A conversation with Thomas Chupein and Ariella Park, May 1, 2017 Participants

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- Ariella Park Senior Policy Associate, J-PAL
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Note: These notes were compiled by GiveWell and give an overview of the major points made by Mr. Thomas Chupein and Ms. Ariella Park.

Summary

GiveWell spoke with Mr. Chupein and Ms. Park of J-PAL as part of its investigation into early childhood stimulation programs. The conversation focused on two randomized controlled trials of early childhood stimulation programs conducted in Jamaica and Colombia and two ongoing studies in Odisha, India.

Randomized controlled trials of early childhood stimulation programs in Jamaica and Colombia

In Jamaica in 1986-1989, a randomized controlled trial (RCT) was conducted of a program in which a community health worker made weekly visits to the homes of stunted children aged 9-24 months over a period of two years with a goal of promoting psychosocial stimulation for the children. The intervention involved play demonstrations, providing toys and books, and teaching parents to make toys from cheap and easily accessible materials.

Follow-ups to this study found that participating children had cognitive gains that were sustained into adulthood, and that they had significantly higher incomes as adults than their peers who did not receive the intervention.

An RCT modeled after the Jamaica study was conducted in Colombia in 2012-2015 in order to:

- Examine the external validity of the original study.
- Test whether a similar impact could be produced at scale by leveraging the infrastructure of an existing conditional cash transfer program.
- Measure the cost-effectiveness of the intervention.

The Colombia study differed from the Jamaica study in that it targeted children from low-income households instead of stunted children and ran for 15 instead of 24 months.

Home visits were a core component of both studies. The goal of home visits is to provide psychosocial stimulation during weekly visits and to teach parents how to

participate in similar activities during the rest of the week, which may increase the impact of the program.

Targeting

Mr. Chupein and Ms. Park are not aware of any existing rigorous evidence that explicitly tested the differential effects of the early childhood stimulation program by vulnerability measures such as income or anthropometrics. The Jamaica and Colombia studies targeted stunted and low-income children, respectively, based on a theory that these children would have the most to gain from the stimulation intervention, and therefore the marginal impact on these children is likely to be higher than the impact on their more privileged peers.

Applicability to a preschool setting

It might not be appropriate to cite the results from the Jamaica and Colombia studies to support the claim that preschool programs that include similar elements of psychosocial stimulation are likely to lead to gains in cognitive development, though it is possible that a preschool program focused on singing and language development may lead to cognitive gains. Major relevant differences between the two include the age difference between participants (9-24 months in the RCTs, as compared with 3-5 years in preschool) and the home vs. classroom setting.

Program cost

The cost of this program varies widely by location. Some determinants of the program cost include the income level of the country, labor costs, and the ability to leverage the infrastructure of existing institutions and workforce.

Ongoing studies in Odisha, India

Costas Meghir and Orazio Attanasio, the principal investigators in the Colombia study, are working with several other researchers to conduct two studies in the state of Odisha, India:

- A 15-month pilot study in the urban areas of Cuttack city, which includes a stimulation arm that involves weekly home visits.
- A 2-year, at-scale full randomized evaluation in three districts in rural areas. This study will have four arms, including:
 - A nutrition arm that will involve only nutrition education on topics including exclusive breastfeeding, complementary feeding, and healthy recipes (instead of nutritional supplements, which were used in the Jamaica and Colombia studies).
 - o A stimulation arm that involves weekly home visits.
 - A stimulation arm that involves gathering a group of up to eight women and their children in a community center. This model of communal self-help groups is culturally accepted in India. If

successful, this model may be a significantly more cost-effective way to deliver the stimulation intervention than home visits.

Open questions about rural program include:

- What will be the comparative impact of the two stimulation arms? It is possible that the most at-risk mothers may not show up to the communal gatherings, and children may not benefit as much because the intervention is likely to be less tailored to each child's developmental level.
- Could giving parents information regarding stimulation in a group setting have a similar effect to home visits?
- How long does the program need to be to have a measurable impact? Is there a significant difference between a one-year and a two-year intervention?

An endline survey of these two studies is expected to be completed by January 2018; analysis and working papers are expected by late 2018.

Other ongoing research relevant to early childhood development

Other ongoing research includes:

- A 30-year follow-up to the Jamaica study, led by Christel Vermeersch, which is ongoing and will conclude in 2018.
- A medium-run follow-up to the Colombia study. The children who participated in this study are now about seven years old.
- A study that is being conducted in collaboration between a J-PAL research affiliate and the World Bank in Nicaragua, which has recently started.
- A study in Mozambique comparing early childhood stimulation to nutrition, as in the Jamaica and Colombia studies.
- A study in Bangladesh.
- A study in India led by World Bank principal investigators that concerns early childhood stimulation.
- A study in Niger combining parenting skills with cash transfers.

Results of many of these studies are expected within the next three to five years. Mr. Chupein and Ms. Park are not aware of any funding gaps for research in this area (e.g., an RCT with no follow-ups planned due to lack of available funding).

Other organizations running similar programs

Pratham is the implementing partner for the studies in Odisha.

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