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NIGER: Can cash and behavioral change programs improve child development?

The first 1,000 days of a child's life are critical to healthy development. In poor countries, governments and international development groups are trying to design programs to give families, particularly mothers, the knowledge and services they need so that babies and young children get the healthcare, nutritious foods, and stimulation necessary for the best possible start in life. Delivering these programs isn't easy, especially when extreme poverty, climatic shocks such as droughts, and a lack of basic services often mean families don't have the resources to purchase healthy food or the ability to get adequate healthcare for their children. Experts are looking at twinning cash transfers for the poorest with measures to improve parents' knowledge about what they can do to promote child development. But what does it take to ensure that the messages are effective? And even when women's knowledge improves, does this lead to better child development in countries with weak health and educational services?

The Government of Niger created a national social safety nets project in 2012 that uses monthly cash transfers to help combat poverty and improve food security for the country's poorest families. An experimental study was built into the project's initial phase to determine the added value of combining the cash transfers with community meetings, group discussions, and home visits to provide information to women about healthy child development. The evaluation found that these behavioral change activities improved women's knowledge and practices related to children's health, nutrition, and cognitive development. But there was little impact on children's physical growth or cognitive development, underscoring the complexity of the challenge and indicating that information isn't always enough. As the safety nets project has been scaled up—it has now reached approximately 100,000 households—the Government of Niger and the World Bank are using lessons from the evaluation to encourage improvements in health, education, and nutrition services in villages where people receive cash transfers, so that beneficiaries can better access services that support healthy child development. A study is also under way to test whether improving access to clean water and sanitation can contribute to positive change.

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Context

Niger has one of the highest fertility rates in the world—7.6 children per woman—and children under the age of five make up a quarter of the population. Almost half of these children are stunted from chronic malnutrition. Indeed, a large share of Niger's population is estimated to suffer from food insecurity, meaning they don't have reliable access to a sufficient quantity of affordable, nutritious food. For many, this is a persistent state. Recurrent, countrywide droughts have exacerbated food insecurity.

In 2012, with support from the World Bank and UNICEF, the Government of Niger launched the Niger Safety Nets project to combat poverty and food insecurity in the five poorest regions: Maradi, Tahoua, Tillabery, Zinder, and Dosso. The project includes cash transfers of about US$20 a month to the poorest households for 24 months. The cash transfers are delivered with various accompanying measures, including activities that encourage households to save some of the money to develop income-generating

activities (World Bank Policy Research Working Paper 7839, September 2016). Another set of activities, which was the focus of this impact evaluation, seeks to increase community knowledge of children's nutrition and development issues, and to encourage positive parenting practices through activities that encourage behavioral changes for mothers and for the community as a whole. The topics covered in the activities are based partially on UNICEF's "Essential Family Practices" modules, which promote, among other things, exclusive breastfeeding for the first six months, adding nutritious foods to a child's diet, and sleeping under insecticide-treated mosquito nets. The activities also address issues related to child stimulation and protection, such as the importance of talk and play, positive disciplining, and socio-emotional development. The information is delivered during monthly village assemblies for both beneficiaries and non-beneficiaries; monthly discussions among social safety net beneficiaries only; and regular home visits to provide mothers with information on nutrition, health, child protection, and psycho-social stimulation. The village meetings are delivered by a local non-governmental organization, while specially trained community educators conduct the group discussions and home visits, which were held monthly. All activities continued for 18 months.

Evaluation

A randomized control trial was used to evaluate the effectiveness of the added behavioral change activities related to parenting practices on households receiving cash transfers. The impact evaluation focused on the first cycle of approximately 10,000 households receiving cash transfers in the Dosso and Maradi region, starting in February and March 2013 and ending between March and April 2015. Households eligible for cash transfers were divided by villages into 100 clusters, and among these, half of the clusters were randomly selected by public lottery to receive additional information about positive parenting practices.

The baseline survey was conducted in 2012, right before implementation of the safety nets project and prior to the randomization of the villages into the two different groups. The evaluation team conducted a follow-up survey between January and June 2015, around the time that households were exiting from the cash transfer program, to determine the impact of the behavioral change activities on parenting and child development.

Niger at a glance

- Niger is one of the least developed countries in the world.
- It ranked last in the 2015 United Nations Human Development Index (188 out of 188 countries).
- The fertility rate is 7.6 children per woman.
- Two-thirds of the population live below the poverty line, surviving on less than 1 dollar per day, and hunger is a daily challenge for many families.

Results

The behavioral change activities, which include meetings and home visits, significantly improved nutrition practices among households receiving the cash transfer program: Parents reported that babies were more likely to be breastfed and were given higher-quality foods.

Mothers who received both cash and the behavioral change component of meetings and home visits were 55 percent more likely to report that they exclusively breastfed their children for the first six months, as compared to mothers who received cash only. Children between six and nine months old whose mothers received the full program were also more likely to get higher-quality foods, according to

This policy note is based on the report on the evaluation, "Transferts Monétaires, Valeur Ajoutée de Mesures d'Accompagnement Comportemental, et Développement de la Petite Enfance," Report No: ACS18664, World Bank, June 2016; and "Promoting Positive Parenting Practices in Niger through a Cash Transfer Programme," Oumar Barry, Ali Mory Maïdoka, Patrick Premand, Early Childhood Matters, Bernard van Leer Foundation, 2017.

their mothers, with an increase in eggs, biscuits, cereals, and fish. Children's overall food security—meaning that their parents reported they had a diversified diet—also increased by about 11 percent.

Mothers who received the behavioral change component were more likely to report engaging in practices that stimulated their children and less likely to use violence or negative practices in disciplining their children…

The evaluation found an increase of 17 percent in children's "stimulation index," which included a mix of activities undertaken by adults with young children, such as reading, storytelling, playing, naming, counting, or drawing. While the percentage of children who played with an adult household member didn't change, children engaged in more varied play.

Families were also 15 percent less likely to use negative forms of discipline, such as yelling, slapping, or hitting, based on mothers' reports. For example, there was a 20 percent drop in hitting children with an object, a 25 percent decline in yelling at children, and a 22 percent drop in slapping children.

…and more likely to carry out recommended preventative health practices.

Children aged 12 months to 24 months whose mothers received the parenting training were 19 percent more likely—or 11 percentage points up from 59 percent—to have had all necessary vaccinations. The rate of receiving iron supplements rose by 9.6 percentage points from about 17 percent.

Reports of disease were less common among children whose families received the behavioral change component, and when kids did get sick, parents were more likely to report that they took them to a health center.

For children under age five, reported illness decreased by five percentage points, and the probability of using health services in case of illness increased by six percentage points. However, there was no impact on vitamin A supplementation, the share of children sleeping under a treated mosquito net, or the likelihood that children would have a birth certificate.

Nevertheless, despite positive impacts on reported behavior, the evaluation found only limited developmental improvement on children themselves.

Children's socio-emotional development, in terms of how they scored on various measures, improved by three percent, while children's physical development, in terms of weight for height and other growth measurements, wasn't any better than that for families that only participated in the cash program. Similarly, the evaluation found no impact on children's cognitive development. As impacts were measured shortly after completion of the behavioral change activities started, more time may be needed before any changes materialize in child development.

The behavioral change component itself was very popular.

On average, 92 percent of beneficiaries in the cash transfer program who were eligible for the meetings and home visits took part regularly. In addition, many individuals who didn't

receive the cash transfers also participated in the community meetings in targeted villages. In fact, the evaluation found a positive effect also on villagers who weren't eligible for the cash transfer program. They also reported better nutrition practices, more stimulation activities, and a lower likelihood of using violence as a form of discipline for their children.

It is likely some improvements in implementation of the parenting component could yield better results, though overall implementation was satisfactory.

The delivery model for the behavioral change component was designed in a way to allow implementation at scale in a low-income setting. The community educators are local people who are not beneficiaries of the safety net program and they are paid about $20 a month for their work. They receive two weeks of training at the start, followed by two-week refresher courses after 6 months and 12 months of

implementation of the parenting program. NGO field staff who organize the village assemblies—and themselves receive the same training at the outset—are responsible for providing coaching for these community educators.

Although an implementation study found that the community meetings and home visits were carried out well overall, it identified some weaknesses in terms of expected mentoring by NGO field staff of the community educators doing the home visits and running the discussion groups. About 25 percent of the community educators did not have the required knowledge to effectively conduct their activities, in large part due to widespread illiteracy. Some household visits were found to be shorter and less interactive than planned.

Another challenge is that child development is really a multi-sectoral issue, and it's hard to improve children's health and development if there's limited access to clean water and some health services aren't functioning well enough.

Some participants reported that when they took their young children to the health clinic because of suspected malnutrition, they sometimes were sent home without anyone checking their child's condition. In other cases, it may be that the lack of adequate water and sanitation facilities in these villages caused children to fall ill with conditions that can harm development and that can't be addressed through the parenting classes alone.

Conclusion

Policymakers know that setting up young children for success is critical to breaking the cycle of intergenerational poverty. Ensuring that children have enough food and stimulation is an important first step. But as the results of this evaluation show, teaching parents important skills may not be enough to make a real difference in the lives of the world's most vulnerable children. Indeed, for families in rural Niger, where poverty is so extreme and environmental conditions so challenging, behavioral change programs may not be enough to promote positive change for children—even when parents are eager to learn more and make positive changes. The results underscore the need for more research to better understand ways to improve the physical, cognitive, and socio-emotional development of the world's most vulnerable children, and, in particular, to ensure that interventions for families are matched by improvements in the education, health, and other services that they are being encouraged to use.

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