

SOCIAL SAFETY NETS, HUMAN CAPITAL AND EARLY YEARS

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AGENDA

- I. The importance of building human capital**
- II. Contribution of social safety nets to human capital**
- III. Early years are the foundation of human capital**
- IV. Social safety nets boost outcomes for young children through “cash plus” programming**
- V. Three country case studies:**
 - I. Indonesia**
 - II. Niger**
 - III. Burkina Faso**

Human capital accounts for the largest share of wealth worldwide

Human capital consists of the knowledge, skills, and health that people accumulate throughout their lives, enabling them to realize their potential as productive members of society.



SURVIVAL

Children who don't survive to fulfil their potential



SCHOOL

Contribution of learning-adjusted years of school to productivity of future workers



HEALTH

Contribution of health (adult survival rate and stunting) to productivity of future workers



HCI

Productivity of a future worker
(relative to benchmark of complete education and full health)

X

X

=

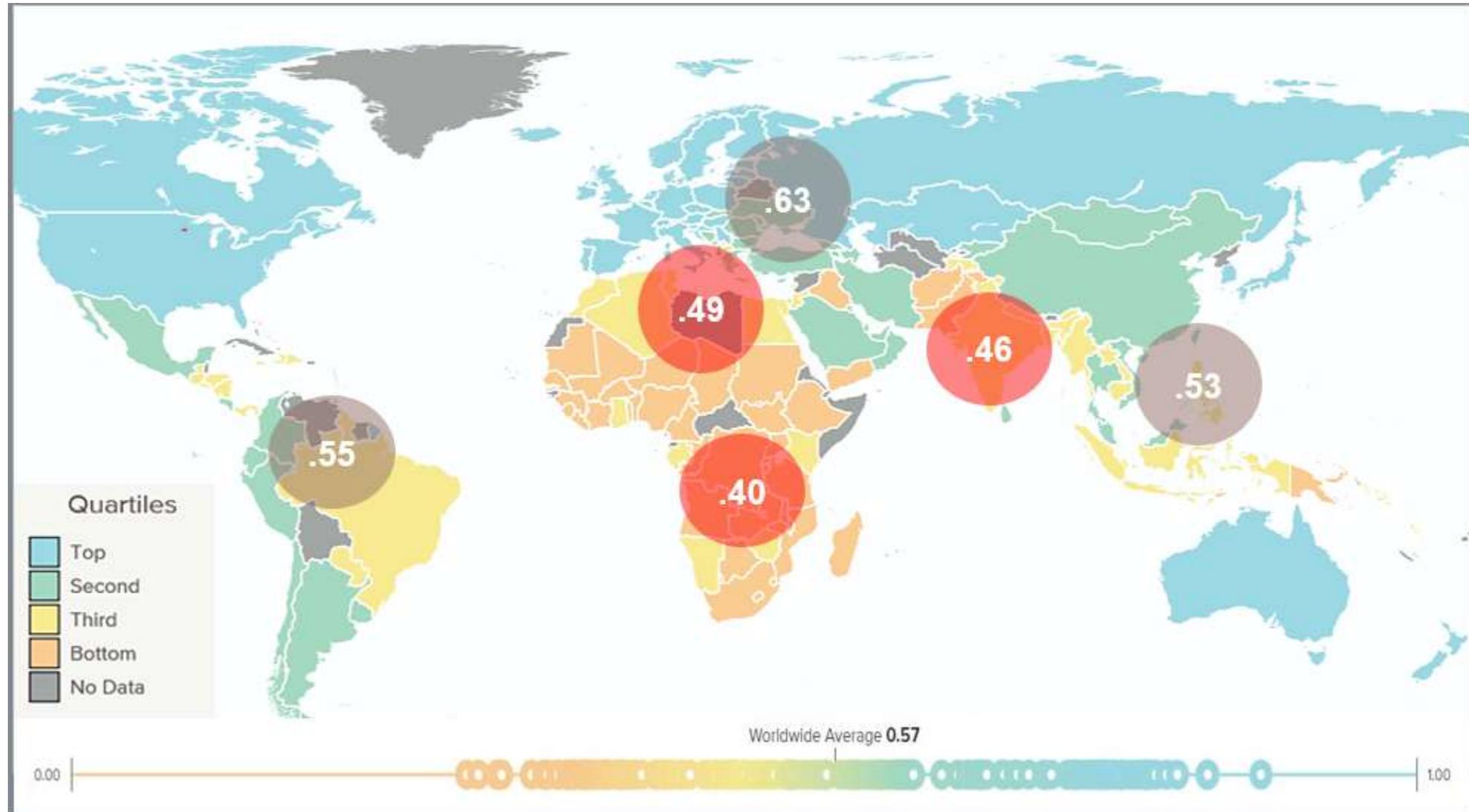
The World Bank measures human capital using the Human Capital Index (HCI)



Challenges to human capital remain

- **Nearly 60% of children born today** will grow up to be, at best, half as productive as they could have been with complete education and full health
- **250 million children**, or nearly a quarter of young children worldwide, are stunted due to chronic malnutrition and illness
- **Worldwide, only half of all three- to six-year-olds** have access to pre-primary education and 263 million children are out of school
- **Half of all people** can not access essential health services
- Extreme poverty affects **1 in 5 children globally**, as compared to 1 in 10 adults
- In the poorest countries, **four out of five people are not covered** by a social safety net

Human capital deficits persist worldwide





SSN helps households to build human capital

SSN:

- Reaches poor households with income support to fight poverty and invest in the human capital of their members
- Incentivizes demand and promotes access to health and education services
- Provides information and direct services to support investments in human capital
- Prevents and mitigates the negative impact of shocks on human capital

SSN improves human development outcomes

Theory of Change



INCOME SUPPORT



(cash, in-kind, vouchers)

Goods: more/better food, water, soap, medicines, books or toys

Services: more health care, education

Time Use: reduce child labor, allow for more and higher quality caring hours

Socio-emotional functioning: reduced stress and depression, greater bandwidth for parenting

Prevention of risks: diversification of income generation sources, better employment opportunities

“PLUS”



(information, services directly provided, nudges or conditions to use other services)

Parenting: breastfeeding, nutrition education, early childhood stimulation

Health care: pre-natal, attended deliveries, vaccines, weight checks, growth monitoring

Education: preschool, primary, secondary

Training: job skills, adult literacy, socio-emotional skills, entrepreneurship skills

DESIRED OUTCOMES:

-  Reduced poverty and vulnerability
-  Increased savings
-  Reduced Inequality
-  Higher birthweights
-  Lower morbidity
-  Better nutrition
-  Higher enrollment
-  Higher attendance
-  Better grade progression
-  Higher completion rates
-  Better test scores
-  Better cognitive/non-cognitive skills
-  Better labor market outcomes
-  Reduced stress and depression

Social safety nets enhance human capital through the lifecycle



Increase uptake of health services for pregnant women

Increase vaccination and growth monitoring

Reduce child labor

Reduce teenager pregnancy

Enhance female labor force participation

Increase life satisfaction and reduce stress

Reduce infant mortality

Improve child health, nutrition, and development

Increase school enrollment and attendance

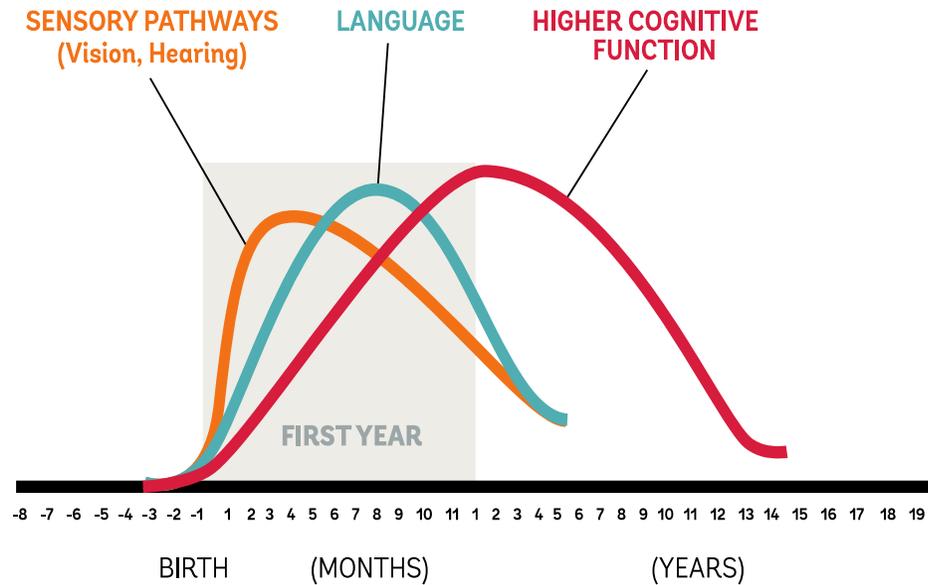
Empower women

Help to build skills for work and life

Improve health for elderly

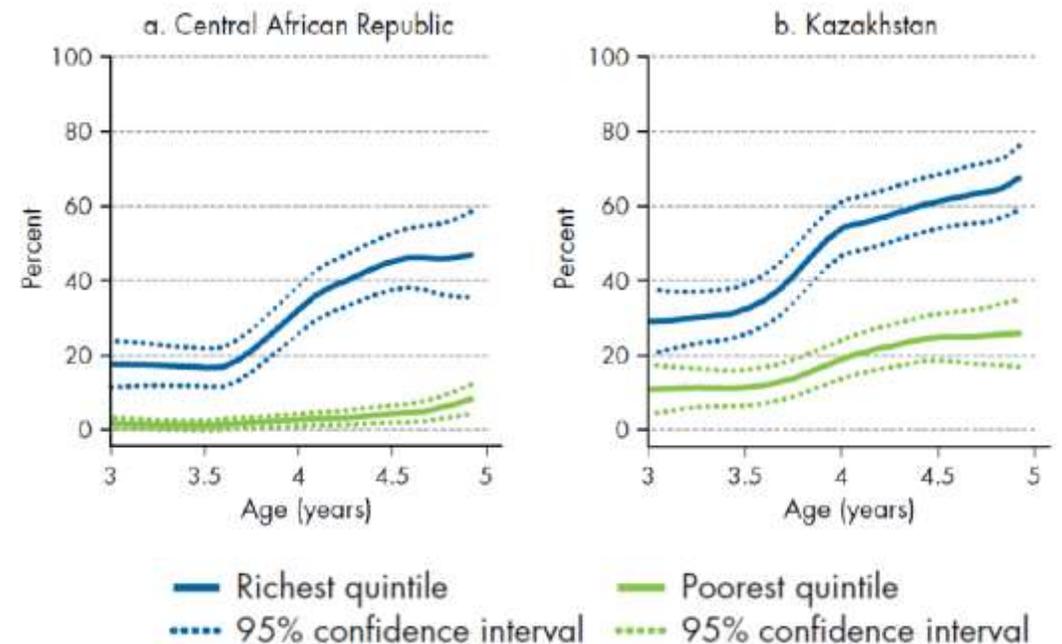


Investing early builds human capital and combats inequality

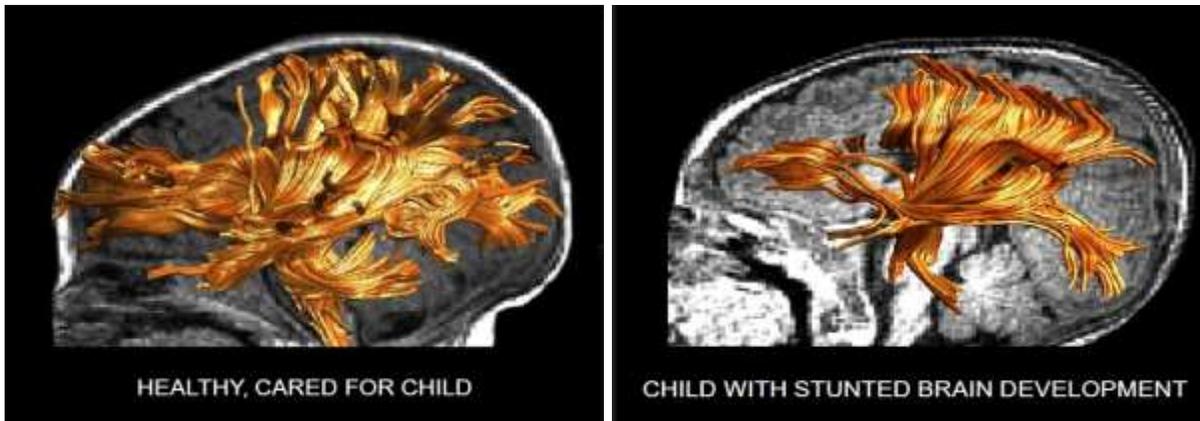


C. Nelson, in *From Neurons to Neighborhoods*, 2000

Percentage of children ages 3-5 who can recognize 10 letters of the alphabet



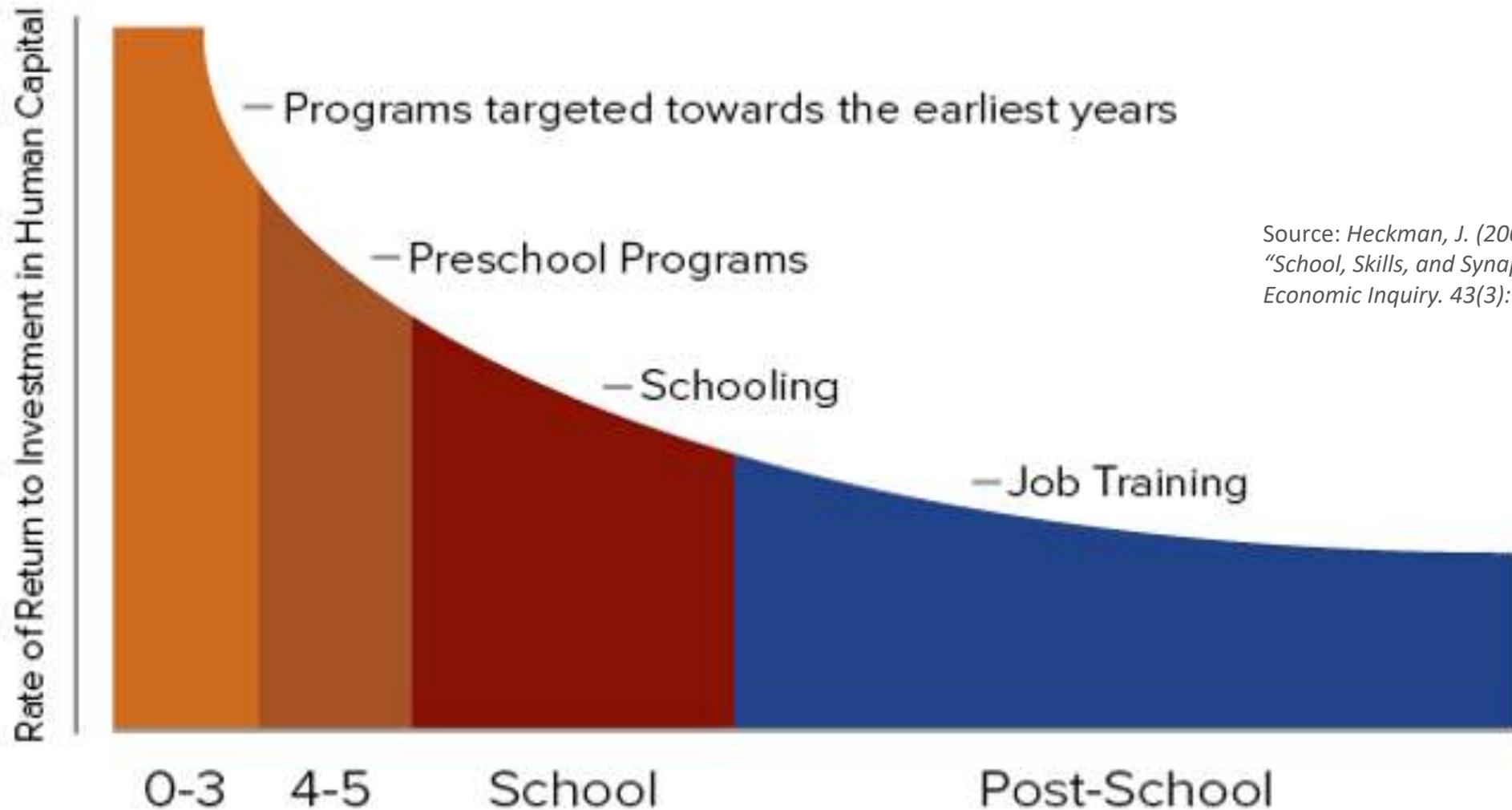
Source: World Bank Development Report: LEARNING to Realize Education's Promise 2018



Charles A. Nelson, Harvard Medical School, and others (2017). Picture © Nadine Gaab and Charles A. Nelson

Investing in the early years **maximizes returns**

Returns to a unit dollar invested are highest during earliest years



Source: Heckman, J. (2008).
"School, Skills, and Synapses"
Economic Inquiry, 43(3): 289-324.



**GOOD
NUTRITION
AND HEALTH**

ESPECIALLY IN THE FIRST 1,000 DAYS



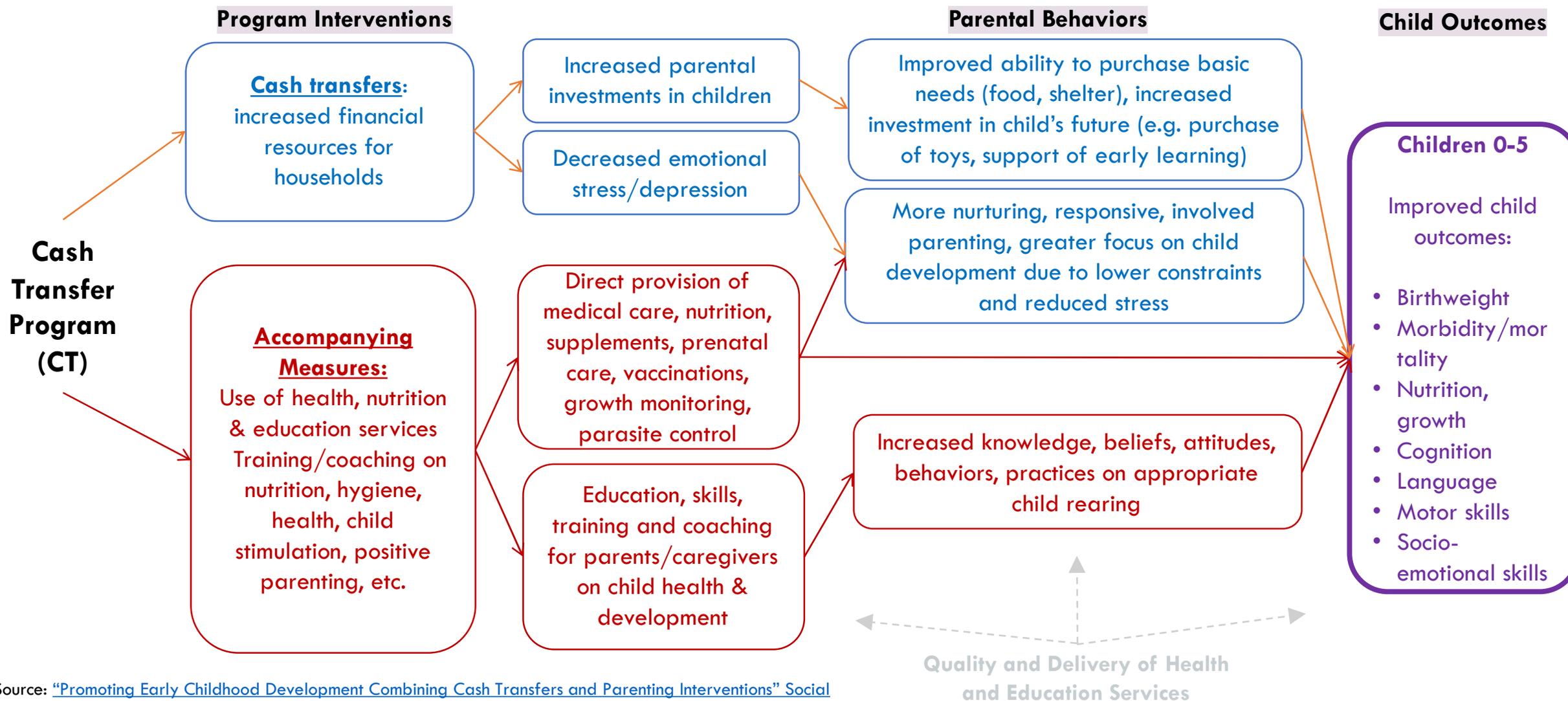
**EARLY STIMULATION AND
LEARNING OPPORTUNITIES**



**NURTURED
AND
PROTECTED**

A multisectoral agenda for the early years to ensure children reach their full potential

How social safety nets boost outcomes for young children



Examples of Accompanying Measures during the Early Years



Parenting interventions

- Cover topics such as nutrition, health, hygiene, child stimulation, and positive parenting



Nutrition interventions

- Support dietary diversity, nutrition education, access to clean water and sanitation, protection from illness



Incentives to use services

- Increase demand for external services (education, health) or provide services directly

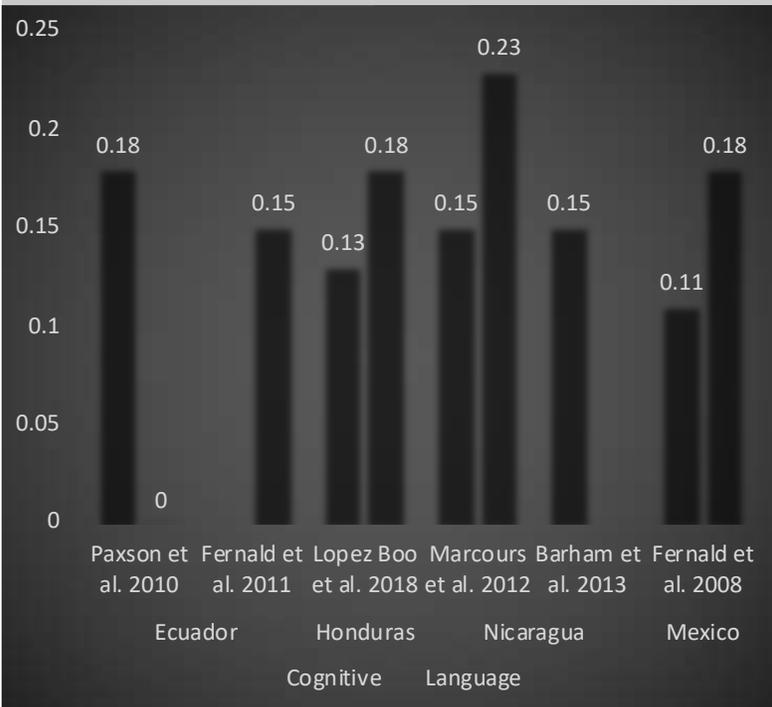


Behavioral measures or "nudges"

- Promote changes in choices or actions to benefit ECD, such as through self-affirmation or plan-making

Impacts of social safety net programs on the early years

Impact of Cash Transfers During Early Years on Cognitive and Language Skills



Source: [Arriagada, Ana-Maria et al. 2018](#)

Note: size effects measured in standard deviations

Evidence shows that cash transfers:

- Promote the use of **health services** among pregnant women and young children
- Improve **food consumption** and in some cases improve nutritional outcomes (stunting, wasting)
- Mitigate negative impact of **early life shocks**
- Reduce **morbidity** and in some cases **infant mortality**
- Improve **child development** (cognition, language)
- Improve **family wellbeing** (enhancing household environment for child development)

Three case studies exemplify SSN innovations during the early years

1. Indonesia: Accompanying measures for child and maternal health and nutrition
2. Niger: Accompanying measures for child development
3. Burkina Faso: *Mobile creche* program





Case Study #1: Indonesia's Conditional Cash Transfer (PKH)
Steisianasari Mileiva | Social Protection and Jobs – Africa Region

Indonesia:

- ✓ **270 million population**
- ✓ **17,000 islands**
- ✓ **South East Asia largest economy**

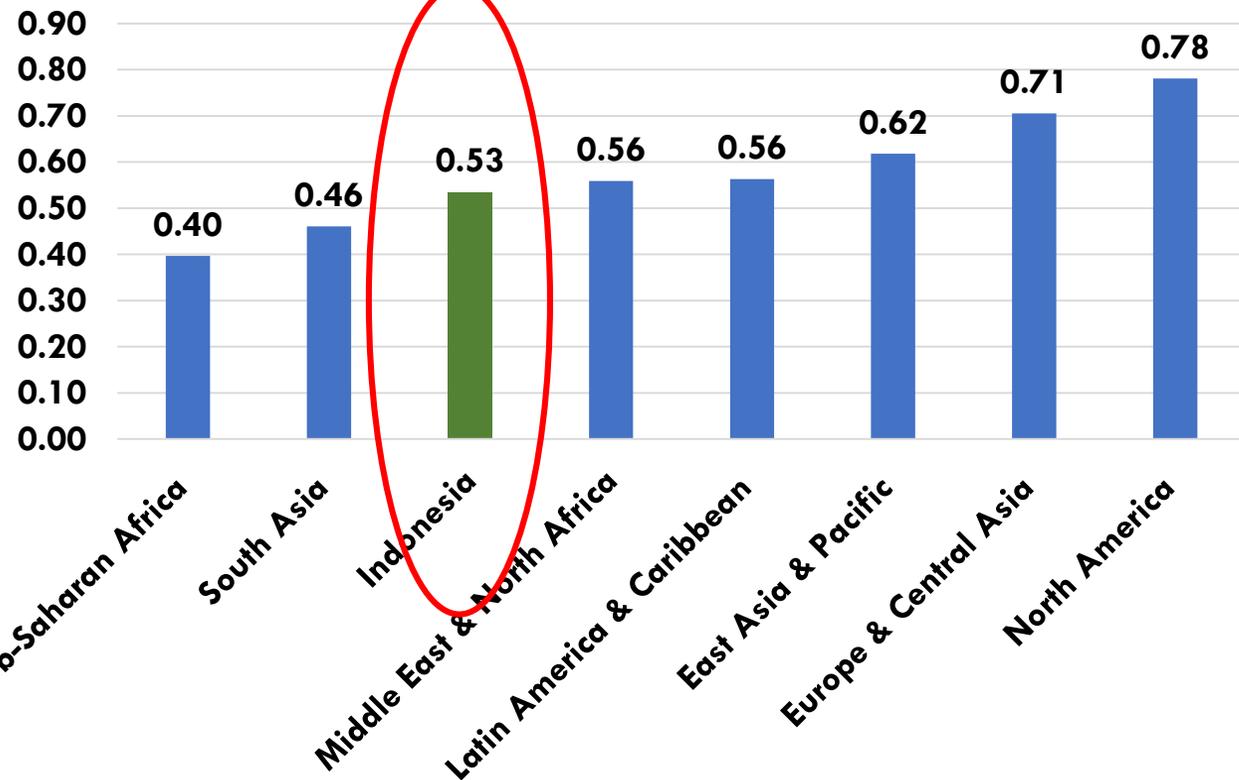
The Conditional Cash Transfer Program ("Program Keluarga Harapan"):

- ✓ **10 million households**
- ✓ **35,000 field facilitators**
- ✓ **Health and Education Conditions**
- ✓ **Monthly Family Development Sessions**



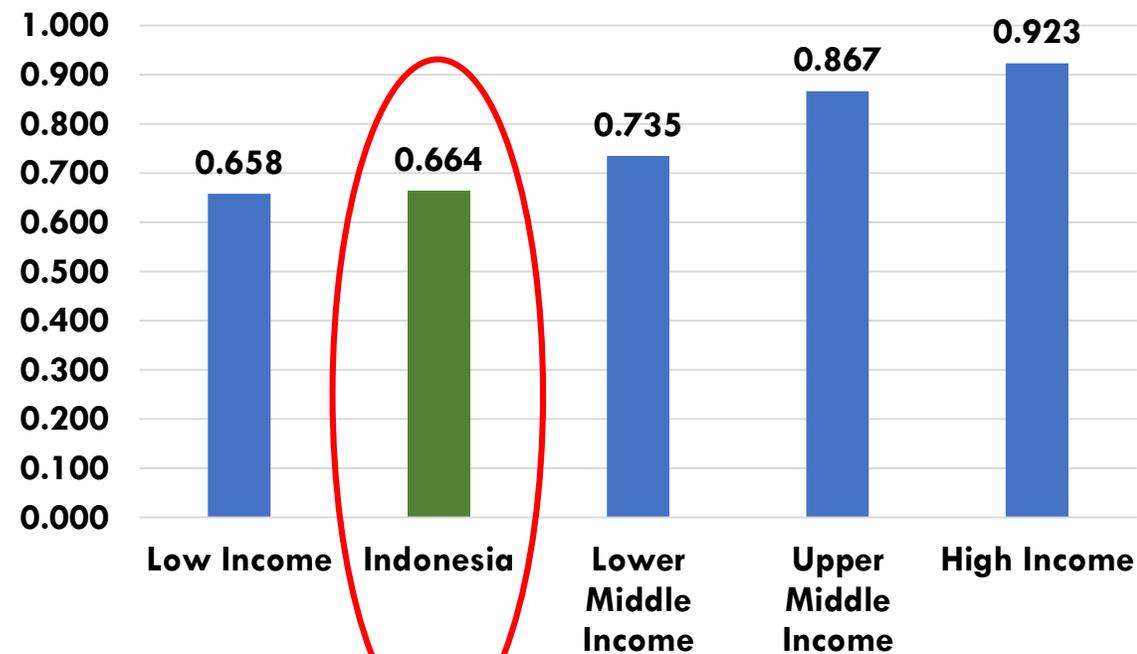
Indonesia's 2018 HCI score lags behind the average scores of many other regions

Human Capital Index (HCI), 2018



Stunting is the only area in which Indonesia lags behind

Fraction of Children Under 5 Not Stunted





AIMING HIGH

Indonesia's Ambition to Reduce Stunting

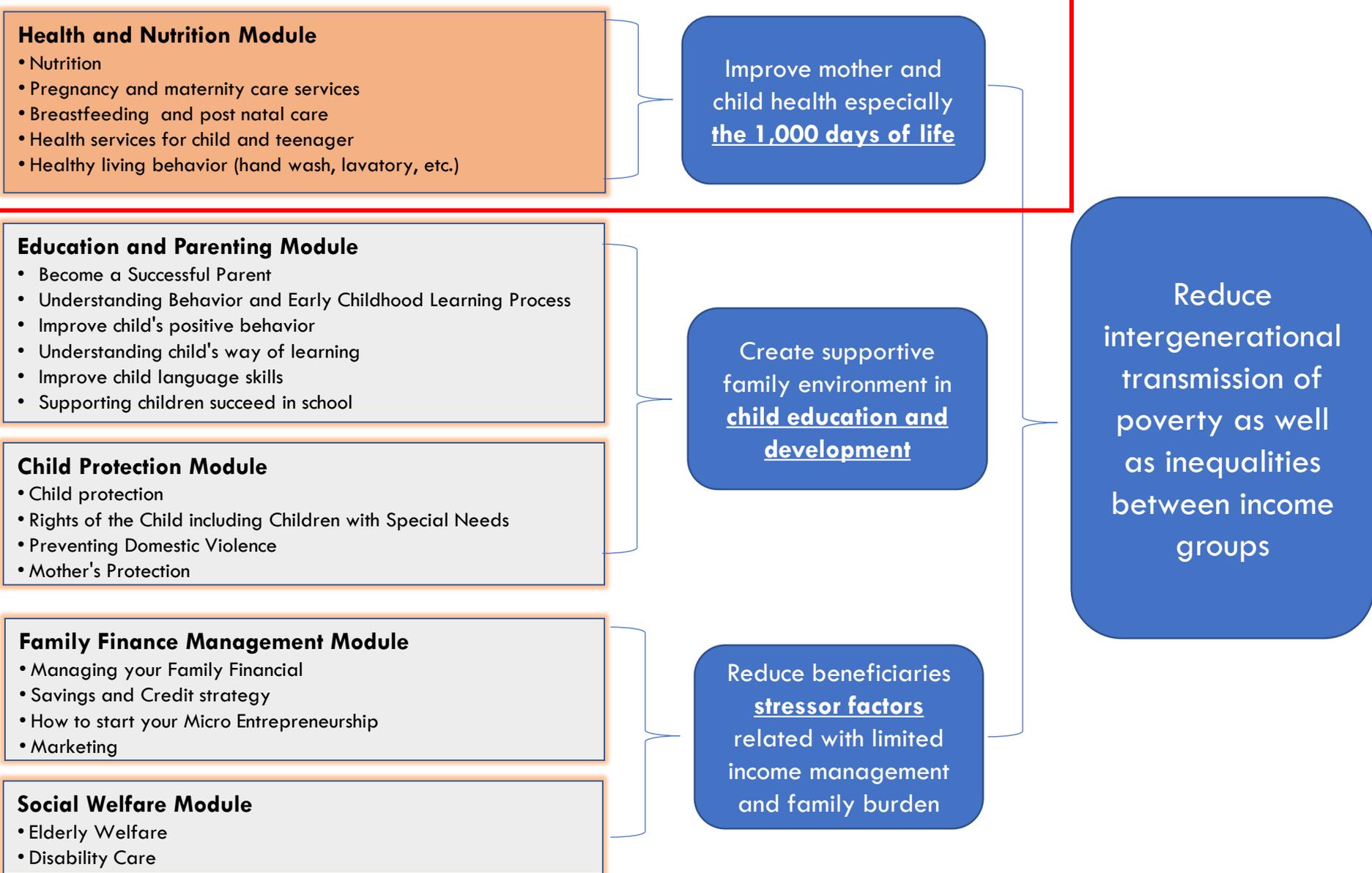
Stunting – a Presidential Priority

- ✓ Stunting Reduction Acceleration Strategy launched in 2017
- ✓ “Converging” existing nutrition-specific and nutrition-sensitive programs in priority districts
- ✓ Support from development partners including the World Bank
- ✓ Nutrition-sensitive includes the provision of **social assistance to poor households** through the CCT program
- ✓ **Revision** of the **Family Development Session’s module** on **Health and Nutrition** to strengthen key messages and practices on the importance of the first 1,000 days of life to prevent stunting

Good progress to date — stunting rate dropping to 30.8 percent (2018) as compared to 37 percent in 2013

(Source: Indonesia Basic Health Survey/Riskesdas)

Overview of the Family Development Sessions' Theory of Change



HEALTH & NUTRITION MODULE

1

Nutrition and health services for pregnant women

2

Nutrition and health services for lactating mothers and toddlers

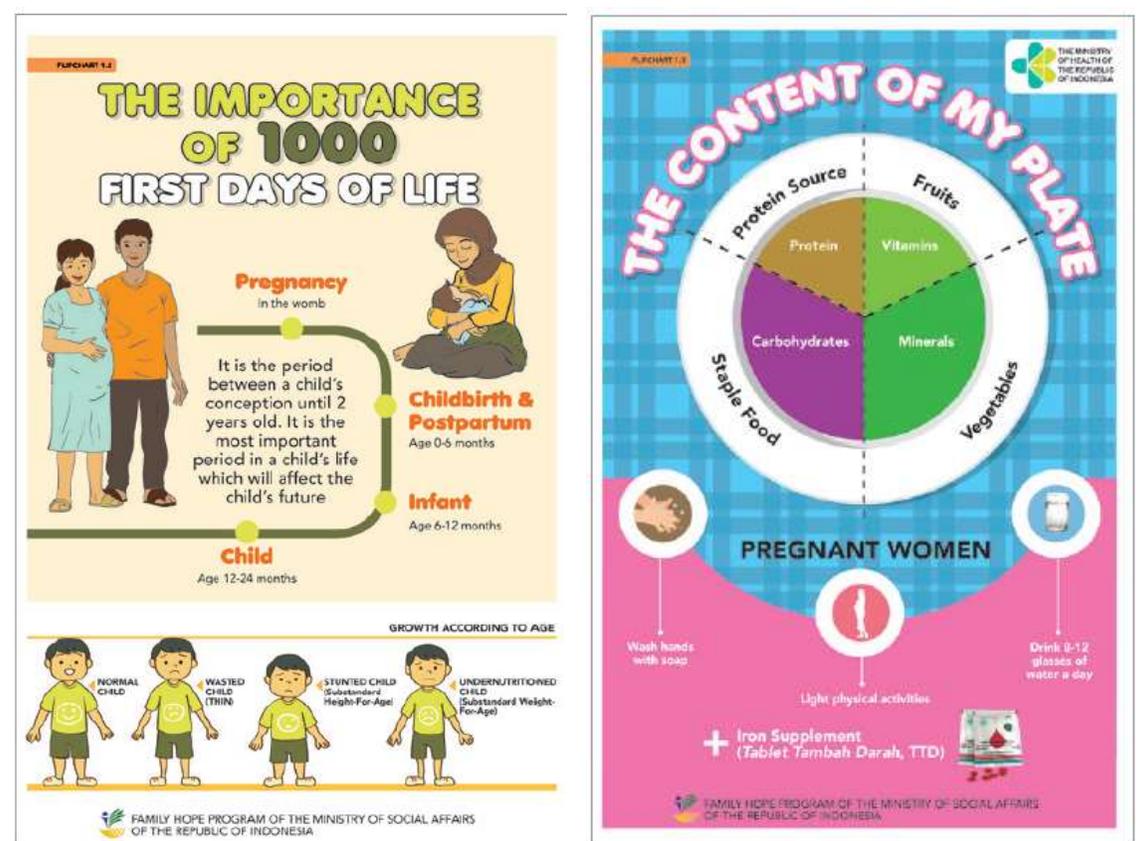
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Child illnesses and environmental health

Family planning and anti-smoking

- Trained field facilitators
- Structured steps and messages

- Highly interactive
- Digital monitoring tool



Evidence and Experiences so far ...

- ✓ Significant evidence of the positive impact of the Indonesia CCT on **consumption** and **human capital outcomes**
- ✓ Family Development Session modules' **content, training method** and **delivery strategy** to CCT beneficiaries have been gradually adapted as per results from various evaluations
- ✓ Good level of attendance (over than 70 percent) and anecdotal evidence suggests **positive behavior changes** in the following:
 - ✓ Providing exclusive breastfeeding for 6 months
 - ✓ Taking children to local health centers
 - ✓ Giving more attention to children's education
 - ✓ Reducing physical and verbal violence toward children





Case Study #2: Niger

Patrick Premand (DEC/SPJ)

Context

- High poverty and exposure to shocks
- Low human capital. A child born in Niger today will be **32 percent** as productive when she grows up as she could be if she enjoyed complete education and full health
- High rate of stunting (43%)
- Highest fertility rate in the world (7.6 children per woman)
- 1 out of 5 Nigerien is a child aged 0-4





National Safety Net Project

- Covers all regions in Niger. Has reached ~1 million individuals
- Cash transfer program aims to support chronic poor and vulnerable households by providing regular income transfers and encourage investments in human capital.
- Monthly transfers of \$20 (10.000 FCFA) per month for 24 months (equivalent to 15% of poverty line)
- Geographical targeting to select poorest communes, and proxy-means test to identify chronic poor households in selected villages
- Transfers are provided directly to women. First wife in polygamous households

Behavioral change component to promote child development

- **Objective.** To foster behavioral changes among parents and encourage investments in young children's human capital (nutrition, health, sanitation, and psycho-social stimulation)
- **Target.** Primarily targets beneficiary women, but open to non-beneficiaries in target villages
- **Participation.** Very high participation (>90% of beneficiaries), even if it is only a "soft condition" to receive cash transfers.
- **Intensity.** 3 monthly activities during 18 months: *community assemblies* delivered by NGO workers, *group meetings* and *home visits* delivered by community educators
- **Content.** Content originally built on UNICEF 'Essential Family Practices', but was substantially extended:
 - New topics on psycho-social stimulation and child protection
 - implementation modalities were defined.



Content (14 core themes)

Nutrition

- Exclusive Breastfeeding
- Complementary feeding
- Malnutrition

Psycho-social stimulation

- Language stimulation
- Stimulation through play
- School readiness
- Brain development
- Birth registration, school enrollment and attendance

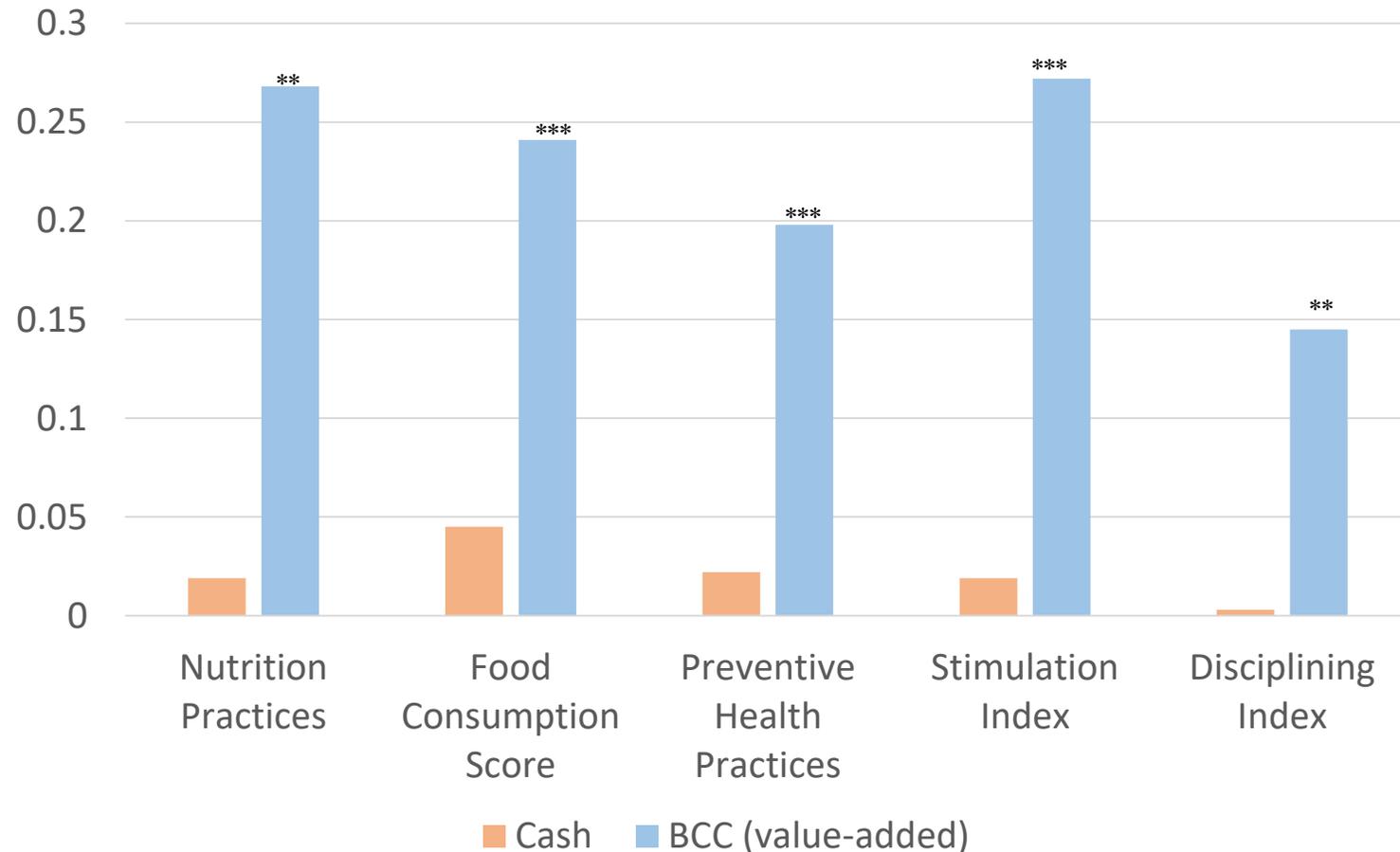
Health

- Protecting children against diseases
Utilization of health services at first sign of illness
- Hygiene and handwashing
- Family Planning

Child Protection

- Discipline
- Attachment and socio-emotional development

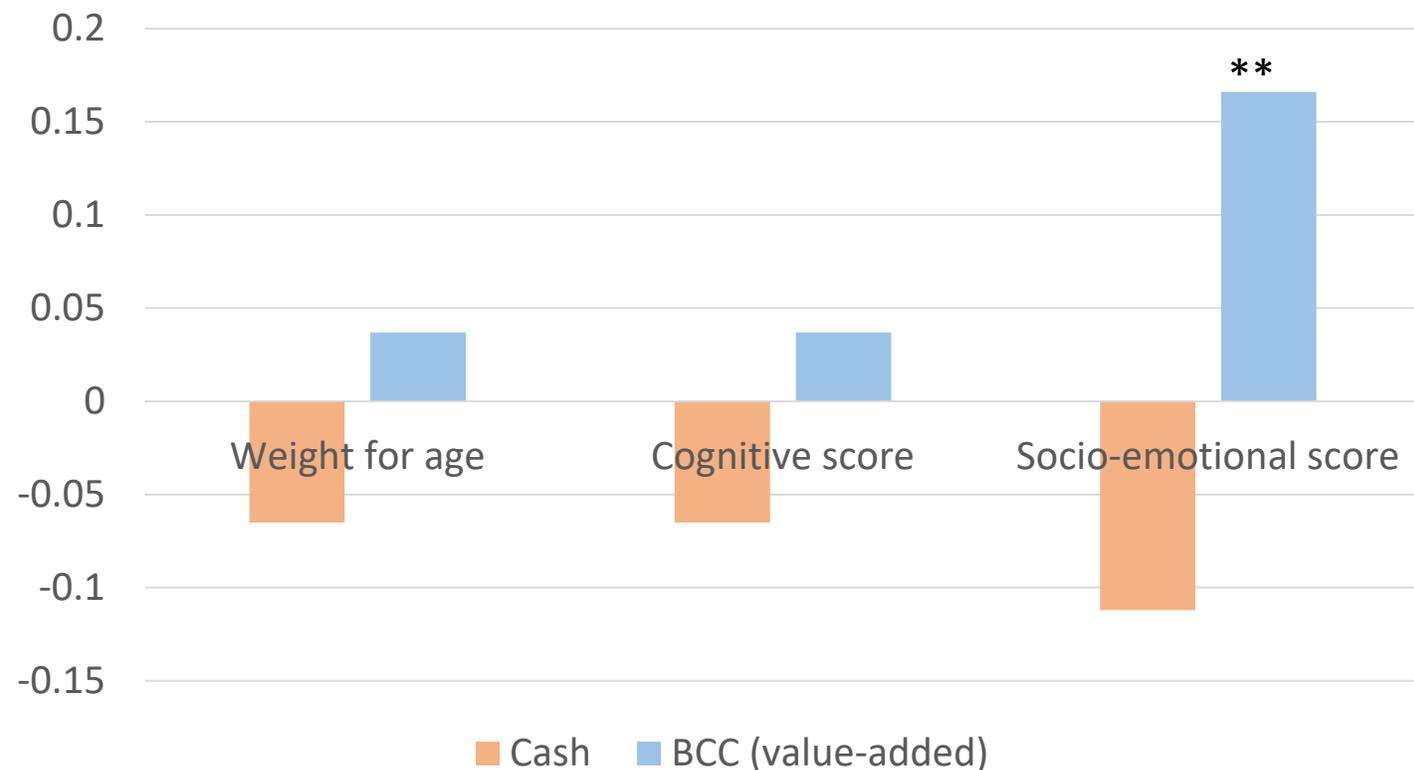
Results (1) The BCC component led to changes in parenting practices in multiple domains



- The behavioral change component leads to a range of changes in parenting practices among cash transfer beneficiaries
 - Impacts not observed for CT only, clearly driven by BCC
- Spill-overs on parenting practices are also observed among households who are not beneficiary of cash transfers in targeted villages
 - Suggests widespread changes in parental knowledge and practices, and related social norms

Results (2)

Yet changes in children's human capital were limited



- Behavioral change accompanying measures are not sufficient to improve final outcomes for children
 - No impact on anthropometrics and cognitive development
 - Only small impact on children's socio-emotional development is observed



A Novel Approach to
Public Works in
Burkina Faso:
Mobile Child Care

**Rebekka Grun, Gilberte Kedote
Florence Kantiono, SPJ**



Why: The Challenge

Public works serve an important purpose

...but construction sites can be a hazardous environment for young children



Photo: A baby put to sleep on the ground at a work site

"If you want to reduce poverty, it is going to be with a WORKING MOTHER".

Change:

Intervention:

Safe space provision
Food provision

Childcare with trained
'brigadiers'

Stimulating adapted curriculum
Edu specialist visits
Health specialist checks

Parental training, focused on
women's rights and children's
rights and health

Labor force participation
Reassures husbands
Creates a new line of work:
childcare

Play-based curriculum
Stimulation
Vaccination check
Health referrals
Frees up siblings

Protection from the elements

Desired Outcomes:

Women's work and productivity:
Productivity and earnings
Reduction in hiring bias

Human Capital:
Cognitive development
School attendance of older kids
Reduction in communicable
disease
Nutrition

Women's Agency:
Bargaining power



How: The solution: "Mobile creches"

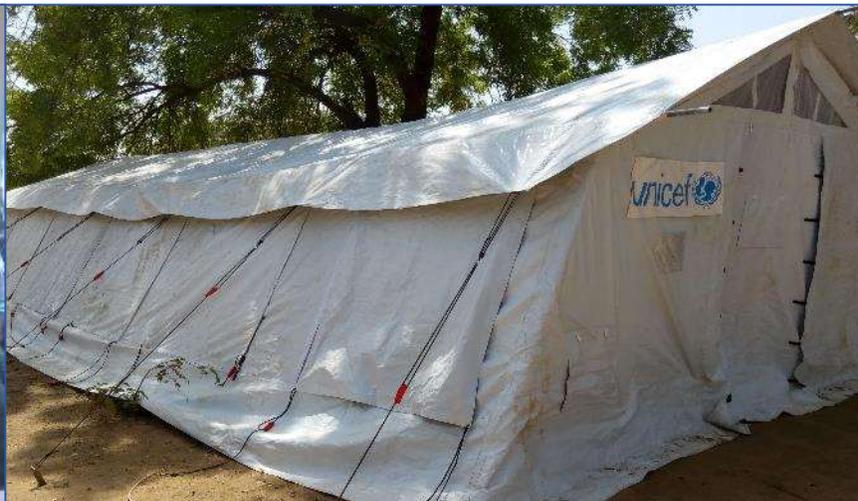
That would keep the children safe, protect them from the elements, provide meaningful care and stimulation and encourage women's participation in project activities.



A whole new stream of jobs...

- Pregnant beneficiaries or those unable to participate in heavy manual labor were trained in care taking and childhood development techniques
- Child care is rarely acknowledged as 'work' but by shifting it from the unpaid to the paid domain, it **raised the prestige** and profile of this kind of work in Burkina Faso

Easily replicable, at a very low cost





Women are more productive

“I managed to use some of my salary to buy thread and began weaving fabrics. I use the fabrics to sew high quality traditional outfits and new styles like the one my daughter is wearing. I sell at markets in the area.

I am happy my side-business is going well and I managed to save some money. Every time I save more”

-Sophie



Children develop better

“I was 14 when I had my daughter, I thought I knew how to take care of children, because I had cared for my siblings, but I really did not. Through the Creches I learnt how to properly care for my daughter and make sure she is healthy. I even taught my 17-year old husband a few things about parenting”

- Natacha

Women can take charge

“I started off buying some livestock with my extra money from working, they then had babies that I raised and sold. I made more money and bought more cattle, raised and sold. I can now pay my children's school tuition and I can buy them some new clothes.”

-Angèle



Thank you!

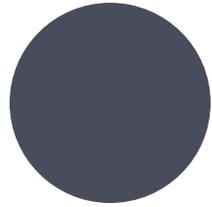
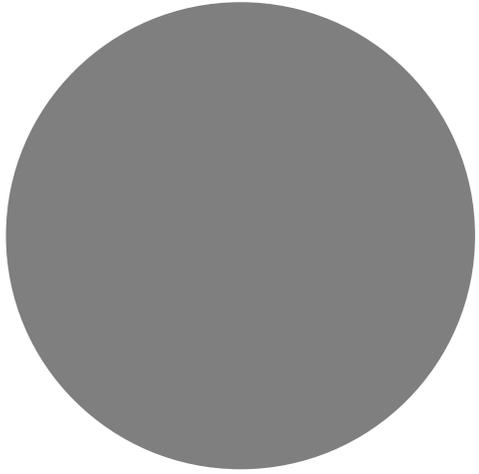


Closing remarks

Social protection:

- provides the platform for reaching the poor and vulnerable
- builds human capital by increasing the use of health and education services, enhancing parenting practices, improving nutritional, health and cognitive development.
- helps to preserve human capital, preventing and reducing the impact of negative shocks

The early years are the foundation for human capital development, so investments must start early to maximize returns.



Thank you!
