

Brazil case study:

Building policy support for investment in early child development

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1. Introduction

This case study is implemented within the project 'Fostering policy support for child and family wellbeing - Learning from international experience'. Using a thematic and analytic framework for the project that draws on Kingdon's multi-streams theory,² we are gathering and sharing evidence and learning on what has led to increased policy recognition of and policy change in family and child health and wellbeing (FCHW). In specific countries that have demonstrated policy recognition and change in FCHW post 2000, we are exploring within their context how different policy actors have come together to raise policy attention, develop policy options and promote their political adoption as processes for policy change, taking advantage of windows of opportunity for that change. The case studies were implemented with a local focal person with direct knowledge or experience of the policy process and include evidence from published and grey literature and interview of key informants involved in the policy processes.

This case study explores the multi-dimensional strategy that increased recognition, policy and program support for early child development (ECD) from municipal to federal level.

A sustained, non-partisan network on ECD, the Rede Nacional Primeira Infância (RNPI) brought together non-state and state actors from diverse disciplines. Together they used the opportunity of wider democratic changes to translate the science, communicate and raise awareness on a different understanding of children and their rights as a principle of policy change. They advocated a change from reactive welfare assistance to proactive investment in ECD, reflecting growing international and local scientific evidence of the socio-economic importance of ECD.

A combination of political and technical actors and processes took this forward into changes in policy and practice. Dr Terra, health minister in Rio Grande do Sul applied practice from Cuba in his state, demonstrating the feasibility of intervention. A coalition of actors and institutions in Brazil (MCSVF, INSPER) and in the USA (HCDC and DRCLAS) connected with Dr Terra, setting up a scientific committee, research and a high level training programme for social, political and institutional leaders. This training deepened their scientific knowledge, stimulated their advocacy and catalysed a range of state, municipal and national ECD programs, backed by local training, research and dialogue.

The organisation of political champions in a parliamentary caucus helped to take this practice innovation to policy and legal adoption of a federal program, Criança Feliz, facilitated by Dr Terra's rise to federal level as a chair of the caucus and by support of technical inputs. Journalists helped to communicate accessible messages on the science and amplify these through a range of media.

Investments are now being made to ensure positive feedback from effective service implementation to sustain support through: co-ordinating vertically between central, state and municipal levels; horizontally across sectors and gathering evidence from both monitoring and rigorous evaluation.

2. The context

Brazil is a middle-income country, the largest in Latin America and the ninth largest economy globally. It has a population of 205.5 million, 7% of whom are under-five years of age (UNSD, 2019; IBGE, 2017). Brazil had high rates of economic growth to the early 2000s, albeit with large regional and social disparities. About 42% of children are from families with incomes below the poverty line (IBGE, 2017; Girade, 2018; World Bank, 2019b). In 2017 26.5% of people were poor and social inequality is high, with a gini coefficient of 53.3 and social variation across regions and population groups (World Bank 2019a). Almost half (47.8%) of Brazilian children under 14 years of age live in poverty or extreme poverty (Fundacao Abrinq, 2015). In 2017, 86% of people lived in cities. Public health, education, housing and other social services have not kept pace with population growth, although a Bolsa Familia social protection scheme (described later) had reached 11.1 million families by 2016.



Brazil map, Source: Wikimedia Commons

The country is a federal republic, with 26 states, the Federal District and 5 570 municipalities. Each subnational unit is autonomous, with full powers of self-government and self-regulation. After a military dictatorship lasting 21 years (1964-1985), constitutional reforms in the late 1980s led to a civilian government, democratization, social organization and from the 1990s, demands on successive governments to improve rights, including to services and to citizen participation in policy-making (Coelho et al., 2017).

Despite high poverty levels, Brazil has made rapid strides in improving maternal, newborn, and child health and survival, albeit less so for poor families (Human Development Dept Brazil CMU, 2001; Barros et al., 2010; Barufi, 2012). Under-five mortality per 1000 live births fell from 103.5 in 1975-1980 to 14.8 in 2017, partly due to improved access to primary care and maternal and child health services post 1990 (UNICEF, 2019). Improved service access was facilitated by expansion of universal health care at primary level in the national health system (the SUS), with attention given to ensuring access in vulnerable populations and remote regions. Under-five year old stunting (chronic malnutrition) fell from 19.4% in 1989 to 7.1% in 2007 (UNSD, 2019; OHCR, 2015).

The first years of life are understood internationally to be important for child development, motivating a call for investment in early childhood development (ECD) (0-5 years), especially in disadvantaged families (Anderson, 2018). Without this, children may develop cognitive, emotional and behavioral problems that persist throughout their lives, although positive or enriching environments can support recovery (Bick and Nelson, 2015). ECD is affected by a range of factors, such as maternal and child malnutrition, maternal depression, exposure to infection, toxins, stress and violence and poor opportunities for learning and family or social interaction (Bick and Nelson, 2015; Yousatzai and Arabi, 2015). ECD interventions thus include nutrition, stimulation and care of children, as well as measures that address family conditions and income transfers through cash and tax benefits and employment support, especially for women. They also include parental leave benefits, early child education and care, prevention of teen pregnancy and safe births (Pelto et al., 1999; Kamerman et al., 2003; Irvin et al., 2007).

In the 1900's the role of ECD in wellbeing across the life-course was not well understood in the society, nor amongst most professionals. Historically, and particularly in rural families, children were seen as an investment for the future security of the family. Social norms on gender roles implied different life courses for male and female children. In the 1960's, children were treated in policy as 'vulnerable' and objects of charitable intervention and care. This was particularly so for those living in poverty. Legal codes in Brazil protected children as 'minors' and as 'non-adults', rather than as individuals with their own rights.

3. The policy change

This section identifies the content of the policy change towards more holistic, community- and family-based approaches to ECD, while the next tells the story of how this change took place.

One dimension of change was in how children were conceptualised in policy. As described later, the democratic movements of the 1980s organized in all sectors, raising a claim for public participation in the new democratic dispensation and in the process of defining the new [Constitution of Brazil](#). Particularly in relation to children, there was an intention to change the way children were conceived of in the Brazilian Constitution, in law and in public policy. They advanced the concept of the child as an integral person, a citizen from birth, with their own value and rights and experiencing an ongoing process of development that placed duties on the family, the society and the state. In 1988, the new Brazilian Constitution took on this concept. It gave special focus to children and made it the duty of the family, the society and the state as an 'absolute priority' (the only place this term is used) to ensure their rights to life, health, nutrition, education, sports, leisure, professional training, culture, dignity, respect, freedom, family and community living (Govt of Brazil, 1988; UN, 2014).

A second change was in the measures and service collaborations applied to deliver on this concept. An [Estatuto da Criança e do Adolescente](#) in 1990 marked a change from an earlier 'Code on protection of minors' to reflect a policy commitment to protection, promotion and participation, with provisions for early child education. A 1996 law (Lei nº 9.394) defined early childhood education between birth and six years of age as the first stage of basic education. In 2000, early childhood education and care (ECEC) was included for the first time in the school census (Govt of Brasil, 1996; Fler and Hedegaard, 2009; Revista Escola 2010). In the 2000's, a range of conditional cash transfers were introduced to support health, education and wider family needs of disadvantaged children. They were combined as [Bolsa Família](#), a social protection scheme, that was and scaled up from 2003 and paid on the basis of the number of children in each family, conditional on school attendance and regular health consultations (OHCHR, 2015). These transfers reached 42 million people by 2019. While the scheme set up a register of beneficiaries, the transfers were still applied in facility-based approaches, rather than in community-centred approaches.

While significant contributors to child wellbeing, these changes did not yet address all aspects of child development in the first critical years of life, or the quality of what was done in these services and how they worked together to improve child development (UOL Educacao, 2013; OHCHR, 2015; Freitas, et al., 2008; Tokarnia, 2018). Early efforts, where implemented, were more focused on reducing child mortality through health sector interventions or social protection through education services. The public had limited knowledge about ECD and to some extent saw places in crèches and preschools more as a means to enable parents to work, than to develop the child. A holistic approach to ECD called for a wider co-operation across health, education, social development and other sectors, rooted in the family and community. This case study describes the changes that followed - and are still in progress - to advance this more holistic approach to ECD.

Firstly, as further detailed later, there has been a *growth in understanding of, social organisation on ECD and political leadership support for ECD* at all levels, in the institutional and political understanding of ECD and in its communication to the population. A widely inclusive National Network on early childhood, the [Rede Nacional Primeira Infância](#) (RNPI) and ECD investments and programs were established in different municipalities and states, culminating in the federal ECD program, [Criança Feliz](#), described later. The changes applied evidence on ECD, international experience of what works, experience of subnational application at state and local level and investment in the capacity of civil servants to adapt and innovate on ECD programs. They involved technical and capacity support from Brazilian partners, such as the [Maria Cecilia Souto Vidigal Foundation](#) (MCSVF), a 54 year-old Brazilian non-profit foundation working in various areas of social development, as well as from international institutions (Guerrero, 2017). As a reflection of the growth in political leadership on ECD, described later, the enactment in March 2016 of Law No. 13,257 ([Lei No. 13.257, 8 March 2016, Marco Legal da Primeira Infância](#)) set principles and guidelines for developing and implementing public policy on ECD (Library of Congress Law Library, 2016).

The law established a regulatory framework for the rights of children up to six years of age; for identification and prevention of violence against pregnant women or children and for increased paternity leave. It required every municipality to have a safe public space for children under three to play and transparency in public investment in ECD (Guerrero, 2017; Library of Congress Law Library, 2016; Sobrieira, 2016). In 2016, a presidential decree established Criança Feliz as a national program under the Ministry of Social Development (MDS).

*Political, social and technical support for ECD translated into programs at federal, state and municipal levels, consolidated by state law and policy. While diverse, the programs in different areas all seek to support ECD, especially for vulnerable families, through home visiting and centre-based programs, such as [Familia Que Acolhe](#) in Boa Vista in Roraima state and *Mãe Coruja* in Pernambuco state (Anderson 2018, Girade 2017). Criança Feliz as a national program extended beyond social protection for vulnerable families and children to support the wider development of children. It represents the federal policy uptake of the sub-national initiatives that grew over the years (Girade 2018). It involves regular home visits to strengthen family skills for ECD and to link families to intersectoral initiatives providing social assistance, healthcare and education, to support culture and children's rights (Girade 2018). Across the country, trained social workers travel by boat, car, foot, truck and bus to visit people in their homes. They visit pregnant women monthly, mothers with children 0-3 years weekly and twice a month for children with disabilities aged 3-6 years. Over an hour they help parents interact, play, sing and show affection to build learning and loving relationships with their children. *They explain to parents why this matters: Emotional safety underpins cognitive growth. Intelligence is not fixed, but formed through experience* (Anderson, 2018:3). Home visitors are themselves trained in a cascading capacity-building strategy by municipal-level supervisors, who in turn are trained by state-level multipliers, who themselves are trained by national technicians. Each municipal supervisor is responsible for up to 15 home visitors and each home visitor can attend to up to 30 children or pregnant women. The 4025 eligible municipalities in Criança Feliz are those with over 140 children on the national register of vulnerable children, with reference centres and capacities to provide social protection. By 2019 Criança Feliz had reach 2 623 of these municipalities and aims to reach all.*

A fourth sign of the policy change is the level of new public investment in ECD. The Ministry of Social Development allocated US\$100 million in 2017 and US\$200 million in 2018. Further funds are contributed from the education and health ministries. These federal funds are transferred to states for municipalities through the National Social Assistance Fund for their training and expenses, including monthly payments of an average of US\$609 for supervisors and US\$318 for home visitors, compared US\$655 and US\$228 for average and minimum wages respectively (Girade, 2018).

The key policy changes that relate to this case study are outlined in the timeline overleaf. The next sections explore the actors, processes and relationships that contributed to realizing these changes.

While a formal evaluation of Criança Feliz is underway, there is already evidence of the positive effects of these changes. By 2018, two years after Criança Feliz was adopted, of Brazil's 5 570 municipalities, 2 614 had joined, and 1 856 had started conducting home visits involving 185 910 children and 26 383 pregnant women (Anderson 2018, Elliott 2018, Gerrero, 2019). In 2017, twenty-five of the country's 27 states had enrolled in the program. *No city or country has ever attempted to reach so many people in such a short amount of time...They are raising the bar for what is possible nationally* (Anderson, 2018:3). Nationally, the share of adequately trained teachers in early child education rose from 42% in 2013 to 50% in 2018 and the gross coverage rate in creches rose from 10% in 2005 to 30% in 2018, although their quality is still to be assessed and addressed. The infant mortality rate per thousand fell from 26.1 in 2000 to 12.4 in 2017 (Fundacao Abrinq, 2015). In the Northeast region, some states with higher infant mortality rates achieved up to 30% declines in infant mortality (Azevedo de Aguiar et al., 2007). According to one key informant, after 5 years of the ECD program in Boa Vista, day care enrolment and day care places increased significantly, as did prenatal appointments and parents reading to their infants, while the level of child mortality fell by 16.6%.

Timeline of policy events relating to ECD

Year	Policy/ law/ program
1970s and 80s	End of the dictatorship in 1985 and social movements on constitutional rights and key areas such as health and children's rights. In 1987 a multisectoral and multistakeholder commission set up to frame and include children's rights in the Constitution. In 1988 the Federal Constitution includes universal and free healthcare for all citizens and children's rights. Health sector programs established in neonatal, maternal and child health care.
1990s	Health service reforms for baby friendly hospitals and management of childhood illness, for humanising antenatal care and delivery and birth registration. In 1996 Public Law LDB on early childhood education (0-6 years) as the first stage of basic education and the <i>Estatuto da Criança e do Adolescente</i> opening dialogue on how children are seen in law.
2000-2001	Regional services/ national programs for high risk pregnancy, neonatal screening, and distribution of contraception. ECEC included for the first time in the school census.
2003	Local innovation in the <i>Primeira Infância Melhor</i> (precursor to <i>Criança Feliz</i>) introduced in Rio Grande do Sul. <i>Bolsa Família</i> cash transfer scheme introduced.
2004	Pact for reducing infant mortality in the Amazon and North east regions of Brazil.
2006	State Law (No. 12) in Rio Grande do Sul makes PIM a public policy for all the municipalities.
2007	The National Network, the <i>Rede Nacional Primeira Infância</i> formally established
2010	National Plan for Early Childhood published including state and municipal plans.
2011	Launch of the Núcleo Ciência pela Infância (NCPI) as a collaborative initiative of Brazilian and US institutions. Osmar Terra and partners lobbied congress to meet some costs of a course for parliamentarians at Harvard's Center for the Developing Child , while MCSVF recruited other participants, covering the costs of ten and other costs.
2012	The Executive Leadership Program in Early Childhood Development (ELP) launched by the NCPI in 2012 to equip public and private leaders from multiple sectors to advance ECD.
2013-2015	Annual ELP courses held; Federal Deputies who attended ELP become mayors in Boa Vista and Arapiraca with ECD a central platform for their campaigns and municipal policies on this issue. The <i>Família que Acolhe</i> programme set up in Boa Vista with the intention to strengthen the family relationships and integrated service support for ECD. First ladies from São Paulo and Fortaleza and the state of Pernambuco use ELP to develop or improve city/state-wide early childhood initiatives. A Brazil-based course set up for implementers. MCSVF consultant legislative support to federal deputies to prepare a law on ECD.
2016	Law No. 13,257 (Lei No. 13.257, de 8 de Março de 2016 , PLANALTO enacted in March, establishing principles and guidelines for the preparation and implementation of public policies for early childhood. Despite political instability, <i>Criança Feliz</i> formally instituted as a national program in October 2016 through a presidential decree. A federal deputy and 21 senators who attended the ELP course are elected as state governors.
2018	Federal funding for <i>Criança Feliz</i> in the Ministry of Social Development (now Citizenship) Child of the Day series published in the newspaper <i>Folha de São Paulo</i> Formal 4 year cohort impact evaluation of <i>Criança Feliz</i> initiated and baseline implemented.

Sources: Barros, 2010; Govt of Brasil, 1996; Queiroz and Cairns, 2015; Library of Congress Law Library, 2016; Sobrieira, 2016; Guerrero, 2017; Anderson 2018, Girade 2017; Coelho et al., 2017

4. The story of the change

The drivers of the changes in policy on ECD reflect a strategic interaction between social, technical and political domains.

The next sections describe the processes that helped to bring ECD onto the policy agenda, to shape and inform its content and to build political support for its adoption and for investment in it. While presented sequentially, these key processes were often intertwined in time and interacted with each other.

4.1 Generating social recognition and understanding of ECD

Brazil has had various forms of social organisation around different areas of health and wellbeing, including for its universal health system (the 'SUS'), for citizens' participation in social policy development and for health and social rights. In the democratic transition after 1985, many people from these movements went into the state (Coelho et al., 2017). The social processes that grew around the reform of the national Constitution opened a space for concurrent social organization on children, involving people from all sectors and organisations involved with children, as well lawyers, journalists, women's movements, international agencies (UNICEF, UNESCO) and organisations representing specific groups of children, such as street children. While the National Constituent Assembly was engaged with the Constitution, this national movement on children sought to understand and influence how children would be represented and reflected in the new Constitution. They convened meetings, expert testimonies and discussions across states in schools and other public spaces. They gathered direct evidence from children; organised a petition signed by several hundred thousand people and produced papers and weekly messages in the media. The movement consolidated the ideas from these processes with scientific evidence, professional knowledge and evidence from the international summits on children. They prepared an overall position on children's rights, on the duties to meet them and on the integrated, holistic, participatory, decentralized approaches for this (RNPI, 2013). These principles were affirmed in the Brazilian Constitution, whose enactment in 1988 preceded the UN Convention on the Rights of the Child in 1989.

These processes expanded the understanding of and social organisation around children as rights holders and ECD. The rights in the Constitution and the passing of the 1996 Estatuto da Criança e do Adolescente opened a new phase of social dialogue on how to implement these concepts. Formally established in 2007 as the National Network on Early Childhood, the *Rede Nacional Primeira Infância (RNPI)*, this now longstanding co-operation across disciplines, sectors, state and non-state actors in a non-partisan network facilitated various processes to input to municipal and state planning to realise these rights and concepts. They held meetings, discussions with children in schools and role plays and gave children cameras to photograph and identify issues that affect them. The RNPI documented the findings and issues raised in these processes to inform the municipal and state planning on ECD that is described further in the next section, and as input to the national plan for early childhood *Plano Nacional pela Primeira Infância* in 2010 (RNPI 2010). The adjacent graphics come from their materials.

The concepts raised in these processes were not without debate. From an economic lens, the policy case for ECD was elevated by Nobel Prize-winning economist James Heckman, University of Chicago, who demonstrated a high rate of return on investment



Rede Nacional Primeira Infância, 2010

in children 0-5 years in disadvantaged families. He showed that every dollar invested in such children delivers a 13% return on investment every year (Anderson, 2018). His work and that of local economists such as Ricardo Paes de Barros helped to provide persuasive evidence on the economic benefit of ECD. However, in the early years some disputed the shift of attention and resources from 'rights' to 'development' and the positioning of children's issues in terms of science and economy. Some employers resisted extending paternity leave. Technical and political actors also needed to be persuaded of the wider developmental benefit of ECD. This is discussed further in the next sections, given the key roles these actors played in shaping the policy content and its political uptake.

Over the years, in efforts to build a wider public understanding of the nature and value of ECD, the complex scientific information was translated into metaphors and other forms more accessible to the public. Local scientists and the MCSVF worked with a US NGO, the Frameworks Institute, to assess public and media views to build messages that could effectively communicate the science of ECD to the public. A 2012/3 study by MCSVF found media attention at the time to be more focused on older children and on survival and schooling and on superficial rather than structural causes of developmental problems. As noted earlier, women viewed preschools more as places to place children while they worked, rather than as learning centres. The study recommended public explanation of how children develop in the first years of life and how this affects their social, emotional and cognitive skills (Frameworks Inst., 2014). Together with the RNPI, journalists and media helped to communicate this 'science' of ECD to the public in an accessible way. The MCSVF and international partners held workshops on ECD for journalists from formal media institutions. Further annual short courses were convened by the International Center for Journalists, USA.

These capacities and information from UN and local sources were then used to prepare accessible stories. In 2018, a special series "[Child of the Day](#)", was published in different sections of the newspaper Folha de Sao Paulo from February to October 12, Children's Day. It was based on long conversations with 26 children 6 to 12 years old from public and private schools from all regions of Sao Paulo. The stories covered children's views on issues that they felt to be important, such as their social protection, corruption, the refugee crisis, the digital world, social media, school, bullying, racial perceptions, their futures, the need to be heard and a range of other issues. The full series was reported to be very popular amongst readers and the voice of children to have had an impact in changing social perceptions. The series can be found at the web link in the graphic.

The "Child of the day" series, Folha de Sao Paulo



Source: [Folha de Sao Paulo](#), 2018:7

MCSVF sponsored a [documentary, O Começo da Vida](#) (The Beginning of Life), that was screened in cinemas across 21 Brazilian cities in 2016 to over 21,000 viewers. As director at the time noted, *We want to make the science behind childhood development easy to understand for the everyday Brazilian* (Elliott, 2018:4). In a partnership with UNICEF, the movie was also translated into 22 languages and distributed to more than 90 countries, as part of their global advocacy on ECD. As a result of MCSVF's campaign, a major television station, Globo, introduced into a popular daytime series *Bem Estar* a regular five-minute slot on early-childhood education to increase parental awareness (Elliott, 2018). Diverse issues were presented for different audiences, such as how to address the impact of the [use of ipads and tablets](#) child wellbeing at different ages.

These media interventions amplified information outreach on ECD. People are now more informed on what to do for ECD. There is, however, seen to be scope for more direct voice of young people, especially children from lower income or more marginalized communities. The messages continue to be different for different social groups. While social norms have changed over the years, many lower income families still see preschool places as a means to enable parents, especially mothers, to go to work and view basics

like food and shelter as the focus to satisfy children's needs. Higher income families are preoccupied with use of ipads in early childhood, and their perception of a competitive society leads children to spend long hours in multiple different activities and classes. Gender roles were felt to have not greatly changed, slowing improvements in male roles in ECD.

There are a number of challenges in changing these social perceptions: Journalists face challenges in providing complex information on ECD in a simpler way, such as by sharing research and evidence through more compelling stories and direct testimonies. Mainstream media overall often has a negative pitch, and stories and information on ECD is generally more positive, sharing ideas for what to do. An initial focus on print and broadcast media needs now to be complemented by interventions in social media, facebook and whats app given their wider reach, while noting that these may be more difficult vehicles for communicating information on ECD.

MCSVF is thus now implementing a new strategy to reach communities and parents more directly through 'local community amplifiers'. These are people who live within communities, but have influence on social views. For example, MCSVF has held workshops on ECD for a movement of 'mother bloggers', for them to include ECD issues in their blogs and has engaged a high profile television personality called Dr Drauzio Varela, to produce a series on ECD. The organization is creating a whatsapp information campaign on ECD to reach family whatsapp groups, given the wide popularity of this platform in Brazil and Latin America. As a longer term strategy, government, through the Ministry of Citizenship, the Ministry of Education and the National Private Universities Association, have built a partnership to include ECD in the training curriculum for a range of professionals working with children, as an investment in the upstream processes needed to change social mindsets in the next generation and to build the social and professional demand needed to sustain and update policy on ECD, discussed later.

4.2 Stimulating and expanding viable approaches for ECD

While the social processes described in the previous section helped to raise attention to a more holistic, rights-driven approach to children and particularly for ECD, political and technical actors and processes played a key role in generating the specific changes in policy and practice.

In 2003, Dr Osmar Terra, a physician, as Secretary of Health in the state of Rio Grande do Sul, (subsequently a Federal Deputy in the Brazilian Congress and Minister for Social Development) created the [Programa Primeira Infância Melhor](#) (PIM) (the Better Early Childhood Development Program). Based on [Educa tu Hijo](#), a very successful case study from Cuba, it was a home-visiting program. Dr Terra began his political career as a mayor of Santa Rosa in Rio Grande do Sul in 1992 with an interest in what public policy can most dramatically improve the quality of people's lives (Anderson, 2001). When invited to take up the post of secretary of health, he presented the idea of the ECD program to the governor, who welcomed it (Peres et al., 2018).

This was followed by an exchange of ideas with local and international partners to develop the program, including with the MCSVF in Brazil, the Pan American Health Organization (PAHO) in the region, and Bernard van Leer Foundation, World Health Organization (WHO) and UNICEF internationally. These partners supported the development of technical material and a training methodology and guide for home visitors, based on the [Care for Child Development](#) method developed by UNICEF, WHO and PAHO (Girade 2018). A State Law (No. 12,544.4) in 2006 made the PIM a public policy to be implemented in all the municipalities in the state that were able and wanted to implement it. By 2018 it had spread horizontally to 246 municipalities and 210 000 children in Rio Grande do Sul (Peres et al., 2018).

In 2011, several initiatives came together: Dr Terra was working with Mary Young, a former ECD expert at the World Bank and advisor to the Harvard Center on the Developing Child (HCDC). At the same time, MCSVF was in dialogue with colleagues from the HCDC over the latter's plans to extending training on ECD in one or more Latin American countries. When Dr Terra approached MCSVF to explore co-operation on a one-off course for congress deputies to stimulate their role as advocates for ECD, MCSVF proposed a more regular annual training program for policy makers that would also include other social

and institutional leaders (Anderson, 2018). The MCSVF had a wider goal of translating the science of ECD, communicating it to society, as noted earlier, and to leaders through courses and symposia and of building a diverse community of researchers on ECD.

This wider vision led to a scientific Committee being set up in Brazil as a collaborative [Núcleo Ciência Pela Infância \(NCPI\)](#) involving the MCSVF, the Medical School of the University of São Paulo, the Instituto de Ensino e Pesquisa (INSPER) (or Institute of Education and Research) in Brazil and the HCDC and the David Rockefeller Center for Latin American Studies (DRCLAS) at Harvard University (Queiroz and Cairns, 2015). The NCPI guided the content and operation of the leadership course and has played a continuing role in convening leading Brazilian academics on a voluntary basis to share and disseminate their findings on ECD, motivated by the link to key policy audiences and practice. The NCPI has not only contributed to the training programs, but has also synthesized and shared evidence on ECD to support policy and program decisions. It has contributed to the wider communication of evidence, publishing [four widely read working papers on](#) ECD to support knowledge and decision-making. It has facilitated an [iLab Primeira Infância](#) hosted at INSPER as an innovation cluster on ECD and has convened annual International Symposia to share evidence from various disciplines and sectors (Harvard University, 2019; NCPI, 2019).

The first leadership course on ECD, the ELP, was launched in 2012 at the [HCDC](#) with around 50 participants, eight of whom were from the Congress. It cost about US\$8500 per participant, with Congress funding their participants and others supported by 10-12 scholarships annually from MCSVF and regular support from other partners, such as the Bernard Van Leer Foundation (Guerrero, 2017). The ELP has since taken place annually, with more than 500 Brazilian policy and civil society leaders, legislators, judges, mayors, state politicians and prosecutors trained to date. (Guerrero, 2017). The course begins with an intensive, week-long course at Harvard, where delegates in groups also develop and present projects. The projects are implemented in the next two-and-a-half months with the help of a technical facilitator and followed by a two-day review workshop at INSPER in São Paulo (Anderson, 2018).

The ELP contributed to an interdisciplinary knowledge on ECD that motivated and informed public leaders and was used as a catalyst for shaping and implementing new ECD programs and policies (Queiroz and Cairns, 2015). For example, after attending an ELP course in 2012/13 and becoming mayor of the city of Boa Vista (population 330000), Mayor Teresa Surita started an ECD program in Boa Vista. While the city had been taking up drug, violence and other issues affecting adolescents, there had been little attention to ECD. With scarce resources available to the city, the course and local evidence was persuasive in showing the potential social and economic gain that could be made in children and later in life by investing in child development from pregnancy to 6 years of age.



Children participating in play with their parents, Família que Acolhe Source: [A Mariot, Prefeitura Boa Vista, 2019](#)

The *Família que Acolhe* program was set up in 2013 with the intention to strengthen the family relationships and integrated service support for ECD. A session was held with all the local Congress deputies and secretaries of the municipality, including finance, to give feedback on the information gained in the course. With MCSVF's involvement, the local program was designed and an intersectoral committee set up for its implementation. Initially center-based, it expanded to include a home visiting program that supports mothers in the first weeks of infant's lives, promoting breastfeeding and mother care and ensuring a link to appropriate medical care and social assistance when needed.

For the first two years of life, women from vulnerable households participate in monthly in face-to-face meetings, in the [Universidade do Bebê](#), (baby university), where parents and caregivers are given information on ECD to strengthen family ties and support parents reading to their babies, to ensure medical care for mothers and children, guarantee in advance enrollment in day care and preschool and ensure links to Bolsa Familia (Peres et al., 2018). The program was established by law in Boa Vista and had reached over 12 000 families by 2018. A further 33 day care centres were built in the municipality and all professionals were trained, including those in the judiciary. Integration of services was not easy to achieve, and various measures were used to facilitate it. Budget resources were sector specific, so the budget each sector had for education, child health and so on were pooled and used for the collaborative ECD program.

The Boa Vista program tested and informed other innovations for ECD, such as a proposal in 2017 to extend the home visiting program to include gestation and age-specific topics on child health and development that could be discussed with caregivers at each home visit. Home visiting would start earlier in the second trimester of pregnancy with twice monthly sessions up to age 3 years, complementing and strengthening but not substituting prenatal care. Caregivers are also being invited to ECD groups meeting at accessible centers twice monthly (University of Sao Paulo, 2017). In the city, children and their needs are now considered in planning urban spaces, including public bathrooms, air-conditioned places for mothers and children during the carnival and so on. These innovations have been guided by the overriding perspective of putting the child at the centre.

There have been many other examples following the ELP courses of this local roll out of ECD:

- The *Pernambucana Mother Tree Program* (PMCP) was created in 2007 and a law passed to make it state policy in 2009. The First lady from Pernambuco used the ELP to build on this to develop city/state-wide ECD initiatives. The program is inter-sectoral, integrating secretariats of health, social assistance and education, and now operates in 105 municipalities of Pernambuco.
- The *Child Development Support Program* (PADIN) and Programa Mais Infância Ceará were introduced by the first lady of the state, Onélia Leite de Santana. The program has three pillars: Play Time, Time to Grow and Time to Learn, all using an integrated approach, home visiting and education activities (Peres et al., 2018).
- In Sao Paulo the *Criança Fala* (Child Speaks) project is building the confidence and skills of children in deprived areas of the city, visiting families to bring books and toys, playing with children, listening to their stories about their experiences with the local area and organizing craft workshops and cultural activities in public spaces. The program was introduced with the support of the city's First Lady, Ana Estela Haddad, on the basis that a city that works for children is better for everyone (Bernard van Leer, undated).
- A [Child and space \(A criança e o espaço\) project](#) convened by the RNPI is gathering information, suggestions and stories to inspire public managers in their elaboration of Early Childhood Municipal Plans, particularly in relation to the adequacy of spaces and services in cities that support child development until the age of six (RNPI website, 2019 and graphic overleaf). The network has also produced a guide to support municipal planning for early childhood (RNPI, 2017).

These state and municipal programs exemplify the many initiatives taking place across Brazil, instigated by political leaderships, drawing on and developing further experiences from other states and consolidating ECD through state policy and law reform.



[Rede Nacional Primeira Infancia](#), website 2019

While inviting first ladies to participate in the ELP was criticized in the beginning, they proved to be highly engaged with ECD and a significant contributor to its spread. The results of the PIM and then subsequent programs motivated and informed the creation of programs in other states and municipalities in Brazil, including those outlined above and others in Munhoz de Melo, Paraná, in Vila Velha, in Espírito Santo, in Iranduba, Novo Airão and Manacapuru, in the Amazon; in Acre, Amazonas, Roraima, Rondônia and Sao Paulo; in Fortaleza, Ceará, and Acreana (Peres et al., 2018). As these programs were implemented they were accompanied by efforts to stimulate and strengthen public understanding of ECD, as described earlier, to build social confidence, demand for and uptake of the changes. A social understanding of the initiatives, including amongst children themselves, was seen to be critical to reach and enroll children. For example, in Boa Vista, the walls of bus stop shelters included information about child care, nutrition, legal rights and other issues. A key message from Boa Vista was that *'A change in the way we see is the way we change the new generation.'*

After three editions of the ELP, MCSVF saw that the leaderships implementing projects needed local capacities to support their plans. While various workshops and symposia on ECD brought information into the public domain, in 2015, a Brazil-based course was set up specifically for implementers (DRCLAS, 2019). It offered mid-level practitioners and technical actors, especially from municipal level, the same training model, scope and quality of information, but locally at less cost. The local course informed the technical teams that would support changes proposed by the leaderships. There is concern that these local courses have the same frequency as the leadership ELP to enable this, given the greater number of leadership than technical courses currently held.

In its later editions, the ELP also supported federal level initiatives. It informed the policy adoption in 2016 of the federal program, *Criança Feliz*. The programs in states and municipalities were linked to the *Bolsa Família* conditional cash transfer program for poor families that was popular with the public for increasing the minimum wage above inflation and broadening state support for the most impoverished families. The *Bolsa Família* makes payments contingent on kids getting vaccines and staying in school and pregnant mothers getting prenatal care. This made it important, for example, that all children have their *Caderneta da Criança* (Child's Booklet) updated with nutritional follow-up and vaccination records to access its support (Girade 2018). *Criança Feliz* and its home visiting approach took a more community-based lens than the *Bolsa Família*, however. It thus needed to orient state and local capacities for its implementation, drawing on the experience, learning and capacities from more advanced programs. After *Criança Feliz* was launched, the MDS and MCSVF also drew content from the ELP to prepare a short course with INSPER to support the earlier described cascading of capacity building from national to municipal level.

The ELP also stimulated other strategic federal initiatives. For example, some participants in the 2018 course had diverse experience from working in the court system, such as from voluntary or agency work with children or as judges and legal professionals. They formed a group in the course to design and implement national work to orient the judicial system to address children's issues from a more holistic perspective and to link personnel in the court system with those from other sectors and services.

The ELP course gave them the scientific evidence they needed to take this up as a national program. The group engaged the human rights and justice ministries and the Ministry of Citizenship to introduce a training program for 23 500 people from all levels of the judicial system on the knowledge and competencies they need to address children's issues. A high-level national meeting gathered key federal level judicial personnel, including from the Supreme court, to hear evidence from the course and from respected leaders on ECD.

The group focused on the judiciary not only for their role in dealing with children issues in the courts, but also in recognition of the influence and respect judges have with municipal and state leadership and communities and their influence on social norms. Individual cases involving children were seen to provide evidence of the range of factors and services that are involved in matters brought before the courts and thus the relevance of taking a more holistic perspective in dealing with cases involving children. A plan is now being implemented to roll out of the training to all regions of the country, with ideas such as extending existing home visiting in Criança Feliz to other institutional settings where children are found, such as foster care and prisons. An existing online platform provides evidence on the roll out and what is being achieved, as well as the opportunity for dialogue on specific cases.

Criança Feliz reflects the intention to build co-operation across sectors. This was also a common feature of experiences of local ECD initiatives (Guerrero, 2017). Each municipality is required to set up an inter-sectoral committee of all health, education, culture, and other sectors that have a role in supporting ECD to strengthen application of related sub-national policies for social assistance, healthcare, education, culture and children's rights. When introduced, this was not easily accepted by local officials, especially those feeling that they were already overworked and underpaid. Officials who had previously focused on all age groups in vulnerable families could also not understand why they should now focus on children in the first years of life. Their support was facilitated by their inclusion in workshops at state level showing the evidence and wider benefit of ECD and reinforced by guidance documents, by leadership from mayors and governors and, in some areas, from committed finance secretaries. The latter was important as sectors needed to contribute or even pool their own budget resources for inter-sectoral co-operation on ECD.

The first phase of technical and scientific support has thus focused largely on 'getting the message out' to political, social and institutional audiences on the value of ECD and what needs to be done to improve it and to stimulate the adoption and early implementation of the program. The RNPI is also building a platform to monitor implementation of the laws on early childhood. With ECD programs spreading, multi-disciplinary teams are now doing implementation research on the impact of these policies. Such evaluation is viewed as being important to support and sustain the programs at all levels. In states, the monitoring and evaluation aims to improve processes and to show their impact to policy level. WhatsApp has also been used for national, state and municipal coordinators, home visitors and supervisors to keep in contact and exchange experiences, documents, photos and videos, '*humanising the implementation of the program*' (Girade 2018:38).

While the MDS, now the Ministry of Citizenship, is collecting evidence on the local application, it is also in discussion with partners to explore application of a system based on experience from Salta province, Argentina and Microsoft. Its use of software to analyse information uploaded by ECD home visitors on the family, including for neighborhood analysis and projections could greatly enhance the program.

Further, a formal external evaluation has been designed, involving internationally renowned epidemiologist, teams from six Brazilian Universities and wide peer review of the methods. From a 2018/9 baseline, the evaluation is following over four years a cohort of 3000 children covered by Criança Feliz and a control group not covered by it to explore the changes in the children and their families. It intends to provide preliminary data by 2020 and final data thereafter. The federal program is also collecting qualitative evidence to document and review the program's expansion and reported impacts.

The section presented evidence of how over fifteen years, key socio-political and technical institutions in Brazil and internationally worked to build and facilitate leadership and implementer understanding and support for ECD. This was a critical lever for the horizontal expansion of innovative local state and municipal practice on ECD and the framing of the national program. The next section shows how this contributed to formalising ECD in federal law and policy and institutionalizing it in practice.

4.3 Consolidating political support and leadership for federal ECD reforms

As noted in the previous section, the diverse actors and efforts building political support and leadership were critical for the policy and program changes in ECD. This section further explores this political support for the adoption and implementation of policy on ECD.

The leadership courses described in the last section were an important catalyst for political support and leadership. Federal Deputies, first ladies, mayors and governors who attended ELP courses made ECD a central platform for their campaigns and programs, as described earlier. In the first three years of the ELP, 27 members of the Federal House and Senate from multiple political parties participated in the course.

At federal level, a congress caucus formed called the *Frente Parlamentar pela Primeira Infância*. Initially chaired by Dr Terra and now by Congresswoman Leandre Dal Ponte, it actively supported ECD law and policy. The *Frente Parlamentar* drafted the *Marco Legal da Primeira Infância*, as the law creating the national policy framework on ECD and the mandate for government to create budgets and mechanisms to promote it (Queiroz and Cairns, 2015). MCSVF supported a consultant to help the deputies draft the law and present the evidence supporting it. Between 2011 and 2016 the deputies held hearings, shared evidence and engaged with particular debates on the legal positions, such as on what children could be exposed to in the media.

For some deputies, including those who had grown up in low income areas, the commitment to ECD came not only from scientific knowledge, but also from personal experience of the role of emotional support and parental care and relationships in their own early lives. The ELP course added persuasive scientific evidence to this experience to take the issue from a personal to a political level. The *Frente Parlamentar* consistently met and added new deputies annually from those who had attended the course. It continues to exist today as an important political advocacy forum for ECD.

The passing in March 2016 of Law No. 13,257 ([Lei No. 13.257, 8 March 2016](#)), consolidated in law the ECD policies for which political and leadership support had grown over the decade and that had demonstrated their feasibility and impact at local level. The law established the principles, guidelines and regulatory framework for ECD, and requirements for ECD facilities and transparency on public investment in ECD (Guerrero, 2017; Sobrieira, 2016). The process for the presidential decree that established Criança Feliz followed after this. Given the involvement of political leaders from different parties in the ELP, when it was formally proposed it received wide cross party support from across the political spectrum (Anderson 2018). A perception amongst some political leaders that Bolsa Familia alleviates the conditions of poverty, but does not change its trajectory meant that they saw that Criança Feliz could provide the education and social inputs needed to address the determinants of inequities in Brazil (Anderson, 2018, Girade, 2018).

In October 2016, Criança Feliz was formally instituted as a national program, through a presidential decree, to promote comprehensive development of children in their early years. It represents the federal policy uptake of sub-national initiatives that grew over the years and integrated many of their features, as described earlier (Girade, 2018). Just over a decade passed from the early days of PIM as a local program in Rio Grande do Sul in 2003 to the passing in March 2016 of the federal legal framework and the federal program for ECD. This is a relatively short time between the emergence of the idea and its policy adoption. Many people and institutions such as MCSVF and the RNPI played pivotal roles as links between social, political and technical actors, and key informants noted the personal, political role of Dr Terra in mobilizing the strategic forces for this change.

The concern has now shifted to ensuring that policy implementation provides a positive feedback loop, including for its continued political and social support. The Criança Feliz program is now implemented locally by states and municipalities and federally coordinated by the Ministry of Citizenship.

As a broad program involving sectors like health and education, its co-ordination at Ministry of Citizenship was an institutional change, given the prior focus of this ministry on public assistance. At each of the three levels of government - federal, state and municipal - the program has an inter-sectoral steering committee, a technical group and a coordinating body. The federal level coordinates national actions, supporting states and formulating training strategies. States are responsible for implementation in their area, for awareness-raising initiatives, for mobilising and training municipal supervisors and for monitoring. Municipalities are responsible for implementing the program at local level, for training home visitors, planning visits, supervising the field work and monitoring and assessing the visits (Anderson, 2018, Elliott, 2018, Gerrero, 2019).



Home visit, Criança Feliz

Source: [R Diniz, Bernard Van Leer, 2019](#)

The planning ministry and finance secretaries have a strategic role in stimulating the co-operation needed across sectors and locating the program monitoring in the state department under the presidency has been helpful to facilitate the engagement across ministries. However, while cross-sector co-operation has grown at municipal and state levels, often enabled by motivated leaderships, it remains a work in progress at national level. Work is also underway to share the positive experiences of cooperation in states and municipalities and one edition of the ELP has included participants from sectors involved in Criança Feliz, with their project on intersectoral governance.

The federal program faces other challenges: In many places, there aren't enough skilled workers to act as home visitors and in states such as Amazonas there are logistic challenges in reaching households (Anderson 2018). The training prepares home visitors technically, but does not always prepare them psychosocially for the poverty and distress they encounter. The social workers are trained to support nurturing care, but they are not mental-health experts and their turnover is high (Anderson, 2018). The impact evaluation, noted earlier, will provide useful evidence on some outcomes, but other changes within the family and the long-term effects beyond early cognitive and emotional development can take time to emerge and can be difficult to quantify (Anderson, 2018).



Brazilian child T Santana undated

Even after its adoption, political leadership has thus continued to play a role in supporting Criança Feliz. Federal parliamentarians play a role in convincing mayors at municipal level and governors at state level, and indeed their wives, to lead in promoting the inter-sectoral co-ordination and resources required for ECD. At federal level, the *Frente Parlamentar* is monitoring the budget lines that each ministry is currently allocating to ECD, to raise attention to the need to invest in ECD.

Political and technical actors at all levels remain important to ensure the scale-up, support, oversight and evaluation of the program to sustain and institutionalise it. This support is seen to be key to transform Criança Feliz from a government program to a state policy, from its legal basis in a presidential decree to enactment in a federal law and to ensure that the next four year plans provide dedicated budget lines for ECD in all relevant ministries.

5. Summary of and learning on key drivers of the policy change

5.1 Summary of key drivers and processes fostering policy change

The story of the policy change in Brazil is a rich and strategic one, involving a multidimensional and multi-actor strategy that engaged a range of political, policy, technical, media and civil society actors.

The conditions for a policy shift on ECD were set by a growth in social organisation, connecting to the constitutional and democratisation processes. Diverse disciplines, sectors, state and non-state actors networked in the non-partisan RNPI to raise the profile of children and change the policy view of children from being objects of charitable intervention to being citizens with rights, and individuals that are in an ongoing development from birth. This took policy dialogue from reactive welfare assistance to proactive investment in ECD. It coincided with a time of growing international and local scientific evidence of the socio-economic importance of ECD. While complex, this evidence was translated and communicated in various forms of media, including through radio, television, film and training and writing activities with journalists, to spread public understanding of the science.

A combination of political and technical actors and processes translated this new policy lens into specific changes in state and local policy and practice. Political and professional leadership from Dr Terra taking ideas from Cuba to innovate and spread new practice on ECD in one state (Rio Grande do Sul) demonstrated the form and feasibility of intervention. A coalition of actors and institutions in Brazil (MCSVF, INSPER) and in the USA (HCDC and DRCLAS) connected with Dr Terra in a timely coincidence of interests around advancing ECD, linking their networks. The collaboration shared evidence and collectively shaped and initiated the annual ELP training for social, political and institutional leaders, stimulating and supporting their role as advocates for ECD, with support from other international partners, such as Bernard van Leer Foundation.

This translation of science and the connection between science and politics was pivotal. The 'projects' after the course and initiative of these leaders catalysed new programmes on ECD across a number of states, municipalities and constituencies where those involved had influence. These programs demonstrated the possible, sharing experience and changing social awareness, attitudes and norms in the process.

Federal level politicians from multiple political parties that had participated in the ELP formed and worked in a parliamentary caucus to take the policies to federal level, strategically facilitated by Dr Terra's rise to federal level as a chair of the caucus; and by MCSVF support of technical inputs and policy dialogue forums. This enabled the caucus to draft and promote the 2016 law that created the national policy framework on ECD and the mandate for government to create budgets and mechanisms for it. The combination of social and cross party political demand, of practices showing what could be done, of the legal requirement for ECD and the opportunity of Dr Terra's role as Minister culminated in the presidential decree establishing Criança Feliz as a federal programme for ECD, drawing its design in a 'bottom-up' manner from the experiences of the early implementers.

This first phase of policy change successfully focused on 'getting the message out', persuading and building confidence in political, social and institutional audiences on the value of ECD and what needs to be done to improve it. Engaging journalists and media helped to amplify the messages and the translation of the science and policy for ECD in an accessible way. Social awareness and norms on children have changed and uptake of key services has improved, although with slow changes in gender roles. Attention has now shifted to ensuring that policy implementation provides a positive feedback loop, including for its continued political and social support in what has become a more volatile policy environment. This demands policy co-ordination.

One aspect of this, as a work in progress, is the *vertical* co-ordination between the central level, under the Ministry of Citizenship and the state and municipal levels. This continues to involve legislative champions, the RNPI, programmes with influential actors like the judiciary, capacity and resource transfers to encourage and enable policy uptake across the country. A second aspect, also a work in progress, is making strategic use of resources, capacities, social engagement and evidence to ensure the *horizontal* co-ordination across sectors and with social protection schemes like Bolsa Familia and the co-operation between state, technical and civil society actors for coherent and visible delivery of Criança Feliz. A third aspect is gathering evidence both from a rigorous external evaluation of impacts and from multiple forms of monitoring of delivery to continue to lever political support. Equally work is underway to reach now beyond leaderships through community amplifiers and widely used social media to inform and mobilise institutions, families and society at large to recognise the importance of ECD and to review, renew and sustain the measures for ensuring it.

5.2 Learning and insights on the facilitators of policy change

The summary describes the comprehensive theory of change and network of relationships that connected social, technical and political actors to lever policy, legal and program change in ECD in Brazil from local to federal level. The evidence and reflections from those directly involved in the policy changes on ECD in Brazil suggest further insights and learning from the experience.

In raising and keeping the issue on the policy and political agenda, the shift in policy dialogue in the 1970s and 1980s internationally, reflected also in the social movements in Brazil, promoted a different understanding of children within advocacy for a higher priority for the social and human dimensions of life. Raising such issues on the policy agenda is not simply an issue of strategies, it relies on communicating the values that lie behind those strategies and the vision of society that they communicate. This is particularly the case and potentially powerful when raising children's rights and wellbeing. As stated by Nelson Mandela: *'The true character of a society is revealed by the way it treats its children.'*

While the networking of civil society and other actors in a non-partisan manner was able to raise children's issues in Brazil, drawing on the values-based dialogue enabled by wider processes of constitutional development and democratisation, this space may not always be present. This raises an issue of how to ensure that such social dimensions have greater weight at times of crisis and austerity. In such times, social advocacy on children needs to make clear how the denial of rights to children and adolescents, denying them lives with dignity and the means to develop their human potential, leads to the erosion of the basis on which a society is founded and sustained. This in turn means raising the visibility of *children who are in the shadow of public policies, so-called 'invisible'* (RNPI 2019:10). Such social demand for this visibility and the change needed to respond to it must ultimately come from communities. The media can only amplify it.

In building political and public support, using evidence and international experience helped to build political support, as did significant levels of 'behind the scenes' personal and collective engagement. The investment in spreading the information on, understanding of and knowledge on ECD across the range of social, professional and political actors was not specific to a particular phase of policy change. The engagement for this was implemented in different ways as a consistent process, to bring about policy recognition; to encourage uptake of the ELP course; both to lever policy change and, as discussed below, to sustain it.

For the development and adoption of policy options, the ELP leadership courses were highly strategic in catalysing and informing leadership support, including to build a deeper understanding of how the science implied particular policy choices. The link built between scientific knowledge and learning from change through the practical application of the knowledge in the various municipal and state programmes was a key feature of the policy development. It encouraged wider practice through positive experiences shared and showed real examples of how the knowledge could be applied in Brazil.

Communicating this needed to factor in an understanding of the different audiences and their concerns, to tailor the evidence and messages. The ELP course has also involved leaderships from other countries such as Mexico and Colombia. Through this it has further spread the work and exchanges on policy approaches to other countries. Institutions such as the HCDC that convene such courses and the longstanding and consistent support of international agencies such as the Bernard van Leer Foundation have enabled the work to grow and expand in Latin America.

Development of the policy options and actions to build support for their adoption calls for many forms of collaboration. The collaborative scientific committee in Brazil played a key role in bringing together leading academics to contribute knowledge for policies and programs. The policy process avoided silo'ing children into one sector, showing everyone's role and identifying how various sectors and domains are entry points for intervention on common goals. The wide networking in the RNPI built dialogue across diverse sectors and actors. Fostering these various forms of collaboration brought a valuable mix of disciplines and experience to the policy process.

In sustaining policy implementation, building on all the steps to date, evidence of policy implementation and its impact is now a critical lever for sustaining that support. These processes of building political support and sustaining policy implementation call for a duration and consistency of input that is demanding. It calls for a link across many professions and actors, for collaborative networks, and a leadership that sees this as a life conviction. Networks help to share this load, to provide support and to exchange experience. *'When we are many we keep the march going.'*

The work in Brazil is also viewed as having been 'lucky', in having the right person at the right place in the right time and in the emergence of valuable partners when needed. Equally, however, strategic national actors have been able to foster, broker and take advantage of these opportunities and to guide processes. The many actors in the process have had a consistent political champion in Dr Terra and a trusted, strategic and effective broker in the MCSVF, facilitating the links and involvement across diverse groups.

Beyond policy delivery, sustaining and deepening the approach is seen now to demand a deepening social understanding of ECD and the initiatives needed for it, as a move from supply to demand-driven approaches. This includes bringing children's voice into the process. As children increasingly become protagonists in their own lives, it was perceived that they be given increasing voice in shaping their programs and services. *'We have to hear children.'*



RIBI Image, Brazil creative commons

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Endnotes

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- 2 See Loewenson and Masotya (2018) for information on the conceptual and analytic framework used.