

Promoting Early Childhood Development Through Combining Cash Transfers and Parenting Programs

9 May 2019 Webinar

- Questions and comments from the audience -

#1 I am Shirley. Did Paxson et al (Ecuador) not investigate the effects of the cash transfer programs on the language development or they did not find any impacts? *(From Uchechi Anaduaka)*

Paxson & Schady 2010 investigated the impact of the UCT *Bono de Desarrollo Humano* on cognition and language on children between 3 to 6 years but they only found significant impact on cognition. In addition, Fernald and Hidrobo, looked at a younger group (12 to 35 months) and in this case they found a positive impact in language. We included both studies in our paper, please look at figure and table 3.1 our paper or slide 24 in the presentation.

#2 Regarding the cons of including parenting interventions to Conditional Cash Transfer programmes, some research has suggested that they potentially reinforce gender inequalities given that the responsibility to adhere to the conditions is usually placed on the mothers. To what extent do you think this is a problem? *(From Thu Bui)*

We highlighted the importance of targeting both parents and other caregivers in the section 6.2 of lessons learned. All child's caregivers should be involved as partners given that young children are increasingly being cared for grandparents or other members of the family, which means that changing the child care practices of only one of the parents or caregivers may not be sufficient to change the practices of the whole household. To date, fathers have not been incorporated systematically into parenting programs, even though research shows that fathers play an important role in their children's development. Cohort studies have shown the protective and positive effect of fathers on their children's social, educational, behavioral, and psychological outcomes (Panter-Brick et al. 2014). The Alive and Thrive program in Vietnam is an interesting example of how to effectively involve fathers in supporting mothers who are exclusively breastfeeding (www.aliveandthrive.org).

#3 Did Peru, Niger and Mexico show long term effects? Or these effects are from a short-term evaluation? *(From Marina Velazco)*

The results from Peru, Niger and Mexico are from very recent randomized control trials reflecting the short-term effects of adding parenting intervention to cash transfers. We hope they can do a follow up in the coming years. Colombia is the only case we found for adding parenting program to a cash transfer that reported medium-term effects. Moreover, considering only parenting interventions, the existing evidence on large-scale programs is very limited, and there is no guarantee that interventions that are effective in small efficacy trials will continue to be so when scaled up. We discussed the small-scale study of home visiting program in Jamaica that found higher educational attainment, higher earnings, lower violent behavior, and less depression in children that received weekly home visiting intervention when they were 9 – 24

months old than their peers who did not benefit from the intervention (Walker et al. 2011 and Gertler et al. 2014). In terms of large scale programs, in the USA, evidence-based large-scale evaluations of parenting interventions such as the Nurse Family Partnership Program have found that these programs had a positive impact on children's development (Avellar et al. 2017).

#4 I am Boukari Ouedraogo from Burkina Faso, thank for this webinar which is very interesting. I am working with Save The Children - Which tool or program did you use in these projects and also you didn't highlight the impact of your program to the relationship between parent and child in terms of how they have parenting skills to bring up their kids. Save The children have a child-sensitive cash transfer where we use the International Child development program which is focused on the relation between kids and parents. *(From Boukari Ouedraogo)*

Improving the quality of parent-child interactions is the main objective of the parenting program for child stimulation. Our paper discusses the elements of parenting programs in [section 4.2](#) (content, dosage, delivery modality and front-line workers). We also discuss three curricula that are most often used to inform the design of parenting programs in developing countries (see boxes 4.1, 4.2, 4.3). For the compilation of the program characteristics of the 10 cases studies, we used a tool that is available in this [online Appendix](#).

For measuring the impact of the parenting interventions, it is important to look at no only the final outcomes (child development) but also to the mechanisms involved (parental behavior). In [page 22](#) we discussed the evidence of parenting interventions on parental practices. We also showed the results on parental practices for the studies under consideration in table 5.1 of the [paper](#) and table 2 in the [brief](#).

#5 We know that disasters have immediate impacts on children's well-being, but what about the impacts on their future lives? What are the negative impacts that the model you presented can help prevent? *(From Isabelle de Araújo)*

In our [paper](#), we briefly discussed how cash transfers allow families to prevent and mitigate the negative and long-lasting impact that shocks have on human capital formation and individual well-being. For instance, the Mexican Conditional Cash Transfer Program (PROGRESA) helped to mitigate the impact that adverse shocks early in life have on the educational and labor market outcomes (Adhvaryu et al. 2018).

#6 The first 1000 are very important, but also to break the intergenerational transmission of poverty, it is also important to continue the support, like in Burkina Faso, study demonstrated the poorest quintile rate in access to primary school is 46% against 92% for the richest quintile. *(From Marina Chicaro)*

Thanks Marina, we agree with your comment. To build human capital we need to start early as early skills breed later skills. The income support is important for enabling poor parents to relax their household's budget constraints, thus allowing them to invest in their children's health and nutrition, improve their home environment, and spend more and/or better time with their children, while reducing the stress felt by parents and caregivers.

#7 In your experience, how are countries bringing together different ministries with different mandates to work together i.e. ministry in charge of nutrition (mostly MoH) and ministry in charge of child protection/parenting? *(From Catherine Kimotho)*

Thanks Catherine, there are many ways and tools available to promote coordination among different sectoral ministries. During the webinar we discussed 4 types of coordination's models we have seen in practice between CT and parenting programs (i.e. Integrated, Managed Convergence, Alignment and Piggybacking). At the ministry level, countries have also designed tools for coordination as committees, results-based budgeting, etc.

#8 This evidence makes an outstanding case for ministries, government departments and other public agencies to work together to deliver this type of integrated intervention. Can you highlight observations and practical lessons about how challenging this might be, and how best to elicit the necessary coordination, collaboration and cooperation? *(From Michal Samson)*

Thanks Michal, as you mention coordination is key to ensure comprehensive policies associated to better child development's outcomes. The paper unfortunately has not analyzed in depth the challenges or better models to incentivize this coordination. That would be an interesting topic for future research. In general, a country of special interest to understand a model for successful coordination is Chile; a recent publication summarizing the experience is available [here](#).

#9 Thanks for interesting presentation. Would be interested to hear a summary of what 2-3 key questions you feel are the main gaps in the literature on this topic *(From Luke Harman)*

We included few ideas in our paper and our [brief](#):

- 1) Process evaluations are required to understand the fidelity of implementation and the quality of the program, particularly the quality of the interaction between community workers and caregivers, the role of contexts and complementary programs, and changes in implementation over time and across partners engaged in service delivery.
- 2) Longer term research is also needed on the impact of taking parenting interventions to scale, on dose-response impacts, on the cost-effectiveness of using alternative delivery modalities, and on the sustainability of results. The heterogeneity in the impacts of parenting interventions to date likely reflects the heterogeneity in program design, implementation, what results are measured and how they are measured.

Policy design would benefit from structured research across programs, examining a common set of practical questions on how to best combine cash transfer and parenting programs.

#10 Would be interested to measure as well changes in gender roles in parenting practices specially when promoting responsible fatherhood, and how that can impact on a longer term children's gender understanding *(From Elena Ganan)*

Thanks Elena, this is an interesting topic for future research.

#11 One of the barriers we face in integrating stimulation into nutrition programmes is that it is too much. Nutrition is complicated enough to then have to include ECD/stimulation as well. Do we have some practical examples (including approaches and materials etc) that can be shared with implementers on the ground from different contexts? *(From Natalie Roschnik)*

Thanks for your question Natalie. As discussed there are many ways programs can interact and coordinate to provide information on different aspects of child's development; the four models we propose (i.e. Integrated, Managed Convergence, Alignment and Piggybacking) can be applied to other aspects of coordination among sectors. Depending on the context, countries can decide to design programs and materials that cover more than one aspect of child development (e.g. nutrition, stimulation) or, as in the second model discussed, coordinate so they make sure they reach the same population with programs/materials managed by different agents/ministries. The [paper](#) includes examples of the four models proposed.

#12 Excellent presentation! Very informative especially on the evidence side. We have been implementing cash transfers with a similar CT plus approach focusing on parenting and nutrition but slide no 21 was really a BIG eye opener! *(From Mukesh Lath)*

Thanks Mukesh!

#13 You looked at nutritional, cognitive and language outcomes - is there any evidence around social and emotional development? *(From Disa Sjoblom)*

Thanks for the question. Socio-emotional development is less frequently measured and when measure. See page 21-22 for discussion on the evidence of parenting interventions on the different domains of child development. See discussion of Colombia, Niger and Peru that measured socio emotional skills in chapter 5 in our [paper](#).

#14 Is the program worldwide? For countries that are not yet covered, how would it be imported? *(From Maxwell Atidigah)*

The combination of cash transfer and parenting programs is not implemented worldwide. It has been adapted in different countries using diverse models and tools, please see more details of specific cases included in our [paper](#) in this [online Appendix](#).

#15 Thank you so much for allowing us to attend to this webinar. It was really useful! Best regards from Serbia! *(From Predrag Djuric)*

Thanks for attending Pedrag!