

In other words, sometimes programs and evaluations don't work out as expected.

Adding early stimulation to community health workers' tasks

Children from low-income households are often at a disadvantage well before they start formal schooling. Their physical and cognitive growth tends to be lower compared to their more affluent peers. Parenting programs - in which parents receive advice and demonstration of early stimulation activities and nutrition practices, often directly in their homes - have been studied around the world as a promising way to improve children's early development. They can be expensive, however, and finding ways to scale them is an active area of research. Parallel evaluations in India and Pakistan in the SIEF portfolio tested whether adding early stimulation and nutritional counselling to the tasks of community health workers and decreasing the frequency of door-to-door visits could generate some of the successes observed in earlier trials. Impacts and a process evaluation have been recently published. Results in both countries suggest this form of scaling was not successful. Though community health workers visited mothers every 8 weeks when they were pregnant and up to when their children reached the age of 2. children whose mothers were visited by the community health workers had no advantage in physical growth or cognitive, language, or psychomotor scores compared to children who were visited by community health workers without special training on advising and demonstrating the importance of early nutrition and stimulation. The accompanying process evalution revealed a set of implementation challenges, including low fieldsupervision coverage, scheduling visits, lack of skill development among community health workers even after training, and competing priorities.



Testing lottery incentives to reduce sexually transmitted infections

A <u>trial from the SIEF portfolio</u> published in 2012 had <u>found</u> that cash transfers that were tied to negative test results for sexually transmitted diseases decreased the combined prevalence of 4 sexually transmitted infections in Tanzania. <u>In a related trial</u>, SIEF-funded researchers tested whether a similar incentive could help decrease infections among a higher-risk group – female sex workers. The target population all received testing and counseling for HIV and biweekly text messages with information on safe sex practices. The treatment group were also entered into a weekly lottery with a 100,000 Tanzanian shilling (US\$50) reward offered to 10 randomly selected participants, conditional on negative test results for syphilis and trichomonas. In a recent <u>working paper</u>, researchers found no evidence that the lottery-based incentives reduced the incidence of HIV and sexually transmitted infections three years after the start of the incentive program. The study, however, suffered from unexpectedly high attrition levels (around 50 percent of the sample could not be found by phone or by in-person tracing), likely from disruptions related to the COVID-19 pandemic. Thus, it is not possible to statistically rule out moderate size effects.



Unsubscribe from this list | Update subscription preferences | Privacy Policy