

Comments on:

“Delivering parenting interventions through health services in the Caribbean: Impact, acceptability and costs”

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Treatments and Outcomes

- 3 different countries
- Interventions:
 1. Health Center
 2. Home
 3. Combination of the last two
 4. Control
- Primary Outcomes: Development, cognitive, language, coordination (hand and eye) and vocabulary
- Secondary Outcomes: parenting score, depressive symp. And antropometrics

Questions

- Could Jamaican population be different, given prior interventions?
- How are these countries different in term of health service access.
- Home visits, effect after first visit, (mothers are asked to demonstrate activities)
- Who receives treatment or how to calculate eligibility.

Concerns

- Your attrition is high aprox. 20%. Compare the characteristics of these individuals (greater prop of boys in the intervention group, adolescent mothers)
- Check with DHS the number of medical visits between ages 3 to 18 months. Attendance to medical checkups in your data is to high (99%). This could affect external validity or show that there could exist incentive to over-report.
- Explain a prior of the effect that the intervention could have over your different outcomes. (why effect on cognitive, but not on language?)
- Z score-wh is almost half under the combined intervention. How do you explain this?

Information for new questions

- Sibling, second births (extra treatment)
- Heterogeneous effect according to the primary care provider.
- Number of visits and in which months
- Impact after repetition or at certain ages?

Suggestions

- As usual for an experiments I would like to see some descriptive stats at baseline.
- Include t-stats in table 1 to identify if the effects are statistically different among intervention groups
- Table 5 and 7 should specify what are the scenarios in each column. To understand changes in PDV per children.
- Title does not mention home intervention (only health services) and does not address acceptability.