Ensuring Strong Human Capital Outcomes in Early Childhood: The Role of Cash Transfers



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High-level Forum: Early Childhood Nutrition in Southern Africa

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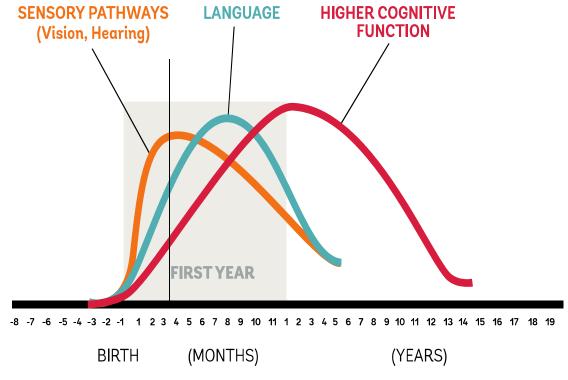
WHY INVEST IN CHILDREN'S EARLY YEARS?

...INVEST FOR HUMAN CAPITAL DEVELOPMENT





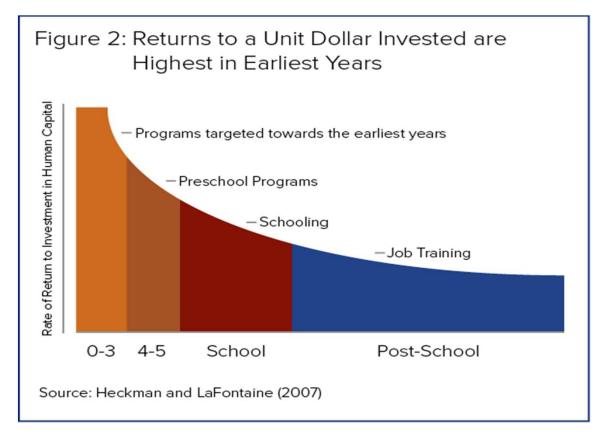
Charles A. Nelson, Harvard Medical School, and others (2017). Picture © Nadine Gaab and Charles A. Nelson



C. Nelson, in From Neurons to Neighborhoods, 2000

WHY INVEST IN CHILDREN'S EARLY YEARS?

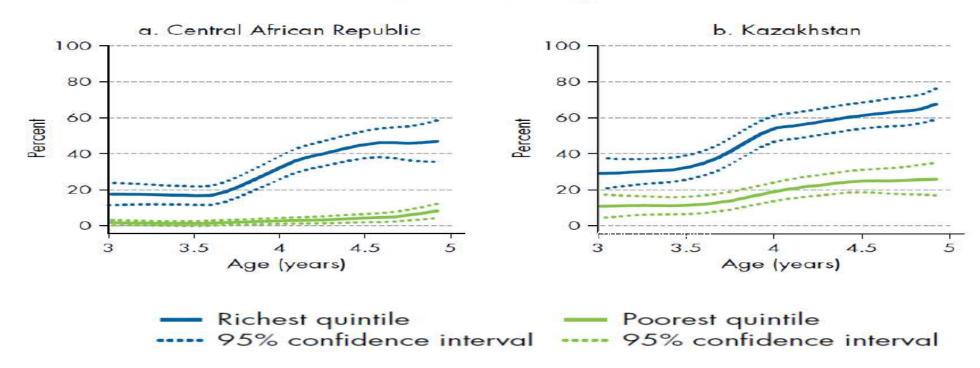
...INVEST FOR HIGH RATES OF RETURN



WHY INVEST IN CHILDREN'S EARLY YEARS?

...COMBAT INEQUALITY

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

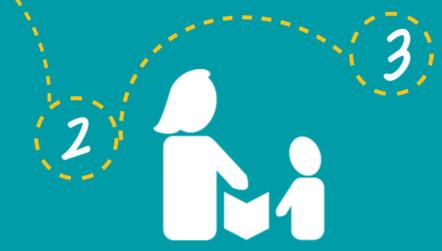


Source: World Bank Development Report: LEARNING to Realize Education's Promise 2018

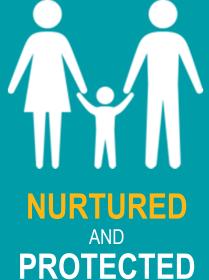
MAKING CERTAIN CHILDREN REACH THEIR FULL POTENTIAL



1,000 DAYS
GOOD
HEALTH AND
NUTRITION



EARLY STIMULATION ANDLEARNING OPPORTUNITIES





CASH TRANSFERS: A PLATFORM FOR REACHING POOR CHILDREN WITH CORE HUMAN CAPITAL INVESTMENTS

- CT programs can target the poorest and younger children
- CTs are by nature
 multi-sectoral including education,
 nutrition and health co responsibilities and
 other accompanying
 measures



HOW CASH TRANSFERS IMPROVE CHILD OUTCOMES

Program

Cash transfers:

Increased financial resources for households

Cash

Transfer

Program

(CT)

targeted

to poor,

vulnerable

households

Accompanying Measures:

Incentivize use of health, nutrition & education services Provide information. goods and services on nutrition, hygiene, health, child stimulation, positive parenting

Outputs

Increased parental investments in children

Decreased depression/ emotional stress

Increased access to supply side and/or CT services (medical care, nutrition, vaccinations, growth monitoring, childcare, pre-school)

> Increased parent/caregiver access

to skills, training for child development

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 parenting, due to lower constraints and reduced stress

Early stimulation and learning health and nutrition received by children from providers outside the household

Increased parent/caregiver knowledge, behaviors, practices on appropriate child rearing

Outcomes

Children 0-5

Improved child outcomes:

- Birthweight
- Morbidity/mor tality
- Nutrition & growth
- Cognition
- Language
- Motor skills
- Socioemotional skills

TWO MAIN TYPES OF <u>ACCOMPANYING MEASURES</u> TO BOOST EFFECTS OF CASH TRANSFERS ON CHILD DEVELOPMENT

Parenting



Nutrition



ACCOMPANY MEASURE 1: PARENTING INTERVENTIONS

What is a parenting intervention?



Interventions or services aimed at enhancing parentchild interactions, parenting knowledge, beliefs, attitudes, behaviors and parenting practices through training, support, and coaching. What topics does it cover?



- Nutrition
- Health
- Hygiene
- Child stimulation
- Positive parenting

How is it delivered?



- Home visits
- Community-based group meetings
- Primary health care facility or health care center
- Combination

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ACCOMPANY MEASURE 2: NUTRITION SPECIFIC AND SENSITIVE INTERVENTIONS

Micronutrients, macronutrients



- Vitamins, minerals
- Protein, fats, carbohydrates

Nutrition education



- Breastfeeding
- Complementary feeding / dietary diversity

Water and Sanitation, Health, Agriculture



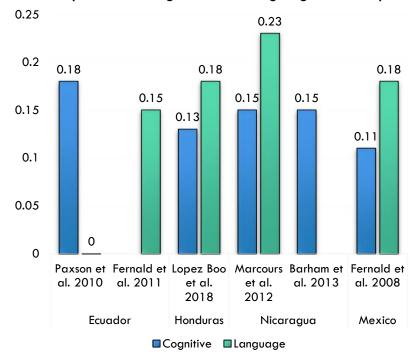
- Maternal nutrition an health
- Protection from illness (vaccination, deworming)
- Access to clean drinking water and sanitation
- Biofortification

EVIDENCE OF CASH TRANSFERS ON THE EARLY YEARS

Cash transfer programs' impacts:

- Reduce poverty
- Mitigate negative impacts of early life shocks
- Improve food consumption and, in some cases, nutritional outcomes (stunting, wasting)
- Improve children's cognitive and language skills
- Increase the use of health services by pregnant women and young children
- Reduce morbidity and, in some cases, infant mortality
- Reduce maternal depression and stress, enhancing household environment for child development

Impacts on Cognitive & Language Development



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

EVIDENCE OF PARENTING AND NUTRITION INTERVENTIONS ON THE EARLY YEARS

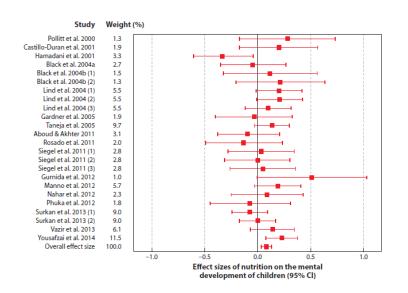
Parenting interventions:

Average effect on cognitive development: 0.42 SD

Study Weight (%) Eickmann et al. 2003 2.9 Gardner et al. 2003 3.0 Powell et al. 2004 2.7 Walker et al. 2004 Gardner et al. 2005 2.5 Hamadani et al. 2006 4.3 Jin et al. 2007 1.9 Peairson et al. 2008 Nahar et al. 2009 1.5 Nair et al. 2009 Lozoff et al. 2010 IDA 1.7 Lozoff et al. 2010 ND Potterton et al. 2010 2.1 Nahar et al. 2012 2.7 Aboud et al. 2013 9.6 Boivin et al. 2013 Carlo et al. 2013 R 2.7 Carlo et al. 2013 NR 3.8 Tofail et al. 2013 IDA 4.9 Tofail et al. 2013 ND Vazir et al. 2013 7.4 Yousafzai et al. 2014 15.3 Overall effect size 100.0 Effect sizes of stimulation on the cognitive development of children (95% CI)

Nutrition Interventions:

Average effect on mental development: 0.09 SD



Source: Aboud & Yousafzai et al. 2015

Note: Effect sizes (standard mean difference) are represented in a square and 95% confidence interval (CI) represented as lines. Panel A reports effects sizes for promoting play and parent-child interaction versus only standard care. Panel B reports effect sizes for providing extra micronutrients versus a partial set of nutrients or a placebo. In some cases, nutrition interventions include parental education on nutrition, with or without nutrient fortification. All studies are for children 0-24 months at the time of the intervention.

HOW? 4 MODELS FOR COMBINING CASH TRANSFERS AND PARENTING - NUTRITION

Architecture	The relationship by which the Cash Transfer (CT) and a parenting-nutrition intervention is designed and delivered.
(1) Integrated	The parenting-nutrition intervention is managed by the CT program
(2) Managed Convergence	Different agencies/actors explicitly combine efforts to bring the CT program and parenting-nutrition intervention to the same populations.
(3) Alignment	Co-location of cash transfer and the parenting-nutrition programs, but no explicit coordination.
(4) Piggybacking	Cash transfer delivered by a separate platform (such as the primary health care network) already delivering a parenting-nutrition program

Source: Forthcoming paper "Promoting Early Child Development Combining Cash Transfers and Parenting Interventions" prepared by Ana-Maria Arriagada, Laura Rawlings, Jonathan Perry, Julieta Trias and Melissa Zumaeta-Aurazo. The World Bank.

KEY MESSAGES & CONCLUSIONS

- The highest rates of return comes from investing as early as possible
- •Cash transfer programs provide demand side platform to reach poor households
- •Evidence from cash transfer programs show increased use of health services of pregnant women and young children and improved consumption. In some cases improved nutritional, health, and child development outcomes.
- •Accompanying Measures in parenting and nutrition can boost these results.
- 4 models to combine CT and parenting-nutrition interventions: Integrated, managed convergence, alignment, piggybacking.
- For joint CT and parenting/nutrition programs, focus on:
 - Quality of design and implementation
 - > Timing to focus on "window of opportunity" in the first 1000 days
 - Scalability and cost effectiveness

THANK YOU! KEA LEBOHA