SOCIAL SAFETY NETS, HUMAN CAPITAL
AND EARLY YEARS

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

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**

- **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”**

- **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

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


C. Nelson, in From Neurons to Neighborhoods, 2000
Investing in the early years **maximizes returns**

*Returns to a unit dollar invested are highest during earliest years*

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

**Program Interventions**

- **Cash transfers:** increased financial resources for households
- **Accompanying Measures:**
  - Use of health, nutrition & education services
  - Training/coaching on nutrition, hygiene, health, child stimulation, positive parenting, etc.

**Parental Behaviors**

- Increased parental investments in children
- Decreased emotional stress/depression
- Improved ability to purchase basic needs (food, shelter), increased investment in child’s future (e.g. purchase of toys, support of early learning)
- More nurturing, responsive, involved parenting, greater focus on child development due to lower constraints and reduced stress

**Child Outcomes**

- Children 0-5
  - Improved child outcomes:
    - Birthweight
    - Morbidity/mortality
    - Nutrition, growth
    - Cognition
    - Language
    - Motor skills
    - Socio-emotional skills

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

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)

Source: Arriagada, Ana-Maria et al. 2018
Note: size effects measured in standard deviations
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
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.

Stunting is the only area in which Indonesia lags behind.
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 and Nutrition Module
• Nutrition
• Pregnancy and maternity care services
• Breastfeeding and post natal care
• Health services for child and teenager
• Healthy living behavior (hand wash, lavatory, etc.)

Education and Parenting Module
• Become a Successful Parent
• Understanding Behavior and Early Childhood Learning Process
• Improve child’s positive behavior
• Understanding child’s way of learning
• Improve child language skills
• Supporting children succeed in school

Child Protection Module
• Child protection
• Rights of the Child including Children with Special Needs
• Preventing Domestic Violence
• Mother’s Protection

Family Finance Management Module
• Managing your Family Financial
• Savings and Credit strategy
• How to start your Micro Entrepreneurship
• Marketing

Social Welfare Module
• Elderly Welfare
• Disability Care

Improve mother and child health especially the 1,000 days of life

Create supportive family environment in child education and development

Reduce intergenerational transmission of poverty as well as inequalities between income groups

Reduce beneficiaries stressor factors related with limited income management and family burden

Create supportive family environment in child education and development
HEALTH & NUTRITION MODULE

1. Nutrition and health services for pregnant women
2. Nutrition and health services for lactating mothers and toddlers
3. 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
Public works serve an important purpose

...but construction sites can be a hazardous environment for young children
"If you want to reduce poverty, it is going to be with a WORKING MOTHER".

**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

**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
- Change:
  - 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
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
"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
"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
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

Women can take charge
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!