جائزة خليفة التربوية

Khalifa Award for Education

Winner of the 2025 Khalifa International Award for Early Learning: Best Programs, Curricula, Teaching Methodologies and Practices

Save the Children US

Abstract

In 2013, Save the Children (SC) created Building Brains (BB), an evidence-based approach to supporting learning and development of children under ages three that has been implemented in some of the most deprived and difficult circumstances globally. BB is aligned with the Nurturing Care Framework developed by the World Health Organization, UNICEF, and the World Bank in collaboration with others. The Framework is designed to ensure attainment of the Sustainable Development Goals. In 2023, SC initiated a rigorous evaluation of the BB approach's progress and achievements to date addressing four key questions:

- To what extent, under which conditions, and for whom is the BB approach effective in improving early childhood care and development (ECCD) outcomes?
- What have been the uptake and coverage of BB?
- What are the barriers and enablers for BB uptake and quality implementation in humanitarian contexts?
- What have been the scope and main delivery modes of BB?

To answer these questions, SC's research team conducted a rigorous mixed-methods study guided by BB's theory of change to synthesize the evidence on this approach's uptake and effectiveness and gain insights into areas of opportunity for improvement and integration across diverse settings. The team used evidence from 14 intervention arms across 11 experimental or quasi-experimental studies to estimate BB's impact and assessed cost-effectiveness based on information from seven countries.

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The study leveraged management systems data from over 230 awards across 47 countries to examine and understand trends in uptake and scope and launched a global online survey on ECCD programming that gathered information from programs across 29 SC country offices. In addition, to improve understanding of the challenges faced by BB and to identify areas of opportunity for advocacy, uptake, and impact, the team carried out a comprehensive qualitative study with technical and frontline staff delivering BB in developing, emergency, and humanitarian settings.

The quantitative synthesis (meta-analysis) portion of the study found that BB was remarkably effective at a cost that is feasible even in low-resource contexts. For an average cost of $103 US dollars per child, BB produced improvements in children's developmental status across cognitive, language, motor, and socio-emotional domains that are considered moderate to large for outcomes at scale with a standardized mean difference (SMD) of 0.19. Caregivers substantially improved their nurturing care practices (SMD of 0.81). BB also improved the availability of reading and play materials (SMD:0.22) and the frequency of early learning activities (SMD:0.58). Violent discipline was meaningfully decreased (SMD:-0.27). All these findings were highly statistically significant. Further quantitative and qualitative results offer a nuanced understanding of the complexities, challenges, and opportunities associated with delivering holistic, play-based early learning programs across developing and humanitarian settings.

The study demonstrates the importance of investing in high-quality caregiving interventions to improve outcomes for the youngest children in the most vulnerable contexts and offers clear lessons for policy and practice.

Save the Children

Ten years of Building Brains:
An evidence synthesis of uptake and impact to date

1. Background

Parenting interventions can mitigate the risks that children face due to poverty and other contextual threats,[2] contributing to better learning, development, and health outcomes.[3] For babies and the youngest children, playful interactions with caregivers nested in a secure and nurturing environment offer crucial early learning experiences.[4] Too often, however, children miss out on such opportunities because their caregivers lack the skills, confidence, and support they need to offer them a safe, responsive, playful, and nurturing home.

In 2013, Save the Children created the Building Brains approach, an evidence-based intervention that is aligned with the Nurturing Care Framework.[5] Based on group and individual sessions with caregivers and their children under the age of 3, and a strong focus on behavioral change, Building Brains aims to foster responsive care and opportunities for early learning through play. Ten years after its launch, Save the Children initiated an internal review of the progress and achievements of the Building Brains approach to date. In this context, our research team conducted a rigorous mixed-methods study guided by the Building Brains' theory of Change to synthesize the evidence on this approach's uptake and effectiveness and gain insights into areas of opportunity for improvement.

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2 Belsky, J., Bakermans-Kranenburg, M. J., & van IJzendoorn, M. H. (2007). For Better and For Worse: Differential Susceptibility to Environmental Influences. Current Directions in Psychological Science, 16(6), 300–304. https://doi.org/10.1111/j.1467-8721.2007.00525.x 3 Jervis, P., Coore-Hall, J., Pitchik, H., et al (2023). The Reach Up Parenting Program, Child Development, and Maternal Depression: A Meta-analysis. Pediatrics May; 151 (Supplement 2)

4 National Scientific Council on the Developing Child (2007). The Timing and Quality of Early Experiences Combine to Shape Brain Architecture: Working Paper No. 5. Retrieved from www.developingchild.harvard.edu.

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

This document briefly presents our study, Ten Years of Building Brains: An Evidence Synthesis of Uptake and Impact to Date, which we are pleased to submit as our team's application to the Best Research and Studies Category of the Khalifa International Award for the Early Learning Field.

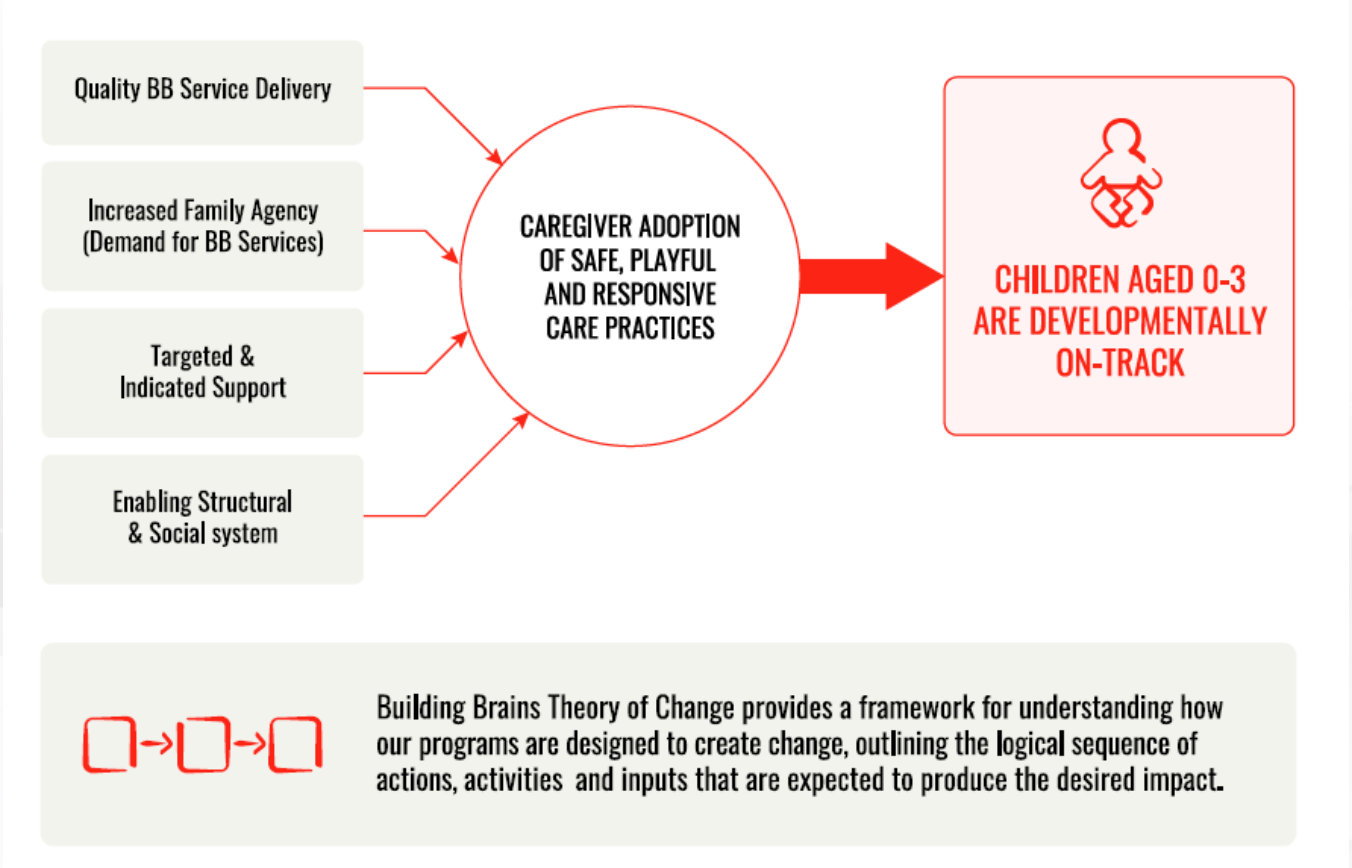
The rest of the document is organized as follows. First, we present and overview of the Building Brains approach, followed by the rationale, objectives and outline of the methods used in our research. Next, we address the four criteria outlined in the Kalifa Award guidelines and describe the innovativeness, relevancy, methodological rigor, impact and implications of our work. Finally, we include an Annex with links to technical and dissemination publications where we fully report our research questions, methodology, findings, and implications.

2. Overview of the Building Brains approach

Building Brains' ultimate goal is to ensure that more children, including children with disabilities and those living in adversity, are developmentally on-track and able to reach their full potential. One of the key mechanisms through which young children can achieve their developmental milestones is through playful, responsive, and safe interactions with caregivers. Therefore, the Building Brains Theory of Change focuses on caregivers incorporating key behaviors into their daily routines. To achieve this, Building Brains programs focus on improving intermediary outcomes related to four dimensions, as depicted in Figure 1:

1. ***Quality BB service delivery*** refers to BB group and individual sessions offered to young children and their caregivers.
2. ***Family agency*** focuses on increasing caregivers' access to and demand for BB services, encouraging them to incorporate the desired behaviors into their daily routines and holding BB services accountable for standards that meet the families' needs.
3. ***Targeted and indicated support*** focuses on ensuring that children at risk of not reaching their full potential receive the services they need (e.g., protection, psychosocial support, disability screening, and referrals to specialized care) to ensure an appropriate and equitable approach.
4. The ***structural and social system*** refers to the enabling environment and addresses BB's administrative, financial, technical, and social sustainability.

Figure 1: Building Brains Theory of Change



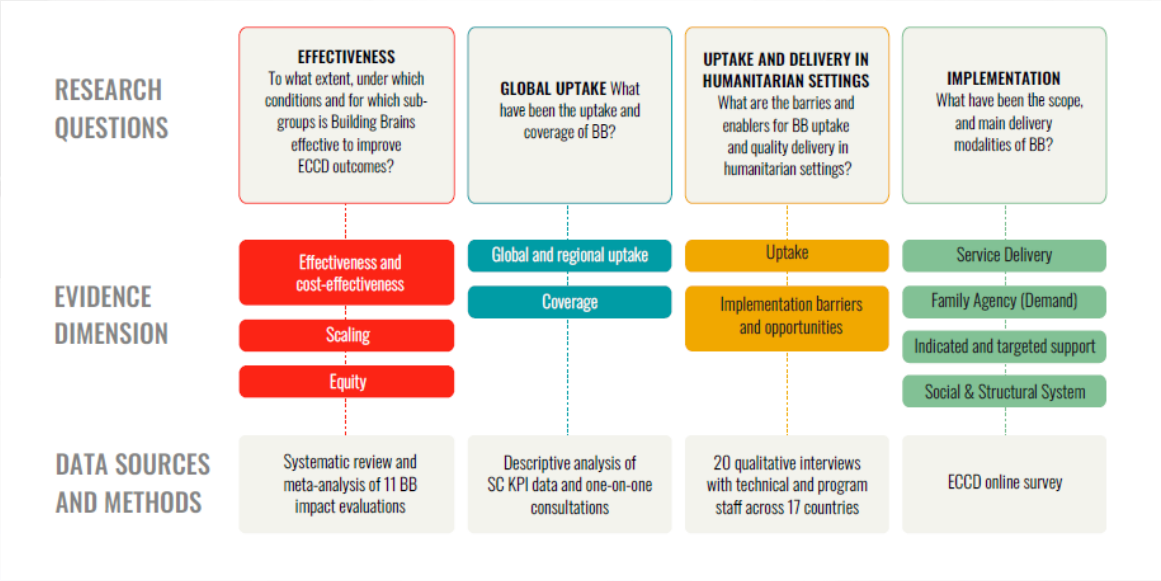
3. Research rationale and objectives

Save the Children has implemented Building Brains in some of the most deprived contexts in the world, including those marked by extreme poverty, humanitarian crises, cultural sensitivities, high mobility, and logistical challenges. Implementing evidence-based ECCD programs in such contexts is complex and involves substantive adaptations to local contexts and circumstances. Too often, program reach, acceptability, uptake, and effectiveness are affected by implementation and/or contextual challenges.2

Our research aimed to address the evidence gap around implementation of ECCE programs in developing, emergency, and protracted humanitarian settings. Using data and evidence from Building Brains

programs worldwide over the last decade, our Evidence Synthesis aimed to evaluate this program's effectiveness and offer key insights into its equity, acceptability, and integration across diverse settings. In particular, the Evidence Synthesis aimed to address four research questions, as outlined in Figure 2.

Figure 2: Building Brains evidence synthesis research questions, data sources and methods overview



4. Innovativeness and originality of the research

Our work draws on quantitative and qualitative information, including evidence produced by Building Brains programs across the globe over the last decade, results of newly conducted research, and the insights and perspectives of internal and external partners. Following a implementation science framework, our study encompassed a systematic review and meta-analysis of Building Brains' effectiveness and cost-effectiveness, supported by detailed programmatic data. We used evidence from 14 intervention arms across 11 experimental or quasi-experimental studies to estimate Building Brains' impact. Costing data from 7 of those programs were then used to assess cost-effectiveness. We leveraged existing internal management systems data on over 230 awards across 47 countries to understand trends in the uptake and scope of Building Brains programs to date. To better understand current implementation modalities, we then launched a global online survey on ECCD programming across Save the Children country offices. Finally, to understand the challenges and areas of opportunity for advocacy, uptake, and impact, we carried out a comprehensive qualitative study with technical and frontline staff delivering BB in developing, emergency, and humanitarian settings.

This methodological approach provided valuable and actionable insights that have already been integrated into our programmatic portfolio. Furthermore, it offered a nuanced understanding of the complexities, challenges, and opportunities associated with delivering holistic, play-based early learning programs across developing and humanitarian settings. Our work acknowledges the complexity and challenges of delivering cross-sectoral programs in resource-constrained settings and supports the need for an evidence-based, flexible model that can adapt to local circumstances, capacities, and needs.

The results support existing evidence that parenting interventions aligned with the Nurturing Care Framework are effective in improving child- caregiver- and household-level outcomes related to early learning and development. However, we found significantly larger effect sizes among programs with greater fidelity to the intended interventions, those delivering more varied services, and with higher attendance by caregivers. For example, our meta-regressions found larger impacts for programs including a targeted support component, such as individual sessions, specialized services, screening and referral of children, and early interventions supporting families with children with disabilities. These results confirm the necessity of delivering different levels of support for children and their caregivers based on their risk and needs, as recommended by the Nurturing Care Framework’s Universal Progressive Model.

Lighter interventions were still effective in improving child- and caregiver-level outcomes and some programs achieved larger reach at a lower cost per child. This indicates BB's potential for scalability and substantial impact on a larger scale when implemented within the parameters of quality and fidelity to the intended interventions. Our findings also support the program's potential for scalability and favorable cost-effectiveness when compared with other existing parenting interventions. By utilizing these results to inform adjustments and guide implementation at scale, we can enhance future program improvements and maximize its reach, effectiveness, and impact.

Our research demonstrated the potential of ECCD programs to close the equity gap and to produce lasting impacts in some of the most deprived communities at low cost. Building Brains benefited children and caregivers across different settings, and the range of maternal education levels is seen in the studies in this review. In some countries, BB led to a reduction in observed inequalities. For example, in Bangladesh, BB had a larger impact on lower-income households, girls, and less-educated mothers, and in Bhutan, the effect was strongest for families with fewer home possessions. The study from the 2017 BB program in Rwanda showed that the benefits on children's communication, problem-solving, and personal social skills showed sustained improvements almost three years later. Positive effects on maternal time investments, attitudes, beliefs, and investments in play resources also persisted over time.

Finally, our research supports the adoption of flexible, modular approaches that facilitate system integration and scalability, appropriate technical design (developmentally leveled, covering all five components of nurturing care, along with caregiver wellbeing, disability, gender, and adversity), and adequacy for implementation in both humanitarian and development contexts.

Countries considering parenting programs such as BB need to consider this inevitable trade-off between scale, reach, cost, and effectiveness. Scaling up allows for reaching a larger number of children and communities, potentially maximizing the overall impact. However, increasing scale often comes with challenges, such as the need for additional resources, coordination difficulties, and the risk of quality dilution if program roll-out is not managed effectively. For example, enlarged training cascades, limited monitoring of quality and fidelity, and coordination difficulties can lead to reduced impacts. Given the need for scalable programs and that direct government intervention seems to be the most viable long-term solution, simpler interventions using BB light touch components are a promising approach for effective integration of ECCD into existing services.

5. The significance of the research

Our research addresses critical issues in early learning policy and practice, from program adoption, acceptability, and integration across settings, including emergencies and protracted humanitarian settings, to equity and sustainability and the effectiveness and cost-effectiveness of such interventions.

As mentioned, Save the Children has implemented Building Brains programs in some of the world's most deprived contexts. By focusing on disadvantaged populations in understudied contexts, our research underscores the potential of ECCD interventions to foster equity and reshape educational policies for those most in need. The findings from our work provide several evidence-backed recommendations to improve nurturing care practices and early learning in critically underserved settings. From program adaptations and strengthened monitoring practices to capacity building and targeted actions, these innovations can amplify the impact of programs like Building Brains in environments where children are particularly vulnerable to conflict, climate change, the lasting impacts of COVID-19, and global hunger.

6. Clearly defined, replicable, and ethical methods

Our research methods are summarized in the initial sections of this document. Please consult our full publication, Ten Years of Building Brains: An evidence synthesis of uptake and impact to date, and its Technical Annexes for a comprehensive review of our work, methods, and results, including a detailed account of all the research questions, methods, data sources, analytical approaches and adherence to standard best practices for the systematic review and meta-analysis. We present an exhaustive description of the information sources, the review process, and the appraisal of the quality of the evidence included in the meta-analysis. We adhered to relevant rubrics in the Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols (PRISMA) 2020 statement and checklist for conducting the meta-analysis and reporting. In addition, we used the PICO framework6 with some adaptations to define the scope of the systematic review and determine the inclusion and exclusion criteria. Two members of our team (FC and PV) independently screened and extracted data, assessed study quality, and identified and discussed any discrepancies through consensus. Using this structured approach, we first identified 46 studies that reported on programs targeting ECCD outcomes, of which 28 referred to evaluation reports for programs using Building Brains. Finally, 11 studies corresponding to 14 intervention arms met the 6 inclusion/exclusion criteria outlined in Table 1 and were included in the final review and meta-analysis. Additionally, we acknowledge potential limitations and lessons learned from the research process.

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6 Schardt C, Adams MB, Owens T, Keitz S, Fontelo P. Utilization of the PICO framework to improve searching PubMed for clinical questions. BMC Med Inform Decis Mak. 2007;7:16..

In addition to the technical publications above, our team produced several innovative products to promote the dissemination, usability and impact of our research work across diverse audiences. These products include an Evidence Brief, a two-pager with key learnings on global uptake, impact and cost-effectiveness, and two-pagers with regional analysis on Building Brains' uptake and impact in Africa and in Asia.

7. Potential and/or demonstrated impacts

Building Brains effectively improved overall children's developmental status (SMD: 0.19; p=.000), with gains across all domains of cognitive (SMD: 0.18; p=.000), language (SMD: 0.20; p=.000), motor (SMD: 0.13; p=.000) and socioemotional (SMD: 0.18; p=.000) development, irrespective of the child's sex or age. Both female and male caregivers gained a better understanding of parenting practices, child developmental processes and milestones, and basic guidelines around health and safety, along with more positive attitudes toward playful learning (SMD: 0.81; p=.023). By participating in Building Brains, caregivers engaged in more frequent, varied, stimulating, and responsive early learning activities with children, enriched in terms of language, emergent literacy, and social-emotional responsiveness (SMD: 0.58; p=.000).

Positive, non-violent parenting practices increased (SMD: 0.32; p=.002), and violent discipline methods decreased (SMD: -0.27; p=.001). The quality of the home environment also improved, as measured by the increase in the availability and variety of reading and play materials, covering all developmental domains (SMD: 0.22; p=.014). Building Brains benefited children and caregivers across different settings and for the range of maternal education levels that were seen in the studies in our review. In some countries, BB led to a reduction in observed inequalities. In Bangladesh, the intervention had a larger impact on lower-income households, girls, and less-educated mothers. In Bhutan, the effect was strongest for families with fewer home possessions, demonstrating BB's potential to close the equity gap.

We carried out a moderator analysis to understand which implementation factors were associated with higher or lower program impact. For all outcomes with data from more than five studies, we used meta-regressions to explore which factors modified the average impact of BB. We explored potential effect modification by the scale of implementation, delivery sector, location of group sessions, target sessions, group session attendance, target components of the implementation, and intensity of the intervention. Despite the limited number of studies that warrant caution when interpreting some of the results, there were still valuable findings.

We found that Building Brains had a stronger impact on caregiver practices for programs where caregivers reported having attended an average of at least 8 group sessions. However, our results also showed that caregivers' initial uptake of BB services varied considerably from program to program and that simply offering the service does not necessarily translate to actual exposure or the desired impacts. On average, 30% of caregivers at the intervention sites in the 11 studies included in the meta-analysis reported that they had never attended a group session.

We used available evidence from interventions across Asia and Sub-Saharan Africa to calculate the average cost per child for BB. The direct costs of delivering BB, drawn from seven programs, ranged from $3 to $273 per child, for an average of $102 per child. This is comparable to the average of six parenting programs identified in the literature which also combine group session and home visits/individual sessions in LMICs. Consistent with what has been reported for other ECCD interventions, we found that programs with lower reach (less than 1,500 children) tended to include higher-intensity interventions with more varied components and achieved stronger effects, even if at higher costs per child. On the other hand, building Brains programs that were scaled up tended to deliver lower-intensity interventions at lower costs per child but were still effective in improving child- and caregiver-level outcomes.

Finally, we found that the effect sizes for all child- and caregiver-level outcomes were much higher among studies with higher and medium-quality evidence than those with lower-quality evidence. Using a systematic approach, two reviewers classified studies according to six quality criteria that considered both the threats/biases to the evaluation robustness and implementation/fidelity aspects. The quality of the evidence in three studies was classified as "high," in four studies as "medium," and in four studies (which included the two studies in humanitarian settings and the study implemented due to the COVID-19 pandemic) as "low." We invite the reader to explore these and other results along with their important practice implications in in our full publication and technical annexes.

Countries contemplating parenting programs such as BB need to consider this inevitable trade-off between scale, reach, cost, and effectiveness. Scaling up allows for reaching a larger number of children and communities, potentially maximizing the overall impact. Integrating with national ministries is a key way that Building Brains programs have explored scaling. Eight of the 24 Building Brains programs operating in 2023 were delivered through government services.

By being integrated into existing services, these programs typically reach a greater number of young children, compared to locally implemented programs or smaller pilots. However, implementing through existing national services comes with trade-offs, which in turn can impact effectiveness. Our findings suggest that simpler, lighter-touch interventions are a viable option for seemingly and effectively integrating ECCD into existing services. Given the potential gains in reach and sustainability, integrating with various national ministries is still an option that ECCD programs should continue to explore, alongside measures to ensure quality and fidelity to the approach.

7.1 Does the research have a potential or documented influence on policy or practice?

The Building Brains Evidence Synthesis offered both robust impact results and a nuanced understanding of the complexities, challenges, and opportunities of delivering holistic, play-based early learning programs across developing and humanitarian settings. Several actionable insights and concrete recommendations have already been integrated into our programmatic portfolio and have influenced practice both internally at Save the Children and among external key partners. Our publication and its dissemination have highlighted, across various platforms, the significant impact and potential of evidence-based ECCD interventions as an effective and scalable approach to help babies and young children achieve their developmental potential.

Internally, these discussions have led to greater recognition of ECCD as a priority area that can enhance existing child survival- or protection-focused programs. An updated implementation package, based on the findings of our work, was launched at the beginning of 2024. Key enhancements to the approach informed by the results include innovative monitoring and evaluation tools that focus on improving the fidelity of implementation and overall program quality.

The ECCD technical team has developed guidance to assist programs in streamlining accommodations for children with disabilities in every activity and providing targeted support for children with specific needs. The insights gained from our research have also contributed to the creation of job aids for individual sessions and the development of new, simplified modular resources designed to facilitate quick uptake and response during emergencies. To encourage the adoption of this evidence-based package, Save the Children has conducted a 16-week training course on the updated material, successfully graduating over 55 staff members from around the world to ensure they are equipped to implement the BB approach in their respective country offices.

Externally, the results have been shared with donors, local implementing partners, and national governments that have participated in implementing the BB approach in one form or another. The Evidence Synthesis underscores the potential of early interventions to reshape educational policies and practices for those most in need, offering communities and our partners a more holistic program for young children and their families. For example, in Bhutan, the government has fully institutionalized the BB approach at the national scale, and the learnings from the current research have influenced new and improved practices to promote fidelity and program quality.

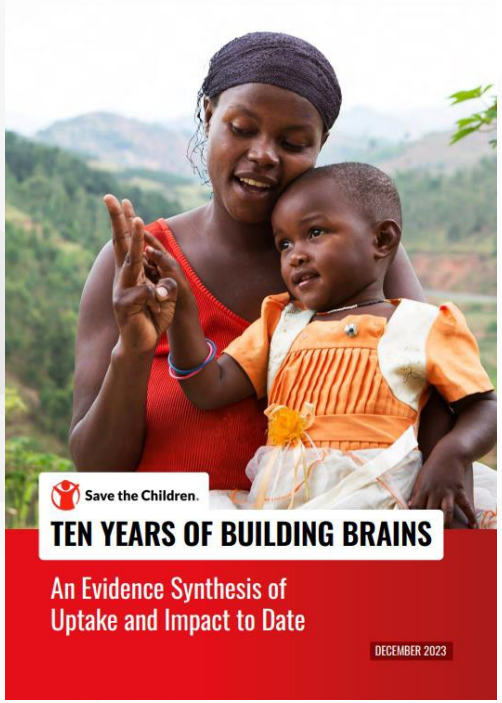
7.2 Are findings and insights from the research applicable to similar populations and contexts elsewhere?

Or findings indicate that the uptake of parenting programs, and the integration of ECCD into existing programs or platforms should be a key priority for governments, donors, and other partners. BB was found to be effective, adaptable and scalable approach that helps babies and young children reach their developmental potential across settings. Importantly, the findings and insights from this research can be relevant to similar populations and contexts worldwide, particularly those that are underserved or culturally diverse. The play-based approach's adaptability and documented success offer practical solutions that can be tailored to meet diverse needs, ensuring its scalability and applicability in various contexts.

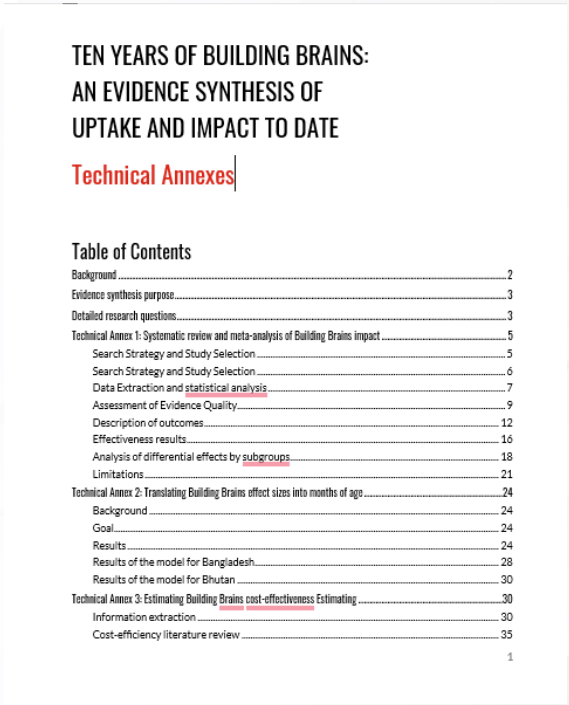
APPENDIX: LINKS TO TECHNICAL AND DISSEMINATION PRODUCTS

Main Reports and Technical Annexes

[Full Report](#)
[Evidence Brief](#)



[Evidence Synthesis Technical Annexes](#)



TEN YEARS OF BUILDING BRAINS:
AN EVIDENCE SYNTHESIS OF
UPTAKE AND IMPACT TO DATE

Technical Annexes

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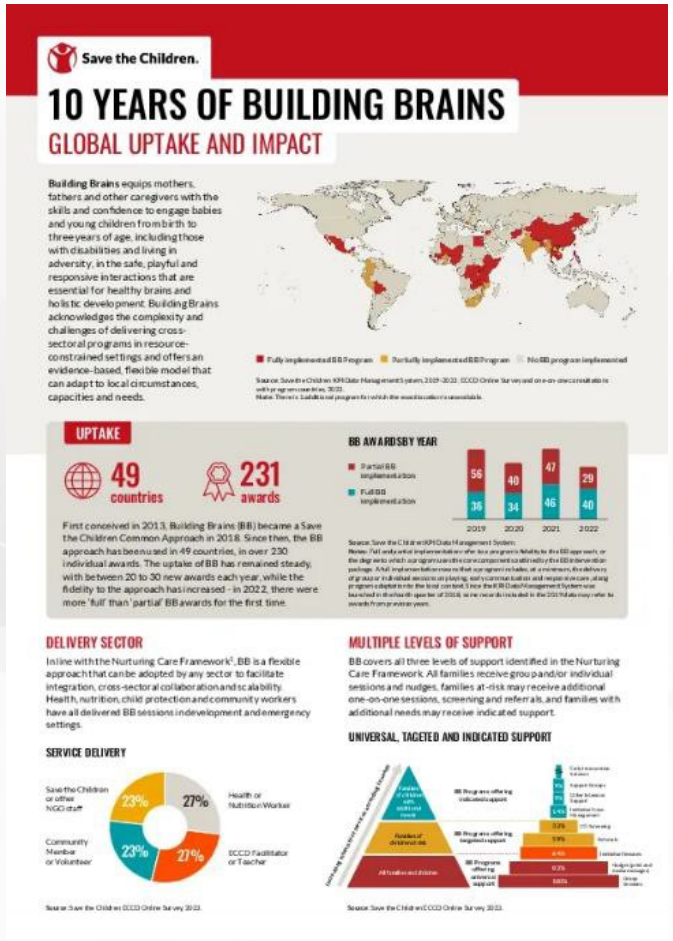
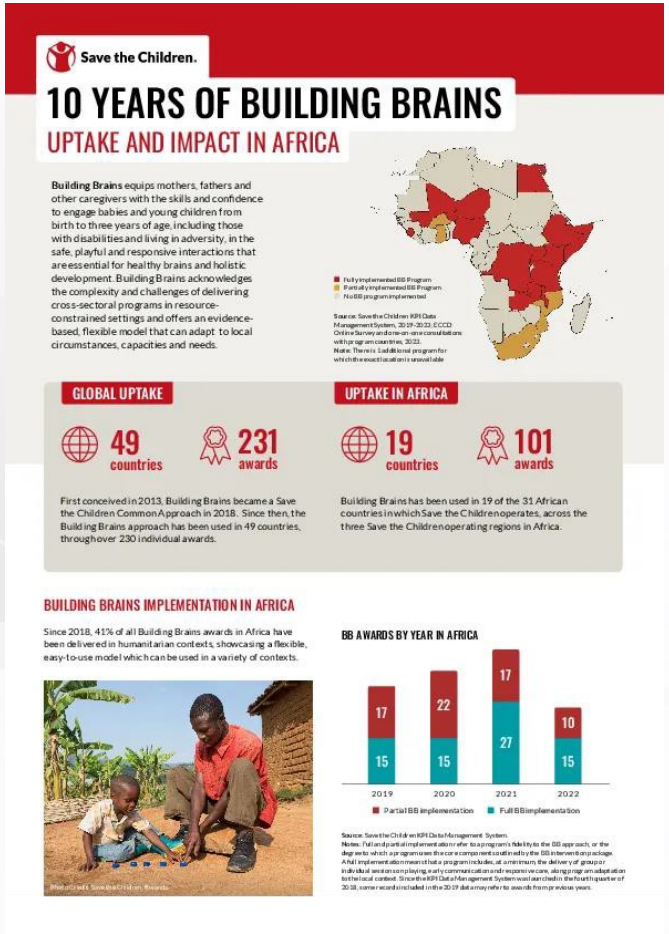
1

Other dissemination publications

[10 Years of Building Brains: Global uptake and impact]



10 Years of Building Brains: uptake and impact in Africa



Save the Children.

10 YEARS OF BUILDING BRAINS
UPTAKE AND IMPACT IN AFRICA

Building Brains equips mothers, fathers and other caregivers with the skills and confidence to engage babies and young children from birth to three years of age, including those with disabilities and living in adversity, in the safe, playful and responsive interactions that are essential for healthy brains and holistic development. Building Brains acknowledges the complexity and challenges of delivering cross-sectoral programs in resource-constrained settings and offers an evidence-based, flexible model that can adapt to local circumstances, capacities and needs.

Source: Save the Children KPI Data Management System, 2019-2023; ECCD Online Survey and one-on-one consultations with program countries, 2023.
Note: There is 1 additional program for which the exact location is unavailable

GLOBAL UPTAKE

49 countries
231 awards

First conceived in 2013, Building Brains became a Save the Children Common Approach in 2018. Since then, the Building Brains approach has been used in 49 countries, through over 230 individual awards.

UPTAKE IN AFRICA

19 countries
101 awards

Building Brains has been used in 19 of the 31 African countries in which Save the Children operates, across the three Save the Children operating regions in Africa.

BUILDING BRAINS IMPLEMENTATION IN AFRICA

Since 2018, 41% of all Building Brains awards in Africa have been delivered in humanitarian contexts, showcasing a flexible, easy-to-use model which can be used in a variety of contexts.

BB AWARDS BY YEAR IN AFRICA

Source: Save the Children KPI Data Management System.
Notes: Full and partial implementation refer to a program's fidelity to the BB approach, or the degree to which a program uses the core components outlined by the BB intervention package. A full implementation means that a program includes, at a minimum, the delivery of group or individual sessions on playful, early communication and responsive care, along with an adaptation to the local context. Since the KPI Data Management System was launched in the fourth quarter of 2018, some records included in the 2019 data may refer to awards from previous years.

IMPACT OF BUILDING BRAINS PROGRAMS IN AFRICA

Guided by Building Brains Theory of Change, we carried out a meta-analysis of the program's impact on child- and caregiver-level outcomes in two countries in Africa (Rwanda, Tanzania). We included 3 studies[1] corresponding to a total of 6 intervention arms and examined the improvements achieved for those outcomes.

Photo Credit: Save the Children, Rwanda.

IMPACT ON PARENTING PRACTICE

Studies from **Rwanda and Tanzania** showed that BB transformed female and male parenting knowledge[2] and early learning and responsive care practices.[3] Caregivers reduced their use of negative discipline[4]—interestingly, reduction was particularly strong in Africa, compared to other regions with BB impact evaluations. Through BB, caregivers were more responsive, built strong connections and engaged babies in more playful experiences.

IMPACT ON CHILDREN

By participating in BB, children achieved more advanced skills across all domains of development.[5] Globally, these gains translated into a developmental advantage of around 3 months compared to children not participating in BB.[6]

CUSTOMIZED DESIGN FOR FAMILIES' NEEDS

All programs offered universal support to families through group or individual sessions. However, each program adapted and localized the approach to meet the specific needs of families. Many programs also integrated unique design components, such as father's engagement activities or support to children with disabilities, to best engage with caregivers and children.

HOW HAS BUILDING BRAINS BEEN CUSTOMIZED IN AFRICA?

UGANDA	ETHIOPIA	SIERRA LEONE	TANZANIA	RWANDA
In Uganda, BB has been integrated into a national package for health workers, called Boost for the Youngest. Recently, the package has been used in humanitarian settings.	In Ethiopia, BB is being combined with livelihood interventions for refugee caregivers in Gambella and is integrated through the Ministry of Health and the local government.	In Sierra Leone, BB has been used in programs targeting adolescent mothers and fathers, integrated through the local government.	In Tanzania, BB included a specific intervention to explore how reducing inter-partner violence, in addition to reducing negative discipline practices with children, could positive impact child development outcomes.	In Rwanda, teams capitalized on the popularity of radio shows by creating an innovative, drama-based radio content for each BB session.

For each intervention, and for each outcome, we used intention-to-treat standardized effect sizes, to calculate the pooled impact for BB using random effects meta-analytic models. We report these results using standardized mean differences (SMD), which represent the differences for a given outcome, for children participating in BB compared to children non participating in BB.

1 Unless otherwise specified, results refer to the pooled impact from studies in Rwanda (2017 and 2020) and Tanzania (2022).
2 SMD= 0.50; 95% CI 0.33 to 0.68; (N=2)
3 SMD=0.70; 95% CI 0.58 to 0.81; (N=4)
4 SMD= -0.40; 95% CI -0.61 to -0.19; (N=4)
5 SMD= 0.19; 95% CI= (0.09 to 0.28); (N=6)

6 Using data from the 2019 study in Bhutan, we explored the developmental trajectories of children participating and not participating in BB to approximate the gains attributable to BB, in months rather than by a standard deviation unit. We found that children participating in BB benefited from a developmental advantage of around 2.7 months, compared to children that did not participate in the program.

For more details on the data shared in this brief, please see the Building Brains Evidence Synthesis Report and Technical Annex.

For more information on Save the Children's Building Brains Common Approach, please contact Sara Dang (sdang@savechildren.org). For questions on the evidence synthesis results please contact Filipa de Castro (fdecastro@savechildren.org).

10 Years of Building Brains: uptake and Impact in Asia