SAHEL ADAPTIVE SOCIAL PROTECTION PROGRAM

Improving School Readiness in the Sahel

The Role of Adaptive Social Protection Programs

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AFD AGENCE FRANÇAISE DE DÉVELOPPEMENT

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Federal Ministry for Economic Cooperation and Development

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WORLD BANK GROUP Social Protection & Labor

Objective

Examine school readiness measures that could be incorporated into social protection programmes to improve education outcomes and strengthen human capital in the Sahel.

Structure

- An overview of school readiness in the Sahel;
- An overview of the theoretical framework for this research;
- School readiness measures and associated case studies;
- Recommendations for the Sahel region.

Associated Research

Lufumpa, N., Hilger, A., Ng, O. (2024). Improving School Readiness in the Sahel: The Role of Adaptive Social Protection Programmes

The Importance of Strengthening School Readiness in the Sahel

- **The Sahel has some of the lowest levels of human capital worldwide.** The future productivity and earning potential of children in the Sahel is on average 65% below its potential due to poor health and education outcomes.
- School readiness, defined as children having the skills and wellbeing to thrive academically, is associated with improvements in future academic performance, educational attainment, employment, and earnings.
- At present, almost 90% of the population of 10-year-old children in the Sahel do not have an age-appropriate level of reading comprehension, highlighting a need to strengthen school readiness in children under six years old.
- School readiness measures could be incorporated into social protection programmes, which are uniquely positioned to reach the poorest and most vulnerable households, to improve education outcomes and strengthen human capital in the Sahel.

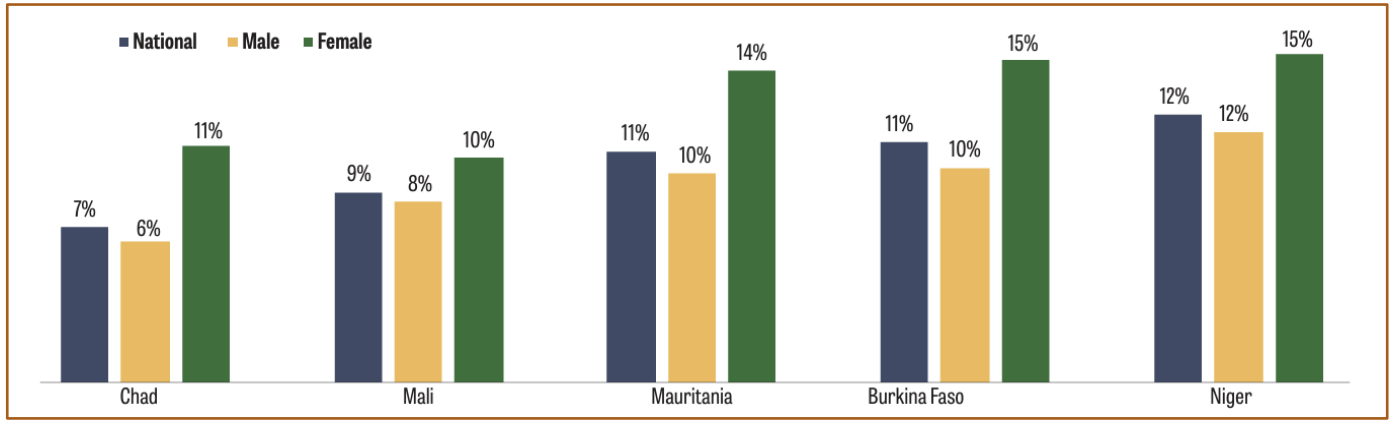

Figure 1: Estimated Rates of Return on Additional Years of Schooling (The World Bank, 2021)

An overview of the theoretical framework for this research

Theoretical Framework: School Readiness and Early Childhood Development

- The UNICEF conceptual framework for school readiness is organized in three levels - ready children, ready families, and ready schools.
  - **Ready children:** A child's skill level and general wellbeing.
  - **Ready families:** A family's ability and willingness to send children to school and improve early childhood development.
  - **Ready schools:** The quality and quantity of school facilities and staff.
- Given the overlap between early childhood development and both the child and family dimensions of school readiness, the five components of early childhood development served as a framework for the examination of school readiness measures in this research.
- The third dimension of school readiness, ready schools, is beyond the scope of social protection programming and is best addressed by the education sector.

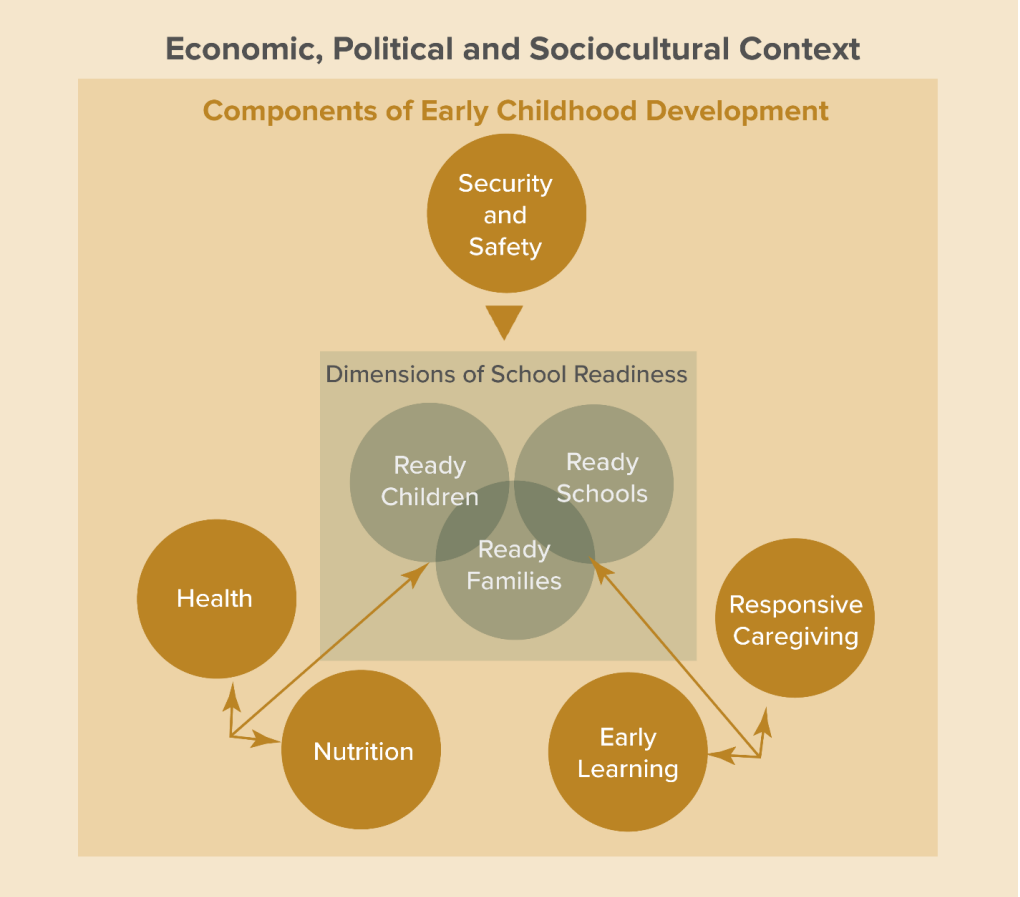

Figure 1: Theoretical Relationship Between School Readiness and Early Childhood Development

School readiness measures and associated case studies

Summary of School Readiness Measures

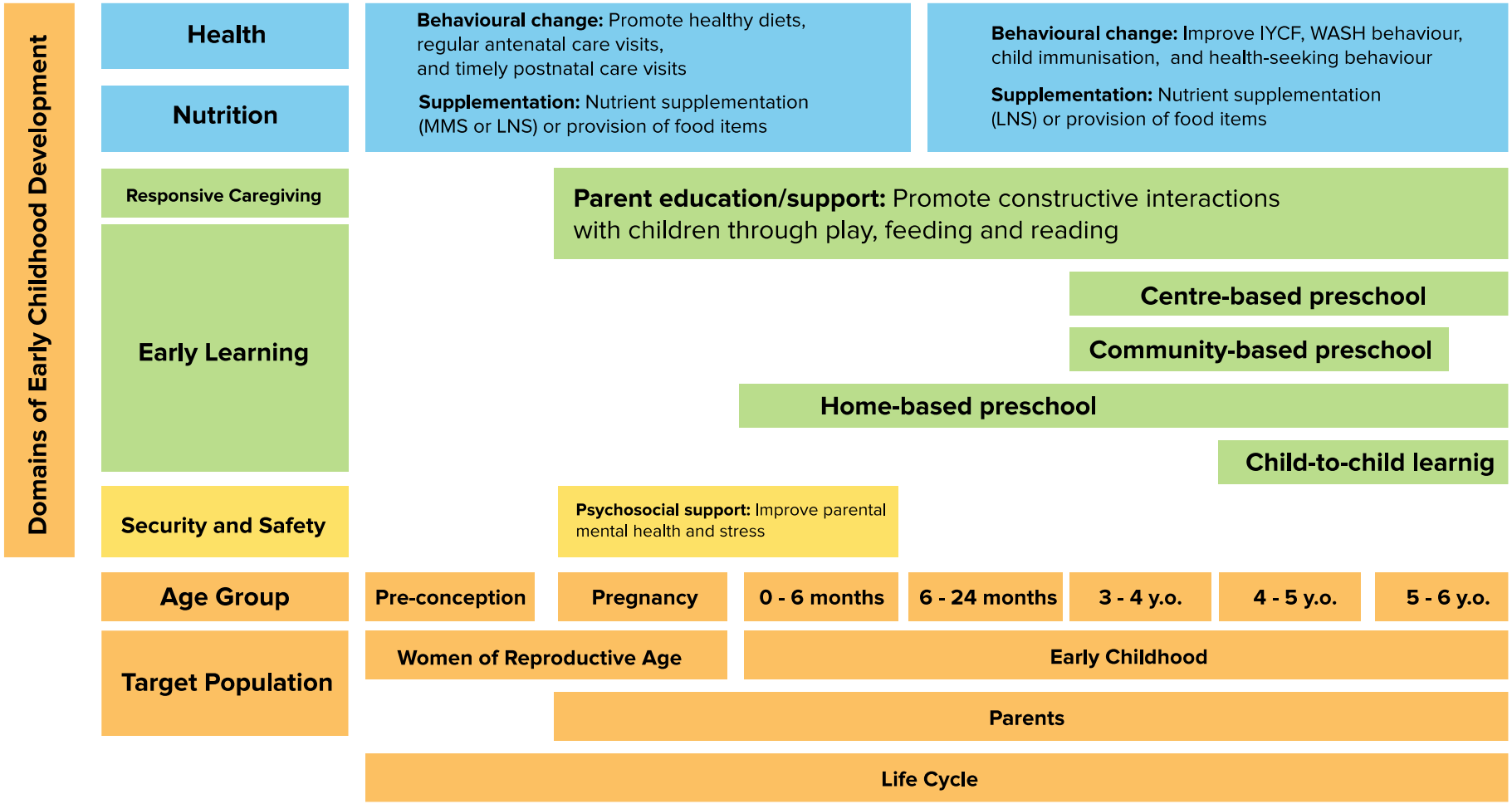

Figure 2: School Readiness Measures by ECD Domain and Target Population, Adapted from Britto et al. (2017)

School readiness measures and associated case studies

1. Health and Nutrition Measures for Women of Reproductive Age

1.1. Behavioral Change Communication: Promote healthy diets, antenatal care visits, and postnatal care visits

Population	Benefits	Favourable Settings	Integration into SP Programmes	Conditions to Increase Effectiveness
Women: 15 - 49 y.o.	Improved fetal growth and development Improved birth outcomes Early detection and treatment of maternal, foetal, and newborn health concerns	**Context** Poor maternal health and birth outcomes **Systems** Well-trained and ample community healthcare workers Invested community leaders	Plus component of safety net programmes Conditions of safety net programmes Services provided through a voucher	High quality healthcare system Affordable healthcare services Physically accessible healthcare facilities Affordable nutrient rich food Adequate supply/physical access to nutrient rich food

1.2. Supplementation: Provision of multiple micronutrient supplementation (MMS) or lipid-based nutrient supplements LNS, and/or food items

Population	Benefits	Favourable Settings	Integration into SP Programmes	Conditions to Increase Effectiveness
Women: 15 - 49 y.o.	Improved fetal growth and development. Improved growth and development in the first six months of life	**Context** Poor maternal nutrition, foetal growth, and weight/height in children under 6 months **Systems** Well-trained and ample community healthcare workers	Plus component of safety net programmes Goods provided through a voucher	Affordable nutrient rich food Adequate supply/physical access to nutrient rich food

School readiness measures and associated case studies

2. Health and Nutrition Measures for Children

2.1. Behavioral Change Communication: Improve child feeding, WASH practices, immunization, and health-seeking behavior

Population	Benefits	Favourable Settings	Integration into SP Programmes	Conditions to Increase Effectiveness
Children: > 6 months	Improved cognitive and physical development in the first five years of life Decreased prevalence of disease Improved treatment seeking behaviour	**Context** Poor child nutritional status and health outcomes **Systems** Well-trained and ample community healthcare workers Invested community leaders	Plus component of safety net programmes Conditions of safety net programmes Services provided through a voucher	High quality healthcare system Affordable healthcare services Physically accessible healthcare facilities Affordable nutrient rich food Adequate supply/physical access to nutrient rich food

2.2. Supplementation: Provision of lipid-based nutrient supplements LNS, and/or food items

Population	Benefits	Favourable Settings	Integration into SP Programmes	Conditions to Increase Effectiveness
Children: > 6 months	Improved cognitive and physical development in the first five years of life	**Context** Poor child nutritional status **Systems** Well-trained and ample community healthcare workers	Plus component of safety net programmes Goods provided through a voucher	Affordable nutrient rich food Adequate supply/physical access to nutrient rich food

School readiness measures and associated case studies

Case Study: Health and Nutrition Measures

Conditional Cash Transfer Intervention Case Study

A conditional cash transfer (CCT) programme in Honduras was used to improve the use of healthcare services among women (pregnant or new mothers) and young children. The programme targeted households with pregnant women or women with one or more children under the age of three. Cash transfers were conditional on the use of preventative healthcare services – antenatal care, postnatal care, and well-child visits. Well-child visits included growth monitoring and promotion, and immunisation. Use of healthcare services was monitored through participant submission of certified attendance slips at healthcare facilities following consultation.

Alongside cash transfers, concerted efforts were made to improve the quality of healthcare services provided in the targeted communities. Quality assurance teams were assigned to healthcare facilities. Team members were trained in quality-of-care assessment and management. Quality assurance teams developed an annual plan to improve the quality of healthcare services provided at their facilities of focus. Annual plans were developed within a preestablished budget.

This intervention was associated with significant improvements in accessing of antenatal healthcare services and preventative healthcare services for children. Over a two-year period, this intervention was associated with an 18.4% increase in the number of pregnant women with five or more antenatal care visits and a 14.9% increase in the number of children taken to a healthcare centre in the last month.

Source: Morris, S. S., Flores, R., Olinto, P., & Medina, J. M. (2004). Monetary incentives in primary health care and effects on use and coverage of preventive health care interventions in rural Honduras: cluster randomised trial. *The Lancet*, *364* (9450), 2030-2037.

3. Responsive Caregiving and Early Learning Measures

3.1. Caregiver education/support: Promote constructive interactions with children through play, feeding, and reading

Population	Benefits	Favourable Settings	Integration into SP Programmes	Conditions to Increase Effectiveness
Caregivers of children under 3 y.o.	Improved caregiver knowledge and behaviour Improved childhood development: social, cognitive, behavioural, and emotional	**Context** All contexts **Systems** Well-trained and ample community healthcare workers or community volunteers Invested community leaders	Utilise targeting systems to identify recipient households Plus component of safety net programmes Integration into behavioural change communication programmes which promote improved child/maternal health and nutrition	Robust identification system (i.e., increased birth registration and a more comprehensive social registry) Accurate targeting technique Appropriate parental leave policies and practices Affordable and accessible quality childcare

Case Study: Responsive Caregiving and Early Learning Measures

Caregiver Focused Home-Visiting Programme Case Study

In Rwanda, a home-visitation programme (Sugira Muryango) was introduced alongside multiple existing social protection schemes. The aim of the home-visitation programme was to address widespread inequalities in early childhood development and limit/eliminate harsh discipline. Existing social protection schemes implemented concurrently included unconditional cash transfers and public work programmes. Existing social protection schemes were used to identify households that would benefit from inclusion in the home-visitation programme.

Sugira Muryango targets low-income households with children under 36 months old. Community-based coaches (CBCs) provide education and coaching to parents about positive parenting and early learning. CBCs received on the job training and are paired with a supervisor – a CBC from an earlier cohort. Supervisors assessed CBCs' performance in person for the first few weeks, and retrospectively through the assessments of audiotaped home-visitations. Supervisors were also available for regular communication with CBCs to troubleshoot any concerns.

In addition to teaching and coaching, this programme intentionally incorporated fathers; taught caregivers about emotional regulation, stress management, and problem solving; and emphasized the importance of healthy family units. 12 sessions were conducted over a three-to-four-month period. Sessions took place every week and lasted for about 1 hour 30 minutes.

Three months following introduction, this intervention was associated with statistically significant improvements in parent-child interactions and the implementation of positive parenting. There was an increase in early childhood development stimulation implemented in homes and a decrease in the prevalence of harsh discipline (70% decrease).

Source: Betancourt, T. S., Jensen, S., Barnhart, D. A., Brennan, R. T., Murray, S. M., Yousafzai, A. K., Farrar, J., Godfroid, K., Bazubagira, S. M., Rawlings, L. B., Wilson, B., Sezibera, V., & Kamurase, A. (2020). Promoting parent-child relationships and preventing violence via home-visiting: a pre-post cluster randomised trial among Rwandan families linked to social protection programmes. BMC public health, 20(1), 621.

School readiness measures and associated case studies

4. Security and Safety Measures

4.1. Psychosocial support: Improve parental mental health and stress, largely through counselling

Population	Benefits	Favourable Settings	Integration into SP Programmes	Conditions to Increase Effectiveness
Caregivers of children under 5 y.o.	Improved parent-child interactions Decreased child maltreatment and domestic violence Improved child development and health	**Context** Poor maternal mental health Prevalence of harsh discipline or child maltreatment Prevalence of factors known to increase parental stress (i.e. high poverty rates, unemployment, and conflict) **Systems** Well-trained and ample community healthcare workers or volunteers Invested community leaders	Conditions of safety net programmes Plus component of safety net programmes	Healthcare systems designed to identify and treat mental health issues in patients, particularly in new mothers Social/cultural beliefs that discourage child maltreatment and domestic violence Social systems designed to identify and penalise child maltreatment and domestic violence

School readiness measures and associated case studies

Case Study: Security and Safety Measures

Parenting Intervention Case Study

In Uganda, mental health services were provided to caregivers in predominantly rural settings. The aim of the programme was to improve maternal mental health and caregiver-child interactions.

This intervention included 12 sessions – six focusing on maternal mental health and six focusing on caregiver-child interactions. One session, led by a community volunteer, was held every two weeks. Volunteers received on the job training – before and during the programme. To be eligible, volunteers were required to be well-respected in their community, have well developed communication skills, and be fluent in the local language. The quality of services provided was regularly monitored by supervisors.

The six mother centred sessions were organised as follows – two were attended by mothers alone, two were attended by fathers alone, and two were attended by both mothers and fathers. During these sessions, caregivers were taught how to interact with each other, manage conflict, and communicate effectively. Sessions were interactive - including both group discussions and role-play.

Participation in this programme was associated with a decrease in the prevalence of self-reported symptoms of depression among mothers. Furthermore, participating mothers reported higher use of active coping strategies.

Source: Singla, D. R., Kumbakumba, E., & Aboud, F. E. (2015). Effects of a parenting intervention to address maternal psychological wellbeing and child development and growth in rural Uganda: a community-based, cluster-randomised trial. The Lancet Global Health, 3(8), e458-e469.

School readiness measures and associated case studies

5. Early Learning Measures

5.1. Centre-based preschool (Children 3 to 6 years old)

	Benefits	Favourable Settings	Integration into SP Programmes	Conditions to Increase Effectiveness
Features Educators with tertiary level education Largest access to educational resources Most structured curriculum Most frequent scheduled school attendance Attendance fee	Improved cognitive and psychosocial development Improved school performance	**Context** Poor primary school enrolment and academic performance **Systems** Well-trained and ample educators Invested community leaders	Provision of preschool education through employers Vouchers or transfers to cover attendance fees Conditions of safety net programmes	Affordable preschool facilities Physically accessible preschool facilities Good quality preschools Caregiver willingness to send children to preschool facilities

5.2. Community-based preschool (Children 3 to 5 years old)

	Benefits	Favourable Settings	Integration into SP Programmes	Conditions to Increase Effectiveness
Features Local educators identified-schooling required but not necessarily tertiary level Moderate access to educational resources Moderately structured curriculum Moderate frequency of scheduled school attendance Attendance fee	Improved cognitive and psychosocial development Improved school performance	**Context** Poor primary school enrolment and academic performance Limited centre-based preschools **Systems** Well-trained and ample educators Invested community leaders Ability to transition children to centre-based preschool at 5.	Provision of preschool education through employers Vouchers or transfers to cover attendance fees Conditions of safety net programmes	Affordable preschool facilities Physically accessible preschool facilities Good quality preschools Caregiver willingness to send children to preschool facilities

School readiness measures and associated case studies

5. Early Learning Measures

5.3. Home-based preschool (Children under 6 years old)

	Benefits	Favourable Settings	Integration into SP Programmes	Conditions to Increase Effectiveness
Features Local educators, limited on the job training Least access to educational resources Least structured curriculum Least frequently scheduled school attendance No attendance fee	Improved cognitive and psychosocial development Improved school performance	**Context** Poor primary school enrolment and academic performance Limited centre-based and community-based preschools **Systems** Well-trained and ample educators Invested community leaders	Conditions of safety net programmes Plus component of safety net programmes Integration into behavioural change communication programmes which promote improved child health and nutrition	Physically accessible preschool facilities Good quality preschools Caregiver willingness to send children to preschool facilities

5.4. Child-to-child learning (Children 4 to 6 years old)

	Benefits	Favourable Settings	Integration into SP Programmes	Conditions to Increase Effectiveness
Features Educators are older children – in grades 5 to 8 Interactive sessions Structured curriculum Infrequent scheduled sessions No attendance fee	Improved cognitive and psychosocial development Improved school performance	**Context** Poor primary school enrolment and academic performance Limited centre-based and community-based preschools **Systems** Well-trained and ample educators Invested community leaders	Conditions of safety net programmes Plus component of safety net programmes	Physically accessible education facilities Good quality education facilities Caregiver willingness to send children to education facilities Caregiver willingness to have older children participate in the programme Willingness of older children to participate in the programme

Case Study: Early Learning Measures

Preschool Intervention Case Study

In Uganda, the World Food Program (WFP) provided cash transfers in communities where UNICEF-supported early childhood learning centres were present. Cash transfers were only provided to households with children between 3 to 5 years old who were attending a community-based preschool. The cash transfer amount was dependent on the number of children within a household that met the above conditions.

Cash transfers were provided every six to eight weeks. Transfers were conducted electronically to the primary caregivers of the children. The associated community-based preschools were designed and implemented as described in earlier sections of this document.

The provision of cash transfers was associated with significant improvements in the cognitive test scores in young children. There were statistically significant improvements in the total cognitive score of children between 4.5 years old and 6 years old. Notably, there were improvements in visual reception, receptive language, and expressive language test scores.

Source: Gilligan, DO and Roy, S. (2016). The effect of transfers and preschool on children's cognitive development in Uganda, 3ie Impact Evaluation Report 32.

School readiness measures and associated case studies

Case Study: Integrated Measures

Although this research detailed individual measures to address school readiness in the Sahel, evidence suggests that an integrated approach may be most effective. The combination of measures that will be most effective varies within different settings and should be determined alongside local stakeholders and/or experts.

Integrated Child Development Services Case Study

India has one of the largest integrated early childhood development programmes worldwide. This programme targets women of reproductive age and children under six years old. Some of the key services provided through this programme include nutrient and food supplementation, nutrition and health literacy, immunisation, preventative healthcare visits, and community-based pre-school education. This programme has been jointly designed and implemented by numerous government ministries.

All services are provided at Anganwadi community centres. The community centres are managed by an Anganwadi worker – a female community member; and staffed by trained healthcare workers – i.e., nurses/midwives. Anganwadi workers have a minimum high school level education and receive additional on the job training. The Anganwadi worker also serves as a point person between the community and the government.

Exposure to the above programme during the first three years of life was associated with statistically significant increases in the amount of schooling completed. A similar, smaller effect was observed for those who were partially exposed to this programme.

Source: Nandi, A., Behrman, J. R., & Laxminarayan, R. (2020). The impact of a national early childhood development program on future schooling attainment: Evidence from integrated child development services in India. Economic Development and Cultural Change, 69(1), 291-316.
Sachdev, Y., & Dasgupta, J. (2001). Integrated Child Development Services (ICDS) Scheme. Medical Journal, Armed Forces India, 57(2), 139–143. https://doi.org/10.1016/S0377-1237(01)80135-0

Summary of Recommendations for the Sahel

1. **The plus component of safety net programs could be designed to address key policy issues (food insecurity, malnutrition, and poor academic performance) through behavioral change communication.**
    - In settings with higher levels of fragility and/or conflict, community-based events and mass media campaigns may be the most effective way to encourage widespread behavioral change.

2. **Safety net delivery mechanisms can be used to provide small-quantity lipid-based nutrient supplements (SQ-LNS) to targeted or vulnerable households.**
    - The provision of SQ-LNS would be complementary to the behavioral change communication interventions.

3. **Safety net delivery mechanisms can be used to deliver home visitation services or introduce community-based preschools to support early learning and responsive caregiving among children who are particularly vulnerable to low levels of school readiness.**
    - Where feasible, the above would also include the provision of items/tools to facilitate early learning in the home.

4. **Safety net programs can be used to make preschool attendance more affordable for the poorest and most vulnerable households.**
    - Attendance fees would be covered either by safety net transfers or vouchers.

5. **Safety net delivery mechanisms could be used to delivery services to improve parental mental wellbeing, strengthen caregiver- child interactions, and consequently improve childcare practices and early learning in the home.**
    - Safety net targeting could be used to identify households in need of the above services (i.e. counselling).
    - Counselling could also be provided as the plus component of safety net programmes.

1818 H Street NW
Washington DC 20433
Telephone: 202-473-1000
Internet: www.worldbank.org

SAHEL ADAPTIVE SOCIAL PROTECTION PROGRAM

Contact: saspp@worldbank.org
Website: www.worldbank.org/saspp