INDUS ACTION
Enabling Social Protection

Care to Play Learning Report

Supporting Young Families: Lessons from Cash Plus Care in Practice

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EXECUTIVE SUMMARY

In 2022, five organisations – Indus Action, Saajha, Trickle Up, Rocket Learning, and IDinsight – came together to form the Care to Play Collective in response to the LEGO Build a World of Play challenge, which supports bold and impactful early childhood solutions.

Each organisation had previously demonstrated success in improving the social and economic lives of caregivers, or the learning and development of young children, through independently tested models. However, a recurring gap emerged across their work: despite strong evidence on the critical importance of the first 2,000 days of a child's life, many children continue to lack essential developmental support. This was largely due to caregiver stress, limited time, and inadequate access to financial and learning resources.

Recognising these interlinked challenges of skills, capacity, time, and finances, the organisations pooled their expertise to test holistic Cash Plus Care models to support families with young children. The intervention combined access to welfare schemes and livelihoods support (Cash) with parenting guidance, peer groups, and early learning resources (Care), offering integrated, context-relevant support to address multiple drivers of childhood vulnerabilities.

Amid growing evidence that "Cash Plus" interventions, combining income support with complementary services such as coaching, childcare, or health support, yield better outcomes for caregivers and children than cash alone.[1,2] The Care to Play pilot was designed to test how such integrated models can be delivered, how well they work, and what can be learned to improve their effectiveness. While each organisation had achieved meaningful impact individually, the collective believed that integrated programming could deliver more sustainable and transformative outcomes.

Care to Play was selected as a finalist in the LEGO Build a World of Play Challenge and received funding to implement the proposed intervention. The pilot was implemented over 10 months in Delhi and Ghaziabad, targeting low-income caregivers, primarily women, with children aged 3 to 6 years. It aimed to strengthen both caregiver well-being and child development through a two-generation lens.

[1] Bastagli, F., Hagen-Zanker, J., Harman, L., Barca, V., Sturge, G., Schmidt, T., & Pellerano, L. (2016). Cash transfers: What does the evidence say? A rigorous review of programme impact and the role of design and implementation features. Overseas Development Institute.

[2] Roelen, K., Devereux, S., Abdulai, A.-G., Martorano, B., Palermo, T., & Ragno, L. P. (2017). How to make 'cash plus' work: Linking cash transfers to services and sectors. UNICEF Office of Research – Innocenti.

The Care to Play pilot demonstrated that when support is built on trust, tailored to families' needs, and centered on caregiving realities, it can improve how parents interact with their children, ease access to welfare benefits, and build financial confidence. High-touch models with consistent frontline support were especially effective in increasing confidence, engagement, and uptake. The findings point toward a whole-family, intersectoral approach that treats caregivers as partners in a coordinated ecosystem spanning health, nutrition, early learning, and livelihoods. However, structural barriers such as time poverty, gendered expectations, and system-level inefficiencies remain significant challenges that require relational infrastructure, intersectoral coordination, and caregiver-responsive design in future Cash Plus Care efforts.

GLOSSARY

Administrative Burden — Coined by Pamela Herd and Donald Moynihan (2019) to explain burdens experienced by citizens in citizen-state interactions. The concept categorises these burdens into learning, compliance, and psychological costs.

Care — Everyday physical, emotional, cognitive, and relational support that caregivers, primarily mothers, provide to young children, often at great personal cost. It includes responsive caregiving, stimulation, protection, and ensuring children's health and nutrition, while also recognising caregivers' own care needs. In this brief, care is both a critical developmental input for children and a social and systemic responsibility, requiring investment, recognition, and shared support across families, frontline workers, communities, and institutions.

Caregiver — In this brief, caregiver refers to the primary project participants in the Care to Play pilot. All project participants happened to be mothers and the majority identified as the primary caregivers of their young children. Accordingly, caregiver throughout this document refers specifically to these participating mothers.

Cash — Unconditional or targeted financial transfers to households to reduce poverty and improve well-being, often used to meet basic needs.
Cash combined with additional support such as services, information, or referrals, to enhance the impact of cash alone on specific outcomes like health, nutrition, or education.

Cash Plus — An integrated, two-generation approach that strengthens both caregiver economic stability and nurturing care for young children, recognising that supporting parents is essential for children to thrive.
Childhood vulnerability refers to the increased susceptibility of children to harm and negative outcomes due to their developmental stage and limited resources, which are amplified by external factors like poverty, neglect, or lack of supportive environments.

Cash Plus Care — An integrated, two-generation approach that strengthens both caregiver economic stability and nurturing care for young children, recognising that supporting parents is essential for children to thrive.

Childhood Vulnerability — Childhood vulnerability refers to the increased susceptibility of children to harm and negative outcomes due to their developmental stage and limited resources, which are amplified by external factors like poverty, neglect, or lack of supportive environments.

Citizen Burden — The challenges and obstacles faced by citizens, especially low-income families, in accessing public services and entitlements.

Early Childhood Development — The period from conception to age 8, encompassing a child's physical, cognitive, social, and emotional growth. It's a crucial time where the foundations for lifelong learning, health, and well-being are laid.

Financial confidence — A person's belief in their ability to manage money effectively, including understanding their income and expenses, making informed financial decisions, and planning for the future.

Frontline Worker — A community-based worker who directly supports families by delivering information, services, and emotional encouragement across areas like health, welfare, livelihoods, and early learning.

Livelihoods — The means by which individuals or families secure the necessities of life, such as food, shelter, and income, through work, skills, or small enterprises. In the Care to Play context, this includes coaching, training, and support to strengthen caregivers' economic stability.

Monitoring, Evaluation, and Learning (MEL) — A system to track progress, assess what's working, and generate insights to improve programme design and delivery.

Management Information System (MIS) — A digital or manual system used to collect, store, and manage data for tracking implementation and outcomes.

Parent Engagement Group — Disparities in access to resources, support, or services that limit children's or families' ability to thrive, often shaped by gender, income, location, or social identity. In-person parent groups where caregivers meet regularly to learn, share experiences, and receive parenting guidance and support.

Relational Support — Support rooted in trust, empathy, and consistent human connection, often provided through ongoing relationships like those between caregivers and frontline workers, to enable emotional well-being, motivation, and sustained engagement.

Responsive Caregiving — The ability of caregivers to notice, understand, and respond promptly and appropriately to their child's signals. It involves being emotionally available, encouraging exploration and learning, and providing consistent support, essential for healthy brain development, emotional security, and early learning.

Two-Generation Approach — Approaches that target children and their caregivers simultaneously to build protective factors, resiliency, and parental capacity, to interrupt the cycle of poverty.

Time Poverty — The chronic shortage of discretionary time due to the combined demands of unpaid care work, household responsibilities, informal or paid work, and community or job-related duties. For caregivers, this limits their ability to rest, access support, or participate in programmes. For frontline workers, this can arise from heavy caseloads, extensive travel, and administrative burdens, often reducing the time available for meaningful engagement and relational support.

Quality Time — Quality time between caregivers and children refers to focused time where a caregiver is fully present and actively engaged with their child in activities that are meaningful and enjoyable for both. Prioritising these interactions builds a strong bond and contributes to the child's development.

ABOUT THIS BRIEF

This brief, authored by Indus Action - the anchor organisation of the Care to Play Collective - shares key learnings from the implementation of the Care to Play pilot. A first-of-its-kind intervention combining caregiving support with financial vulnerability redressal, piloted in Hauz Rani, Delhi and Ghaziabad, Uttar Pradesh.

The evidence presented is grounded in day-to-day implementation realities and offers actionable insights from experiential learning. In the absence of a formal evaluation, it presents a mix of qualitative reflections and descriptive data to guide future efforts in Cash Plus Care programming.

This brief does not propose a single model or fixed design but offers design considerations and delivery learnings that can inform any integrated, multi-sectoral intervention focused on families with young children. It affirms that all Cash Plus Care interventions must be responsive to local realities and tailored to the multidimensional needs of young families. The insights shared here are directed to future efforts to strengthen early childhood outcomes through personalised, coordinated support for caregivers. The brief also serves as a conversation starter, highlighting what works, what requires more time, and what must be strengthened for broader system integration.

The learnings shared here draw from consultations with frontline workers who were implementing the programme, the project management unit team, collaborators, and domain experts. Insights are supported by an endline survey conducted with caregivers from both locations.[3]

Given the limited size and non-representative nature of the original intervention group, findings are presented descriptively, with an emphasis on broad trends, contextual differences, and implementation reflections. The brief also incorporates video testimonials and in-depth interviews with caregivers and frontline workers to enrich the data with qualitative insights.

This brief is primarily intended for policymakers, government stakeholders, and practitioners designing or implementing integrated approaches to support caregivers and improve early childhood outcomes. It is structured in four parts:

- Executive summary and glossary, followed by an introduction outlining the purpose, audience, and structure.
- Overview of the intervention, including key actors, design, delivery models, and context.
- Outcomes and learnings, organised by three core areas of change and four guiding lenses: what we aimed to do, what changed, what helped, and what we learnt.
- Key takeaways for policy and practice, framed through a Scale Design Framework, with each node outlining a field-tested design principle, reflective questions, and community voices.

Annexures include details on the intervention packages and capacity-building for frontline workers.

[3] 171 pilot participants were surveyed: 40 from Hauz Rani (all available households) and 131 from Ghaziabad (around half the participants for feasibility reasons, with a mix of urban and peri-urban households for balance).

ABOUT THE CARE TO PLAY INTERVENTION

Organisations and their Contributions

Care to Play was a first-of-its-kind collective impact effort in India focused on the intersection of caregiving and financial vulnerability, and its effect on children's health, learning, and overall development in the ages between 3-6-years.

The five organisations that formed the Care to Play Collective brought together more than 70 years of combined experience across 15+ states in India, reaching more than six million citizens from low-income families. Each organisation contributed distinct expertise to the pilot, aligned with their core missions and programmatic strengths. Implemented with 400 families (approximately 50 in Hauz Rani, an urban neighbourhood in New Delhi and around 350 in Loni and Khora, two peri-urban areas in Ghaziabad, UP), it was a small pilot with an elaborate design to test various components of the Cash Plus Care approach.

Organisation	Description	Contribution
Indus Action (Cash)	Policy implementation organisation enabling access to welfare rights for vulnerable communities by bridging the gap between law and action.	Anchored programme operations, designed systems for hiring, training, and grant management, managed external partnerships; Led social protection processes and developed digital tools to ease citizen welfare access.
Trickle Up (Cash)	Supports women in ultra-poverty, especially in remote areas, to build sustainable livelihoods and promote economic inclusion through the Graduation Approach*.	Led livelihoods component with technical expertise in economic inclusion, building team and FLW capacity, engaging expert trainers, developing coaching modules, and guiding context-specific livelihood and asset selection.
Saajha (Care)	Saajha empowers parents as community leaders to strengthen children's learning at home through peer support and simple, accessible tools.	Designed capacity-building modules for frontline workers, developed tools and indicators for Parent Engagement Groups (PEGs), and co-designed caregiving pathways and content.
Rocket Learning (Care)	Strengthens early childhood education (ECE) for 3–6-year-olds by equipping caregivers with tools and habits for home learning, using digital content and government partnerships to drive behaviour change and system reform.	Designed play-based learning content and WhatsApp engagement materials, advised on PEG session themes, and trained frontline workers on digital tools and ECE practices.
IDInsight (MEL)	Global advisory, data, and research organisation helping leaders use evidence to improve outcomes for vulnerable communities.	Supported Monitoring, Evaluation, and Learning (MEL) through Theory of Change, MIS setup, and team capacity building for real-time insights to inform adaptive management and planning.

Management Structure

The Collective operated through a three-tiered structure to ensure strategic oversight, responsive implementation, and effective on-ground delivery: The Governing Council, the Implementation Council, and the Project Management Unit.

Governing Council

Comprised CXOs and senior leaders from each of the five partner organisations.

Provided strategic oversight, set the collective vision, and took key decisions through periodic progress reviews and high-level consultations.

Implementation Council

Comprised managers from all partner organisations.

Responsible for developing programme content, training modules, and supporting continuous adaptation during implementation based on on-ground feedback and evolving needs.

Project Management Unit

Operational hub of the collective, it included a Senior Project Curator providing overall leadership and subject-matter expertise, a Project Manager overseeing day-to-day strategy and coordination, two Project Coordinators managing site-level operations, a Monitoring Coordinator leading data and learning systems, and 12 Frontline Workers (FLWs) engaging directly with caregivers and communities.

This team was tasked with translating strategic decisions into action, managing differentiated implementation across sites, and enabling real-time learning and course correction through a strong feedback loop.

Design and Implementation

Cash Plus Care Pathways:

Care to Play adopted a two-generation approach, which means it focused on improving the well-being of both caregivers and their young children at the same time. Within this approach, integrated support was delivered through two pathways: Cash and Care. The Cash Pathway aimed to enhance caregivers' economic stability and management of household finances. The Care Pathway aimed to build caregivers' capacity to nurture their children's development and create enriching home learning environments. Together, these pathways recognised that supporting parents is essential to helping children thrive – addressing both generations to break cycles of poverty and improve long-term outcomes.

The Cash Pathway: Strengthening Financial Resilience	The Care Pathway: Supporting Responsive Caregiving
Led by Indus Action and Trickle Up, the Cash pathway focused on strengthening caregivers' financial resilience through: • Personalised coaching on vision building, Capacity-building in financial inclusion (covering savings, investment, borrowing, and insurance), Micro-enterprise training, Market exposure, Asset transfers[4] • Awareness and application support for welfare schemes	Anchored by Saajha and Rocket Learning, the Care pathway aimed to strengthen caregiving through: • In-person Parent Engagement Groups (PEGs) • Locally relevant digital content on caregiving and home learning activities for children aged 3-6-years delivered via WhatsApp • A child care centre offering safe, structured environments for children (Note: The childcare centre was not part of the original design but was set up in response to caregivers' needs.)
In the short term, these efforts aimed to improve awareness, entitlement access, and financial decision-making. Over the longer term, the goal was to strengthen livelihoods, reduce caregiver stress, and enable greater investment in family and child well-being.	In the short term, these components were designed to increase caregiver knowledge and confidence and, over time, contribute to more nurturing and stimulating home and community environments for young children.
Ultimately, the combined impact of both pathways aimed to contribute to improved family well-being, narrowing opportunity gaps for young children, and stronger foundations for their long-term development.	

[4] Trickle Up's Graduation Approach is a step-by-step model supporting ultra-poor households with livelihood training, asset transfer, financial inclusion, and sustained coaching until income stabilises. This pilot implemented an adapted version, offering training, market exposure, asset transfer, and financial literacy, without long-term enterprise setup or ongoing mentoring through income generation, due to the limited timeline.

High-touch and Low-touch Delivery Models:

The intervention tested high-touch and low-touch delivery models to understand how different kinds and levels of support influence outcomes and to identify which elements are critical for effectiveness at scale, given the design and delivery challenges of multi-sectoral interventions.

- **A high-touch model** in Hauz Rani, Delhi, provided a more intensive intervention, and highly structured and responsive in-person support to caregivers.
- **A low-touch model** in Ghaziabad, Uttar Pradesh (UP), included a more streamlined "Cash Plus Care" offering, and lighter in-person interaction.

The table below summarises the intervention package within each model. Details can be found in Annexure A.

	High-touch Model (Hauz Rani, Delhi)	Low-touch Model (Ghaziabad, UP)
CASH Awareness and application support for welfare schemes	Total number of schemes - 8	Total number of schemes - 13
CASH Personalised coaching on vision building, training on micro-enterprise, technical and soft skills, and financial inclusion	Total coaching sessions - 5 per participant Total training months - 4.5 (88 days)	No skill building and asset transfer programme
CARE Locally relevant digital content delivered via WhatsApp	Total videos sent - 260 5 days a week x 52 weeks (12 months)	Total videos sent - 260 5 days a week x 52 weeks (12 months)
CARE Parent Engagement Groups	Total in-person meetings - 6 (at least 1 every 30-60 days)	No regular in-person group meetings led by FLWs No in-person parent support group
CARE A child care centre offering safe, structured environments for children	Total months in operation - 4.5 (88 days) Hours of operation - 9 am - 5 pm (100% of training days)	No childcare center

Tracking and Monitoring Progress:

A structured monitoring system was set up to track engagement and outcomes on a weekly basis, while also capturing caregivers' starting points and changes over time through two key surveys. An initial demographic and context survey was conducted at the start of the pilot to understand participants' realities, covering areas such as household composition, phone access and digital literacy, caregiving practices, livelihood activities, documentation status, welfare enrolment, income, savings habits, and financial decision-making. While not designed for comparison, this survey informed programme planning by highlighting realities across participating households.

Toward the end of the pilot, a comprehensive survey was carried out to assess changes and gather deeper insights across multiple dimensions of caregiver and household experience. This included modules on caregiving practices, programme participation, savings, financial resilience, digital engagement, and indicators of caregiver agency and confidence.

Alongside these surveys, engagement and outcome-level indicators were tracked on a weekly basis. They were designed to track caregiver participation across both the Cash and Care pathways, assess uptake of services, and measure early signals of change in behavior, economic inclusion, and caregiver agency. These included metrics across a sequenced set of milestones, such as attendance at Parent Engagement Group (PEG) meetings, activation and weekly activity on WhatsApp (used as a proxy for digital literacy and caregiver engagement with play-based content), participation in skill training and livelihood activities, scheme awareness, application support, and welfare unlock. Caregivers' sense of self-confidence and agency was also tracked, including through the identification of "Champion Caregivers" who demonstrated leadership within their communities.This monitoring system supported responsive delivery while generating practical insights into what combinations of support worked best for different families.

Role of Frontline Workers:

Twelve frontline workers (FLWs), recruited and trained by the Care to Play Collective, served as the core delivery agents for both pathways. To align with existing public systems and enable future government replication, FLW roles were intentionally designed to mirror government Frontline roles. They received specialised training to deliver both Cash and Care components effectively and in a replicable manner.

Frontline workers (FLWs) were recruited through outreach via Indus Action and Saajha's established networks, targeting individuals with prior community engagement experience. Candidates were selected from within a 10–20 km radius of project sites to ensure contextual familiarity and ease of mobility. The selection process followed a structured three-stage approach, including resume screening, personal interviews, and a simulation or field visit exercise, assessed by the Care to Play team.

Twelve FLWs were recruited and placed across Hauz Rani (Delhi) and Ghaziabad (UP), with the majority having 1–3 years of experience, basic digital literacy, and a minimum of 10th-grade education.

The training of FLW's comprised seven key modules: Community Engagement, Early Childhood Development, Digital literacy, Graduation Approach, Welfare Schemes Delivery, Data Collection and Ethics, and Dignity. Details about the modules can be found in Annexure B.

Target Population and Implementation Sites:

The Care to Play pilot was implemented over 10 months in two locations, Hauz Rani in Delhi and Loni and Khora in Ghaziabad in Uttar Pradesh. It reached over 400 families, all of whom had at least one child between the ages of 3-6-years, enrolled in a pre-primary school or Anganwadi Center.

The intervention was originally intended to operate through 30 government-run Anganwadi Centres (AWCs) in Delhi. However, delays in formalising government partnerships and commitment to complete the pilot within a timeframe to LEGO, required a pivot to sites where the collective had existing relationships. These included one Municipal Corporation of Delhi (MCD) pre-primary school in New Delhi (through Indus Action's partner, Dawn Child) and 40 AWCs in Ghaziabad (through Rocket Learning's partnership with the Government of Uttar Pradesh).

Community Setting:

The communities of Hauz Rani and Ghaziabad presented distinct demographic and socio-economic profiles. These geographic, economic, and familial characteristics may provide valuable background for interpreting how the intervention was received and experienced in each setting.

Hauz Rani is an entirely urban setting, while Ghaziabad included two peri-urban areas, Loni and Khora. Households in Hauz Rani were predominantly nuclear (73%), whereas Ghaziabad saw a higher proportion of joint families (43%). In both communities, the caregiving role was overwhelmingly carried by mothers, with 95% of respondents identifying as the primary caregiver. Family size showed some variation. Hauz Rani had a larger share of families with three or more children, while in Ghaziabad, half of the families had two children.

In both Hauz Rani and Ghaziabad, most respondents earned Rs. 10,000–20,000 per month (58% and 63% respectively). Hauz Rani had a higher share of people earning Rs. 20,000–30,000 (22% vs. 11%), while Ghaziabad had more in the Rs. 5,000–10,000 bracket (17% vs. 10%). Households with incomes above Rs. 30,000 and below Rs. 5,000 were few in both areas. While husbands were the primary earners in 92% of households, about one-fourth of women contributed to household income, either solely (5%) or jointly (21%). This trend was relatively similar across both locations.

WHAT CHANGED FOR CAREGIVERS AND FAMILIES: OUTCOMES AND KEY LEARNING

Caregiver-Child Interaction

What we set out to do:

The intervention aimed to strengthen caregiver–child relationships by promoting nurturing care practices and improving the quality of the home learning environment. The goal was to increase caregivers' knowledge, confidence, and daily engagement in developmentally appropriate activities with their children.

What changed

While the pilot did not include baseline data, self-reported endline data showed meaningful shifts in caregiver understanding, confidence, and daily engagement.

- Prior to the intervention, 6% of caregivers shared that they felt confident regarding their understanding of their child's developmental needs. At the end of the intervention, this number increased to 73% caregivers.
- Prior to the intervention, 10% of the caregivers reported spending regular, quality time with their child. At the end of the intervention, this number was 76%.
- At the end of the intervention, 50% of caregivers reported spending 1–2 hours daily in developmentally supportive activities like playing, reading, or singing. An additional 16% reported more than 2 hours daily. These engagement levels are significant when compared to national and global data[5]. For instance, the 2019 Indian Time Use Survey[6] recorded 11 minutes per day spent by mothers on similar activities, while 2023 U.S. data suggested 48 minutes per day.[7]

What helped

- **Simple and consistent content:** WhatsApp-based activities and nudges (e.g., how to play with everyday objects) made behaviour change feel accessible. The consistency of receiving content five days a week at a predictable time helped caregivers build a habit of engaging with home-based learning.
- **Relationships and encouragement:** The emerging literature on caregiving and parental well-being affirms that human-centred delivery models - those built on

[5] National and global data is used for comparison in the absence of baseline data

[6] Government of India, Ministry of Statistics and Programme Implementation. (2020). Time Use Survey 2019: Key Findings. National Statistical Office (NSO), Government of India.

[7] Bureau of Labor Statistics, U.S. Department of Labor. (2023). American Time Use Survey - 2023 Results. U.S. Bureau of Labor Statistics.

empathy, trust, and regular engagement - often outperform purely informational or digital approaches in driving behavioural change and empowerment, especially in low-resource settings.[8,9] Trust-based relationships with frontline workers (FLWs) created a safe space for caregivers to question old practices and try new ones, for example, shifting from harsh discipline to more supportive and positive ways of guiding behaviour, or moving from passive supervision to more intentional, play-based engagement with their children. Caregivers consistently valued being seen, heard, and encouraged. In the high-touch model, where FLWs followed up regularly, clarified doubts, and celebrated small wins, engagement with digital content was significantly higher. 85% of caregivers in this model said FLW support was very valuable in helping them understand home-based learning practices and their child's development. Engagement metrics further support this insight: in the high-touch model with personalised FLW support, WhatsApp activation reached 96%, and weekly active use was 55%. In contrast, the low-touch model, with minimal FLW involvement, saw relatively lower activation (80%) and significantly lower average weekly engagement (19%).

- **Community spaces for shared learning and support:** In the high-touch model, regular group sessions created a sense of belonging. Caregivers shared parenting dilemmas, exchanged tips, and celebrated progress together, turning caregiving from a solitary task into a shared journey.

What got in the way

- **Unequal caregiving burdens:** Despite increased engagement, entrenched gender norms placed the caregiving burden almost entirely on women. (100% of participating caregivers were women, and 95% identified as their child's primary caregiver.)
- **Time poverty and competing responsibilities:** Most caregivers juggled unpaid care work, household chores, and paid work, leaving little time or energy to participate in the intervention consistently. The absence of affordable childcare options, limited involvement from spouses, and emotional exhaustion made it difficult to sustain participation, even when caregivers were motivated.
- **Deprioritised self-care among caregivers:** Self-care was a persistent struggle for mothers. Over 60% reported they could only occasionally or rarely care for their own well-being, mainly due to overwhelming household responsibilities, lack of time, and insufficient caregiving support.

[8] Engle, P. L., Black, M. M., & Behrman, J. R. (2011). Mother-child nutrition and early childhood development in low-resource settings. The Lancet, 378(9799), 1315-1329.

[9] Britto, P. R., Engle, P. L., & Super, C. M. (2017). Integrated Early Childhood Development: The Emergence of a New Paradigm. Social Policy Report, 30(2), 3-17.

What we learned

- **Relational support drives behaviour change:** Caregivers didn't just need facts or tips; they needed encouragement, community, and relevance to their daily realities. Behaviour change was more likely when support was relational, consistent, and contextualised, not purely informational.
- **Who delivers support matters:** Caregivers responded more to trusted FLWs than to anonymous messages or static material. It wasn't just the content but the connection that made learning stick.
- **Confidence grows with emotional reinforcement:** Caregivers were more likely to sustain change when they were supported to see themselves as capable, valuable, and central to their child's development. Positive reinforcement, emotional support, and motivation mattered as much as knowledge.

Welfare Access and Navigation

What we set out to do

This component of the pilot aimed to improve families' access to welfare entitlements by reducing the time, effort, and administrative burden typically experienced by citizens. Frontline workers supported caregivers to navigate the social protection system by:

- Raising awareness and supporting uptake of key schemes by identifying eligibility
- Resolving documentation issues
- Following up on delays and rejections
- Encouraging eligible caregivers to access lesser-known schemes

The pilot itself did not provide entitlements or cash transfers. It tested how interpersonal support and trusted local navigation could reduce citizen burden and improve access.

What changed

- **Gains in awareness:** In Hauz Rani, caregiver awareness of government welfare schemes increased from 5% before the programme to 80% after the intervention. In Ghaziabad, awareness rose from 1% to 49% over the same period.
- **Improved confidence through frontline workers (FLWs) support :** Approximately 75% of caregivers reported feeling more confident about applying for government schemes in the future due to the support received during the pilot. Across both locations, 91% of caregivers found FLW support valuable in helping them understand eligibility and navigate the application process.
- **Eligibility identification, documentation and application support:** All households were supported to assess their eligibility for government schemes, and 100% were found to be eligible for one or more. However, only 14% of all eligible families were interested in, or had the time and resources, to update their documents, a key prerequisite for successful applications. Of the 14%, 76% were able to apply for at least one scheme during the pilot and 33% of all applications filed were successful, i.e. they resulted in welfare benefits received by the family.[10]

[10] Broader outreach efforts by the front line workers during the course of the pilot led to scheme matching for additional 740 citizens, collation of updated documents for 305 [41%] citizens, 271 [89%] applications filed and 88 [32%] successful applications.

What helped

- **Personalised and persistent support:** Frontline workers provided personalised, one-on-one support based on each family's needs, offering consistent follow-up even through delays. This helped caregivers stay motivated and made information and assistance feel relevant and manageable.
- **Government system familiarity:** FLWs were trained to understand backend government workflows. This enabled them to troubleshoot issues effectively and identify bottlenecks, helping accelerate resolution.
- **Local credibility and relationships:** In areas where partner organisations had built trust with local officials and communities, case referrals and escalations received quicker responses, improving the speed and likelihood of resolution.
- **Role of technology:** The pilot tested a simple, citizen-facing technology tool, an eligibility engine, that helped families understand which schemes they were eligible for. While still early-stage, the tool showed promise in reducing the time, confusion, and effort often involved in figuring out eligibility for both citizens and FLWs.

What got in the way

- **Eligibility didn't guarantee access or interest:** Many caregivers were eligible for bank-related or financial assistance schemes, which made up 50% of the scheme portfolio. However, these often required upfront contributions. For families with little to no disposable income, this became a major barrier, leading to critically low uptake despite full eligibility on paper.
- **Structural and documentation hurdles slowed progress:** Missing Aadhaar cards, outdated birth certificates, unlinked mobile numbers, and address mismatches were common, especially among migrant families. These gaps made it difficult for caregivers to complete applications, despite interest and eligibility, and were costly to resolve due to tight scheme deadlines and limited institutional support channels.
- **Migrant realities created added disincentives:** Most families were informal, migrant workers and their families, and frequent changes in their residence often resulted in outdated address proof. Many caregivers hesitated to update documents, given the effort involved, uncertainty of staying in one place long-term, and doubt about whether scheme benefits would materialise.
- **System rigidity and gatekeeping created friction:** In some locations, frontline efforts were slowed by unresponsive officials and reluctance to act without external pressure. Mistrust between citizens and the administration, particularly around data sharing, further discouraged caregivers from pursuing entitlements.
- **Application processes lacked transparency and usability:** With no real-time status updates or clear steps, application journeys were confusing and effort-intensive. Multiple physical touchpoints and unclear rejections caused delays, drop-offs, and growing mistrust in the process.

- **Persistent follow-up led to frontline worker fatigue:** FLWs played a critical role in navigating the system, but constant follow-ups, with little systemic responsiveness, led to burnout, lower morale, and challenges in sustaining support for all cases.
- **Gender-specific barriers made access even harder for women:** Women caregivers faced layered challenges: low phone ownership, limited digital and financial literacy, lack of documentation, and limited autonomy in decision-making. Their reliance on male family members for approvals or access further slowed down and complicated the application process.

What we learnt

- **Dedicated support makes complex systems navigable:** Consistent one-on-one support from FLWs helped caregivers stay engaged and motivated, even when formal systems were slow or difficult to access. Having someone explain, follow up, and persist made a tangible difference.
- **Individual-level support isn't enough:** Personalised help improved navigation but couldn't overcome structural issues like rigid eligibility rules, documentation bottlenecks, or bureaucratic delays. Programme success depends on both human support and systemic reform. Transparent processes, real-time updates, and simpler journeys are essential to maintaining trust. When caregivers and FLWs are left in the dark, it erodes motivation and participation.
- **Access depends on more than eligibility:** Caregivers' ability to apply was shaped by their financial situation, interest, and confidence. Eligibility alone meant little without schemes being affordable, relevant, and understandable. In contributory schemes, low financial literacy further limited participation, even when eligibility and interest were high.
- **Technology must ease, not shift, the burden:** Digital tools have potential to improve delivery, but only if designed with users in mind. Without this, they risk shifting the administrative load to already stretched caregivers and FLWs.
- **Gender-responsive design is non-negotiable:** Women face unique barriers that require targeted design solutions, from improving digital access and financial literacy to addressing social norms that limit autonomy. Without this, systems will continue to leave them behind.

Livelihood Support and Financial Agency[11]

What we set out to do

In the high-touch model, the pilot aimed to strengthen caregivers' financial literacy and confidence through targeted livelihood training, personalised coaching, and asset support. Due to timeline and bandwidth constraints, the adapted intervention was not intended to enable income generation, but to build foundational decision-making capacity, future income-generating skills, and saving behaviours within households.

What changed

The pilot contributed to early shifts in financial confidence, household decision-making, savings habits, and aspirations. It also offered some caregivers exposure to markets and access to productive assets to support future income-generation.

- **Financial confidence increased:** Confidence in managing money and planning ahead grew from 10% of caregivers at the start to 80% by the end. Caregivers reported feeling more comfortable budgeting, saving, and making financial decisions for their families.
- **Decision-making became more inclusive:** The number of caregivers with a significant say in household financial matters more than doubled, from 20% to 48%. An additional 45% shared that they now made financial decisions jointly with spouses or family members, suggesting more inclusive conversations at home.
- **Savings behaviour improved:** Nearly half of all caregivers reported saving more regularly or setting aside higher amounts during the intervention. While long-term savings habits take time to establish, this early shift signals growing financial agency.
- **Self-belief and aspirations strengthened:** At the start of the pilot, 17% of caregivers reported high self-belief and confidence. At the end of the intervention, this rose to 94%. Caregivers also showed a major shift in how they viewed their future goals. Before the intervention, 2% felt confident about their aspirations or believed they could achieve them. After the programme, 95% said they felt motivated, hopeful, and were actively working towards their personal and family goals. Frontline workers' coaching and encouragement were repeatedly credited for helping caregivers envision new possibilities.
- **Skills training and productive assets provided:** All caregivers who completed the programme were assessed for asset transfers based on training participation, trainer feedback, and home readiness (e.g., space and electricity access).

[11] Applicable only to the high-touch model implemented in Hauz Rani

- **51% of caregivers** with advanced tailoring skills, high attendance, and home readiness received **industrial sewing machines.**
- **49% with intermediate skills** or limited infrastructure received **umbrella sewing machines and supporting assets**
- All caregivers gained exposure to pricing, sales, and customer interaction through 9 market visits and 2 exhibition stalls.
- Three caregivers pursuing different interests received customised livelihood kits:
  - Cooking businesses were supported with gas burners, pressure cookers, refrigerators, and cooking utensils.
  - Beauty service kits included hair dryers, makeup supplies, and other essential tools.

What helped

- **Frontline worker persistence and family engagement:** FLWs played a pivotal role in enabling participation. They built trust with caregivers and actively engaged family members, particularly spouses, through repeated home visits and conversations, which helped secure consent and reduce resistance.
- Developing a thorough understanding of the process of project stages helped to decrease the drop out rate.
- **Responsive and flexible programme design:** The intervention was adapted to caregivers' preferences, time constraints, and household responsibilities. Training was offered in two shifts, scheduled around caregivers' availability, and supported by a highly customised curriculum of technical skills training. Another example of responsive design was the introduction of a childcare centre within the training venue. This removed a major participation barrier: 80% of caregivers said the centre was critical to their ability to join, and over half said they wouldn't have participated if it wasn't there. The childcare center improved both attendance (reported by 70%) and focus (reported by 77%). Finally, matching each participant with appropriate livelihood options helped sustain their long-term engagement.
- **Reduced time and travel burden:** One-on-one livelihood coaching was conducted at caregivers' homes whenever possible. This made participation easier for women balancing childcare responsibilities and reduced the need for time-consuming or costly travel.
- **Frontline workers' capacity to communicate with compassion:** Training frontline workers on communication, empathy, and respectful engagement was as essential as building technical delivery capabilities. Across both sites, FLWs reported that their ability to navigate hesitation, resistance, and sensitive household dynamics was strengthened through the Dignity and Community Engagement training modules.

- Crafting the curriculum of technical skills training sessions based on what PPs wanted to learn and what market demands served the purpose of the project as well as PPs.

What got in the way

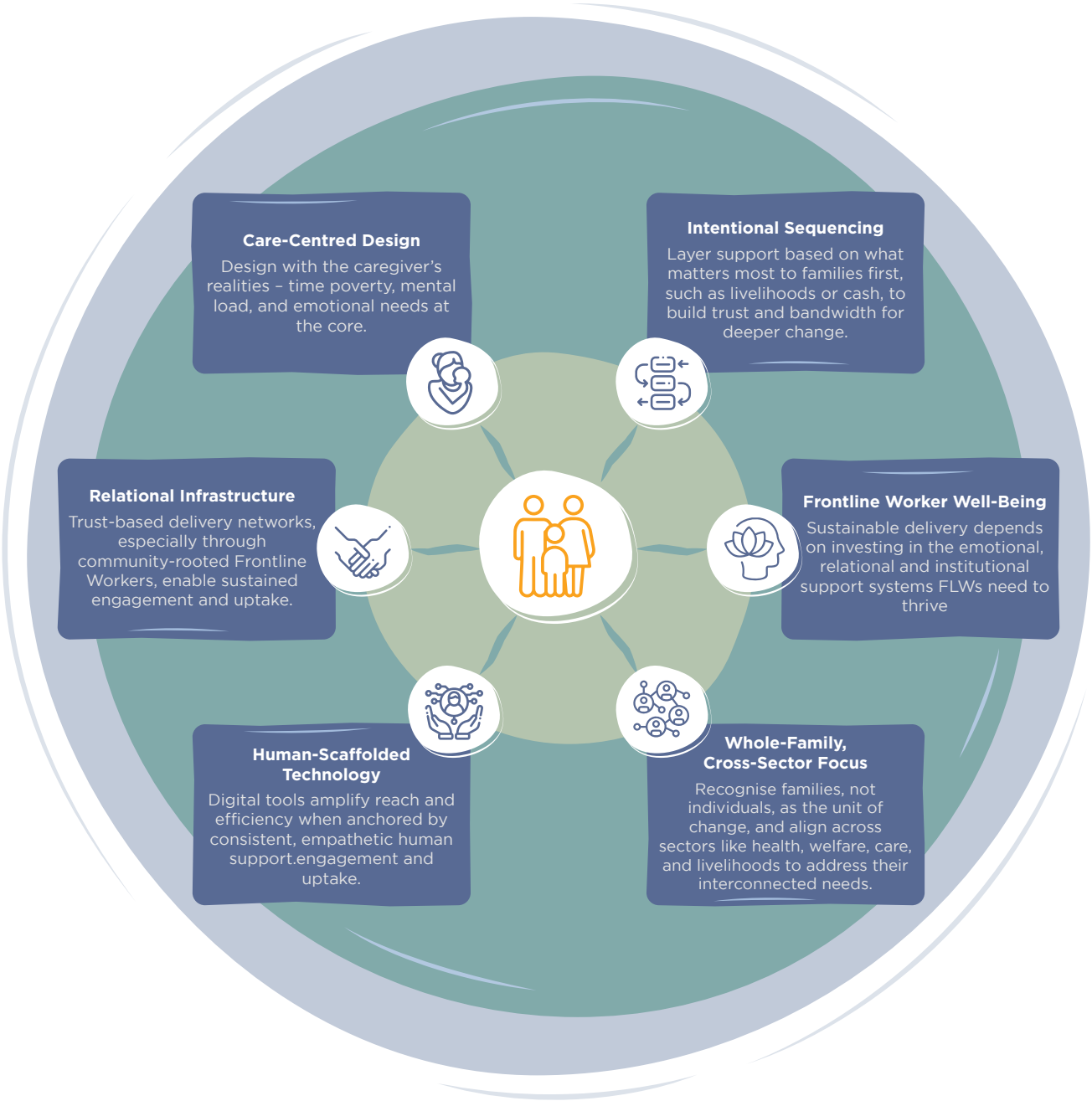
- **Initial mistrust and hesitation to join:** Many caregivers were reluctant to enroll, largely due to the high initial time commitment and previous negative experiences with similar programmes. Building trust took multiple rounds of counselling and reassurance from FLWs, which placed additional strain on the pilot's timeline.
- **Time poverty and competing responsibilities:** Despite efforts to offer flexibility, the training schedule (4 hours a day, 5 days a week) proved too demanding for some caregivers. Nearly 1 in 4 dropped out of the livelihoods track, primarily due to household responsibilities, pregnancy, health issues, or lack of family permission.

What we learnt

- **Care responsibilities must shape programme design:** Setting up a crèche in the same vicinity as the training centre significantly improved attendance. Unless programmes directly respond to the caregiving realities of women, such as time poverty, lack of childcare, and gendered expectations, participation will remain limited.
- **Graduation requires time and sequencing:** There are many time-taking steps between the first interaction with caregivers and sustained income generation. This pilot focused on building financial literacy, developing skills, and transferring productive assets. It is too early to determine which of these elements drive long-term outcomes. Ideally, all phases of a graduation approach, from vision building to income generation and continued support, should be followed with the required time period to maximise financial impact.
- **Livelihood-related support, including access to schemes, skill development, and asset transfers, are important trust-building levers:** Once these were established, caregivers were more open and engaged in caregiving-related content and activities. Notably, when asked about preferred support from government or nonprofit organisations, 70% caregivers cited financial assistance for early childhood education and childcare as their top priority, suggesting that leading with tangible, immediate benefits may be more effective in fostering sustained engagement for behavior change.

WHAT MATTERS MOST

SCALE DESIGN FRAMEWORK FOR SUPPORTING YOUNG FAMILIES



WHAT MATTERS MOST: SCALE DESIGN FRAMEWORK FOR SUPPORTING YOUNG FAMILIES

This section distills five core reflections that emerged across the Cash Plus Care intervention. Each one draws from the lived realities of young families, the experiences of frontline workers, and the adaptations made during implementation.

Care-Centered Design

Caregiving is foundational to family and societal well-being, yet often remains invisible in programme design. The Care to Play pilot surfaced how caregiving responsibilities, especially those shouldered by mothers, shape participation, engagement, and outcomes. Designing with care at the centre means acknowledging time poverty, emotional load, and the need for structures that support caregivers' well-being. Failing to do so risks reinforcing harm. Societal discouragement of self-care, lack of nearby facilities, and financial or health-related limitations add to this strain. These are not just individual hardships, they have developmental consequences. When caregivers are exhausted and unsupported, children's growth and emotional security also suffer. Whether through access to self-care, childcare, or community support, enabling care for caregivers is essential to enabling care for children. The early childhood years, particularly ages 0–3, demand intensive caregiving, making time-consuming livelihood programmes often unfeasible. Supporting families financially during this period may require alternative strategies, such as involving spouses or other earners, identifying home-based or time-flexible work, offering cash transfers that recognise the dual responsibilities of caregiving and income security, and ensuring access to high-quality childcare.

Design questions to consider

- How does the programme account for caregivers' time poverty, opportunity cost, and emotional load, ensuring it reduces rather than adds to their burden, especially for mothers?
- In what ways does the programme center caregiver well-being, including self-care, emotional support, and reduced mental load, as a core outcome rather than a secondary benefit?
- Are caregivers meaningfully supported to engage through enabling conditions, not just invited to participate, and do delivery models actively challenge gendered norms around caregiving?

Relational Infrastructure

Care doesn't stop at the household. It is upheld or undermined by the quality of relationships that surround it. Trust between caregivers and frontline workers, sustained engagement with communities, and the nature of government-citizen interactions all shape how support is received and acted upon. Investments in relational infrastructure – ongoing dialogue, consistency, empathy – help create systems that don't just deliver services, but build belonging and confidence. Notably, while both communities showed positive shifts in confidence, awareness, and developmentally beneficial interactions with their children, participants of the high-touch intervention in Hauz Rani reported higher numbers across the board.

Design questions to consider

- Are frontline workers positioned as trusted community members, not just service conduits?
- What mechanisms are in place to sustain long-term relationships with families and communities?
- How is trust measured, nurtured, and valued as a programme asset?

Human-Scaffolded Technology

Technology can ease time poverty and streamline access for both caregivers and frontline workers, but not in isolation. Without human scaffolding and context-aware design, digital tools often fall short. In the pilot, the most effective tech interventions, whether for digital learning resources or scheme eligibility, were those embedded within a responsive human system: workers who helped troubleshoot, adapt, and explain, and who enabled the technology itself to be iterated to better suit citizens. These iterative design and feedback loops from end-users were critical for building usable, trusted tools.

Design questions to consider

- Does the technology assume either trust, digital fluency, or free time from users?
- Is there a person or process to guide tech use, troubleshoot problems, and adapt to feedback?
- Are users' lived realities shaping how the technology platform is designed, updated, and deployed?

Intentional Sequencing

The pace and order of support matter, especially when working with overburdened caregivers and stretched frontline workers. Sequencing isn't just about programme logistics; it's about creating the right conditions for trust, participation, and sustained change. The most cited reason for joining the programme across both locations was to support their child's growth and development. Yet, what sustained engagement was not this motivation alone, it was the gradual layering of support: starting with relationship-building and urgent welfare needs, then progressing to skills and livelihood inputs. This phased approach helped families engage meaningfully without feeling overwhelmed. Responsive sequencing ensures that support builds on what matters most, when it matters most. Done well, it respects both human capacity and readiness for change.

Design questions to consider

- What foundational needs must be met before introducing more complex interventions?
- Is the pace and order of support aligned with caregivers' real-life capacity and priorities, or shaped primarily by institutional- or externally-imposed pressures such as fixed timelines, funding cycles, or reporting demands?
- How does support adapt based on early engagement and feedback?

Frontline Worker Well-Being

Overburdened frontline workers cannot offer sustained, quality support. Their own time poverty, emotional fatigue, and lack of recognition compromise programme delivery. Just as caregivers need care, so do those who support them. The pilot highlighted the need to invest in frontline well-being, through incentives, dignified working conditions, peer support, and public recognition of their essential role.

Design questions to consider

- Are FLWs recognised and resourced for the emotional labour they do?
- How do systems track and respond to FLW burnout, overload, or feedback?
- Are FLWs co-creators in the programme or only implementers?

Whole-Family, Cross-Sectoral Focus

Like marriage or childbirth, early parenting marks a transformative life stage, one that calls for a cohesive ecosystem of support. Yet families with young children often find themselves navigating fragmented systems, where health, nutrition, education, and livelihoods are addressed in isolation. The pilot revealed a strong demand for integrated support that reflects families' day-to-day realities, from financial help for childcare and early learning to parenting workshops, health checkups, nutritious food, and livelihood opportunities. These preferences echo the financial vulnerability and recurring economic shocks many families face and align with global evidence that a child's early years are a critical window for breaking intergenerational poverty. Supporting families as whole units, not in parts, is essential to reducing burden and enabling real progress. While the Care to Play pilot primarily engaged mothers, limited involvement of fathers, grandparents, and other household members due to timeline and capacity constraints may have restricted the depth of impact. Future efforts must intentionally design for broader family and community engagement, drawing on global best practices in whole-family approaches. For Cash Plus Care models to deliver sustainable and scalable change, frontline support must be paired with coordinated, intersectoral planning across care, early learning, mental health, financial inclusion, and livelihoods, ensuring systems are aligned to meet the complex, interconnected needs of young families with dignity and care.

Design questions to consider

- Are families with young children, especially children under six and their caregivers, recognised as a distinct unit with interconnected developmental, emotional, financial, and care needs?
- Does the programme design intentionally include and engage the broader caregiving unit, such as fathers, grandparents, or other household members, to strengthen whole-family impact?
- Are systems and services planned and delivered in a coordinated way across sectors like health, nutrition, livelihoods, early learning, and mental health, or do they remain fragmented and siloed?

CONCLUSION

The Care to Play pilot offers compelling insights into what it takes to meaningfully support caregiving in low-resource settings. It shows that when practical knowledge on caregiving is combined with empathetic, consistent frontline engagement and accessible digital tools, caregivers, especially mothers, begin to interact differently with their children and reimagine their own roles.

At the heart of this transformation was the frontline worker - not merely a service provider, but a trusted presence. She helped caregivers make sense of information, offered emotional resonance, and gently nudged them toward small, meaningful shifts in their caregiving practices. Her role demonstrates how change is not driven by content alone, but by the quality of relationships and the trust embedded in the delivery process.

Despite the limitations of a small, non-representative sample, both the qualitative narratives and emerging trends make a strong case for Cash Plus Care models that prioritize relational trust over transactional delivery. Yet, as with many standalone pilots, sustainability remains a core challenge. Without embedding in public systems, the durability of these gains is uncertain. The next frontier lies precisely here - adapting and integrating such models into government systems to ensure continuity and scale.

The pilot also surfaced important challenges, particularly around content sequencing, digital accessibility, and the persistent burden placed on mothers in the absence of broader support structures. WhatsApp-based content helped extend reach but was insufficient on its own. Many caregivers required assistance in interpreting the information, both cognitively and emotionally, pointing again to the irreplaceable role of human connection.

This reinforces a broader truth: technology can bridge access, but only relationships sustain change. The pilot's experience aligns with global evidence on early childhood development, which calls for whole-family, multi-dimensional support. What Care to Play adds is a grounded, context-sensitive model from India, one that demonstrates how digital, relational, and livelihood supports can work in concert when delivered with care, dignity, and alignment to caregivers' lived realities.

While the livelihood strand did not fully mature during the pilot, its inclusion offered a glimpse into the programme's broader potential. Even in its limited form, this component signaled an expanded role for the caregiving support team to engage with the economic dimensions of caregiving, especially in contexts of acute financial stress. Strengthening this aspect, whether through savings groups, enterprise mentoring, or linkage to entitlements, could enhance both caregiver engagement and programme credibility.

Importantly, such support must be tailored, not templated. Caregivers' readiness, needs, and aspirations vary, and so must the pathways offered. A calibrated, demand-responsive approach, grounded in what caregivers themselves identify as valuable and feasible, could deepen trust, improve uptake, and build more equitable foundations for child and caregiver well-being alike.

As governments and development partners seek scalable solutions for early childhood, this pilot reminds us that investing in relational and intersectoral infrastructure is not an optional extra, it is the foundation of meaningful, sustained change.

ANNEXURES

Annexure A: Cash Plus Care Intervention across High- and Low-touch Models

	High-touch Model (Hauz Rani, Delhi)	Low-touch Model (Ghaziabad, Uttar Pradesh)
CASH Awareness and application support for welfare schemes (virtual and in-person)	Total number of schemes - 8 Schemes - Freeship under RTE Section 12.1.c; Delhi Ladli Scheme; Sukanya Samriddhi Yojana, Pradhan Mantri Suraksha Bima Yojana, Pradhan Mantri Jeevan Jyoti Bima Yojana, Pre-Matric Scholarship for SC/ ST/ OBC/ Min, Old Age Pension, Widow Pension	Total number of schemes - 13 Schemes - Freeship under RTE Section 12.1.c; Mukhyamantri Kanya Sumangala Yojana; Pradhan Mantri Suraksha Bima Yojana; Pradhan Mantri Jeevan Jyoti Bima Yojana; Atal Pension Yojana; Sukanya Samriddhi Yojana; Factory Worker's Registration; Pradhan Mantri Matru Vandana Yojana, Old Age Pension, Widow Pension, Disability Pension, BoCW Maternity and Education Benefits Schemes awareness video broadcasts - 5 schemes with the highest eligibility (Mukhyamantri Kanya Sumangala Yojana, Ayushman Bharat Pradhan Mantri Jan Arogya Yojana, Sukanya Samriddhi Yojana, Atal Pension Yojana, BoCW Registration Card) Detailed schemes awareness videos for the highest eligibility schemes developed and sent - 5
CASH Micro-enterprise training, asset transfers, and personalised coaching and vision building (in-person)	Total coaching sessions - 5 per participant Total training months - 4.5 (88 days) - Business ideation training - 4 days - Micro-enterprise training - 7 days - Market visits - 9 - Exhibition stalls - 2 Topics of coaching sessions: Vision Building; Financial Inclusion - Savings, Investment, Borrowing, and Insurance, Livelihood Plan Creation	No skill building and asset transfer programme
CASH Locally relevant digital content delivered via WhatsApp (virtual)	Total videos sent - 260 5 days a week x 52 weeks (12 months) Topics covered - Home learning activities across key developmental domains (language development (Hindi), pre-numeracy and numeracy skills, social-emotional learning, and motor skills development, environmental awareness, general knowledge, art and creativity)	Total videos sent - 260 5 days a week x 52 weeks (12 months) Topics covered - Home learning activities across key developmental domains (language development (Hindi), pre-numeracy and numeracy skills, social-emotional learning, and motor skills development, environmental awareness, general knowledge, art and creativity)

CASH Parent Engagement Groups (in-person)	Total in-person meetings - 6 (at least 1 every 30-60 days) Topics covered - Importance of ECCE; Role of Parents, Caregivers, and Families; Introduction to Developmental Domains; Importance of Play-Based Learning; Understanding Social-Emotional Well Being; Importance of School and Home Environments	No regular in-person group meetings led by FLWs No in-person parent support group
CASH A child care centre offering safe, structured environments for children (in-person)	Total months in operation - 4.5 (88 days) Hours of operation - 9 am - 5 pm (100% of training days / hours)	No childcare center

Annexure B: Frontline Worker Capacity Building

The Care to Play pilot prioritised hands-on, practice-based training for frontline workers to enable meaningful engagement with families. Modules were led by experienced practitioners and subject matter experts, and delivered as core and refresher trainings.

Module	Description	Anchor Org	Format
Community Engagement	This module consists of 5 sessions equips frontline workers with practical skills to build trust, foster strong relationships, and actively mobilize parents and communities. Through hands-on training, frontline workers became effective facilitators, encouraging collaboration and sustained involvement for improved child development and education outcomes.	Saajha	25 hours; In-person (5 hours x 5 sessions)
Early Childhood Development	This module consists of 7 thematic sessions designed to help caregivers foster early childhood brain development, holistic growth, play-based learning, social-emotional well-being, and strong parent-child relationships for a supportive learning environment.	Saajha and Rocket Learning	7 hours; In-person (1 hours x 7 sessions)
Digital Literacy	This module consists of 4 sessions designed to equip frontline workers with digital tools for effective community support. It enhances WhatsApp engagement and streamlines data management to improve outcomes and productivity.	Rocket Learning	8 hours; 1 In-person, 3 virtual (2 hours x 4 sessions)
Livelihoods and the Graduation Approach	This module includes 4 sessions that equips frontline workers with skills for economic inclusion through training and coaching. It covers livelihood strategies, financial planning, and entrepreneurship, focusing on confidence, agency, and savings to enhance long-term resilience.	Trickle Up	68 hours; In-person (17 hours x 4 2-day sessions)
Welfare Schemes (Moments That Matter)	This module includes 4 sessions that equip frontline workers with essential knowledge of government welfare schemes, their eligibility criteria, and application processes, enabling them to effectively support communities in accessing welfare benefits.	Indus Action	8 hours; Virtual (2 hours x 4 sessions)

Data Collection and Ethics	This module consists of 3 sessions that train frontline workers in ethical data collection, ensuring accuracy, integrity, and responsible practices. It covers the use of the SurveyCTO application for efficient data gathering while maintaining ethical standards and reliability.	IDinsight	12 hours; In-person (4 hours x 3 sessions)
Dignity	Dignity was embedded into FLW training to strengthen respectful, empathetic, and trust-building interactions with caregivers. Dignity, defined as the recognition of each person's inherent worth and the right to be treated with respect, is foundational to positive early childhood outcomes. Research shows that when caregivers are treated with dignity, they are more likely to feel valued, share openly, and engage more consistently – factors that directly influence a child's well-being. To operationalise this, IDinsight and collective partners identified "dignity hotspots" where power imbalances could emerge, particularly in FLW–caregiver interactions. FLWs then participated in workshops featuring scenario-based learning, storytelling, and reflection on relational practices. Regular dignity check-ins and a process evaluation helped assess impact and ensure that dignity remains a continuous and integral part of programme delivery.	IDinsight	18 hours; In-person (3 hours x 6 sessions)

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