

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



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World Bank

**High-level Forum: Early  
Childhood Nutrition in  
Southern Africa**

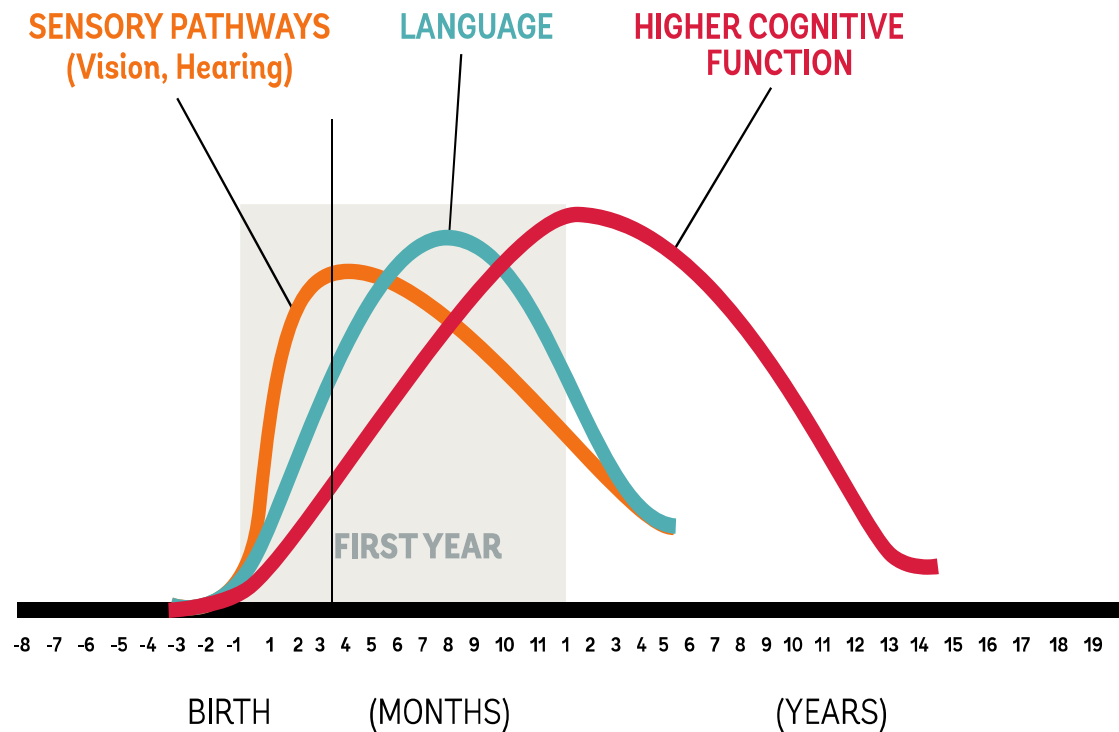
Lesotho - October  
2018

# 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

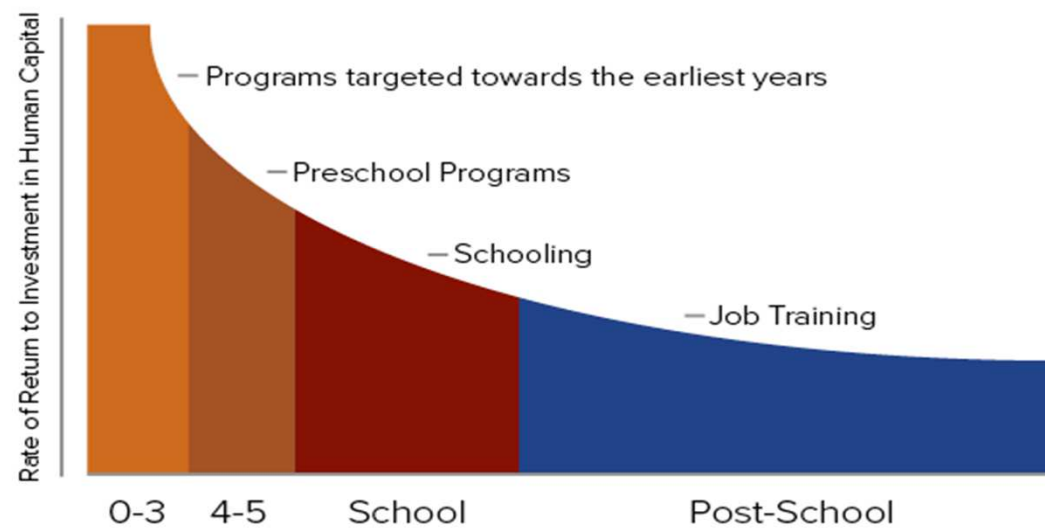


C. Nelson, in *From Neurons to Neighborhoods*, 2000

# WHY INVEST IN CHILDREN'S EARLY YEARS?

## ...INVEST FOR HIGH RATES OF RETURN

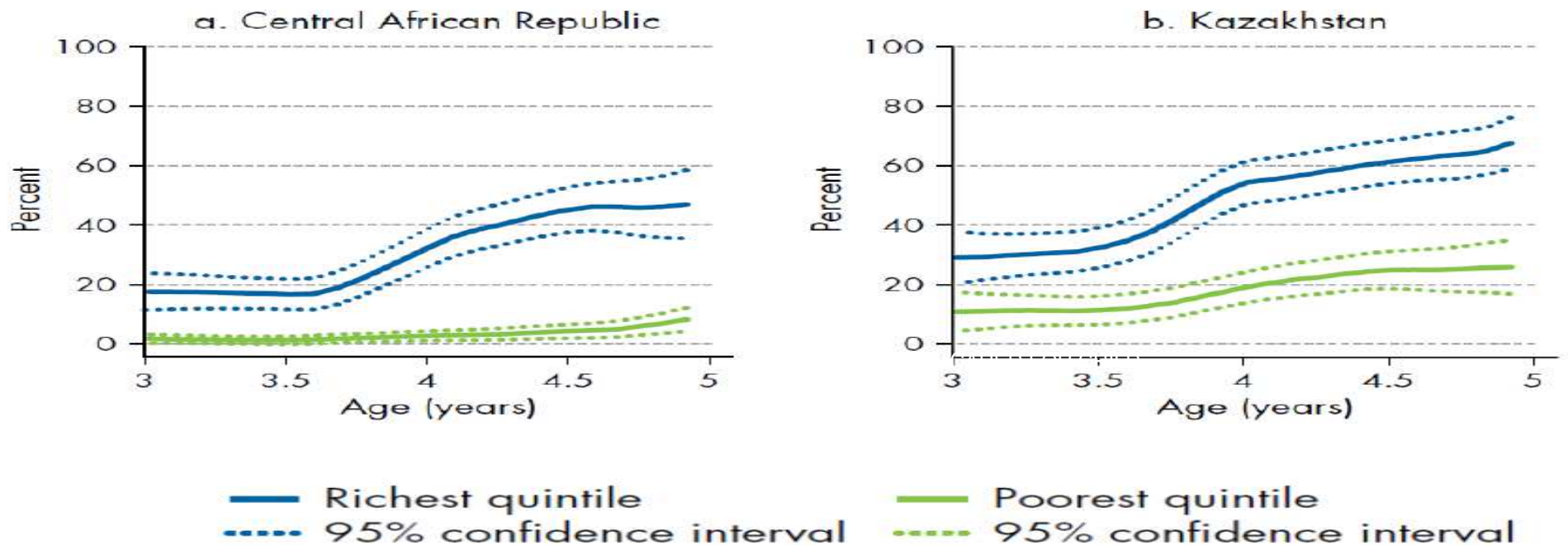
Figure 2: Returns to a Unit Dollar Invested are Highest in Earliest Years



Source: Heckman and LaFontaine (2007)

# 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



1,000 DAYS  
**GOOD**  
HEALTH AND  
NUTRITION

2



EARLY STIMULATION **AND**  
LEARNING OPPORTUNITIES

3



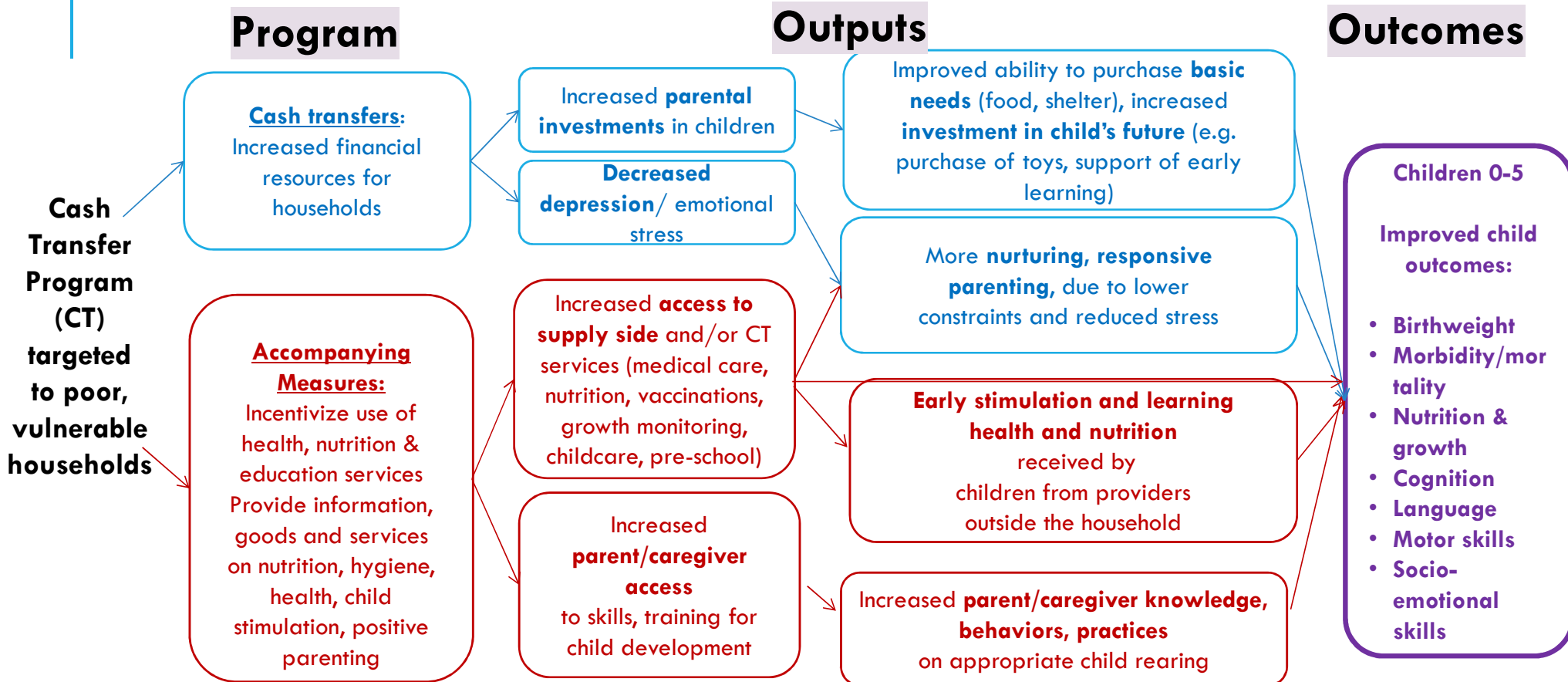
**NURTURED**  
AND  
**PROTECTED**

# 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



# TWO MAIN TYPES OF ACCOMPANYING MEASURES 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 parent-child 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

# 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

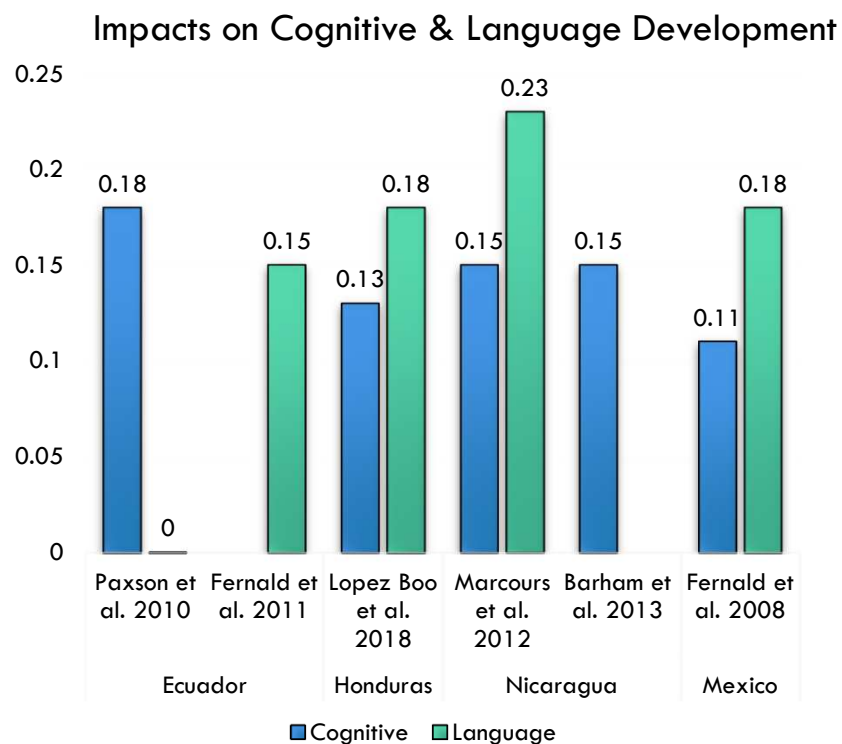


- Maternal nutrition and health
- Protection from illness (vaccination, deworming)
- Access to clean drinking water and sanitation
- Biofortification

# 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

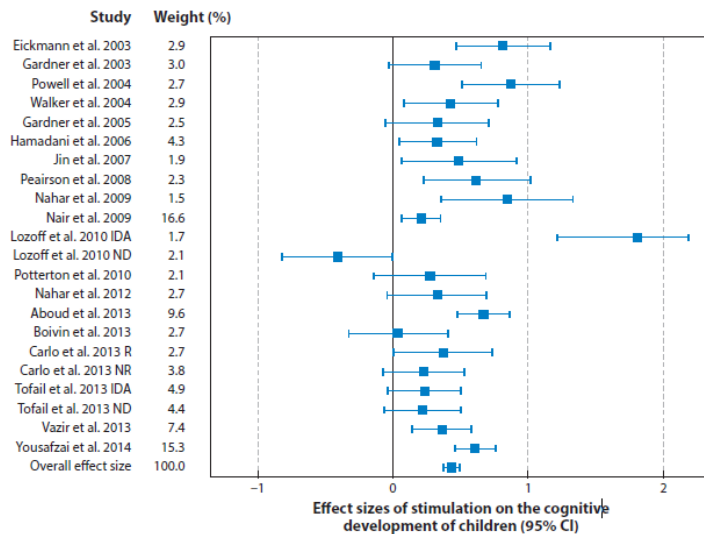


Source: Arriagada, Ana-Maria et al. 2018. Note: Size effects measured in standard deviations.

# EVIDENCE OF PARENTING AND NUTRITION INTERVENTIONS ON THE EARLY YEARS

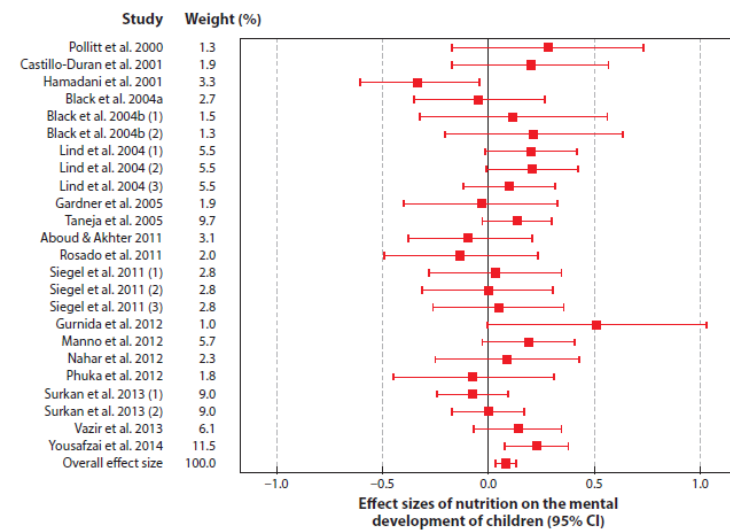
## Parenting interventions:

Average effect on cognitive development: **0.42 SD**



## 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

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

# 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**