KULEA WATOTO
Nurturing Children

WHAT WORKS FOR A TWO GENERATION INTERVENTION IN DIFFERENT CONTEXTS?

EVIDENCE REVIEW AND SYNTHESIS FOR KULEA WATOTO

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In partnership with

International Rescue Committee · CARE Literacy Promoting · KRC UGANDA · MADRASA EARLY CHILDHOOD PROGRAMME · AfriChild Research. Policy. Impact. The Centre for the study of the African Child

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Photo: The AfriChild Centre

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Introduction

In recent years, there has been growing recognition of the interconnectedness between the well-being of parents/caregivers and their children. Two-generation approaches have emerged as a promising strategy to address the needs of both generations, simultaneously aiming to improve outcomes for children and parents/caregivers (Barnett & Masse, 2007). The primary objective of this evidence review is to examine two-generation programs and their effectiveness in various geographic contexts. The review involves a comprehensive examination of multiple two-generation programs, extracting valuable insights from them. These insights will be utilized to refine the design and implementation of the Kulea Watoto (KW) program, aiming to enhance outcomes for children and families in the targeted districts.
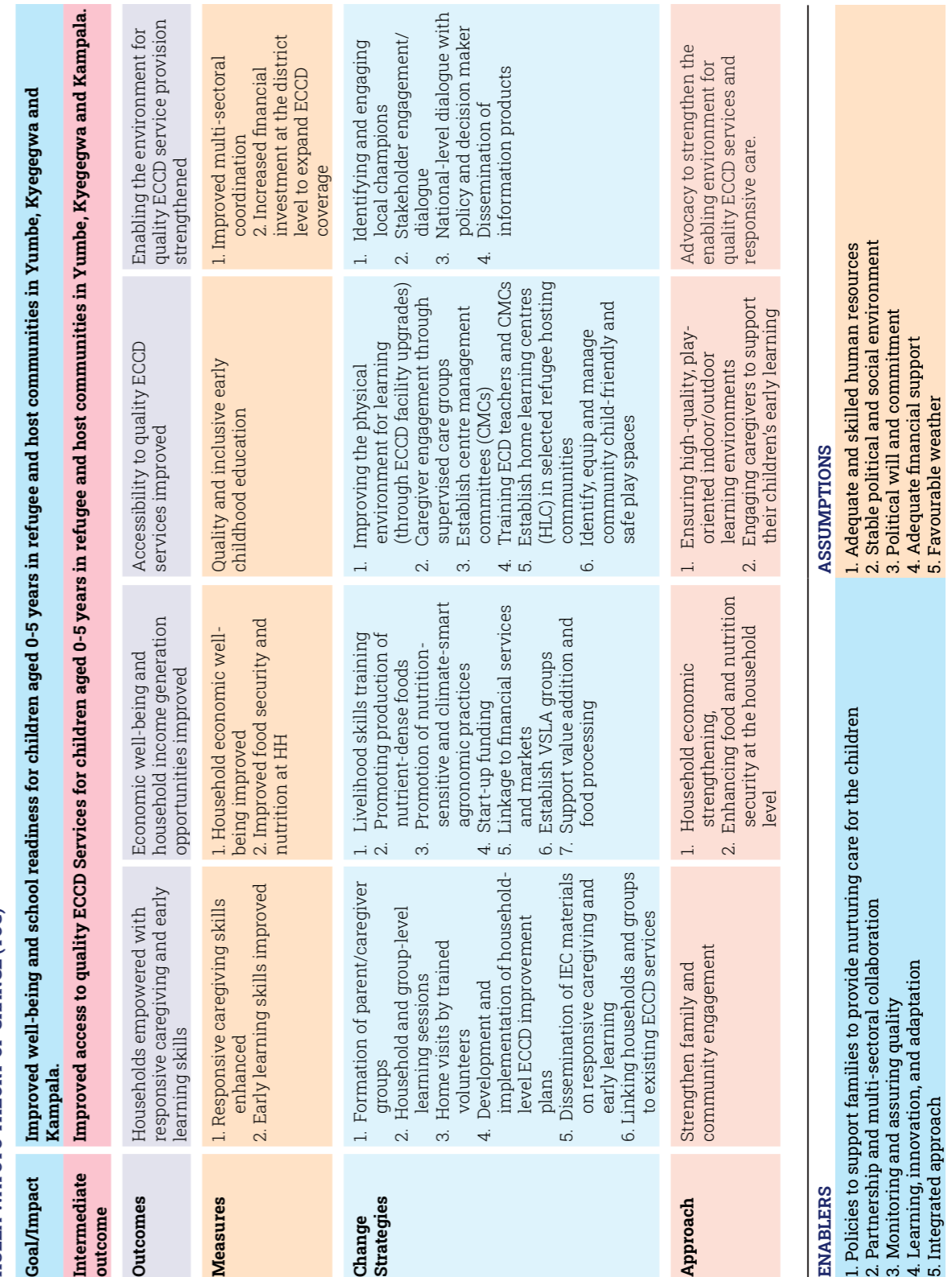
Overview of the Kulea Watoto Project

Kulea Watoto is a project, funded by the Conrad N. Hilton Foundation. It is implemented by a consortium led by the International Rescue Committee (IRC), with sub-awards to four established local partners: Kabarole Research and Resource Centre (KRC), Literacy and Adult Basic Education (LABE), Madrasa Early Childhood Program, and the Centre for the Study of the African Child (AfriChild Centre). Kulea Watoto, meaning "nurturing children" in Swahili, aims to improve access to quality early childhood care and development for children aged 5 and under in refugee and host communities in Uganda. This project was implemented in three refugee hosting districts: Yumbe, Kyegegwa and Kampala. The project employs a two-generation approach to reach out to young children under five years of age and their caregivers.

The project objectives are to:

a) Empower households with responsive caregiving and early learning skills
b) Improve economic well-being and household income generation opportunities
c) Improve the availability of early childhood care and development services
d) Advocate for an enabling environment for quality early childhood care and development service provision

The graphic below visually represents the project's theory of change.

KULEA WATOTO THEORY OF CHANGE (TOC)

Category				
Goal/Impact	Improved well-being and school readiness for children aged 0-5 years in refugee and host communities in Yumbe, Kyegegwa and Kampala.			
Intermediate outcome	Improved access to quality ECCD Services for children aged 0-5 years in refugee and host communities in Yumbe, Kyegegwa and Kampala.			
Outcomes	Enabling the environment for quality ECCD service provision strengthened	Accessibility to quality ECCD services improved	Economic well-being and household income generation opportunities improved	Households empowered with responsive caregiving and early learning skills
Measures	1. Improved multi-sectoral coordination 2. Increased financial investment at the district level to expand ECCD coverage	Quality and inclusive early childhood education	1. Household economic well-being improved 2. Improved food security and nutrition at HH	1. Responsive caregiving skills enhanced 2. Early learning skills improved
Change Strategies	1. Identifying and engaging local champions 2. Stakeholder engagement/dialogue 3. National-level dialogue with policy and decision maker 4. Dissemination of information products	1. Improving the physical environment for learning (through ECCD facility upgrades) 2. Caregiver engagement through supervised care groups 3. Establish centre management committees (CMCs) 4. Training ECD teachers and CMCs 5. Establish home learning centres (HLC) in selected refugee hosting communities 6. Identify, equip and manage community child-friendly and safe play spaces	1. Livelihood skills training 2. Promoting production of nutrient-dense foods 3. Promotion of nutrition-sensitive and climate-smart agronomic practices 4. Start-up funding 5. Linkage to financial services and markets 6. Establish VSLA groups 7. Support value addition and food processing	1. Formation of parent/caregiver groups 2. Household and group-level learning sessions 3. Home visits by trained volunteers 4. Development and implementation of household-level ECCD improvement plans 5. Dissemination of IEC materials on responsive caregiving and early learning 6. Linking households and groups to existing ECCD services
Approach	Advocacy to strengthen the enabling environment for quality ECCD services and responsive care.	1. Ensuring high-quality, play-oriented indoor/outdoor learning environments 2. Engaging caregivers to support their children's early learning	1. Household economic strengthening, 2. Enhancing food and nutrition security at the household level	Strengthen family and community engagement

ENABLERS
1. Policies to support families to provide nurturing care for the children
2. Partnership and multi-sectoral collaboration
3. Monitoring and assuring quality
4. Learning, innovation, and adaptation
5. Integrated approach

ASSUMPTIONS
1. Adequate and skilled human resources
2. Stable political and social environment
3. Political will and commitment
4. Adequate financial support
5. Favourable weather

Method and Approach

The literature on two-generation initiatives is relatively vast and is covered in both academic and non-academic resources. This evidence review began with a broad search of all literature on two-generation programs. First, we conducted electronic searches of the academic and grey literature, using predefined search parameters and keywords. We define grey literature as reports (e.g. research briefs, program evaluation reports, and working papers) not found in academic, peer-reviewed, or published journals. From this large body of work, we then narrowed our review to papers and reports that focused on exploring the effectiveness of two-generation initiatives. Only English language publications dated from the year 2010 were considered.

What is a two-generation (2Gen) approach?

The two-generation approach is a programming framework that emphasizes providing comprehensive support and services that address the needs of both parents and children simultaneously (Child Welfare Information Gateway, 2023). This is premised on the understanding that the well-being of children and their parents is intertwined: outcomes for children are closely related to the well-being of their families and caregivers (Mosle & Sims, 2021; Shonkoff & Fisher, 2013).

By design, two-generation initiatives intentionally combine intensive, high-quality adult-focused services with intensive, high-quality child-focused programs to improve outcomes for children, primary caregivers, and families. For example, two-generation early intervention programs may simultaneously work directly with children in centre-based early education settings, may provide home visits to help parents improve caregiving interactions and knowledge about parenting and child development, and ensure the families have access to economic and social supports. In effect, two-generation initiatives promote a social-ecological approach to early childhood intervention and also explicitly target intergenerational dynamics. In contrast, single-focus programs attempt to intervene with children directly, with children indirectly via their parents, or directly with the parents (Pierre et al., 1995). For example, some single-focus programs seek to affect children indirectly, by helping parents learn to care for their children in ways that will promote the children's development.

Two-generation programs vary in terms of the content of interventions, timing, intensity and duration of program involvement, in the modes used to deliver these services and the age of the children they serve. For instance, some programs target three- and four-year-olds, while others focus on children from birth until school entry, and still, others specify a broader age range, such as birth through eight years. In terms of delivery, programs employ a range of approaches, each tailored to address the specific needs and circumstances of the children and families they serve. For example, in some programs, child-focused services are delivered through home visits or in community-based centres, with centre-based programs generally provide more intensive service.

Photo: The AfriChild Centre

Components of two-generation ECD programs

Through intentionally combined activities and approaches, 2Gen programs, in the context of ECD programming, typically focus on:

Promoting children's early learning and healthy child development. This includes the provision of high-quality centre-based early care and education for children and services that promote children's emotional well-being and physical health.
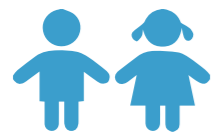
Building parental/caregiver capacity, resilience and protective factors within families. Interventions or support for parents/caregivers may include skills development, provision of economic and livelihood support, social assistance (e.g., cash transfers), parenting education and support, and other interventions that bolster parental resilience, foster social connections, and improve access to community support (Gardner et al., 2017).

Effectiveness of two-generation programs

There is generally limited evidence regarding the effectiveness of two-generation programs in sub-Saharan Africa (SSA). In addition, extant research on the effectiveness of ECD programs predominantly focuses on the benefits that accrue to the children. Notably, a review of 478 studies on ECD interventions in low and middle income countries (LMICs) found only 22 per cent reported mother-specific outcomes outside of parenting skills, 4 per cent examined impacts on female labour force participation (FLFP), women's time use and income, and 6 per cent reported outcomes related to other aspects of women's empowerment. In addition, only 12 studies reported father-specific outcomes outside of parenting practices (Evans et al., 2021). Therefore, there is a need to incorporate a dual-generation perspective into the evaluation of existing interventions, assess the full potential impact on both children and caregivers and then determine the cost-effectiveness of dual-generation strategies and for whom they might be most effective.

Elsewhere, existing evidence on the effectiveness of two-generation programs, mostly from the United States, is mixed, due in part to the widely varying services provided by different two-generation programs that have been evaluated. For example, an evaluation of six programs revealed mixed and modest results in promoting the development of children and improving parenting skills and parental economic self-sufficiency (Pierre et al., 1995). Similarly, a review of evaluation results of four two-generation programs in the US showed that they failed to substantially improve outcomes for parents and children across several domains including child health and development (e.g. school readiness, child development), parental health and wellbeing, parenting behaviours and parental earnings and household incomes (Prenatal-to-3 Policy Impact Center, 2020).

Notwithstanding, research and social science theory offer several reasons why two-generation initiatives may be more effective than single-focus programs

Children's outcomes are intertwined with their home environment. Studies show that child outcomes depend on the home environment, which is shaped by caregiver/parents' characteristics and experiences, such as their own education, employment, income, mental and physical health, ability to handle stress, and ways of relating to each other, their children, and their extended families (Chase-Lansdale & Brooks-Gunn, 2014). Therefore to ensure better outcomes for children, programs should simultaneously target the child and the child's home environment (Chase-Lansdale & Brooks-Gunn, 2014).

Numerous studies have shown that the quality of a child's "proximal" is crucial for his/her development, especially during the early years. Factors that affect the environment's quality include cognitive stimulation, richness in literacy and numeracy, regular routines, warmth and responsiveness, setting appropriate limits, role modelling, and opportunities to develop emotional regulation, executive function, and attention. Two-generation programs can enable children to experience the combination of two positive proximal environments, through coordinated services to both children and parents (e.g. ensuring access to early childhood education complemented with improving family economic security). A child who returns home from a stimulating educational setting to a stressed family environment with few learning resources and parents who are worried about making ends meet is likely to do less well than a child who experiences enriching environments both in and outside the home.

Available evidence indicates that children can bounce back and even thrive in the face of short-term adversity. But, their development is likely to be seriously hampered by chronic and cumulative stress, such as the combination of family economic hardship, low parental education, parents' poor mental health, problematic parenting, and limited access to enriched learning opportunities outside the home. Empirical research has also documented protective factors in the child or the environment, such as a sunny personality, responsive and stimulating parenting, or high-quality early childhood education, that promote resilience or positive development in the face of adversity. **This implies that intensive interventions in more than one area of a child's life are essential.**

Lastly, serving parents and their children with coordinated services may help to strengthen the services and reinforce impacts on both parents and children (Chase-Lansdale & Brooks-Gunn 2014). For example, research indicates that parents' improved economic security is linked to improvements in children's home environment (Duncan & Murnane, 2011), greater parental engagement in their children's schooling (Crosnoe & Kalil, 2010), and stronger parenting skills (Guryan et al., 2008; Kalil et al., 2012), which may in turn lead to improved child outcomes. On the other hand, providing high-quality care for children can allow parents to take part in income-generating activities. In addition, the child's learning and positive behaviors have the potential to improve the parent's emotional well-being and the parent-child relationship. Parents may engage if they see services as helping their children as well as themselves (Sommer et al., 2012).

Differential impacts of two-generation programs

There is very limited evidence of a differential impact of two-generation programs on child and parent outcomes across ethnic/racial groups and different geographic contexts or localities, along with the factors accounting for these differences. One notable exception is the recent analysis of evaluation data of the Head Start Program in the US, which revealed site-specific variations in parental earnings and identified family characteristics as predictors of impact heterogeneity (Schochet, 2021). In addition, a review of grey literature suggests variations in program outcomes across different geographical contexts can be influenced by various factors including the strength of social support networks within the community, availability and access to community resources, and cultural factors that may influence program reception. Rigorous research is however needed to understand the interplay between these factors and two-generation program outcomes.

Additionally, the review identified four factors that generally influence the outcomes of ECD programs, which may be relevant:

a) Intensity of the program

b) Quality of interventions/services

c) Intentionality

d) Program modality (mode of program implementation).

In general, research suggests that the quality and intensity may need to be at high levels for programs to have an impact on parent and child outcomes (Sama-Miller et al,. 2017). For instance, the modest impacts of early programs aimed at addressing the needs of both children and parents has been attributed to insufficient quality, intensity, and intentionality. Many of these program services were relatively minimal or relied on referrals, which resulted in a lack of the required level of dosage and intensity (Chase-Lansdale & Brooks-Gunn 2014).

Intensity

Some researchers consider the range of services being offered to also be a component of intensity (King et al., 2011; Morris & Kalil, 2006). Overall, some programs offer only one service to each generation; others offer several services at once or in sequence.

Intensity refers to the strength of an intervention, including the dosage, duration, and range of services. Dosage refers to the amount of service offered or received at a point in time (Zaslow et al., 2010) or intervention delivered (Wasik et al., 2013). Duration is the period over which services are intended to be offered (Smith, 2009) or the period over which they are received. Services with higher dosages and longer duration are said to have greater intensity (Barnett & Masse, 2007).

Research suggests that more intensive ECD programs—those with a higher dosage and a longer duration—may be more likely to achieve outcomes for parents and children. Notably, some studies have examined the association between dosage and duration in early care and education and children's outcomes and results suggest that intensity is associated with better cognitive and academic outcomes for children (Ramey et al., 2009; Reynolds et al., 2014; Arteaga et al., 2014; Yazejian et al., 2015; Burchinal et al., 2016). For instance, evidence suggests that full-time high-quality care may be more effective in improving ECD outcomes when compared to part-time (Brewer et al., 2022; van Huizen & Plantenga, 2018).

Similarly, a systematic review of parenting programmes for young children in LMICs found that low-dose programmes yielded non-significant programme impact (UNICEF, 2015). For programs that were implemented over 2 years, more consistent impact was noted, in particular for vulnerable and disadvantaged populations (UNICEF, 2015). To improve a child's physical health, cognitive development and social and emotional development, the review suggests that 12 months should be the minimum duration of a parenting programme (UNICEF, 2015). Regarding dosage, higher-frequency parenting programmes were found to be more effective in improving parent and child outcomes. The frequency needs to be at least once a week. In addition, the review found that more intensive approaches, such as those that include direct interaction with the child, are needed to improve both

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parenting-level outcomes (e.g., the ability of the caregiver to be emotionally responsive) and child-level outcomes (e.g., language ability of the child in response to maternal feeding practice programmes).

Some researchers consider the range of services being offered to also be a component of intensity (King et al., 2011; Morris & Kalil, 2006). Overall, some programs offer only one service to each generation; others offer several services at once or in sequence. Overall, early childhood education programs described as intensive were comprehensive (offering several services) and had a long duration. For example, these programs offered a range of services—such as home visits, support groups for parents, counselling, case management, and basic health care—in addition to centre-based early childhood education (Ramey & Ramey, 2004; Barnett & Masse, 2007; Duncan & Sojourner, 2013).

Successfully engaging participants in services is also vital for delivering services with the intended intensity. Programs might aim to provide more intensive services than

participants actually receive, often due to limited engagement by the participants or to differences between the intended model and actual service delivery (Wasik et al., 2013). This will likely also be true for programs that combine services for parents and children. Even if one program successfully engages participants, sustaining that engagement is a key implementation challenge when replicating and scaling up promising programs (Supplee & Metz 2015). To know whether participants are engaging with services, program administrators can regularly monitor and evaluate the intensity of services they offer and ascertain whether clients receive some or all services. Implementation (also called process or formative) evaluation is important to understanding what services are actually offered, the level of participation by clients and their satisfaction with services, challenges to participating, and ideas about ways the program could be improved (Rossi et al., 2003; Smith, 2009).

Quality of interventions/services

The effectiveness of ECD programs also depends on the quality of interventions and services. For example, a systematic review of six quasi-experimental and observational studies on the impact of daycare on children's health, nutrition and development in LMICs found that the impact of childcare programs was determined by the difference between the quality of care in the daycare setting and the quality of alternative forms of care children would receive in its absence (Lroy et al., 2012). Further, additional evidence from Burkina Faso, Cambodia, Colombia, DRC, Ethiopia, India, Kenya, Malawi, Tanzania, and Uganda suggests the quality of childcare and the recipient's economic status as important mediators of childcare's impact on ECD outcomes (Ajayi et al., 2022; Andrew et al., 2019; Bernal & Fernández, 2013; Bietenbeck et al., 2019; Bouguen et al., 2018; Dean & Jayachandran, 2020; Donald & Vaillant, 2023; Dowd et al., 2016; Engle et al., 2011; Gelli et at., 2020; Lroy et al., 2011; Mwaura et al., 2008).

In the early education spaces that often comprise much of childcare, quality is typically conceptualized in relation to three domains: structural, process and system. Structural quality relates to easily observable features such as teacher-to-child ratios, group size, infrastructure, classroom resources, and curriculum used (Vandell & Wolfe, 2000; Blau & Currie, 2006). Process quality refers to the daily interactions children experience - defined by emotional support, instructional support and classroom management (Hamre et al., 2013; Wolf et al., 2018). These are dependent on the qualifications, experience, competencies, and conditions of employment for early childhood educators. System quality refers to the overall system in which childcare is delivered, including regulations related to licensing inspection and enforcement.

On the other hand, existing research on adult services defines quality mostly in terms of the types of services available, and the ability/capacity of service providers to deliver and maintain the programme effectively. For example, a systematic review of parenting programmes for young children in LMICs found that authority figures, such as doctors, nurses and educators were among the most successful service providers in improving parenting outcomes. For example, a significant increase in parenting knowledge was associated with professional service providers (Moran et al., 2004). In addition, nutrition education programmes were more effective when the professionals delivered the health messages. The reason why authority figures might be effective is that parents may interpret healthcare professionals as experts in the field and are therefore more amenable to listening to them and following their guidance (UNICEF, 2015).

However, the reality of the situation with respect to ECD programmes is that the vast majority of the programmes are delivered by unlicensed community workers or paraprofessionals. The field as a whole is far from having a professional workforce. Therefore, in our review, we also examined community-based approaches to identify effective factors associated with services delivered by non-professionals or service providers with limited training. Overall, in several countries, trained community volunteers have been found to be effective in delivering the programme across home and in group settings. These service providers though need fairly intensive training not only in the programme approach but also in terms of techniques (UNICEF, 2015).

Intentionality

Intentionality is another defining characteristic of effective programs that intentionally integrate services for both parents and children Such programs purposively and deliberately link services for both generations (Chase-Lansdale & Brooks-Gunn, 2014; King et al., 2011). Studies show that aligned and coordinated services across generations can be mutually reinforcing and are key to achieving positive outcomes for both children and parents and families.

Program Modality

Programme modality or how the programme is delivered can also influence program outcomes. A systematic review of parenting programmes for young children in LMICs found that programmes that used several modalities (such as demonstrations, practice and problem-solving) achieved better results than programmes that only used one modality (UNICEF, 2015). For instance, child cognitive outcomes were significantly improved across both home-based modalities and centre-based programmes that used group settings. However, it was the psychosocial stimulation aspect of the programmes, which entails active engagement between the caregiver and the child that was effective in improving children's cognitive development (UNICEF, 2015). Similarly, studies that revealed improved child physical health outcomes showed that group settings must be combined with other modalities. For example, combining home visits with group sessions is more effective than only home visits or only group sessions (Engle et al., 2011).

However, combining programme modalities is not an ad hoc arrangement of services. Rather, there needs to be criteria that guide the approach. Modalities need to be bridged. For example, in the Philippines (Armecin et al., 2006), the centre- and home-based services were linked by the child development workers (CDWs) who complemented the roles of midwives and health workers in providing food and nutritional supplements and monitoring children's health status. CDWs also provided community-based parenting education about ECD. In providing this bridge, the programme was able to maximize the strength and intensity of the dose to achieve impact on parent and child outcomes.

Implications for 2-Gen Programmes?

While the effectiveness of 2Gen programs can vary across different geographic contexts, there are some key principles and strategies that have shown promise in various settings.

Pay attention to quality and intensity. Based on available evidence, the quality and intensity of the services need to be at high kulea watoto levels to have an impact on parent and child outcomes. Special attention should be paid to the intensity and range of services being provided to both parents and children.

Measure and account for outcomes for both children and their parents. The heart of two-generation programs is impacting multiple outcomes for both parents and children, not to mention families and communities as a whole. Dual outcomes are vital to determining if a policy or program is successful in general. They are also vital for demonstrating that an effective two-generation program is creating the desired multiplier effect.

Contextual Adaptation is key: It is important to adapt two-generational programs to the specific cultural, social, and economic context of the target population. This involves understanding local norms, values, and practices related to, for example, parenting and child-rearing. Collaborating with local communities and involving them in program design and implementation can help ensure cultural relevance and acceptance.

Embed family voice and prioritised authentic community engagement.

Aligning and coordination with other actors. Two-generation initiatives demand greater integration and cooperation across agencies. No single program or organization can meet all the needs of children and families. Many organizations wishing to take a two-generation approach recognize and overcome this by linking siloed programs and/or forming partnerships with other organizations and systems, each offering part of the full array of assistance that children and their families need to thrive.

Opportunities for future research and evaluation

Given the nascent state of the field and limited empirical evidence, more research is needed both on how best to implement integrated parent and child programs and their level of effectiveness. The review showed that available research and evaluation has not yet caught up to the theory supporting such programs. For example, existing research does not offer clear definitions for the quality and intensity of services required to improve child and parent outcomes.

Options for effectiveness evaluation include:

Assessing the overall effectiveness of a two-generation program compared to other services and programming available in the community. This study could use a random assignment with a control group that receives any other services available in the community. Alternatively, a quasi-experimental design (QED) could use demographic and other data to match people who enroll in the program to a similar group who did not enroll in the program.

Assessing the effectiveness of a program that serves both generations compared to a program that serves either parents or children.

Assessing thresholds for service quality and intensity that are necessary for programs to have positive impacts on parents' economic security and children's well-being. This evaluation could begin with a descriptive analysis of the quality and intensity of services provided to parents and their children by programs shown to have favorable impacts. A design that could measure the impact of greater quality or intensity would randomly assign many programs to implement alternative levels of quality or intensity for adult or child services and assess the impacts on parent and child outcomes.

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