

The role of graduation programming in promoting early childhood development: an overview of the evidence

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Abstract: It is widely understood that poverty undermines early childhood development (ECD). In turn, poor ECD reinforces intergenerational transmission of poverty. Comprehensive economic strengthening and social protection programmes, such as ‘graduation programmes’, may offer a ‘double boon’: they can improve ECD in the short term and break the intergenerational cycle of poverty in the long run. This article provides a comprehensive review of the state of the evidence regarding the role of graduation programmes in ECD in the Global South. We find positive effects in relation to nutrition and health, but observe large evidence gaps with respect to safety and security, responsive caregiving and early learning. Tension between work and care, shortcomings in design and delivery and structural barriers form impediments to positive change. A greater and more holistic focus on children within graduation programming is crucial for securing ECD outcomes and ultimately achieving poverty reduction in the long run.

Keywords: Early childhood development, poverty, social protection, economic strengthening, graduation programmes.

1 INTRODUCTION

Despite widespread progress in the last decades, millions of children experience deprivation in their early lives, and are therefore hampered in their biological and cognitive development (Black *et al.* 2017). Poverty is one of the main risk factors that can undermine children's early development (Walker *et al.* 2011). In turn, poor early childhood development (ECD) reinforces intergenerational transmission of poverty. Economic strengthening through comprehensive social protection may counteract risk factors in child development, such as undernutrition, maternal depression, poor caregiver–child relationships and violence (Engle *et al.* 2007, Walker *et al.* 2007, 2011). Moreover, these effects can be augmented by programme components that directly seek to improve non-economic outcomes, such as social development, nutrition, health and sanitation training. This affords programmes with the potential to break the intergenerational cycle of poverty and improve outcomes into the future.

The so-called 'graduation model approach' underpins a relatively new wave of comprehensive social protection interventions that has gained considerable momentum in the past five to ten years. The approach is based on the premise that people living in extreme poverty require a big push to move into a positively reinforcing cycle of economic advancement and improved livelihoods (Carter & Barrett 2007, Hashemi & Umaira 2011), and to ultimately 'graduate' out of poverty (Devereux & Sabates-Wheeler 2015). They are therefore also referred to as 'graduation programmes'. The approach was first operationalised in Bangladesh, but has since become a popular mechanism across the globe with interventions being implemented in more than forty countries (Arévalo *et al.* 2018).

Graduation programmes may hold potential for improving ECD in various ways. The focus on economic strengthening and poverty reduction may directly address the main risk factor hampering ECD, namely poverty. Greater availability of income could also indirectly reduce other risk factors, such as maternal stress and depression. In addition, the graduation programmes' comprehensive approach provides scope for improving ECD beyond the programmes' income effect. Their strong focus on training and coaching also holds potential for changing caregiving practices that are crucial for young children, such as infant and young child feeding (IYCF) and responsive caregiving.

Nevertheless, graduation programmes may also hold risks for young children and their developmental potential. The establishment and running of income-generating activities that are promoted through the programme and participation in other programme activities place extra demands on caregivers' time and resources. This may come at the expense of quality care for infants (Roelen 2015), particularly if programmes engage primary caregivers and incentivise activities that are far away from the home.

Evidence regarding the role of economic strengthening at large and graduation programmes more specifically on outcomes for young children is expanding but

relatively scarce. Furthermore, underlying mechanisms are poorly understood (Ssewamala *et al.* 2014). To our knowledge, there has not been any attempt to provide a review of graduation programmes and their impacts on ECD. This article aims to fill that gap by offering a comprehensive review of graduation programmes from across the Global South and their impacts on ECD outcomes.

2 CONCEPTUAL FRAMEWORK

The conceptual framework underpinning this study builds on understandings of ECD and its risk factors, the theory of change underpinning graduation programmes and existing evidence with respect to economic strengthening and cash transfers and their impact on ECD.

2.1 ECD

Child development refers to the emergence of interdependent skills of sensory–motor, cognitive language, and social–emotional functioning (Engle *et al.* 2007) or ‘a gradual unfolding of cognitive–language, social emotional and sensory–motor capacities’ (WHO 2013: 4). Development of these capacities and skills in the early years lays the foundation for acquisition of skills through the lifecycle (*Lancet* 2016).

The 2016 *Lancet* Early Childhood Development Series emphasises the ‘Nurturing Care’ framework in further understanding and improving efforts towards ECD. Nurturing Care has been defined as ‘a stable environment that is sensitive to children’s health and nutritional needs, with protection from threats, opportunities for early learning, and interactions that are responsive, emotionally supportive, and developmentally stimulating’ (*Lancet* 2016: 2). The framework includes five domains that are crucial for ensuring that children can reach their full developmental potential: (i) health, (ii) nutrition, (iii) security and safety, (iv) responsive caregiving and (v) early learning (Black *et al.* 2017). Growing up in supportive family and community environments and conducive social and economic contexts is crucial for ensuring positive outcomes in these five domains of early childhood development (Black *et al.* 2017).

2.1 Graduation programmes

Graduation programmes have become increasingly popular and have been commended for their success in ‘graduating’ people out of extreme poverty (Devereux & Sabates-Wheeler 2015). Interventions provide a comprehensive package of sequenced support, including a combination of cash transfers, asset transfers, access to savings and credit, training and tailored coaching. Support is time-bound, with programme duration

ranging between 18 and 36 months (Arévalo *et al.* 2018). The programmes' underlying rationale suggests that the combination of components and their mutually reinforcing synergies lead to positive and sustainable impacts on poverty. Indeed, the combination of economic resources and messaging appears to be key in affecting positive change (Roelen & Devereux 2019).

The evidence base regarding the impact of graduation programmes on poverty, economic outcomes and household living standards is expanding rapidly. Rigorous evaluations of graduation programmes showcase positive impacts on consumption, assets and food security, and that positive effects are—at least partly—maintained after the programmes come to an end (Banerjee *et al.* 2015).

Intra-household dynamics in relation to programme participation, and the extent to which graduation programmes benefit individual household members remain relatively unexplored. Nevertheless, momentum is building regarding the acknowledgement that impacts on children need to be better understood. While programmes may positively impact children's lives, their focus on productive activities and entrepreneurship may also present a trade-off in terms of time and attention that can be allocated to care for children.

2.3 Pathways from programme participation to ECD

Considering existing literature on economic strengthening, cash transfers and ECD, we provide hypotheses for various pathways through which graduation programmes may affect ECD outcomes.

Firstly, *programmes are likely to have a positive impact on ECD outcomes as a result of their income effect*. Greater availability of income—both as a result of cash provided by the programme and through income generation as a result of productive activities that are promoted by the programme—can directly improve food security and dietary diversity, and access to health and education services. Evaluations of cash transfer schemes provide testimony to the powerful effects of the regular and predictable influx of income in these areas (Bastagli *et al.* 2016, de Groot *et al.* 2017). Greater income security can also lead to better mental health and reduced poverty-induced stress, thereby indirectly addressing risk factors and ECD outcomes. Studies of cash transfers find positive effects on child–caregiver relationships and caregiving practices (Owusu-Addo *et al.* 2018, Roelen, Delap, *et al.* 2017).

Secondly, *the integral role of training and coaching within graduation programmes offers scope for changing practices* through sensitisation and behaviour change communication. In addition to training about livelihoods and income-generating activities, many programmes also include messaging about nutrition, sanitation and health practices. Interactions tend to be frequent, with scope for tailored follow-up

through home visits by frontline staff. Such interactions hold potential for improving knowledge and changing caregiving practices (Barrientos *et al.* 2014, Roelen & Devereux 2019).

Thirdly, *graduation programmes may also stand in conflict with improvements in ECD outcomes*. An increase in economic activity for adult caregivers can lead to an increase in the combined burden of paid and unpaid work, thereby presenting a trade-off between economic gains and caregiving practices (Roelen 2015). This trade-off is highly gendered, with women generally being primary caregivers (Chopra & Zambelli 2017). Particularly when programmes seek to engage women, the risk for positive economic effects to come at the expense of care for particularly young children may be heightened.

Finally, *structural barriers may impede the potential for graduation programmes to play a positive role*. Absence of infrastructure and basic services can obstruct improvements in ECD outcomes despite economic strengthening or behaviour change at the household level. For example, lack of clean water due to drought or pollution hampers caregivers' abilities to observe sanitation practices and thereby secure good nutrition and health outcomes (Roelen, Devereux *et al.* 2017a).

3 METHODOLOGY

This study aims to offer a comprehensive overview of evidence, primarily guided by methodology for systematic reviews. A review protocol based on the PICO (participants, intervention, comparison, outcomes) and PRISMA checklists (Møller & Myles 2016) underpinned the search strategy and review of evidence. However, practical constraints—notably time and budget—have meant that we were not able to fully test and register the protocol with PROSPERA¹ and that we could not ensure a fully exhaustive search. As such, we do not claim this study to be a systematic review in its purest form. Nevertheless, we are confident that the assessment that is offered in this article is reflective of the overall state of the evidence with respect to graduation programming and its role in ECD.

3.1 Search strategy

The question of interest that underpins this review is: *What is the impact of graduation (or comprehensive economic strengthening programmes) on early childhood development?*

¹PROSPERO is an international database of prospectively registered systematic reviews in health and social care.

The inclusion of studies is guided by various criteria. Firstly, they need to cover interventions that can be understood as graduation programmes, or that constitute economic strengthening programmes with at least three of five components of graduation programmes (that is, cash transfers; asset transfers; access to savings and credit; training; coaching). Secondly, studies need to cover interventions that target those living in poverty or extreme poverty (commonly referred to as ‘ultra-poor’). Thirdly, they need to include primary findings of impacts or programme effects with respect to at least one component of the Nurturing Care framework (that is, nutrition; health; safety and security; responsive caregiving; and early learning). We also include papers that focus on education outcomes more broadly. Finally, we are inclusive in terms of the methodologies that studies employed, allowing for quantitative studies based on experimental and quasi-experimental design, quantitative studies with or without comparison groups, qualitative studies and studies with mixed methods approaches.

Six relevant databases were searched: IBSS; ASSIA; PROQUEST Dissertations & Theses Global; Sociological Abstracts; The Campbell Library: The Campbell Collaboration; and Proquest. We also searched websites and resources of sixteen donor agencies, international NGOs (non-governmental organisations) and international research partnerships that have a strong presence in generation of evidence with respect to social protection and graduation programmes. They include USAID Development Experience Clearinghouse; Department for International Development (UK); UNICEF Evaluation Database; United Nations Development Programme; World Bank Group Open Knowledge Repository; International Labour Organization (ILO, LaborDoc Library); UNICEF—Innocenti Office of Research; African Development Bank; Asian Development Bank; Inter-American Development Bank; Save the Children; Innovations for Poverty Action; Transfer Project; African Child Policy Forum; and Food and Agriculture Organization. Finally, we also undertook internet searches using Google Scholar and mined repositories held by 3ie; British Library for Development Studies; Oxfam: Policy and Practice; Social Science Research Network; Center for Social Protection (Institute of Development Studies, Sussex); Oxford Policy Management; Partnership for Economic Inclusion, and ECD Action Network. A citation search of the papers retained from the electronic database search was carried out using the Citation Indexes from Science Direct and Google scholar citation index.²

²Key search terms can be made available on request.

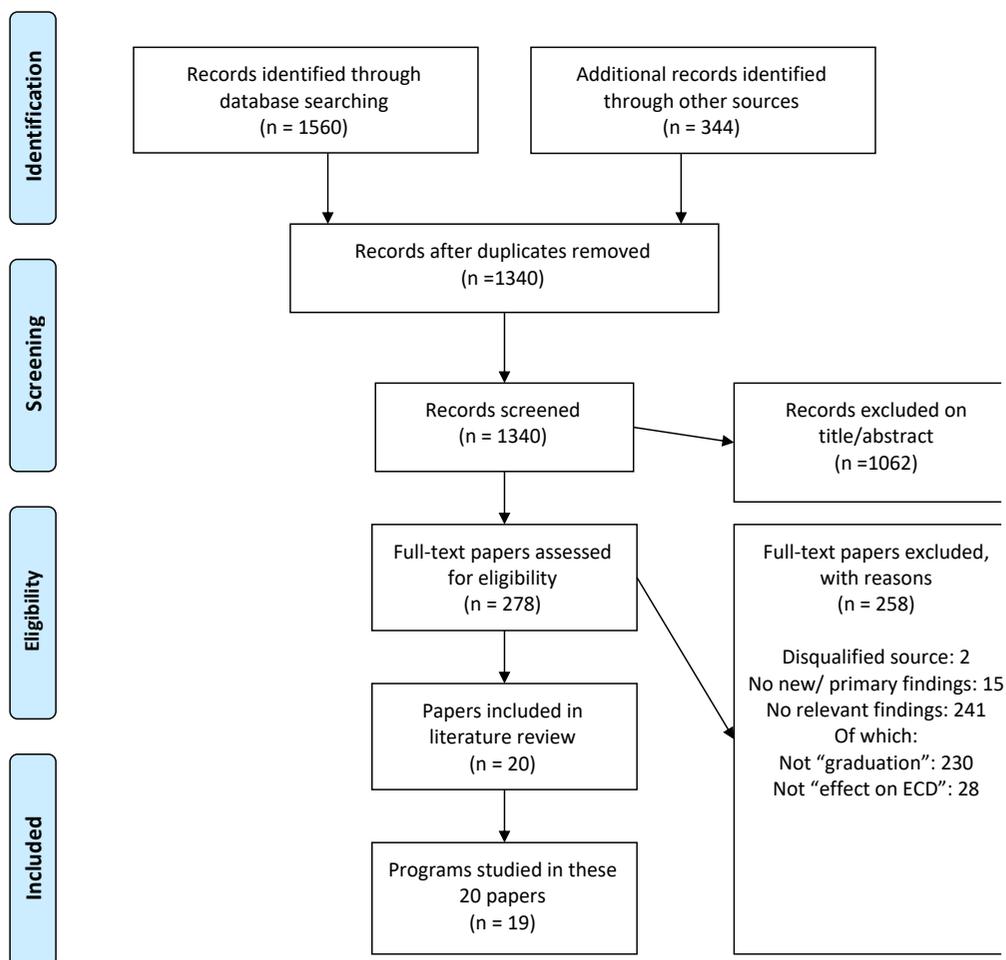


Figure 1. PRISMA diagram.

3.2 Search and screening process

The search and screening process is depicted in a PRISMA flow diagram in Figure 1.

A first search returned roughly 1,900 records. After screening on the basis of titles and abstracts, 278 papers remained for more in-depth screening. Programme design sections of all 278 papers were assessed to see if they fulfilled the inclusion criteria.

Firstly, screening considered whether the interventions constituted a graduation programme or a programme that included at least three of five components of graduation programmes. As such, examples of interventions (and corresponding papers) that were disqualified in this step include the Urwaruka Rushasha programme in Burundi and the GRAD (and related PSNP) programme in Ethiopia.

The Urwaruka Rushasha programme in Burundi combined village savings and loans associations and family-based interventions, and was analysed in Annan *et al.* (2013) for its effect on ECD (among other things). This paper was included in the initial screening given its focus on ECD and the intervention's similarities to a graduation programme. However, further screening revealed that only two out of five programme components were included, namely access to savings and coaching or mentoring criteria. Similarly, a paper on the GRAD programme in Ethiopia passed the initial screenings due to the intervention being described as premised on the graduation model and the evaluation including information on childhood nutrition. However, the programme did not appear to combine more than two out of five programme components in any of the implementation sites at any given time (Gray *et al.* 2015, USAID/ Care 2017).

Secondly, the papers were searched for any of the five components of the Nurturing Care framework, education, children or infants. When children or infants showed up in search results, studies were assessed against the inclusion of outcome indicators of interest, namely nutrition, health, safety and security, responsive caregiving, early learning and education. This criterion meant that some studies were dropped from the review of studies. For example, while Hashemi and Umaira (2011) and Jasper *et al.* (2016) provide important background information and general findings of the CFPR and CLP programmes in Bangladesh respectively, they did not include substantial findings in relation to Nurturing Care. We do include these types of studies in the exploration of pathways to impact.

Finally, studies had to hold substantial findings that were relevant for children in the age bracket of interest, namely 0–5 years. As a result of this criterion, the only study that looked at the impact of a graduation programme on children's mental health was dropped as it focused on children aged 10–15 years (Ismayilova *et al.* 2018).

Processes of triangulation and verification sought to ensure the robustness of the search and review. One author coded all studies in NVivo against the inclusion criteria. The second author reviewed the coding of these studies, ensuring that all criteria were met. Further verification against inclusion criteria and assessment of quality of studies was supported by the use of data extraction forms. Data extraction forms were filled in for all studies, outlining the intervention, study design and main findings in relation to outcomes of interest and pathways to outcomes.

3.2 Search results

This search strategy provided us with a relatively small set of studies, namely twenty papers covering nineteen programmes across nine countries (see Table 1). Various papers speak to the same programme, but focus on different phases or use different data.³

³We count multiple phases of the same programme as one programme.

Table 1. Overview of programmes and reports included.

Country	Programme	Programme duration	Programme components beyond livelihoods	Target group (sex)	Author(s), year	Study design
<i>Bangladesh</i>	CFPR I	24 months	social development training	women	Matin et al. 2008	quantitative— with control group + qualitative
	CFPR II	24 months	social development training	women	Raza & Van de Poel 2016	quantitative— RCT
	CFPR, STUP II	18 months	social development training	women	Holmes et al. 2010	qualitative
	CLP-1	18 months	social development training	women	HTSPE Limited 2011	quantitative— with rolling baseline + qualitative
	CLP	18–24 months	social development training plus complementary nutrition-specific interventions	women	Nisbett et al. 2016	quantitative— experimental design + qualitative
	EEP (Shiree)	18–24 months	social development training plus complementary nutrition-specific interventions	women	Nisbett et al. 2016	quantitative— experimental design + qualitative
	UPPR	18–24 months	nutrition-specific interventions	women	Nisbett et al. 2016	quantitative— experimental design + qualitative
<i>Burundi</i>	Concern Worldwide	24 months	health and nutrition training	mixed	Devereux et al. 2015	quantitative— experimental design + qualitative
<i>Ghana</i>	GUP	24 months	health and nutrition training	mixed	Banerjee et al. 2017	quantitative— RCT
<i>Haiti</i>	CLM	18 months	life skills coaching, nutrition and sanitation training, direct health and education support	women	Huda & Simanowitz 2010	quantitative— longitudinal data + qualitative
				women	Pain et al. 2015	quantitative— longitudinal data
<i>India</i>	Bandhan ‘Targeting the Hard Core Poor’ pilot	18 months	social development training	women	Banerjee et al. 2011	quantitative— experimental design

Table 1 *Continued.*

Country	Programme	Programme duration	Programme components beyond livelihoods	Target group (sex)	Author(s), year	Study design
				women	Banerjee <i>et al.</i> 2016	quantitative—experimental design
				women	Sengupta 2013	qualitative
	SKS pilot	18 months	health and sanitation training	women	Bauchet <i>et al.</i> 2015	quantitative—RCT
				women	Jawahar & Sengupta 2012	qualitative
<i>Kenya</i>	BOMA/ REAP	24 months	N/A	women	The BOMA Project 2012	quantitative—longitudinal data
		24 months	N/A	women	Gobin <i>et al.</i> 2016	quantitative—RCT
<i>Pakistan</i>	SSN-TUP	30 months	health visits and training	mixed	IDS 2011	quantitative—with comparison group
<i>Rwanda</i>	Concern Worldwide	30–42 months	life skills coaching and mentoring	mixed	Devereux & Sabates 2016	quantitative—experimental design plus qualitative
	FXB	36 months	nutrition and sanitation training, psychosocial support	mixed	Harhay <i>et al.</i> 2017	quantitative—longitudinal data
<i>Uganda</i>			nutrition and sanitation training, psychosocial support	mixed	Harhay <i>et al.</i> 2017	
<i>Multiple (6 countries)</i>	Multiple (6 programmes)	Varies	social development, health and nutrition training	women/ mixed	Banerjee <i>et al.</i> 2015	quantitative—RCT

Notes: CFPR: Challenging the Frontiers of Poverty Reduction; CFPR, STUP: Challenging the Frontiers of Poverty Reduction, Specially Targeted Ultra Poor; CLP: Chars Livelihoods Programme; EEP: Economic Empowerment of the Poorest; UPPR: Urban Partnership for Poverty Reduction; GUP: Graduation from Ultra Poverty; CLM: Chemin Lavi Miyo; SKS: Swayam Krishi Sangam; REAP: Rural Entrepreneur Access Project; SSN-TUP: Social Safety Net—Targeting Ultra Poor; FXB: Francois-Xavier Bagnoud.

Two papers discuss findings of multiple programmes in detail, either within one country or across countries (Nisbett *et al.* 2016, Harhay *et al.* 2017). One additional paper provides a multi-country evaluation of six interventions⁴ (Banerjee *et al.* 2015).

In presenting findings across studies, we count findings of different interventions—either within one country, or in multiple countries—as a separate study. Findings presented in Nisbett *et al.* (2016) are therefore counted as three studies and findings provided in Harhay *et al.* (2017) are counted at two studies. Given the lack of discussion of impacts on children for each intervention included in Banerjee *et al.* (2015), we present findings from the pooled estimates across all interventions and count findings as one study. This brings the total tally to twenty-three studies.

The overview of papers and interventions included in this review clearly shows that much of the evidence originates from South Asia, with multiple studies focusing on programmes in Bangladesh, India and Pakistan. Studies on interventions from Africa, namely Burundi, Ghana, Kenya, Rwanda and Uganda, constitute the second largest source of information. Haiti is best represented among countries from Latin America and Caribbean, with Honduras and Peru included in combined evaluation of the multi-country study.

All interventions are time bound, but programme duration varies between 18 months and 42 months. The large majority of interventions include an element of training, coaching or accompaniment that speaks to issues beyond economic strengthening and that may link to ECD beyond tackling poverty. This includes a range of social development training, life skills building and health, nutrition and sanitation training. In a few exceptional cases, this has also included direct provision of education and health services (for example, in Haiti) and psychosocial support (for example, in Rwanda and Uganda). Many programmes specifically target women, often in recognition of their disadvantaged position and disproportionate representation among the ultra-poor.

4. FINDINGS ON ECD OUTCOMES

An overview of findings in Table 2 shows that the body of evidence regarding the role of graduation programmes in ECD is very limited, particularly in relation to outcome areas beyond nutrition and health. We particularly looked at indicators or findings in the domains of Nurturing Care that are directly relevant to young children. Hence, we

⁴One intervention was implemented in each country. Countries included Ethiopia, Ghana, India, Pakistan, Peru and Honduras.

Table 2. Overview of findings.

Programme	Type of impact	Nutrition	Health	Safety and security	Responsive caregiving	Early learning	Schooling	Author(s), year
<i>Bangladesh</i>								
CFPR I	intermediate outcome	none	none				none	Matin <i>et al.</i> 2008
CFPR II	intermediate outcome	positive limited	none limited				limited	Raza & Van de Poel 2016
CFPR, STUP II	intermediate outcome	positive limited	none limited					Holmes <i>et al.</i> 2010
CLP-I	intermediate outcome	limited	positive	positive				HTSPE Limited 2011
CLP	intermediate outcome	none	positive					Nisbett <i>et al.</i> 2016
EEP (Shiree)	intermediate outcome	none	none					
UPPR	intermediate outcome	none	none					
<i>Burundi</i>								
Concern Worldwide	intermediate outcome	positive					positive	Devereux <i>et al.</i> 2015
<i>Ghana</i>								
GUP	intermediate outcome	none						Banerjee <i>et al.</i> 2017
<i>Haiti</i>								
CLM 2010	intermediate outcome	positive					positive	Huda & Simanowitz
	intermediate outcome						positive	Pain <i>et al.</i> 2015

Table 2. Continued.

<i>India</i>									
Bandhan	intermediate	positive	positive	positive					Banerjee <i>et al.</i> 2011
'Targeting the	outcome	positive	positive	none					
Hard Core	intermediate	positive	positive	none					Banerjee <i>et al.</i> 2016
Poor' pilot	outcome	positive	positive	positive					Sengupta 2013
	intermediate	positive	positive	positive					
	outcome	positive	positive	positive					Bauchet <i>et al.</i> 2015
SKS	intermediate	positive	positive	none					Jawahar & Sengupta 2012
pilot	outcome	positive	positive	positive					
	intermediate	positive	positive	positive					
	outcome	positive	positive	positive					
<i>Kenya</i>									
BOMA/ REAP	intermediate	positive	positive	positive					The BOMA Project 2012
	outcome	positive	positive	positive					Gobin <i>et al.</i> 2016
	intermediate	positive	positive	positive					
	outcome	positive	positive	positive					
<i>Pakistan</i>									
SSN-TUP	intermediate	positive	positive	positive					IDS 2011
	outcome	positive	positive	positive					
<i>Rwanda</i>									
Concern	intermediate	positive	positive	positive					Devereux & Sabates 2016
Worldwide	outcome	positive	positive	positive					
	intermediate	positive	positive	positive					Harhay <i>et al.</i> 2017
	outcome	positive	positive	positive					
FXB	intermediate	positive	positive	positive					
	outcome	positive	positive	positive					
<i>Uganda</i>									
FXB	intermediate	positive	positive	positive					Harhay <i>et al.</i> 2017
	outcome	positive	positive	positive					
<i>Multiple (6 countries)</i>									
Multiple (6 programmes)	intermediate	positive	positive	positive					Banerjee <i>et al.</i> 2015
	outcome	positive	positive	positive					

do not incorporate findings with respect to intermediate indicators such as handwashing behaviour but we do consider health-seeking behaviour in relation to when children are ill. We distinguish between impacts on intermediate and outcome indicators in the table.

The domain with the largest body of evidence is nutrition. The majority of studies looked at some indicator related to this domain, namely eighteen out of twenty three. Health is the second largest domain with thirteen out of twenty-three studies having looked at intermediate or outcome indicators for children's health. Only one study-considered an aspect of safety and security of children. No studies included a focus on either responsive caregiving or early learning. A focus on education for children in the schooling system is much more prevalent; eleven out of twenty-three studies consider primary school enrolment or attendance.

We discuss findings within each domain in more detail.

4.1 Nutrition

The impact of graduation programmes on the domain of nutrition is mixed. The majority of studies that included a focus on nutrition report positive effects; twelve out of eighteen studies. These effects primarily pertain to indicators of food security. Six out of eighteen studies report no or very limited impact. These findings mostly pertain to nutritional outcomes for children.

Evidence generally suggests greater availability of food for children as expressed by the number of meals that children eat daily (for example, Concern Worldwide in Burundi), children not going to bed without any food or hungry (for example, BOMA/REAP in Kenya) and children not skipping meals (for example, pooled results from programmes in Ethiopia, Ghana, Honduras, India, Pakistan and Peru). (Devereux *et al.* 2015, The BOMA Project 2012, Banerjee *et al.* 2015, Banerjee *et al.* 2011). Programmes have also been found to lead to greater intake of more nutritious foods (for example, for Bandhan's 'Targeting the Hard Core Poor' and SKS in India, Concern Worldwide in Burundi) (Banerjee *et al.* 2011, Bauchet *et al.* 2015, Devereux *et al.* 2015).

However, positive findings with respect to food security do not hold for all programmes. In Bangladesh, none of the three programmes that were complemented with nutrition-specific interventions—CLP, EEP and UPPR—led to significant changes in knowledge and attitudes regarding IYCF or behaviour change in relation to dietary diversity or meal frequency (Nisbett *et al.* 2016). In Ghana, GUP did not have any impact on children (or adults) skipping meals (Banerjee *et al.* 2017).

Experiences in West Bengal with Bandhan's 'Targeting the Hard Core Poor' programme indicate that positive effects for children may sometimes be achieved in

the medium term as opposed to the short term; while there was no significant impact on no children having skipped any meals immediately at the end of the programme, the probability for no children in the household skipping any meals had reduced significantly in treatment households compared to control households 5.5 years after the programme ended (Banerjee *et al.* 2016). Findings from a programme in Rwanda, however, suggest an opposite trend. The Concern Worldwide programme increased the number of meals consumed by children per day during the first year of the programme (during which families received regular cash transfers) and improved dietary diversity for children, but some of these gains were reversed in the second and third years of programme participation (Devereux & Sabates 2016).

Fewer studies have considered impacts on nutritional outcomes using anthropometric measures, most of which are focused on Bangladesh. Using data on weight, height and age, Raza and Van de Poel (2016) considered the impact of CFPR II in Bangladesh on standard measures of malnutrition for children under 5, namely wasting (height-for-weight; a measure of acute malnutrition), stunting (height-for-age, a measure of chronic malnutrition) and underweight (weight-for-age; a measure of acute and chronic malnutrition). CFPR II significantly reduced malnutrition among children in participant households; the likelihood of wasting reduced by 8 percentage points and the likelihood of underweight reduced by 19 percentage points. Part of this effect is explained by the programme significantly increasing the duration of breastfeeding among participant households. These positive effects stand in contrast to findings regarding the first phase of CFPR (CFPR I), which did not appear to have a meaningful impact on children's nutritional outcomes (Matin *et al.* 2008).

Other studies that reported findings with respect to nutritional outcomes confirm a mixed picture. Also in Bangladesh, HTSPE Limited (2011) report positive impacts on stunting but negative effects on wasting and underweight for children of participants in CLP. Authors reflect on the difficulties of detecting change in nutritional status over a short period of time due to seasonal changes and episodes of illness (*ibid*). They also did not detect significant change in prevalence of anaemia and haemoglobin levels (*ibid*). A programme variation that added nutrition-specific interventions to the model of CLP also did not find any significant reduction in malnutrition as a result of programme participation (Nisbett *et al.* 2016). The same results were found for two other programmes in Bangladesh that incorporated nutrition-specific interventions, namely EEP (Shiree) and UPPR (*ibid*). A study in Haiti found that the prevalence of wasting among children in participant households was considerably lower after programme end compared to the situation at baseline (Huda & Simanowitz 2010).

4.2 Health

Graduation programmes' effects in the domain of health are modest. Out of thirteen studies that consider health, five report unequivocally positive results; two studies point to limited or conflicting findings; six studies find no impact. Studies consider intermediate indicators, such as health-seeking behaviour for when children get ill and immunisation of children; other studies look at changes in morbidity and health outcomes for young children.

Findings in relation to health behaviour are mostly positive. Participants in the Concern Worldwide programme in Rwanda were significantly more likely to seek care from health workers or health centres (as opposed to traditional healers or applying self-medication) when a child in their household is sick compared to the control group (Devereux & Sabates 2016). In India, Bandhan's 'Targeting the Hard Core Poor' pilot was found to have a positive effect on children being immunised, as reported by caregivers (Banerjee *et al.* 2011, Sengupta 2013). Similarly, proportions of children in FXB households in Rwanda and Uganda with reported vaccinations were significantly higher at the end of the programme than at the beginning (Harhay *et al.* 2017).

Findings in relation to health outcomes are mixed. Some qualitative and quantitative studies find reductions in the prevalence of diarrhoea among children, often linked to better sanitation practices, use of latrines and access to clean(er) drinking water (for example, CLP in Bangladesh, FXB in Rwanda and Uganda) (HTSPE Limited 2011, Harhay *et al.* 2017). The proportions of children in FXB households in Rwanda and Uganda having symptoms of kwashiorkor was significantly lower at the programme's end compared to before the start of the programme (Harhay *et al.* 2017).

However, other studies point towards lack of impact, often associated with lack of access to safe drinking water, unsanitary latrines and poor sanitary practices, such as handwashing. Three programmes in Bangladesh—CLP, EEP and UPPR—did not lead to reductions in the prevalence of child illness, including fever, cold, shortness of breath and diarrhoea (Nisbett *et al.* 2016). Similarly, CFPR in Bangladesh did not reduce the likelihood of children contracting an infectious disease (Raza & Van de Poel 2016).

4.3 Security and safety

Only one study considered an aspect of security and safety that is directly related to children. In Bangladesh, HTSPE Limited (2011) find significant impacts on birth registration of children. The report does not elaborate on the reasons for this impact, and whether this is a result of better information about how to register a child's birth and the benefits that derive from registration, or whether there were more explicit

efforts within the programme to encourage caregivers to register their children. It does point towards the importance of birth registration for securing children's rights, including access to basic health and education services. Nevertheless, despite its importance, it could be argued that this is not an appropriate indicator to signify progress in a domain that refers to keeping children safe and secure.

4.4 Responsive caregiving

We found no studies that assessed the effect of graduation programmes in responsive caregiving. Reflections on how improved economic conditions allow for better caregiving of children are present in many studies, but these relate to outcomes in areas of nutrition, health and education and don't provide information about the specifics of parenting practices and caregivers' behaviour in response to young children showing signs of distress or need.

4.5 Early learning

Similarly, no studies included any assessments of the role of graduation programmes in early learning. We have no information about whether programmes play a role in changing children's access to early learning—either at home or through basic services—or whether children's cognitive skills changed as a result of their caregivers' participation in interventions.

By contrast, a considerable proportion of studies considers the impact of graduation programmes on enrolment and attendance of primary school. Effects are mostly positive; eight out of eleven studies having looked at the effects on schooling find positive effects. In Kenya, the proportion of school-aged children of participants in BOMA/ REAP who were enrolled school was 78 per cent higher after three years of programme participation compared to when they started (The BOMA Project 2012). Similar positive findings hold for FXB in Rwanda and Uganda (Harhay *et al.* 2017) and CLM in Haiti (Huda & Simanowitz 2010, Pain *et al.* 2015). In Pakistan, a larger proportion of children aged 5–10 years old in former SSN-TUP households were identified as students compared to other children in this age category (IDS 2011). In Burundi, the Concern Worldwide programme significantly increased attendance at primary school among children in participating households (Devereux *et al.* 2015).

5 FINDINGS ON PATHWAYS

In line with the conceptual framework presented above, we consider the pathways through which programmes have been found to affect children, or what hampered the achievement of positive impacts.

5.1 Income effect

Greater availability of income and access to material resources proves a key contributing factor to improved ECD outcomes. These effects occur through programmes' direct provision of cash transfers, assets and other in-kind transfers as well as through households' income-generating activities. Investments in asset holdings, participation in savings facilities and livelihood diversification contribute to greater income security, in turn improving the ability to secure children's basic needs. Huda and Simanowitz (2010) noted that female participants of CLM in Haiti feel that they are better mothers because of the economic empowerment afforded by the programme.

In Kenya, additional income as a result of entrepreneurship and income-generating activities was considered the main pathway through which BOMA/REAP participants were able to improve living conditions and well-being, including improved food security and school enrolment of their children (The BOMA Project 2012). In Burundi, caregivers reported investing additional income generated as a result of their participation in the Concern Worldwide programme in their children's schooling (Devereux *et al.* 2015). A similar finding was observed in relation to CLM in Haiti, where the large increase in school attendance was primarily explained by having more income; caregivers have always considered education to be of great importance, but were never able to afford to send their children to school (Huda & Simanowitz 2010). Additional material support, such as health insurance cards and establishment of kitchen gardens, also positively contributed to health-seeking behaviour and dietary diversity in Burundi (Devereux *et al.* 2015).

By the same token, lack of adequate income generation also emerged as a barrier for affecting positive change. In Rwanda, the reversal of positive trends in relation to number of meals consumed by children and children's dietary diversity was linked to the programme phase of regular cash transfers having come to an end (Devereux & Sabates 2016). Any gains in income as a result of income-generating activities that were promoted through the programme were lower than the cash transfers received through the programme directly (*ibid*). Against the backdrop of lack of impacts for CLP, EEP and UPPR in Bangladesh, Nisbett *et al.* (2016) suggest that direct provision of cash transfers to mothers (rather than asset transfers that are geared towards

livelihood investment) may be more effective in ensuring that enough additional income for improving nutritional outcomes is available, and that such additional income is spent towards nutrition.

5.2 Training effect

Qualitative and mixed methods studies highlighted the importance of messaging in relation to behaviour change. Various programmes included training and coaching about nutrition, health and sanitation, and studies found this component to contribute to improved conditions in areas of nutrition and health.

In relation to Bandhan's 'Targeting the Hard Core Poor' pilot in West Bengal in India, Sengupta (2013) finds that most participants retained and internalised messages that were provided through the programme, and points at the transformational potential of coaching. Similarly, in relation to Concern Worldwide's programme in Burundi, Roelen and Devereux (2018) find that messaging is linked to positive changes in practices such as handwashing, and highlight the need for repeated messaging to avoid a levelling off or reversal of positive effects. Raza and Van de Poel (2016) make a similar point in relation to CFPR II in Bangladesh, highlighting that repeated exposure to messages is likely to have led to instilment of such lessons and ultimately to behaviour change. So-called 'demonstration effects' may lead to positive spillover effects as non-participants in the same communities adopt similar practices (Raza & Van de Poel 2016, Roelen & Devereux 2019).

Ways in which training and messaging are delivered prove vital for their effectiveness. High caseload, infrequent and suboptimal number of home visits and limited intensity of behaviour change messaging were considered important reasons why three programmes in Bangladesh—CLP, EEP and UPPR—did not effect behaviour change, and ultimately did not have any positive impacts on child nutrition (Nisbett *et al.* 2016). As noted by Harhay *et al.* (2017) in relation to FXB programmes in Rwanda and Uganda, strong and high-quality social relationships between staff and participants is likely to be a key factor in determining effectiveness.

5.3 Work and care trade-off

Various studies lend evidence to the tension between work and care, and how engagement in graduation programmes may make it more difficult for caregivers to adequately care for their children. This pertains directly to involvement in programmes and the subsequent additional demands on adults' time as well as more indirectly to changes in participant households' living conditions as a result of programme participation.

In Ghana, rearing of livestock that was promoted through GUP did not substitute for other income-generating activities, such as farming and microenterprises, but were considered to constitute additional ways of earning income (Banerjee *et al.* 2017). This inevitably holds implications for time use. Participants in Bandhan's 'Targeting the Hard Core Poor' pilot in West Bengal in India increased their amount of time spent on paid work by one hour per day on average (Banerjee *et al.* 2011). In Bangladesh, female participants in CFPR STUP II reported that participation increased their overall workload, although they did not consider this to be problematic (Holmes *et al.* 2010). An evaluation of BOMA/ REAP in Kenya highlighted that significant changes in women's time use away from leisure and household activity towards remunerative petty trade presents the main pathway through which positive impacts on income, savings and asset accumulation are achieved (Gobin *et al.* 2016). It is unclear, however, how time spent on child care was conceptualised, and how this is affected by the shifts in time allocation. Nevertheless, lack of time was considered to form a crucial barrier for female participants in three other graduation programmes in Bangladesh—CLP, EEP and UPPR—to prepare more nutritious foods and diversify diets for children, which in turn partly explains the lack of impact on nutritional outcomes (Nisbett *et al.* 2016).

Implications for time and care may also result from greater responsibilities for child care following economic improvements. In Kenya, BOMA/ REAP participants were found to care for 1.3 non-biological children more on average after three years of programme participation compared to intake. The authors attribute this increase to improved economic conditions within participating households and the ability to afford basic needs for children (The BOMA Project 2012).

The tension between paid work and care is further illustrated by findings regarding the heterogeneity of programme success. Analysis on the Concern Worldwide programme in Rwanda finds that households with a high dependency ratio are less likely to do well within the programme, and more likely to be classified as 'slow movers' (Devereux & Sabates 2016). Similarly in Haiti, CLM participants with fewer children under the age of 5-years-old were found to be more likely to make sustained progress after the programme's end (Pain *et al.* 2015). Findings in Rwanda offer evidence for the gendered nature of graduation trajectories as female-headed households are less likely to stay on an upwards trajectory compared to male-headed households (Sabates-Wheeler *et al.* 2018).

One positive aspect of programmes in relation to the balance between work and care is their impact on family planning. In Haiti, female CLM participants reported being better able to plan their pregnancies as a result of continued messaging and follow-up by case managers. Greater control over the decision to have another child was considered to be empowering and to be positively associated with moving out of

poverty and supporting children (Huda & Simanowitz 2010). Behavioural changes regarding family planning were also observed elsewhere, such as in relation to Concern Worldwide in Burundi (Devereux *et al.* 2015).

5.4 Structural factors

Studies included in this review highlight the importance of structural factors in effecting change, as well as for explaining why impacts may be lower than envisaged. In relation to the SKS programme in India, Bauchet *et al.* (2015) find that impacts on employment were dampened by large rises in wages for unskilled labour, which benefited participants in the control group and blunted the effect of the programme. Also in India, findings about positive outcomes of Bandhan's 'Targeting the Hard Core Poor' programme with respect to health practices should be understood in light of widespread health messaging by governments (Banerjee *et al.* 2011)

In other cases, studies observed increased knowledge and more positive attitudes in relation to social issues such as schooling and responding to domestic violence, but that such attitudes did not necessarily translate into behaviour change. In India, the practice of dowry payments prevented girls from being enrolled in school; educated girls would need to marry educated boys, thereby driving up the dowry (Jawahar & Sengupta 2012). In Bangladesh, women chose not to stand up to local authorities or to go to the police in cases of violence, despite having discussed how to take positive action in social awareness trainings (Holmes *et al.* 2010).

Various studies highlighted that appropriate infrastructure and services need to be in place to deliver and follow up on messaging, and to ensure sustainability of positive behaviour change. In Bangladesh, HTSPE Limited (2011) note that the withdrawal of satellite clinics and the end of social development groups that were integral to the programme lead to a reversal of positive gains made, such as with respect to family planning.

Environmental factors may also hamper the achievement of positive outcomes. In Bangladesh, female participants in EEP struggled to gain access to safe drinking water due to distance, risk of floods and high arsenic and iron content of drinking water (Nisbett *et al.* 2016). Alternatives were too difficult to obtain or simply unavailable (*ibid*). Most programmes do not engage with structural factors in their design and implementation. The CLM programme in Haiti was exceptional in its acknowledgement of lack of affordable and quality health and education services and the barriers that this would pose for its participants in improving health and educational outcomes. Tackling such barriers were integral components to the programme and included the provision of free health services, offering tuition waivers, negotiating lower school fees and—in one area—building a school and hiring a teacher.

Health-seeking behaviour and regular school attendance drastically increased among children in CLM households (Huda & Simanowitz 2010).

On the positive side, structural changes in basic services, such as education, may also result in improvements in children's outcomes regardless of programme participation. A lack of impact on primary school enrolment for children in households participating in the Concern Worldwide programme in Rwanda was explained by widespread improvements in the schooling system and the provision of free basic education. As such, primary school enrolment rates increased for all children included in the study, regardless of whether their families participated in the programme or not (Devereux & Sabates 2016). A similar observation was made in the two-country study of FXB programmes in Rwanda and Uganda, noting that greater positive changes over the course of the intervention period for programme participants in Rwanda (compared to Uganda) may be explained by generally larger improvements in the health system in the country (Harhay *et al.* 2017).

6 DISCUSSION

The findings allow for various reflections in terms of graduation programmes and their role in affecting ECD.

The review in this article supports the notion that graduation programmes have the potential to positively address ECD outcomes. This is evidenced by positive findings in areas of nutrition and health. However, the majority of positive effects pertain to intermediate indicators, such as food security, dietary diversity, immunisation and health-seeking behaviour in relation to children.

Positive impacts are a result of both income and training effects. Findings from across studies included in this review point towards strong synergy effects. Qualitative and mixed methods studies in particular (for example, in Bangladesh, India, Burundi) highlight that the combination of new knowledge and the availability of economic resources allows for putting messages into practices, affording experience and the possibility for internalising new practices. This holds especially true for practices that are important for children, including feeding and sanitation practices. In Bangladesh, for example, positive findings with respect to intake of iron were explained by messaging going hand-in-hand with free provision of iron supplements and participants gaining positive experiences as a result of behaviour change (Nisbett *et al.* 2016). Similarly, the increase in income coupled with recommendations from nutrition workers led to many participants purchasing water-purifying filters (*ibid.*).

Notwithstanding these positive effects, programme effectiveness is more ambiguous in terms of children's outcomes in nutrition and health. Similarly, programmes

positively affect enrolment in and attendance of primary school, but studies do not provide an indication of potential effects on learning outcomes. These findings mirror evidence from the wider evidence base on social protection. Cash transfer programmes, for example, have now widely been found to strengthen intermediate steps towards improved outcomes for children, such as greater availability and diversity of diets and access and take-up of health and education services (Bastagli *et al.* 2016, de Groot *et al.* 2017). Nevertheless, they largely fall short in terms of affecting children's outcomes, such as malnutrition and learning (*ibid*). Cash transfer schemes' narrow focus on lifting income constraints is considered one of the main reasons for narrow impacts, and 'cash plus' programmes aim to address this shortcoming by complementing income support with further in-kind support, behaviour change communication or linkages to other services (Roelen, Devereux *et al.* 2017b). With many graduation programmes already including training and coaching components, often with a focus on nutrition, health and sanitation, one might have expected more positive effects.

Various explanations for limited impacts emerge from the review.

Firstly, data on time use and additional demands on time, particularly for women, suggests that programmes compound the balancing act of combining paid work with forms of unpaid work and care. Spending time on income-earning activities, close to as well as away from home, either result in reallocation of time away from unpaid (care) work or impinge on caregivers' time for rest and recuperation. In some cases, this goes hand-in-hand with increased caregiving demands as children join households due to improved economic conditions. The tension between work and care, particularly for women, has been widely documented but also remains an oversight in many economic empowerment programmes, including those focused on women's economic empowerment (Folbre 2019). As this review shows, this tension has implications for children, and undermines the positive effects of graduation programmes on ECD.

Secondly, delivery matters. Studies provide testimony to the importance of continued intensive and tailored messaging grounded in trusting and respectful relations. In Burundi, behaviour change in family planning and other health and sanitation practices were found to taper off when messages started to focus more heavily on how to build and strengthen income-generating activities (Roelen & Devereux 2019). In Bangladesh, infrequent and lack of intensive engagement with case workers limited programme impacts (Nisbett *et al.* 2016). Findings also point towards the need for careful and context-specific design. Studies of programmes in Bangladesh highlight the need for to changes to the programmes' theories of change that afford women greater control over their time and IYCF practices (Nisbett *et al.* 2016).

Thirdly, wider economic, cultural and infrastructural factors can serve as an enabling environment, but more commonly constitute an obstructive space. Lessons show that general improvements in basic service provision can facilitate and positively

reinforce programme impacts, particularly if such services are geared towards children. By the same token, lack of health and education services and basic infrastructure, such as availability of clean water, pose barriers to impact that are difficult to overcome through graduation programmes alone. Cultural norms and traditions in relation to gender and child protection can also impede the link between increased knowledge to changed behaviour.

This review also highlights large knowledge gaps. Evidence of the role of graduation programmes in areas of responsive caregiving and early learning does not exist and information is scant in relation to safety and security. This skewed availability of evidence is not necessarily surprising. Greater evidence in areas of nutrition, health and education reflects ‘graduation criteria’ that various programmes adopt to assess whether participants have made adequate progress in areas that are deemed vital for graduation from poverty and social development. These commonly include food security (for example, SKS in India; CFPR and CLP in Bangladesh), having access to clean drinking water and a sanitary latrine (for example, CLP in Bangladesh) and children of school-going age being enrolled in school (for example, SKS in India, SSN-TUP in Pakistan) or attending school (for example, CFPR in Bangladesh) (Hashemi & Umaira 2011, IDS 2011, Bauchet *et al.* 2015, Jasper *et al.* 2016.). It is therefore understandable that data collection efforts are geared towards those areas.

7 CONCLUSION

This article provides a review of the state of the evidence regarding the role of graduation programmes in improving ECD. It shows that programmes positively impact intermediate indicators in areas of nutrition and health, and points towards their potential to positively affect nutritional and health outcomes. The combined provision of support that is geared towards economic strengthening and behaviour change allows for opportunities for new and improved practices in relation to ECD to take hold. We also find substantial barriers to change, including the creation or reinforcement of tension between work and care, shortcomings in design and delivery and the lack of an enabling environment. The issue of work and care is particularly problematic as it has been mostly overlooked in programme design and delivery up to this point.

The review also highlights large knowledge gaps and a skewed evidence base in relation to the five areas of ECD as highlighted by the Nurturing Care framework. A considerable body of literature speaks to the domains of nutrition and health, and provides information in relation to schooling for children of primary-school age.

No evidence, or very scant evidence, is available for the three other areas of safety and security, responsive caregiving and early learning.

These evidence gaps and the lack of acknowledgement regarding the tension between work and care suggest that enhancement of impacts on ECD requires a recasting of children's needs and priorities within graduation programmes. While a focus on children may not lie at the core of what graduation programmes aim to achieve—economic strengthening and poverty reduction at household level—long-term success of these interventions ultimately hinges on their ability to break the intergenerational cycle of poverty. Bringing the interests of children to the fore in these programmes requires a holistic understanding of ECD; while securing adequate nutrition and health may be perceived as constituting children's primary needs, the Nurturing Care framework and wider literature on ECD firmly attest to the importance of securing needs in all domains—including safety and security, responsive caregiving and early learning.

Studies provide testimony to the importance of intensive and tailored messaging in order to achieve positive impacts across areas of ECD, particularly in combination with income and material support. In addition, they attest to the need for training and coaching to be grounded in trusting and respectful relations, which requires regular and meaningful interactions. Policy recommendations across studies recommend more frequent and more intensive interactions with case workers. Such findings go against the grain of current debates in graduation programming, which are heavily focused on disentangling the comparative contribution of individual programme components and establishing a minimal package of support in order to reduce costs and allow for scale-ability of programmes.

Finally, the mix of evidence also lends support to the now widely accepted notion that evaluations require mixed-methods approaches to gain insight into whether there was any attributable impact and why, or why not. The majority of the quantitative evaluations included in this review provided little insight into potential pathways to impact, or why such pathways may have been hampered. In contrast, studies premised on mixed-methods approaches offered both estimates of programme impact and explanations for impact or lack thereof.

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