

Workshop: “Pathways to Stronger Futures: economic strengthening and childhood development”

17 January 2018

Institute of Development Studies, Brighton, UK

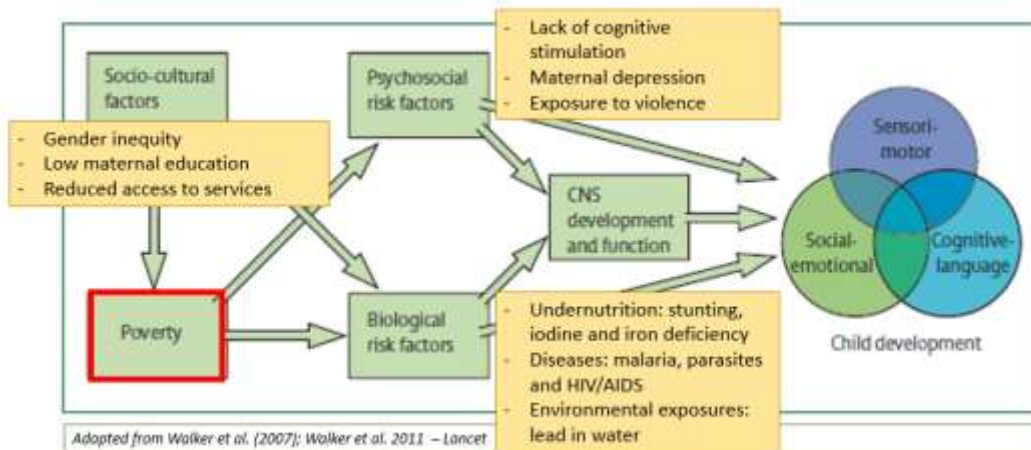
This workshop was organised as part of a new research project seeking to understand linkages between economic strengthening through comprehensive social protection and childhood development in Haiti. The research is funded by the British Academy and DFID as part of the Global Challenges Research Fund and Department for International Development Early Childhood Development Programme.

The aim of the workshop was three-fold: to (i) discuss the state of play with respect to evidence of economic empowerment, livelihoods and comprehensive social protection programming – including graduation programming – and its impact on childhood development, (ii) present upcoming mixed-methods research on economic empowerment and childhood development in Haiti, and (iii) discuss knowledge gaps within the existing evidence and how they might be filled with upcoming research in Haiti. Workshop participants included a small group of researchers and practitioners working across areas of graduation programming, economic empowerment and childhood development. This includes colleagues from Fonkoze in Haiti, the School of International Development at the University of East Anglia, Save the Children, the University of Antwerp, Itad, Social Performance Solutions, and fellows from the Institute of Development Studies.

The day was divided in three main sessions: (i) presentation on the evidence that exists today on economic empowerment and childhood development, by Keetie Roelen, followed by a general discussion; (ii) presentation and discussion about the main components of the Chemen Lavi Miyó (CLM) Fonkoze’s graduation programme and its potential impact on women and children, led by Fonkoze’s communications and learning officer Steven Werlin,; and (iii) sharing and discussing ideas regarding main knowledge gaps and questions to consider in relation to the Haiti case study.

1. Main lessons from the overview of evidence on economic strengthening and childhood development

- Early Childhood Development (ECD) can be defined as a development process: ‘a gradual unfolding of cognitive-language, social emotional and sensory–motor capacities’ (WHO 2013, 4). Accordingly, child development can be impacted by risks such as poverty, socio-cultural factors, psychosocial factors, and biological factors (Walker et al. 2007; 2011 - Lancet).
- There is wide consensus that the most cost-effective period to invest is in ECD. However, there is little to no information about how economic strengthening impacts child development outcomes.
- From the existing evidence, there is strong information about the potential of economic strengthening to reduce main risk factor of ECD, poverty. But it is necessary to expand information about how economic strengthening may impact biological and psychosocial risk factors through reducing poverty.



- In reviewing the relationship between economic strengthening and ECD, a range of factors mediate the potential impact such as the delivery of cash / assets (size of transfers, type of assets, regular and consistent payments, duration of payments, gender of cash recipient), caregiver and child characteristics (education level, gender of child).
- Cash transfers by themselves have limits; they reduce poverty and have wider impacts but are limited in addressing the full extent of multidimensional issues; for this reason, ‘cash plus’ interventions have potential for greater impact, particularly in affecting biological and psychosocial risk factors directly.
- There is a need for greater recognition of the potential tension between paid work and care. For example, the fact that women’s time is being constrained by taking multiple jobs. While this tension is widely discussed in relation to women’s economic empowerment programmes, it has received little debate in graduation programming.



Keetie Roelen, IDS



Discussion session

2. Key points from overview with CLM programme in Haiti

The CLM programme is a replication and adaptation from the BRAC graduation program and is run by Fonkoze foundation in Haiti. The main components of the programme are:

- Economic and social development consisting of a fixed stipend for the 24 weeks of the programme, productive assets and trainings on enterprise development.
- Village savings and loan associations, which have become an increasingly important part of the program.
- Village Assistance Committees, ran by local volunteers that support the members to facilitate communication and resolve conflicts.
- Health interventions managed through two lessons every week from a rotating list of twelve messages, support with latrine construction and a water filter; malnutrition screenings and facilitated access to free healthcare.
- Emergency subsidies, funds available to support members when they are facing an emergency.
- Graduation ceremony, an event organized at the end of the program where members that graduate can invite important people from the community.

Other central elements of the program are:

- The selection process is very long and detailed; it takes up to 3 months to complete. Two categories of families are eligible: families that have a working woman who has dependents, and individuals with impairments.
- One of the most important characteristics of the program is the 18 months of accompaniment that the beneficiaries receive from a case manager once a week for the first 12 months, and once every two weeks in the following 6 months.
- In terms of programme monitoring, data is collected for all beneficiaries at the start of the programme, and 3 more surveys are applied after six, twelve, and seventeen months.

Preliminary analysis of baseline evaluation data revealed relevant information about women and children that are part of the CLM programme. The majority of beneficiaries are women aged 18 to 39, with an average of three children per household and at least one child aged under 5. Most women live with a partner or spouse, mostly in traditional or informal arrangements. With an average of five household members, the dependency ratio is 1.5. Beneficiaries have generally low levels of education with the majority of women never having attended school and being illiterate.

Beneficiaries prove to be among the poorest households in Haiti; the Progress out of Poverty Index (PPI) score indicates that CLM members are very likely to be categorised as poor using either national or international poverty lines. Most children are reported to go to school, but school absenteeism is substantial. Lack of money presents a main constraint for seeking healthcare for themselves or their children for beneficiaries.

Findings with respect to biological and psychosocial risk factors for ECD suggest that children of CLM beneficiaries are at risk of low child development. For example, CLM members and their children

suffer from limited meals and poor dietary diversity. The number of stimulating activities (such as singing songs or telling stories) undertaken with children – either by the CLM member or any other adult in the household – is limited. Many CLM members also report high levels of mental stress, as based on the K6 scale and Rosenberg Self-Esteem Scale. At the same time few woman indicated to lack time to undertake all paid and unpaid work tasks; lack of money was considered the biggest impediment to providing care for children.

3. Main knowledge gaps or research questions in relation to Haiti case study to feed into de overall evidence base on economic strengthening and child development.

Knowledge gaps in terms of the general existing evidence on economic strengthening and child development, particularly in relation to Haiti, were identified through small group discussions and focusing on the Haiti case study. Knowledge gaps and research questions centred around six main themes:

1. Intra- and inter-household dynamics and social capital, including interactions between members of the household, extended family, the community.
2. Primary caregiver, understanding her/his time use, mental situation, and overall well-being.
3. Norms and aspirations around childhood, focusing on understanding how ‘good childhood’ is understood and how this links to parenting and caring practices.
4. Practices, notably those of child stimulation, nutrition and hygiene.
5. Structural context, focusing on interaction with services, access to public markets, and safety and security within the community.
6. CLM programme impact, zooming in on how its components affect the household and its children in different ways, with a special focus on the role of the case managers.



Reginal Jules, Fonkoze



Group discussion