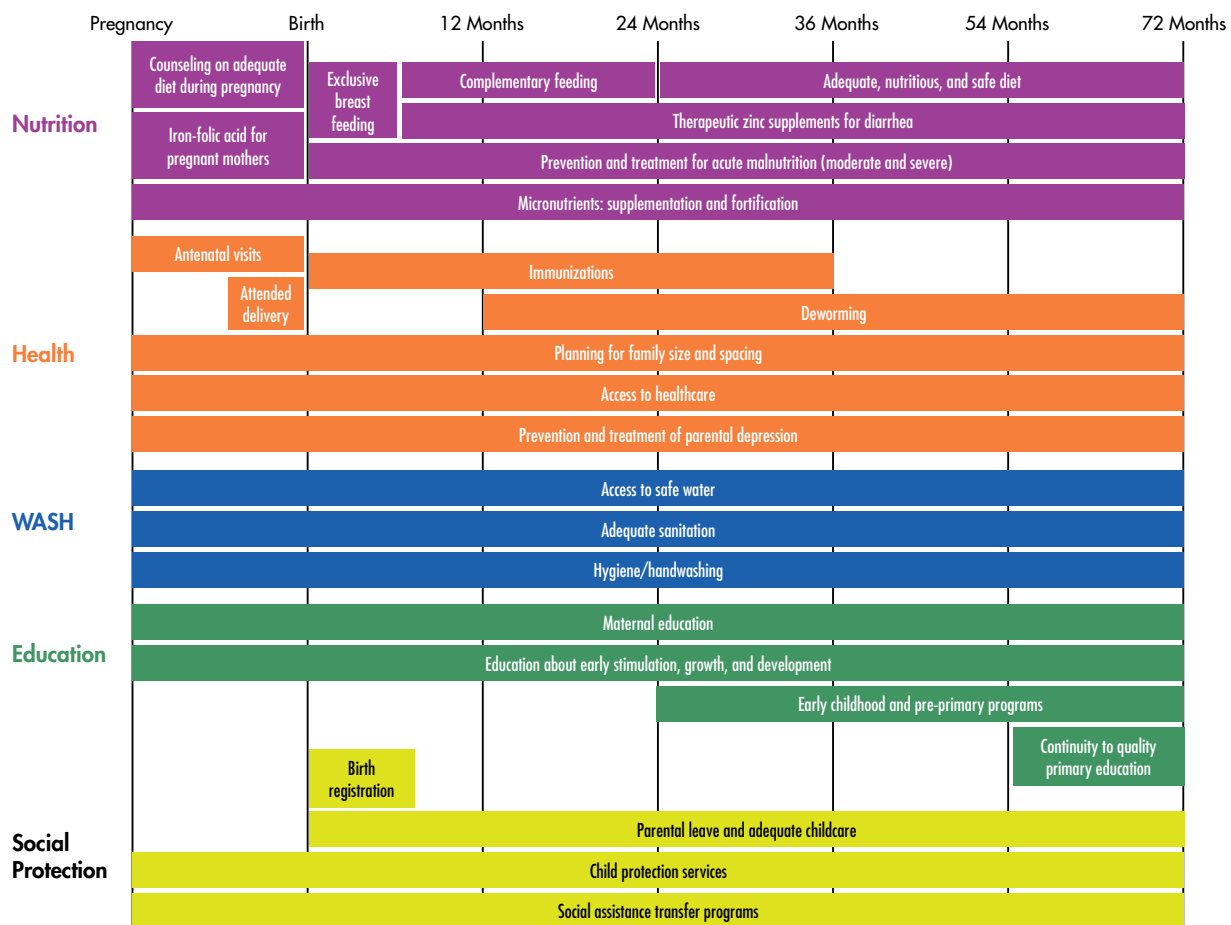
⁸ Food and Agriculture Organization of the United Nations. 2013. *State of Food and Agriculture 2013: Food systems for better nutrition*. Rome, Italy.

SOLUTIONS: INVEST IN THE EARLY YEARS

Early childhood is a unique window of opportunity to prevent and address physical and cognitive development delays. Development efforts are most impactful and cost-efficient in the early years, especially within the 1000-day window. Nutrition, health, security, and safety; responsive caregiving; and early learning have been identified as the key elements of early childhood development (ECD) needed for the youngest children to thrive. Extreme poverty, conflict, and other societal or environmental problems can impede these interventions.

Since ECD involves several sectors, these efforts should focus on nutrition; health; water, sanitation, and hygiene (WASH); education; and social protection (see figure 3).⁹

Figure 3: Interventions to support ECD



⁹ Denboba, AD., Sayre, AK., Wodon, QT., Elder, LK., Rawlings, LB., Lombardi, J. 2014. *Stepping up early childhood development: investing in young children for high returns*. Washington, D.C. : World Bank Group. <http://documents.worldbank.org/curated/en/868571468321240018/Stepping-up-early-childhood-development-investing-in-young-children-for-high-returns>

The most successful interventions for young children address all four domains of development simultaneously—physical, linguistic, cognitive, and socioemotional. In this brief, we focus on three of the best-studied early years interventions and those most clearly linked to building human capital:

1. Good nutrition and healthcare;
2. Early learning and stimulation; and
3. Nurturing care and buffers from poverty and stress.

Interventions

Counseling on adequate diets for pregnant mothers

Counseling women on healthy diets and lifestyles during pregnancy can help to ensure that they have an adequate diet, including nutrient-rich food leading to reduced risk of low birthweight and stillbirths.

Costs

Vary substantially by country

Exclusive breastfeeding

Feeding a baby only breastmilk for the first six months without the introduction of any other food or drink (not even water), or “exclusive breastfeeding,” provides optimal nutrition and promotes positive interaction between mother and baby. It also protects against diseases caused by contact with contaminated food, water, and feeding devices. Promotion of exclusive breastfeeding is one of the most promising interventions for improving child survival. Infants who are breastfed are 6 times more likely to survive, 6 times less likely to die from diarrhea, and 2.4 times less likely to die from acute respiratory infections in the first six months. Breastfeeding is also associated with higher intelligence scores; studies of children who were exclusively breastfed showed an increase of 3.76 IQ points and 0.91 years of education.¹⁰ Proper breastfeeding practices also prevent overweight- and obesity-related disorders later in life.

Costs

\$0 to breastfeed

\$0.30–0.40 per birth to promote breastfeeding

¹⁰ Victora CG., et al. 2015. Association between breastfeeding and intelligence, education attainment, and income at 30 years of age: a prospective birth cohort study from Brazil. *The Lancet Global Health*, 3(4), e199-2015.

Micronutrient supplementation and fortification

Deficiencies of essential vitamins and minerals (or micronutrients) such as vitamin A, iodine, iron, and zinc can cause irreversible deficits in physical and brain development. Anemia, a condition caused by iron deficiency, is associated with 0.6 to 2.3 percent income loss per year.¹¹ However, micronutrient supplementation with iron and folic acid for pregnant women can reduce risk of low birthweight babies by 88 percent and preterm births by 97 percent, as well as improve birthweight and developmental scores later in life. Additionally, supplementation for children with micronutrients can also reduce mortality rates. For example, vitamin A supplementation can reduce risk of under-five child mortality by 24 percent.¹²

Costs

- \$0.20 per person per year for flour fortification with iron, folic acid, and zinc
- \$1.20 per child per year for vitamin A supplementation
- \$0.05 per person per year for salt iodization
- \$3.00 per pregnancy for folic acid supplementation for pregnant mothers (Indonesia, Kenya, and Mexico)

Adequate, nutritious, and safe diet

After a baby completes six months, mothers should continue to breastfeed while complementing this with adequate, nutritious, and safe foods from a variety of dietary sources. Inadequate nutrition leads to weakened immune systems of babies and young children. Nearly one-fifth of under-five deaths could be prevented with optimal feeding. Optimal feeding programs paired with supplemental food/conditional cash transfers can reduce stunting significantly.

Costs

- \$40–80 per child per year for supplemental food/conditional cash transfer programs

Prevention and treatment of severe acute malnutrition

Proven interventions to prevent and treat acute malnutrition include complementary and therapeutic feeding for children 6–23 months of age. In addition, community-based management of non-complicated cases of severe acute malnutrition helps treat this life-threatening form of malnutrition among children under five years of age. Treatment of acute malnutrition is associated with a 55 percent reduction in mortality.

Costs

- \$200 per child for treatment of severe acute malnutrition through community-based approach

¹¹ Horton S., and Ross J. 2003. The economics of iron deficiency. *Food Policy*, 28(1), 51-75.

¹² Imdad A., Mayo-Wilson E., Herzer K., Bhutta ZA. 2017. Vitamin A supplementation for preventing morbidity and mortality in children from six months to five years of age. *Cochrane Database of Systematic Reviews*, Issue 3.

Early and pre-primary education

Children who enter school without quality pre-primary education and stimulation are more likely to have poor academic performance,¹³ repeat grades, and drop out of school. Quality pre-primary programs reduce the need for remedial education and rehabilitative actions later in life. They also increase development scores on literacy, vocabulary, math, and quantitative reasoning.

Costs

\$58 (Mauritania) to \$3482 (Qatar) per child per year for early childhood care and education (ECCE) for 3-5-year-olds

Antenatal visits

Antenatal care visits deliver a package of services including screening tests, counseling on reduced workload, treatment complications, and behavior change communication to increase women's skills in identifying danger signs and potential complications. This intervention reduces risk of maternal and neonatal mortality. A minimum of four antenatal care visits during pregnancy are recommended. Parenting education for expectant mothers is also important to provide future mothers with parenting skills to improve outcomes for newborns.

Costs

\$6.70–7.34 per pregnancy (Uganda)

Attended delivery

Most causes of maternal mortality are related to obstetric complications and can be addressed by skilled health personnel present during delivery. Skilled birth attendants are also trained to identify complications that require referral to facilities equipped with quality emergency obstetric care, thereby reducing maternal and neonatal mortality. Additionally, clean delivery practices, supported by skilled birth attendants, can prevent infections which account for approximately 35 percent of newborn deaths and prevent asphyxia which causes 23 percent of newborn deaths.

Costs

Costs of attended delivery vary substantially by country
\$1.67 for clean birthing kits for women

¹³ Campbell FA., Ramey CT., Pungello E., Sparling J., & Miller-Johnson S. 2002. Early childhood education: Young adult outcomes from the Abecedarian Project. *Applied Developmental Science*, 6(1), 42-57.

Immunization

A complete course of childhood immunizations (including pneumococcal, rotavirus, and Haemophilus influenzae type b) can significantly reduce child morbidity and mortality. Expanded immunization coverage for children is among the top ten most productive investments for countries.

Costs

\$30 (low income countries) per live birth

Education about early stimulation

Quality interaction between parents and young children can enhance physical, cognitive, and socio-emotional development, which influence personal, academic, and economic achievement later in life. Home visiting programs improve parents' and caregivers' understanding of health, growth, and overall development of young children and can support them to improve responsiveness in feeding and early stimulation. These enable greater active stimulation and learning activities for children and higher child development outcomes, including higher cognitive and language development.

Costs

\$13 (Mauritania) to \$1,393 (Qatar) per child per year for home-visiting programs

\$4 (Bangladesh) to \$10 (India) per child per year for national community-based programs

Social assistance transfer programs

Targeted income support through conditional cash transfer (CCT) programs may reduce poverty; increase household food consumption and dietary diversity; and yield higher rates of school attendance, access to health services, and parental concern about the health and education of their children. They also have been found to reduce child labor and domestic violence.

Costs

\$156–432 per household per year for CCT programs with nutrition component (Latin America)

Parental leave and child care

Parental leave for 10 weeks is associated with a reduction in rates of mortality in infants and children up to five years. Government-supported childcare provision is associated with higher rates of women's labor force participation and lower gender inequality.

Costs

Vary substantially by country

THE ROLE OF PARLIAMENTARIANS IN BUILDING POLITICAL WILL

For the above interventions to be implemented on a wider scale, and to have an impact on child development and human capital, authorities at local, national, and regional levels must engage in developing and implementing policies and legislation in sectors relevant to the early years. These must be accompanied by investments in early years' programs and interventions, whose implementation should be carefully monitored and evaluated.

Peru: How political will and conditional cash transfers transformed a generation

Peru had one of the highest rates of chronic malnutrition in Latin America despite rapid economic development and increased investment in food and nutrition programs. In 2006, after extensive lobbying from civil society organizations during successive election campaigns, politicians prioritized reducing stunting as a national priority. By 2016, stunting rates for children under five had reduced by half (from 28 percent in 2008 to 13 percent in 2016). The following key steps led to this result:

- A clear goal was identified: Five percentage points reduction in stunting in children under five in five years (5-by-5-in-5).
- The government of Peru set up a poverty reduction roundtable, which included all political parties, as a platform for the stunting reduction initiative.
- Nutrition programs were prioritized in the national budget, which included cash incentives for mothers to bring their children to regular check-ups, and financial incentives were provided to regional health directorates to provide integrated health and nutrition services.
- A strategic roadmap was launched to focus spending in the poorest communities.
- A results-based budgeting system ensured that money was well spent and resulted in the outcomes prioritized in political campaigns.

The role of parliamentarians

Due to their legislative, representative, and oversight functions and to their influence on governments' decisions, parliamentarians can play key roles in championing the need to invest in the early years.

- **Raising awareness of early years-related issues within the national assembly and among constituents:** Generating demand for early years-related services can help optimize services where they

exist and identify gaps where new or additional services are required. Parliamentarians, as representatives of constituencies, are well placed to engage both at the grassroots level, especially in underserved communities, and also with their colleagues. Collaboration with other parliamentary caucuses can reinforce the multi-sectoral nature of early years interventions.

- **Shaping policies and crafting legislation:** Parliamentarians can play a critical role in developing legislation to promote early years interventions and pushing for its adoption. Working closely with civil society, technical government bodies, and academics, parliamentarians can ensure that legislation presented is in the public interest and reflects the most up to date research and aligned with international standards.
- **Ensuring enough funding is allocated to ECD interventions:** Parliamentarians can lobby relevant ministries, departments, and agencies such as the ministries of finance, health, agriculture, education, local government, gender, and communication to ensure that funding is allocated to ECD through the annual national budget process. Additionally, parliamentarians can engage in negotiations on overseas development assistance. Collaboration across caucuses and with civil society is important because ECD initiatives are best when integrated in all relevant sectors' development plans and budgets.
- **Calling on governments to make commitments and holding them accountable:** Parliamentarians can encourage ministers and heads of state to make ECD-related commitments at key international and regional events (for example, at African Leaders for Nutrition events, African Union, G7 Summits, the Nutrition for Growth Summits, United Nations General Assembly [UNGA], World Bank-hosted annual Human Capital Summits, World Economic Forum, etc.) and at the national level.
- **Employing parliamentary approaches:** Once commitments are made, parliamentarians can support holding leaders accountable for their commitments through a number of mechanisms, including oral questions and debates in parliament and through formal progress reports. Parliamentarians can ensure that current resources allocated to early years interventions are used appropriately and efficiently. Setting up parliamentary committees can also help with raising the profile for this issue, discussing solutions, and prioritizing areas that are most neglected.

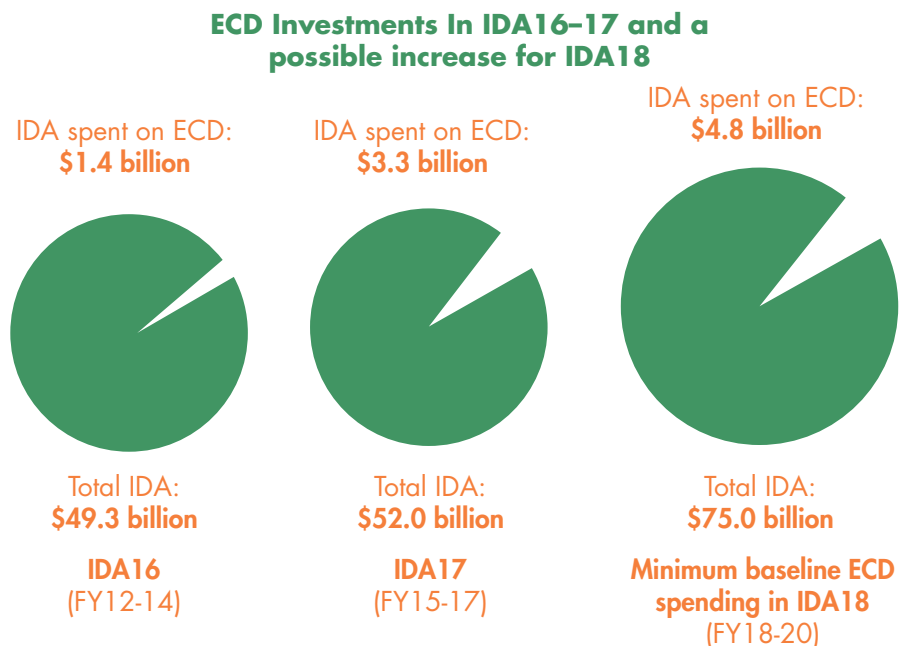
OPPORTUNITIES FOR FINANCING



World Bank International Development Association (IDA)

IDA helps the world's poorest countries reduce poverty by providing loans and grants, and the World Bank has shown leadership in increasing these resources toward a wide range of initiatives to build human capital by investing in areas such as health, education, and social protection. Given the central role that the World Bank plays in the "development financing cascade" and the Bank's commitment to investing in human capital for increased productivity and growth, the Bank should prioritize the scaling-up of financing in these areas. The 18th replenishment of IDA saw a record increase in commitments amounting to \$75, a 44 percent increase from IDA17 to IDA18 (see figure 4). The increase added to the transition of several countries from IDA eligibility to International Bank of Reconstruction and Development (IBRD) eligibility, resulting in a greater proportion of financing available to a slightly smaller group of countries. The Bank recently announced \$1.7 billion in funding for nutrition in the IDA 18 pipeline, but financing across all ECD focus areas must be prioritized, especially as preparations for the IDA 19 replenishment begin. It will be important to show that resources have been invested in human capital to justify further investments in the area.

Figure 4: ECD Investments in IDA16–17 and possible increase for IDA18¹⁴



¹⁴ RESULTS. 2017. Investing in every child's early years: World Bank Contributions. Washington, DC. http://www.results.org/uploads/files/Investing_in_Every_Child_Early_Years_FY01-17.pdf

With increased focus on developing human capital, the World Bank prepares to launch a human capital index that will help countries measure countries' investments in grey matter infrastructure like health, education, and job creation and push governments to increase their commitments to boosting human capital. Ministers of finance and heads of state should maximize opportunities to make commitments and pledge domestic resources toward a wide range of initiatives to build human capital in the early years.

One way to leverage financing opportunities through the World Bank is to take advantage of innovative financing mechanisms that target these interventions. Two possible mechanisms are the Global Financing Facility for Every Woman Every Child (GFF) and Power of Nutrition.

The Global Financing Facility's replenishment and scale-up

The Global Financing Facility for Every Woman Every Child (GFF) is a multi-stakeholder partnership that supports country-led efforts to end preventable maternal and child deaths and improve the health and quality of life of women, children, and adolescents by 2030. Hosted by the World Bank, the GFF is a financing platform that works with eligible countries to build an investment case of evidence-based, high-impact prioritized interventions for reproductive, maternal, newborn, child, adolescent health, and nutrition outcomes, in coordination with health financing strategies and reforms. A total of 67 countries are eligible to receive grant resources from the GFF Trust Fund which leverages and aligns financing from partners including the Bill & Melinda Gates Foundation, the Government of Canada, GAVI, Global Fund, JICA, Merck, the UK Department for International Development (DFID), USAID, the World Bank's IDA, and many others. With the recent addition of 10 new countries¹⁵ and the GFF replenishment underway this year, it is a critical time for engaging in the mechanism as planning for the next wave of countries begins. Government officials should directly engage in the GFF process, and collaborate with partners of the country's Multi-stakeholder Platform, including civil society organizations (CSOs) to prioritize the most efficient interventions and fund the GFF investments cases.

Scale-up of Power of Nutrition

Power of Nutrition aims to attract new donors, including private and smaller donors, to "multiply" investments through negotiated co-financing terms, with the IDA financing through the World Bank, and matched funds through UNICEF. This financing mechanism, launched in 2015, looks to provide new funding for critical nutrition activities through the implementing partners mentioned above. The Power of Nutrition's goal is to raise \$1 billion for its 2016–2020 period, in addition to the complementary funds mobilized as part of their financing models. Innovative financing mechanisms like the Power of Nutrition have the potential to improve the robustness and coherence of nutrition financing in countries including Cote d'Ivoire, Ethiopia, Liberia, Madagascar, Rwanda, and Tanzania. The Power of Nutrition is currently ramping up their investments and scaling up projects in the next few years. One criteria for Power of Nutrition's funding is country commitment and co-financing. Countries able to put forward some domestic resources for nutrition can see their investment multiply with the support of this mechanism.

¹⁵ Afghanistan, Burkina Faso, Cambodia, Central African Republic, Côte d'Ivoire, Haiti, Indonesia, Madagascar, Malawi, and Rwanda.

What parliamentarians can do to leverage these opportunities

- **Understand your country's needs:** Know what the gaps in your country's programs are and what is required to scale up coverage or increase the quality of existing programs. Know if your country's programs are funded and where gaps exist. Country investment profiles prepared by the World Bank and the Scaling Up Nutrition (SUN) Movement and statistics compiled by the World Bank EdStats program can serve as a starting point. If recent or high-quality data does not exist in your country at national or sub-national levels, push for improved data collection and analysis on nutrition, early education, and stimulation.
- **Be aware of funding opportunities:** Know if your country is eligible for funding from the IDA, GFF, Power of Nutrition, or other financing mechanism. Find out more at globalfinancingfacility.org, powerofnutrition.org, and globalpartnership.org.
- **Meet with World Bank staff:** Ask to meet with your World Bank country offices to align priorities. Identify other key country focal points to liaise with GFF focal points and Early Years Fellows.
- **Speak to your colleagues:** Meet with colleagues on finance-, health-, and education-related committees about how to include funding for ECD initiatives in the next round of project funding from the World Bank. Ask them to join and commit to actions in line with the Parliamentarians for Investing in the Early Years working group.
- **Work with civil society organizations:** Link to CSOs in your country that are already working on nutrition, education, and ECD. Multilateral agencies like UNICEF, SUN, and others can help direct you to national and local CSOs.

ANNEX:

DEFINITIONS, ACTORS, AND INSTITUTIONS

Annex 1: Definitions

Caregiver: A person who is most closely attached to the child and responsible for the daily care and support of young children. Primary caregivers include parents, other persons who are directly responsible for the child at home, and carers outside the home such as in organized day care.

Early Childhood Care and Education (ECCE): Quality in the learning environment includes various aspects such as the tone and content of teacher–child interactions, the range of play materials available, the safety and atmosphere of the physical space, the attention paid to health and nutrition, the child-centered approaches to learning, and the level of parental engagement. In addition to the learning environment, linked to ECCE quality are policies and regulations related to child-adult ratios, class or group size, teacher qualifications and training, inclusive education, and ECCE funding.

Early Childhood Development (ECD): The cognitive, physical language, socio-emotional, and motor development of children from conception to eight years of age.

Early years: From conception through pre-school to the start of formal schooling.

First 1000 Days: The period from conception (270 days) to the end of the second year (365+365=730 days).

Nurturing care: Refers to a stable environment created by parents and other caregivers that ensures children’s good health and nutrition, protects them from threats, and gives young children opportunities for early learning through interactions that are emotionally supportive and responsive.

Play: Defined as being for its own sake (without a specific goal), voluntary, a special activity (out of the ordinary), enjoyed by participants, governed by rules (implicit or explicit), and imaginative. It can be solitary or social and with or without objects. Young children acquire and consolidate developmental skills through playful interactions with people and objects.

Pre-conception: Pre-conception care is any intervention provided to women and couples of childbearing age, regardless of pregnancy status or desire, before pregnancy in order to improve health outcomes for women, newborns, and children. It aims at improving their health status and reducing behaviors and individual and environmental factors that contribute to poor maternal, newborn, and child health.

Responsive care: Encompasses both sensitivity and responsiveness. Sensitivity is awareness, from birth, of a young child’s acts and vocalizations as communicative signals to indicate needs and wants. Responsiveness is the capacity of parents and caregivers to respond appropriately to these signals.

Stimulation: Sensory information that engages a young child’s attention and provides information through interactions with people and the environment; examples include communicating through talking and smiling, showing and pointing, and demonstrating and helping the child achieve goals—with or without objects.

Annex 2: Actors and institutions

African Development Bank: The African Development Bank (AfDB) Group spurs sustainable economic development and social progress in its regional member countries (RMCs), thus contributing to poverty reduction. The AfDB achieves this objective by mobilizing and allocating resources for investment in RMCs and providing policy advice and technical assistance to support development efforts. In 2015, all multilateral development institutions have agreed on a same set of objectives, called the Sustainable Development Goals (SDGs).

African Leaders on Nutrition (ALN): The African Leaders on Nutrition Initiative is a high-level platform for political engagement with the goal of increasing the visibility of nutrition in Africa, strengthening political will to address the complex root causes, and encouraging specific policy and financial commitments to ending the burden of malnutrition. The ALN Initiative believes that reducing the cost of malnutrition and investing in grey matter infrastructure will greatly increase Africa’s socio-economic development. Through evidence-based knowledge generation, ALN will contribute to the development of an investment case for nutrition. The ALN Secretariat is based at the AfDB Headquarters and coordinates all activities of the ALN Initiative.

Country governments: Country governments set budgets, enter into contracts with financing mechanisms, and set policies and priorities for ECD-related initiatives.

The Early Childhood Development Action Network (ECDAN): A partnership of the World Health Organization (WHO) and UNICEF. The WHO is the preeminent global organization that sets standards and provides oversight on global health. UNICEF is UN agency that promotes the rights and wellbeing of every child. ECDAN is an alliance of over a hundred organizations committed to improving the lives of young children from conception to five years around the world. Together, these organizations are leading a process to develop a Nurturing Care Framework for ECD. The Framework provides a roadmap for ensuring attainment of the SDGs and survive, thrive, and transform goals of the Global Strategy on Women’s, Children’s and Adolescents’ Health. It will be launched at the time of the World Health Assembly in May 2018.

The Global Financing Facility: The Global Financing Facility (GFF) was launched at the Financing for Development Conference in Addis Ababa in July 2015 as part of a global conversation about how to finance the SDGs. The GFF was established to close the financing gap for reproductive, maternal, newborn, child, and adolescent health and nutrition. It is a “financing facility:” not a new fund that provides development assistance to deliver goods and services, but a mechanism that uses modest amounts of grant resources catalytically, bringing programs to scale by leveraging far greater sums of domestic government resources, IDA and IBRD financing, aligned external financing, and resources from the private sector.

The Power of Nutrition: The Power of Nutrition is a partnership of investors and implementers committed to helping children grow to their full potential, ending the cycle of undernutrition, and enabling countries to build strong and prosperous communities. The partnership is open to new private and public investors interested in funding large-scale, high-impact programs in some of the countries that are worst affected by undernutrition. The Power of Nutrition multiplies new financing for critical, basic nutrition supplements, services, and education and works through best-in-class implementing partners to deliver results on the ground. Their first implementing partners are UNICEF and the World Bank and focus their resources on the worst-affected countries to deliver results on a scale that few can achieve alone.

Scaling Up Nutrition (SUN) Movement: The SUN Movement is a country-owned and country-led initiative created in 2010 to end malnutrition, in all its forms. With the governments of SUN countries (currently 60) in the lead, it unites people—from civil society, the United Nations, donors, businesses and researchers—in a collective effort to improve nutrition.

The World Bank: The World Bank is a vital source of financial and technical assistance to developing countries around the world. Established in 1944, the World Bank Group is headquartered in Washington, DC. It has set two goals for the world to achieve by 2030: end extreme poverty by decreasing the percentage of people living on less than \$1.90 a day to no more than 3 percent; and promote shared prosperity by fostering the income growth of the bottom 40 percent for every country.

Annex 3: Additional and heavily cited resources

1. Learning to realize education's promise, 2018. *World Development Report 2018*. World Bank Group. Washington, DC. <http://www.worldbank.org/en/publication/wdr2018>
2. Denboba, A.D., Sayre, A.K., Wodon, Q.T., Elder, L.K., Rawlings, L.B., Lombardi, J. 2014. *Stepping up early childhood development: investing in young children for high returns*. Washington, D.C. : World Bank Group. <http://documents.worldbank.org/curated/en/868571468321240018/Stepping-up-early-childhood-development-investing-in-young-children-for-high-returns>



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• **Normal Growth**
(5 years old)

• **Stunted Growth**
(5 years old)



1 in 4 children
under the age of five
(159 million children)
suffer from stunting



Children who are stunted are **15 times more likely** to contract upper respiratory infections and diarrhea



Stunted children are **more likely to** start school late, repeat a grade, or drop out



Childhood stunting reduces a person's potential lifetime earnings by at least **10 percent**