


## **I. Freestanding ECD Projects**



## BOLIVIA

### Integrated Child Development Project

#### *Proyecto Integral de Desarrollo Infantil (PIDI)*

 *To expand coverage and improve the quality of child development programs in poor urban areas*

<b>Status</b>	Closed
<b>Duration</b>	1994–2000
<b>Borrower</b>	Republic of Bolivia
<b>Total project cost</b>	US\$140.2 million
<b>World Bank funding for ECD</b>	US\$50.7 million
<b>Target population</b>	Poor children ages 6 months to 6 years in Bolivia’s 34 largest urban areas
<b>Partner agency</b>	Programa de Atención a Niñas y Niños Menores de Seis Años (PAN)
<b>World Bank project manager</b>	John Newman, Program Coordinator (LCSHD)

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In line with the Government of Bolivia’s Social Strategy Statement and its 10-year action plan to improve the lives of women and children, the *Proyecto Integral de Desarrollo Infantil (PIDI)* supported the establishment of a national system for delivering comprehensive health, nutrition, and education services to children ages 6 months to 6 years. It sought to achieve this objective by improving the ability of public officials to plan and manage ECD programs, service delivery systems, and systems for program monitoring and evaluation.

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#### ***Strategy***

##### **Policy Formulation and Program Management**

- Support studies to form a factual basis for evaluating programs and formulating social policies.
- Provide technical assistance in the areas of food security and nutrition, ECD interventions, and the extension of coverage.
- Train project staff on ECD and provide training for regional government staff.
- Supply computers and office equipment and provide training for PAN.

## ***Strategy***

### **Service Delivery**

- Set up non-formal, home-based, and center-based day-care centers, with two or three caregivers providing integrated child development services to 15 poor children (ages 6 months to 6 years) each.
- Upgrade furniture, equipment, supplies, and home rehabilitation for day-care centers.
- Fund stipends, training, and supervision for caregivers.
- Provide technical assistance in ECD techniques, program management, and supervision.
- Purchase vehicles, equipment, and supplies for project administration.
- Establish a health fund (to operate on a declining basis) to support diagnostic and treatment services for malnourished children from very poor families.

### **Monitoring and Evaluation**

- Develop and conduct a household survey to measure project impact every 2 years.
- Set up a management information system (MIS).

## ***Benefits***

- Creation and support of non-formal, home-based, and center-based day-care centers, fully equipped and prepared to provide a package of high-quality child development services to 45,000 of the country's poorest children.
- Improved physical, intellectual, and social development of more than 100,000 children, ages 6 months to 6 years, reached by the program.
- 21,000 trained ECD caregivers (mostly women).
- 4,000 upgraded home-based ECD centers supported by credit schemes.
- Enhanced parenting skills through provision of ECD training and counseling for over 10,000 parents.

**Source:** World Bank, June 1993. Staff Appraisal Report, *Bolivia Integrated Child Development Project*. Contact: World Bank, Human Resources Operations Division, Country Department II, Latin American and Caribbean Regional Office, Washington, D.C.

# COLOMBIA

## Community Child Care and Nutrition Project

 *To strengthen an on-going program of home-based child care*

<b>Status</b>	Closed
<b>Duration</b>	1990–97
<b>Borrower</b>	Republic of Colombia
<b>Total project cost</b>	US\$40.20 million
<b>World Bank funding for ECD</b>	US\$24.00 million
<b>Target population</b>	1 million or more of the country’s poorest children, ages 2–6 years
<b>Partner agency</b>	Colombian Institute of Family Welfare (ICBF)
<b>World Bank project manager</b>	Martha Laverde, Senior Education Specialist (LCSHE)

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The 7-year Community Child Care and Nutrition Project aimed to strengthen an ongoing program of home-based childcare centers, the *Hogares de Bienestar Infantil* (HBIs). This national program caters to the nutrition, health, and developmental needs of children ages 2 through 6 in low-income urban communities. It hires, trains, and supervises “Community Mothers” chosen by parents to provide basic ECD services to groups of around 15 children each in their homes. The national Colombian Institute of Family Welfare (ICBF) oversees the program.

The project enhanced the quality and effectiveness of the HBI program and formed a key part of the government’s poverty reduction program. The project focused activities in three areas to reach its objectives: (a) improving the quality of services provided to children in the HBIs—mainly through training care providers and upgrading home support (service support); (b) strengthening the technical support given to home caregivers and the planning, management, monitoring, and evaluation capacities of the ICBF (institutional development); and (c) improving the cost-effectiveness of ICBF operations (policy development).

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### *Strategy*

#### **ECD Services and Training**

- Provide regular training to Community Mothers on the management of food, nutrition, health registers, child growth, and households.
- Provide training to other community HBI participants and ICBF staff on management issues.
- Provide loans to Community Mothers for upgrading of their homes to ensure quality standards for day-care environments.

## ***Strategy***

### **Institutional Development**

- Identify and effect necessary organizational and staffing changes to strengthen the management capacity of the ICBF and to meet new decentralization and constitutional requirements.
- Establish a management information system (MIS) for the planning, programming, budgeting, and monitoring of ICBF programs.
- Introduce monitoring and impact evaluation systems for the HBI program nationwide.

### **Policy Development**

- Improve the efficiency of production of *Bienestarina* (a nutritional supplement).
- Establish new arrangements for the ICBF's center-based ECD program, which predates the home-based HBI, is more costly, and is not sufficiently targeted to the poor.

## ***Benefits***

- Expanded HBI nutrition, health, and educational services for 1 million or more of the country's poorest children ages 2–6 years.
- Enhanced ability of disadvantaged children to succeed in school and become productive adults.
- Increased opportunities for mothers to seek work outside the home by using childcare services.
- Modest income opportunities and home improvements for mothers running HBI programs.
- Catalyzed community participation in preschool care programs.
- Increased community support for other self-help health, education, and slum improvement initiatives.

**Sources:** World Bank, May 2, 1990. Staff Appraisal Report, *Colombia Community Child Care and Nutrition Project*; and World Bank, Implementation Completion Report, July 1997, *Colombia Community Child Care and Nutrition Project*. Contact: World Bank, Human Resources Division and Human Development (Education, Nutrition and Social Protection) Sector Management Unit, Country Department III, Latin American and Caribbean Regional Office, Washington, D.C.

## DOMINICAN REPUBLIC

### Early Childhood Education Project

 *To expand access to and improve quality of integrated services that address young children's needs.*

<b>Status</b>	Active
<b>Duration</b>	2003– 08
<b>Borrower</b>	Dominican Republic
<b>Total project cost</b>	US\$42 million
<b>World Bank funding for ECD</b>	US\$37.8 million
<b>Target population</b>	Children ages 0 to 5
<b>Partner agencies</b>	Ministry of Education
<b>World Bank project manager</b>	Alberto Rodríguez, Senior Education Specialist (LCSHE)

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In Dominican Republic school enrollment, primary completion, and academic achievement are very low. The severe lack of early childhood education is a major contribution to low primary achievement and completion rates. Thereby, the delivery of high quality ECD services is a priority for the government.

The Early Childhood Education Project aims to improve the school readiness of poor children ages 0 to 5, and therefore lower primary school dropout and repetitions rates. The Early Childhood Education Project will expand access to and improve the quality of integrated services that address young children's basic needs including psycho-social stimulation, health care, nutrition, and pre-primary education. Specifically, the project will improve formal, center-based preprimary services for five-year-olds and increase access to high-quality non-formal early childhood development services for children ages 0 to 5.

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<b><i>Proposed Strategy</i></b>	
<b>Coverage</b>	<ul style="list-style-type: none"> <li>▪ Establish 17 Regional Model Centers (RMC), one in each of the country's regions, to be used for the preprimary education of five year olds.</li> <li>▪ Build 600 new preprimary classrooms to deliver services to two shifts of 30 children per day.</li> </ul>
<b>Quality</b>	<ul style="list-style-type: none"> <li>▪ Provide teacher training and staff development programs to regional and district level ECD specialists, area school directors, RMC administrators, and 1,700 teachers.</li> <li>▪ Ensure that all RMC and at least 50 percent of preprimary classrooms effectively implement the national preprimary pedagogical curriculum.</li> <li>▪ Establish the Educational Resource Centers, fully equipped libraries with audiovisual and ICT equipment, within the RMC.</li> <li>▪ Provide educational materials for approximately 3,500 preprimary classrooms.</li> <li>▪ Renovate 600 existing classrooms.</li> <li>▪ Fund public awareness campaigns to sensitize parents to important aspects of child development.</li> </ul>
<b>Institutional Strengthening</b>	<ul style="list-style-type: none"> <li>▪ Promote cross-sectoral coordination in the delivery of ECD services.</li> <li>▪ Establish the Grant Program for Inter-institutional Support for Child Development to stimulate implementation of innovative ECD programs at the local level.</li> </ul>
<b>Monitoring and Evaluation</b>	<ul style="list-style-type: none"> <li>▪ Establish a Project Coordination Unit at the State Secretariat of Education.</li> <li>▪ Conduct impact evaluation research to monitor and evaluate the project.</li> </ul>

### ***Expected Benefits***


- 40,000 children ages 5 currently without coverage will gain access to preprimary services.
- Around 20,00 children ages 0 to 5 benefited from non-formal ECD services.
- Improved quality of ECD services for 168,000 children ages 5 already in school.
- Around 10,000 parents, 1,700 teachers, 1,100 principals trained in early childhood care and education.
- 200 civil society organizations supported in their efforts to deliver non-formal ECD services.
- Increased school readiness, decreased grade repetition, and reduced dropout rates.
- Healthy and mentally stimulated young children.

**Source:** World Bank, July, 2002. Project Appraisal Document. Dominican Republic- *Early Childhood Education Project*. Contact: World Bank, Human Development Unit, LCSHE, Latin America and Caribbean Regional Office, Washington, D.C



# ERITREA

## Integrated Early Childhood Development Project

 *To provide health care, nutrition, protection, and cognitive stimulation to children under age 6, children in primary schools, and orphans*

<b>Status</b>	Active
<b>Duration</b>	2000–05
<b>Borrower</b>	Government of the State of Eritrea
<b>Total project cost</b>	US\$49.0 million
<b>World Bank funding for ECD</b>	US\$40.0 million
<b>Target population</b>	560,000 children under the age of 6; 32,000 orphans; 310,000 primary school children
<b>Partner agencies</b>	Ministry of Local Governments, Ministry of Health, Ministry of Education, Ministry of Agriculture, Ministry of Fisheries, Ministry of Labor and Human Welfare, Ministry of Information
<b>World Bank project manager</b>	Marito Garcia, Senior Economist (AFTH1)

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Despite difficult periods of political instability and struggle for independence, Eritrea has shown a high level of commitment to address the needs of young children through community initiatives. Because of ongoing border conflicts after independence, however, public investments in services for children have not reached a level that could satisfy the increasing demand. For instance, 38 percent of children less than 3 years old in Eritrea are still chronically malnourished, 44 percent are underweight, many suffer from acute respiratory infections, diarrheal diseases, and malaria, and both food security and health care are inadequate.

The Eritrea Integrated Early Childhood Development project will increase access to and improve the quality of services that address young children's care, health, nutrition, social protection, and psychosocial and cognitive developmental needs. The five key project components aim at (a) improving child health; (b) improving child and maternal nutrition; (c) improving early childhood care and education (ECCE) and ; (d) supporting children in need of special care and protection; and (e) strengthening project management, supervision, and strategic communications. The program will reach out to 560,000 children under 6 years of age, 310,000 primary school-age children, and 32,000 children who have been orphaned or separated from their families because of the war. A Central Policy Committee provides advice and guidance on project activities. This committee is chaired by the Ministry of Local Governments and includes members from the Ministries of Health, Education, Labor and Human Welfare, Agriculture, Fisheries, Finance, and Information.

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## ***Proposed Strategy***

### **Early Childhood Care and Education (ECCE)**

- Establish 105 preschool resource centers in rural areas.
- Train and provide support for rural caregivers and preschool teachers.
- Provide learning materials and supplies.
- Institute school health and sanitation programs.
- Mobilize community support for preschools.
- Build ECCE resource centers to train communities in early childhood care and education techniques.
- Train local officials in the technical supervision and monitoring of ECCE programs.

### **Child and Maternal Nutrition**

- Institute vitamin A and iron supplementation programs.
- Provide therapeutic food supplements for a limited period to correct faltering growth.
- Set up a community-based system for monitoring young children's growth.
- Educate parents and childcare providers about child nutrition.
- Train adults in targeted households in income-generating activities (linked to the Ministry of Agriculture program supported by other donors).
- Promote increased fish consumption (Ministry of Fisheries).
- Train ministry officials in the technical supervision and monitoring of nutrition interventions.

### **Child Health and Hygiene**

- Introduce the Integrated Management of Childhood Illness (IMCI) into health facilities and communities.
- Provide health facilities with essential drugs, medical equipment, and supplies for child health.
- Protect water quality during use and at the source.
- Promote the use and maintenance of safe latrines.
- Introduce health interventions into schools.
- Improve IEC and communications to promote hygienic behaviors (such as hand washing) and food safety.
- Improve supervision, support, monitoring, evaluation, and research for child health care services.

## ***Proposed Strategy***

### **Care for Orphans**

- Reunite some 32,000 orphans with their extended families.
- Support income-generating schemes for 15,000 foster families caring for orphans.
- Establish 10 community group homes for orphans not reunited with relatives.
- Institute programs for the adoption of 500 orphans.
- Train local staff in IEC/communications and other areas needed to carry out these activities.
- Supervise, monitor, and evaluate child safety net programs (Ministry of Labor and Human Welfare).

### **Project Management, Supervision, and Strategic Communications**

- Coordinate ECD activities of different ministries and local governments.
- Strengthen capacity within ministries for implementation of ECD programs.
- Develop and implement a strategy for advocating for ECD interventions country-wide.
- Support public education campaigns by local authorities, women's and youth groups, employer and worker groups, schools, health facilities, and agricultural extension to improve awareness of and increase demand for ECD services.

## ***Expected Benefits***

### **Improved Child Health**

- Reduced childhood morbidity and mortality from five major childhood diseases.
- Improved case management, disease prevention skills, and health care practices of both health personnel and caregivers.

### **Improved Child and Maternal Nutrition**


- Increased general understanding of child nutrition and improved nutritional status for children younger than 5 years and pregnant and nursing women.
- Reduced incidence of micronutrient deficiency.
- Reduced incidence of severe and moderate malnutrition among children less than 6 years of age.
- Improved overall access to nutritious food.

<b><i>Expected Benefits</i></b>	
<b>Enhanced Early Childhood Care and Education</b>	<ul style="list-style-type: none"> <li>▪ Increased capacity for delivering services to preschool-age children.</li> <li>▪ Increased access to high-quality early education programs.</li> <li>▪ Effective monitoring to improve ECCE services.</li> <li>▪ Increased capacity to provide high-quality childcare at the community level.</li> </ul>
<b>Support for Orphans</b>	<ul style="list-style-type: none"> <li>▪ Increased capacity of communities to provide care and protection for orphans.</li> <li>▪ 32,000 orphans reunited with relatives.</li> <li>▪ 500 orphans adopted by foster parents.</li> </ul>
<b>Project Management, Supervision, and Strategic Communications</b>	<ul style="list-style-type: none"> <li>▪ Increased capacity to manage a multi-sector program of early childhood services.</li> <li>▪ Increased ability to mount multi-media education campaigns to increase public awareness of ECD-related issues.</li> </ul>

**Source:** World Bank, January 10, 2000. Project Information Document, Project Appraisal Document, and Environmental Data Sheet for the *Eritrea Early Childhood Development Project*.

## INDIA

### Integrated Child Development Services Project I (ICDS I)

 *To improve the nutrition and health status of poor pregnant and nursing women and young children*

<b>Status</b>	Closed
<b>Duration</b>	1991–97
<b>Borrower</b>	Government of India
<b>Total project cost</b>	US\$157.5 million
<b>World Bank funding for ECD</b>	US\$106.0 million
<b>Target population</b>	Disadvantaged children ages 0–6 years, pregnant and nursing women
<b>Partner agencies</b>	Governments of Andhra Pradesh and Orissa States
<b>World Bank project manager</b>	Anthony Measham, Consultant (AFTH2)

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The Integrated Child Development Services (ICDS) scheme is India’s most important national child nutrition intervention—and the largest early child development program in the world. It has four main objectives:

- To provide supplementary food 300 days per year to improve the health and nutritional status of children ages 0–6 years.
- To introduce early stimulation and educational activities to promote preschool children’s psychological, intellectual, and social development.
- To educate mothers on ways to improve their children’s health care and nutrition and stimulate their intellectual growth.
- To coordinate policy and implementation among the various agencies and departments that deliver services to young children.

This ICDS Project supports the states of Andhra Pradesh and Orissa to improve the nutritional and health status of the states’ most disadvantaged citizens: children younger than 6 years old, with special emphasis on those ages 0–3 years, and pregnant and nursing women. Specific objectives of the project include:

- Reduce by 50 percent the number of young children suffering from severe malnutrition in both states.
  - Upgrade 35 percent of the 50 percent of children now suffering from moderate malnutrition to the status of normal or only mild (Grade I) malnutrition in Andhra Pradesh.
  - Upgrade 25 percent of the 40 percent of children now suffering from severe malnutrition to the status of normal or only mild (Grade I) malnutrition in Orissa.
  - Reduce the infant mortality rate from 79 to 60 per 1,000 live births in Andhra Pradesh and from 129 to 100 per 1,000 live births in Orissa.
  - Reduce the incidence of low birth weight by 30 percent in Andhra Pradesh and by 20 percent in Orissa.
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## ***Strategy***

### **ECD Service Delivery and Training**

- Extend ICDS to all development blocks not yet covered and build 3,750 new village-based nutrition centers.
- Set up training programs for local health and nutrition workers and enhance their collaboration.
- Increase the number of supervisors of local village workers and the quality of supervision.
- Provide basic drugs, equipment, and food supplements to mothers and young children.
- Provide and replenish educational play material to preschool education centers.
- Improve the design and use of health management software systems.

### **Pregnant and Nursing Women**

- Educate pregnant and nursing women about nutrition and health.
- Provide prenatal monitoring and care.
- Provide food supplements for women at risk of delivering low birth-weight babies.
- Refer potential high-risk cases to facilities with more sophisticated obstetrical services.
- Provide postnatal care and promote breastfeeding.
- Provide nutrition supplements for malnourished expectant mothers.

### **Child Health**

- Conduct regular health checkups and monitor young children's growth.
- Provide de-worming and immunization.
- Provide nutrition supplements for malnourished infants and toddlers.
- Institute comprehensive preschool education and health programs for children ages 3–6 years.

### **Community Support**

- Conduct a media-based education campaign to stimulate demand for project services and improve child-feeding practices and care.
- Activate *mabila mandals* (women's groups), strengthen their involvement in the health center activities, and encourage income-generating activities among their members.
- Introduce non-formal courses for local women on functional literacy, child development, and child-rearing practices.
- Provide training to adolescent girls in nutrition, health, and childcare.

## ***Benefits***


- Improved nutrition and health for tribal, drought-prone, and otherwise disadvantaged population groups in the states of Andhra Pradesh and Orissa.
- Improved nutrition and health services for some 5 million children and 3 million pregnant and lactating women.
- Training and part-time employment (as workers, helpers, and supervisors) for some 45,600 women in the project area.
- Formation of community-based women's groups to enable some 600,000 women to receive training in basic nutrition, health care, and effective ways to pass on information to their communities.
- Participation of around 5,600 women's groups in income-generating activities.
- Apprenticeship training in the field of health and nutrition for 150,000 adolescent girls.

**Source:** World Bank, June 1990. Staff Appraisal Report, *India Integrated Child Development Services Project*. Contact: World Bank, Population, Human Resources, Urban and Water Operations Division, Asia Country Department IV (India), Washington, D.C.



## INDIA

### Second Integrated Child Development Services Project (ICDS II)

 *To improve the nutrition and health status of poor pregnant and nursing women and young children*

<b>Status</b>	Closed
<b>Duration</b>	1993–2002
<b>Borrower</b>	Government of India
<b>Total project cost</b>	US\$248.8 million
<b>World Bank funding for ECD</b>	US\$194.0 million
<b>Target population</b>	Children ages 0–6 years and pregnant and nursing women in poor rural areas
<b>Partner agencies</b>	Governments of Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, and Andhra Pradesh States
<b>World Bank project manager</b>	Meera Priyadarshi, Senior Nutrition Specialist (SASHP)

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This project supports the efforts of the Integrated Child Development Services (ICDS) to improve the nutrition and health status of young children throughout India (for a more detailed description, see also the first Integrated Child Development Services Project).

It focuses on meeting the nutritional needs of pregnant and lactating women and children ages 0–6 years in Bihar, Jharkhand, Madhya Pradesh, and Chhattisgarh, four of India’s poorest states. The project was restructured and extended for 2 years in October 2000, and the state of Andhra Pradesh was added. The ICDS II includes measures to monitor and evaluate project activities with the aim of improving the project’s design as it progresses. It also includes measures designed to strengthen ICDS programs among ethnic minority populations.

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#### ***Strategy***

##### **ECD Service Delivery and Training**

- Introduce ICDS to new development blocks in the target states and strengthen existing ICDS village centers.
- Support infrastructure for village centers (civil works, drinking water sources, other supplies).
- Provide and improve the quality of pre- and in-service training for local health and nutrition workers and improve health-nutrition coordination.
- Improve the quality of supervision of local village workers.
- Support high-quality preschool education through training and upgrading of facilities.

## ***Strategy***

### **ECD Service Delivery and Training**

- Supply the nutrition centers with basic drugs and equipment.
- Improve the delivery of food supplements to mothers and children (storage, distribution, monitoring).
- Strengthen operational research (work routines, services delivery for scattered populations, tests for therapeutic food supplementation).

### **Pregnant and Nursing Women**

- Educate pregnant women and mothers about nutrition and health.
- Provide prenatal monitoring and care.
- Provide food supplements for women at risk of delivering low birth-weight babies.
- Refer potential high-risk cases to facilities with more sophisticated obstetrical services.
- Provide postnatal care and promote breastfeeding.
- Provide nutrition supplements for malnourished pregnant and nursing women.

### **Adolescent Girls**

- Educate adolescent girls about health and nutrition.
- Provide iron-folate supplementation and de-worming drugs for adolescent girls.

### **Child Health**

- Conduct regular health checkups, monitor young children's growth, and provide referral services.
- Provide de-worming and immunization.
- Provide nutrition supplements for malnourished infants and toddlers.
- Promote home-based infant feeding practices (complementary feeding, feeding during illness).
- Institute comprehensive preschool education and health programs for children ages 3–6 years.

### **Community Support**

- Conduct a media-based education campaign to generate demand for project services and improved child-feeding practices and care.
- Encourage community ownership and participation in the delivery of ICDS services.
- Encourage individual and community self-reliance and develop local income-generating activities related to the delivery of project services.
- Introduce non-formal courses for local women on child development and child-rearing practices.

### ***Benefits***


- Improved nutritional status of young children within the project area and for some 4 million women and 12 million preschool-age children in the last year of the project alone.
- Reduced infant and child mortality rates.

**Source:** World Bank, January 22, 1993. Staff Appraisal Report, *India Second Integrated Child Development Services Project*. Contact: World Bank, Population and Human Resources Operations Division, Country Department II (India), South Asia Regional Office, Washington, D.C.



## INDIA

### Second Tamil Nadu—Integrated Nutrition Project (TINP II)

 *To improve the nutrition and health status of poor women and young children*

<b>Status</b>	Closed
<b>Duration</b>	1990–98
<b>Borrower</b>	Government of India
<b>Total project cost</b>	US\$139.1 million
<b>World Bank funding for ECD</b>	US\$95.8 million
<b>Target population</b>	Disadvantaged children ages 0–6 years, pregnant and nursing women
<b>Partner agencies</b>	Government of Tamil Nadu
<b>World Bank project manager</b>	Anthony Measham, Consultant (AFTH2)

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The Second Tamil Nadu Integrated Nutrition Project (TINP II) supported the central and state governments' goal of improving the nutrition and health status of very young children and pregnant and nursing women. The project covered a total of 316 development blocks of Tamil Nadu's 385 rural blocks. It did so by strengthening activities in 122 blocks where the first Nutrition Project (TINP I, set up with World Bank support as well) already operated and by expanding services to 194 additional blocks. The remaining rural blocks are covered by the ICDS scheme. While the ICDS projects cover children of up to 6 years of age, addressing the older age group through a preschool education component, the TINP I exclusively provided basic nutrition and health services for children up to 36 months. The Second Tamil Nadu Nutrition Project combined elements of both by retaining the emphasis on health and nutrition through the village nutrition centers and adding preschool activities for children ages 3–6 years.

The specific objectives of the project were to:

- Cut the incidence of severe malnutrition in children ages 6–36 months in half in those areas where new services were introduced and by a quarter where TINP I services were enhanced.
  - Increase the proportion of young children with normal nutrition by 50 percent in the new service blocks and by 35 percent in the TINP I blocks.
  - Reduce infant mortality rates from 84 to 55 per 1,000 live births.
  - Cut in half the incidence of low birth-weight newborns.
  - Increase access to preschool education.
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## ***Strategy***

### **ECD Service Delivery**

- Build new and upgrade existing village-based nutrition centers.
- Set up training programs for local health and nutrition workers, for the traditional birth attendants and for managerial TINP staff.
- Improve the coordination between health and nutrition services after a revision of current work organization and supervision.
- Provide food supplements to mothers and young children.
- Strengthen the referral system.
- Provide preschool education to children ages 3–6 years.
- Improve the design and use of health management software systems.

### **Pregnant and Nursing Women**

- Educate pregnant women and mothers about nutrition and health.
- Provide prenatal monitoring and care.
- Provide food supplements for women at risk of delivering low birth-weight babies.
- Refer potential high-risk cases to facilities with more sophisticated obstetrical services.
- Provide postnatal care and promote breastfeeding.
- Provide nutrition supplements for malnourished pregnant and nursing women.

### **Child Health**

- Conduct regular health checkups and monitor young children's growth.
- Provide de-worming and immunization.
- Provide nutrition supplements for malnourished infants and toddlers.
- Institute comprehensive preschool education and health programs for children ages 3–6 years.

### **Community Support**

- Strengthen village workers' counseling skills to generate demand for project services and improved child-feeding practices and care.
- Encourage community involvement and ownership.
- Support local women's groups in developing income-generating activities.
- Introduce non-formal courses for local women on child development and child-rearing practices.

### ***Benefits***




- Improved nutrition and health status of some 5 million children less than 6 years old and 2 million women.
- 18,000 women trained and employed as Community Nutrition Workers.
- 20,000 women trained as traditional birth attendants.

**Source:** World Bank, May 10, 1990. Staff Appraisal Report, *India Second Tamil Nadu Nutrition Project*. Contact: World Bank, Population, Human Resources, Urban and Water Operations Division, Asia Country Department IV (India), Washington, D.C.



# INDONESIA

## Early Child Development Project

-  *To decrease infant mortality and stunted development caused by malnutrition*
-  *To increase poor children's access to quality early child development services*
-  *To increase local institutions' capacity to plan, manage, and supervise quality ECD programs*

<b>Status</b>	Active
<b>Duration</b>	1998–2004
<b>Borrower</b>	Government of Indonesia
<b>Total project cost</b>	US\$25.5 million
<b>World Bank funding for ECD</b>	US\$21.5 million
<b>Target population</b>	Children ages 0–6 years from very poor families
<b>Partner agencies</b>	Ministry of Education and Culture (MOEC)
<b>World Bank project manager</b>	Susiana Iskandar, Operations Officer (EASHD)

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The Indonesia Early Child Development Project aims to introduce ECD stimulation techniques into poor communities to prepare poor children better for school and enhance the efficacy of government basic education programs. For this purpose, the project will build and equip new ECD centers and rehabilitate existing ones within the target provinces to enhance the quality of ECD services. The project will also train existing teachers, and hire new ones to staff the new centers. To make sure that poor children receive an integrated package of services, the project will also integrate the voluntary village health post (*Posyandu*) program—a monthly health and nutrition service run by local mothers for the community—and the parent-child education (*Bina Keluarga Balita* - BKB) program.

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### ***Proposed Strategy***

#### **ECD Services**

- Build 340 multi-purpose ECD centers (*Posyandu* and BKB) and 230 kindergartens in Inpres Desa Tertinggal (IDT) villages, or “villages left behind”.
- Rehabilitate 50 existing multi-purpose ECD centers and 110 existing kindergartens in IDT villages.
- Provide educational material, toys, and equipment to target ECD centers.
- Hire up to 460 new teachers to staff newly constructed kindergartens.
- Integrate *Posyandu* and BKB activities to expand coverage while reducing service delivery costs.


<b><i>Proposed Strategy</i></b>	
<b>Training</b>	<ul style="list-style-type: none"> <li>▪ Review and simplify the BKB modules of program activities and test the proposed changes.</li> <li>▪ Promote the development of an enhanced pre- and in-service training program for preschool teachers.</li> <li>▪ Design and implement an integrated training program for <i>Posyandu</i> and BKB volunteers.</li> <li>▪ Provide additional training to current kindergarten teachers to upgrade their diploma's to required qualifications.</li> <li>▪ Review and evaluate the Kindergarten (TK) curriculum.</li> </ul>
<b>Capacity Building and Research</b>	<ul style="list-style-type: none"> <li>▪ Provide fellowships and training for project staff in developmental psychology, early childhood education, education planning, statistics, community health, nutrition, and project management.</li> <li>▪ Carry out an impact evaluation study of TK education and of <i>Posyandu</i> and BKB interventions.</li> <li>▪ Conduct studies of program initiatives that address early child development needs.</li> </ul>
<b>Communications</b>	<ul style="list-style-type: none"> <li>▪ Develop an information, education, and communication (IEC) program including IEC strategies, plans, and messages.</li> <li>▪ Produce and distribute IEC materials and prototypes for local adaptation.</li> </ul>

<b><i>Expected Benefits</i></b>
<ul style="list-style-type: none"> <li>▪ Increased enrollment in early childhood education programs (expanded to reach 44 percent of the 4–6 years old children in the project districts), to reduce late school enrollment, grade repetition, and drop-out rates in primary school.</li> <li>▪ Enhanced school readiness of children, including cognitive, motor, and psychosocial skills.</li> <li>▪ Increased number of children attending <i>Posyandus</i>, resulting in improved health status.</li> <li>▪ Improved parenting and caregiving skills.</li> <li>▪ Enhanced management capacity of district and provincial government agencies to plan, implement, and monitor integrated ECD services.</li> </ul>

**Source:** World Bank, July 7, 1998. Project Appraisal Document, *Indonesia—Early Child Development Project*. Contact: World Bank, Education Sector Unit, East Asia and Pacific Regional Office, Washington, D.C.

# KENYA

## Early Childhood Development Project

 *To improve the quality and access to early childhood services in poor neighborhoods in order to promote the intellectual, physical, and social development of Kenya's neediest preschool children*

<b>Status</b>	Active
<b>Duration</b>	1997–2003
<b>Borrower</b>	Republic of Kenya
<b>Total project cost</b>	US\$35.1 million
<b>World Bank funding for ECD</b>	US\$27.8 million
<b>Target population</b>	1.2 million poor children ages 0–6 years
<b>Partner agencies</b>	Ministries of Education, Science and Technology; National Center for Early Childhood Education (NACECE) under the Kenya Institute of Education (KIE). Five NGOs are implementing pilot components: Action Aid, the Aga Khan Foundation/Madrasa Resource Center, the Africa Medical and Research Foundation (AMREF), CARE Kenya, and Catholic Relief Services Kenya
<b>World Bank project managers</b>	James Kamunge, Education Specialist (AFTH1)

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Kenya has a three-decade history of parent-supported Early Childhood Centers. For these centers, the Kenya Government has been providing teacher training with cost sharing from the trainees. The National Center for Early Childhood Education (NACECE), established in 1984 at the Kenya Institute of Education (KIE) with the assistance of the Bernard van Leer Foundation, is responsible for curriculum development and training of trainers. At the district level, District Centers for Early Childhood Education (DICECE) are staffed with a program officer and trainers who train the ECD teachers.

The Kenya Early Childhood Development Project seeks to improve the quality of the ECD centers run by parents and communities, which have been in rapidly increasing demand. In 2000, 26,350 ECD centers employed more than 40,000 teachers and caregivers. The project seeks to (a) improve children's cognitive and psychosocial development; (b) improve children's health and nutritional status; (c) increase the number of children of appropriate age who enroll and succeed in school; and (d) decrease the number of early primary school students who repeat grades and drop out. Three pilot components are developing cost-effective, replicable models for financing of ECD services in poor communities through providing community grants, raising nutrition and health standards of preschool students and children ages 0–3, and supporting a smooth transition from preschool to primary school. At the district level, the project is implemented through the District Centers for Early Childhood Education.

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## ***Proposed Strategy***

### **Training of Trainers and Preschool Teachers**

- Bridge gap in staffing of DICECEs.
- Revise curriculum for teachers and teaching learning support materials.
- Provide 9-month induction courses for trainers and 2-year courses to train preschool teachers.
- Train 17,000 preschool teachers over the 5-year project cycle.
- Train DICECE (district) staff in the supervision of ECD centers.
- Provide short courses to trainers and ECD teachers.

### **Capacity Building at the Community Level**

- Develop, produce, and disseminate training modules and materials.
- Train parents and caregivers in child development, health, nutrition, and sanitation.
- Train ECD management committee members in financial management, community mobilization, leadership, and ECD issues.
- Create awareness and sensitize communities about ECD.

### **Health and Nutrition Pilot**

- Identify and form ECD center management committees, conduct needs assessment, and train the committees' members.
- Conduct needs assessment of VHCs, location committees, community-level resource persons, mothers, and caregivers. Each group will receive adequate training.
- Identify key messages to address high-priority health and nutrition problems.
- Develop and adopt IEC materials.
- Support community initiatives in improving ECD center facilities.

### **Community Support Grants Pilot**

- After community sensitization, mobilization, and training, communities in 17 pilot districts will be identified to receive grants to support ECD activities.
- Facilitate identification, planning, and development of IGAs.

### **Transition Pilot**

- Produce transition guidelines and materials to support learning and teaching.
- Revise curriculum.
- Train preschool and lower primary school teachers, head teachers, and inspectors on transition issues.

## ***Expected Benefits***

### **Quality of and Access to ECD Centers**

- Improved quality of 20,000 ECD centers, benefiting some 1.2 million children.
- 5,000 new ECD centers established.
- 17,000 preschool teachers trained (85 percent of whom are women) to manage ECD centers.
- 8,000 preschool teachers trained through refresher courses to improve their teaching methods and skills.
- Direct access to ECD services for 200,000 of the poorest children through community support grants.
- Improved health and nutrition outcomes for children.

### **Basic Education**

- Reduction in grade repetition and improvements in completion rates in primary schools.
- Increased school participation of young girls who could be released from childcare responsibilities.

### **Increased Local Capacity for ECD Programs**


- Empowerment of 1,480 communities to implement sustainable ECD interventions.
- Incremental earnings for trained teachers in the program.
- Incremental earnings for mothers as a result of time released for economic activities.

**Source:** World Bank, March 1997. Staff Appraisal Report, *Kenya Early Childhood Development Project*. Contact: World Bank, Africa Technical Human Development Department, Eastern and Southern Africa Regional Office, Washington, D.C.



## MEXICO

### Initial Education Project

 *To extend Mexico's Non-Formal Initial Education Program to 10 of the country's poorest states*

<b>Status</b>	Closed
<b>Duration</b>	1993–96 (originally 1993–98)
<b>Borrower</b>	Government of Mexico
<b>Total project cost</b>	US\$139.1 million
<b>World Bank funding for ECD</b>	US\$80.0 million
<b>Target population</b>	Children ages 0–3 years and their mothers
<b>Partner agencies</b>	National-level Secretariat of Public Education (SEP), state-level Public Education Secretariats (SPES) in 10 states; UNICEF, UNDP, and UNESCO
<b>World Bank project manager</b>	Fernando Reimers, Senior Education Specialist

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This project aimed to improve efficiency and quality of the non-formal Initial Education Program in the 10 poorest Mexican states and to increase coverage. The non-formal Initial Education Program focuses on educating parents—especially mothers—in the use of appropriate childcare and parenting practices in the home. It centers on the training of parents through periodic group meetings and home visits, with the help of comprehensive illustrated guidebooks and other educational materials, to teach them how to foster a child's cognitive, psychological, and social development. Parental knowledge about early stimulation activities in the home is a critical factor to help prepare young children of low-income families to timely enroll in school and improve their future primary school attendance and performance.

To achieve these objectives, the project considerably improved the design and operation of the existing non-formal Initial Education Program, strengthened the institutional capacity of central and state Initial Education units, expanded its coverage in the 10 poorest states, refined its targeting criteria, promoted community participation, and developed linkages with complementary social-sector programs.

In March 1996, the Government of Mexico requested the consolidation of activities from three educating projects, including the Initial Education Project, into one, to make more efficient use of administrative resources and simplify financial flows. In 1997, the Second Primary Education Project was restructured to include the consolidated activities, and the Initial Education Project was cancelled. However, project activities will continue until December 31, 2001, under the restructured Second Primary Education Project.

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## ***Strategy***

### **Training of Program Staff and Institutional Capacity Building**

- Train SEP and SPES technical staff in the planning, management, supervision, coordination, and evaluation of ECD programs.
- Purchase computers and software to be used in project planning and implementation.
- Provide technical assistance to SEP and SPES to design an Educational Management Information System (EMIS).
- Train community educators to work effectively with parents, children, and communities.
- Train module supervisors and zone coordinators to improve their supervision and coordinating skills.

### **Development of Educational Materials**

- Expand instructional materials (including *Parents' Guidebook*, *Community Educator's Handbook*, *Zone Coordinator's Handbook*) to cover new areas such as health, nutrition, family-planning, and environment.
- Develop educational games and audiovisual aids to support and reinforce training activities.
- Develop radio educational programs to promote ECD and healthy childcare practices throughout the community.
- Develop illustrated guidebooks and other educational materials to convey practices that promote physical, cognitive, and social growth.

### **Parent Education**

- Hold periodic group meetings, led by community educators, to train parents in the health and nutritional needs of young children.
- Set up periodic home visits by community educators to reinforce effective child development practices.
- Give parents a set of educational activities they can use at home to stimulate the development of basic capabilities in young children.

## ***Benefits***

- 900,000 parents (mostly mothers) reached (rural, 50 percent; urban, 33 percent) to enhance their child-rearing practices.
- Enhanced school readiness of 1.2 million children.
- 760 zone coordinators, 4,500 module supervisors, and 45,000 community educators (mostly women) trained.
- Program models developed and tested for similar projects nationwide.

**Source:** World Bank, October 1997. Staff Appraisal Report, *Mexico Initial Education Project*. Contact: World Bank, Human Resources Operations Division, Country Department II, Latin American and the Caribbean Regional Office, Washington, D.C.



# NIGERIA

## Development Communication Pilot Project

 *To use television and video programs to enhance the intellectual and social development of preschool-age children*

<b>Status</b>	Closed
<b>Duration</b>	1993–97
<b>Borrower</b>	Federal Republic of Nigeria
<b>Total project cost</b>	US\$10.2 million
<b>World Bank funding for ECD</b>	US\$8.03 million
<b>Target population (Phase I)</b>	4 million Nigerian preschool-age children
<b>Partner agencies</b>	Nigeria Television Authority (NTA)
<b>World Bank project manager</b>	Eileen Nkwanga, Education Specialist (AFTH3)

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The Nigeria Development Communication Pilot Project supported the Nigeria Television Authority’s (NTA) plan to enhance the cognitive and social development of preschool-age children with a series of educational programs based on the *Sesame Street* model and adapted to suit local culture. The project capitalized on the concept that children learn best while being entertained.

In using the mass media, the pilot project sought to:

- Reach a large number of young children in poor rural and urban areas, many of whom are out of reach of educational programs.
- Educate parents and other caregivers along with its preschool audience.
- Train NTA staff in educational programming and increase its capacity and competence to produce similar programs.
- Introduce mechanisms for measuring the educational impact of the series.

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### *Strategy*

#### **Pilot Educational Television Programs for Preschool-age Children**

- Support the NTA’s production and dissemination of a series of *Sesame Street*-style educational programs.
- Finance the construction and equipping of a state-of-the-art television studio for the production of the series.
- Train and integrate NTA staff into all stages of program development and production.
- Identify 10 ECD Centers and preschools across the country to use as pilot sites.
- Finance the production and acquisition of videos and printed support materials.

### ***Strategy***

#### **Pilot Educational Television Programs for Preschool-age Children**

- Distribute materials to remote areas through network transmission, videos-on-wheels, and local video centers.
- Finance the production of videos to train mothers and other caregivers about young children's developmental needs.
- Conduct on-the-job training for ECD teachers.
- Set up and finance mechanisms to monitor and evaluate the project.

### ***Benefits***


#### **New Educational Materials Widely Disseminated Through the Mass Media**

- Production of 130 educational television hours of programming for children less than 6 years old.
- Improved communication skills and school preparedness for children less than age 6.
- Creation of care centers in private preschools and homes in 10 states.
- Greater NTA competence to produce and disseminate children's TV and distance education programs.
- Financial solvency for the NTA through the sale of educational videos, the training of staff from other TV stations in production of children's programs, and the creation and sale of products based on characters from the programs.
- Use of models developed under the pilot program to produce, distribute, and evaluate multi-media educational programs by other countries in the region.

**Source:** World Bank, February 1993. Staff Appraisal Report, *Federal Republic of Nigeria Development Communication Pilot Project*. Contact: World Bank, Population and Human Resources Division, West Africa Department, Africa Regional Office, Washington, D.C.

# PHILIPPINES

## Early Childhood Development Project

 *To ensure the survival and healthy physical and mental development of young children*

<b>Status</b>	Active
<b>Duration</b>	1998–2004
<b>Borrower</b>	Republic of the Philippines
<b>Total project cost</b>	US\$58.8 million
<b>World Bank funding for ECD</b>	US\$19.0 million
<b>Target population</b>	Disadvantaged children ages 0–6 years in three of the country’s poorest regions
<b>Partner agencies</b>	Department of Social Welfare and Development, Department of Health, and Department of Education, Culture and Sports
<b>World Bank project manager</b>	Teresa Ho, Lead Public Health Specialist (EASHD)

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The Philippines’ objective to reduce poverty and promote sustainable development is pursued through the development of the country’s human capital by upgrading social services available to the poor. Recognizing that good-quality health, nutrition, and early education services are essential for optimal physical and intellectual development of young children, and hence to maximize their intellectual achievement, earning power, and general welfare over the long term, the Bank has joined with the Asian Development Bank in financing an Early Childhood Development Project as part of the country’s Ten-Year National Early Childhood Development Program.

The project supports the provincial and local governments of three regions in the design and implementation of improved health, nutrition, and early education programs targeted to poor children ages 0–6 years. These programs provide (a) basic health care for young children, (b) micro-nutrient supplementation, (c) monitoring of growth and nutritional status with short-term supplementary feeding interventions for malnourished children ages 6–18 months, (d) education of parents in home-based psychosocial and cognitive stimulation of children younger than 3 years, (e) quality community-based childcare for working mothers, (f) preschool services for children ages 3–5 years, and (g) an enriched curriculum for grade 1 primary school entrants. The project builds upon existing ECD programs in the Philippines, delivered through rural health care facilities, preschools, and community-based outreach workers. It will upgrade and extend well-established programs, improve less-qualified programs, and try out new interventions.

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## ***Proposed Strategy***

### **Child Survival**

*Provide basic health care services to young children, mainly by the rural health midwife:*

- Expanded Program of Immunization (EPI): Immunize young children against tuberculosis, typhoid, polio, measles, and other childhood diseases.
- Control of Acute Respiratory Infections (CARI): Screen for and treat pneumonia.
- Control of Diarrheal Diseases Program (CDD): Promote and provide oral rehydration therapy as a palliative treatment for diarrhea.
- Micronutrient Initiative: Provide iron, iodine, and vitamin A supplements to mothers and children.
- Management of Childhood Illnesses Initiative: Integrate and improve treatment of sick children.

### **Child Health and Nutrition**

*Provide nutrition services, mainly by the new Child Development Worker in partnership with the rural health midwife:*

#### Protein-Energy Malnutrition Program:

- Child Development Workers screen all children ages 6–24 months for malnutrition and stunted growth.
- Child Development Workers educate families on proper feeding practices.
- Provision of food supplements to malnourished children for a limited period.

#### Food Fortification Program:

- Screen young children for deficiencies in iron, iodine, vitamin A, and other essential micronutrients.
- Provide supplements directly to affected children.
- Introduce industry-financed program to fortify staple foods with essential micronutrients.

### **Child Development Programs**

#### Parent Effectiveness Service:

- Train Child Development Workers to teach parents how to provide effective social and intellectual stimulation for their young children.
- Design, produce, and distribute a *Mother and Child Book* to record the child's growth and development from birth to the 6th birthday.
- Update and distribute the *Parent's Manual on Early Child Development*.

## ***Proposed Strategy***

### **Child Development Programs**

#### Day-Care Center Program:

- Train new and existing day-care providers in preschool education and learning techniques.
- Supply day-care centers with appropriate equipment, books, play, and learning materials.

#### Day-Care Mothers:

- Pilot a new experimental program that provides day care for young children of working mothers, including psychosocial stimulation.

#### Grade 1 Early Childhood Education/ECD Package:

- Introduce tested and enriched curriculum for grade 1 across the project region (an 8-week preschool module at the start of 1st grade to ease transition).
- Train teacher trainers in the new curriculum.
- Reproduce and distribute training materials.

### **Social Service Delivery**

- Provide support to Local Government Units in implementing the programs in the areas of communications; planning, managing, and monitoring (MIS); and training local workers.

### **Research and Development**

- Pilot test the new project interventions mentioned above.
- Support monitoring and evaluation of the project.
- Support program innovation and policy development.

## ***Expected Benefits***

### **ECD Health and Education Program Package**

- ***Alleviate poverty.*** By improving poor children's mental, physical, and emotional health, the program will increase their chances to live a productive, and healthy life.
- ***Increase personal and national economic gain.*** By improving young children's readiness for elementary school, the program will increase their chance for success in school and work, increase the capacity of the workforce, and increase human capital in the Philippines. With the Early Childhood Education/ECD project components that include the Day Care Worker and Child Development Worker inputs, the likelihood that a child will complete elementary school is expected to increase to 69 percent, with an increase of 43 percent in the likelihood of completing high school.

### ***Expected Benefits***





#### **Social Service Delivery**

- ***Reduce social costs.*** Reduce personal and social damage caused by high rates of childhood disease and death.
- ***Improved social services.*** House visits will allow trained Child Development Workers to interact more effectively with parents and children.
- ***Lower costs of service provisions.*** Cost-effective results through the home-visiting model.

**Source:** World Bank, February 1998. Project Appraisal Document, *Republic of The Philippines—Early Childhood Development Project*. Contact: East Asia and Pacific Region, Population, Health and Nutrition Sector, the World Bank, Washington, D.C.

## UGANDA

### Nutrition and Early Childhood Development Project

-  *To raise awareness of families and communities for children's health, nutrition, and psychosocial development*
-  *To increase capacity of women and communities to mobilize savings and resources for better care for their children*
-  *To reduce moderate and severe malnutrition among children younger than 6 years of age*
-  *To increase community resources and abilities to manage and provide good-quality ECD services*

<b>Status</b>	Active
<b>Duration</b>	1998–2003
<b>Borrower</b>	Government of Uganda
<b>Total project cost</b>	US\$40.0 million
<b>World Bank funding</b>	US\$34.0 million
<b>Target population</b>	Children less than 6 years of age and their families, especially mothers and other caregivers, in 100 subcounties spread over 25 of the 40 districts in the country
<b>Partner agencies</b>	Ministry of Health, Ministry of Education and Culture; Ministry of Gender, Labor and Community Development and its National Council for Children; Ministry of Agriculture; NGOs at the national, district, and subcounty level
<b>World Bank project managers</b>	Harriet Nannyonjo, Operations Officer (AFMUG)

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Uganda has seen rapid economic growth in the last decade, yet many social development indicators such as malnutrition among young children have remained high. A 1995 survey indicated that 38 percent of children less than 6 years of age are stunted. Only a few children, especially in the rural areas, have access to ECD services. In recent years, the Ugandan Government has moved gradually to a decentralized administrative structure, allowing district and subcounty administrations to play a more active role in the development process. The project covers some 4,250 communities in 100 subcounties spread over 25 of the 40 districts in Uganda, selected by government-established criteria such as child malnutrition and infant mortality rates at the district level.

The Uganda Nutrition and Early Childhood Development Project, in Uganda referred to as the c.h.i.l.d. (Community and Home Initiatives for Long-term Development) project, seeks to improve the health and nutritional status of children ages 0–6 years as well as their psychosocial and cognitive development.

The project consists of three main components:

- An Integrated Community Childcare Package is geared toward education and training of parents and caregivers, promotion of growth for young children, and the formation of savings groups and training for income-generating activities.
- Community support grants provide financial support that communities must match with a contribution of 25 percent of the grant, acceptable as cash, in-kind services, or labor to help implement ECD interventions. The communities identify and set priorities for these interventions. Additionally, innovations grants for ECD interventions address children in need of special care, for example, orphans or children with disabilities.
- Support to national-level ECD programs includes funding to the Ministry of Health for training in micronutrients; to the Ministry of Gender, Labor, and Community Development and the National Council for Children for advocacy for children’s rights; and to the Ministry of Education for the development of an ECD policy, curriculum, and materials.

This is the first ECD project to benefit from a private-public partnership initiative between the World Bank and Glaxo Smith Kline. The objective of bringing in private-sector experience in social marketing is to maximize the benefits of strategic communication in social-sector projects. Glaxo Smith Kline has sponsored a communications advisor to the project for planning and implementing the project’s advocacy and communications strategy. This project element facilitates awareness raising, development and production of training materials, and capacity-building efforts among the project’s stakeholders to plan and carry out communications activities effectively.

<i><b>Proposed Strategy</b></i>	
<b>Awareness of Children’s Rights and Needs</b>	<ul style="list-style-type: none"> <li>▪ Support the Ministry of Gender and Community Development and the National Council for Children in their advocacy efforts to educate the public about children’s needs and rights.</li> <li>▪ Increase commitment of district and local governments to address children’s issues and adequately allocate resources for meeting children’s developmental needs.</li> <li>▪ Increase the capacity of NGOs and government representatives to advocate more effectively for behavioral change.</li> </ul>
<b>Strengthen Capacity of Local Communities to Implement ECD Interventions</b>	<ul style="list-style-type: none"> <li>▪ Facilitate community assessment, analysis, and actions for addressing development issues of children in 100 subcounties in 25 selected districts.</li> <li>▪ Increase communities’ abilities to mobilize resources for ECD interventions by providing grants, training, and technical assistance. These interventions include setting up semi-formal or formal ECD centers, addressing food security and nutrition, and improving referral services for children.</li> <li>▪ Increase access to ECD services by establishing new programs in two-thirds of all communities in the 25 project districts.</li> </ul>

<b><i>Proposed Strategy</i></b>	
<b>Strengthen Capacity of Local Communities to Implement ECD Interventions</b>	<ul style="list-style-type: none"> <li>▪ Provide innovations grants to communities to establish programs for children in need of special care and protection, such as children affected by HIV/AIDS, orphans, severely malnourished children, and children with disabilities.</li> <li>▪ Facilitate provision of integrated services to children through special activities such as “child’s days” at the parish level.</li> <li>▪ Facilitate cross-fertilization of ideas by encouraging communities to learn from each other.</li> </ul>
<b>Increase Resources and Capacities of Families</b>	<ul style="list-style-type: none"> <li>▪ Help parents and other caregivers in the household to identify and adopt childcare practices that enhance children’s cognitive, physical, emotional, and psychosocial development.</li> <li>▪ Increase families’ financial resources to meet children’s developmental needs.</li> <li>▪ Help parents and caregivers to monitor and promote the growth of young children to prevent malnutrition.</li> </ul>
<b>Support National Programs Addressing Children</b>	<ul style="list-style-type: none"> <li>▪ Facilitate the development of an ECD policy, curriculum, and materials.</li> <li>▪ Support training for prevention of micronutrient deficiencies.</li> </ul>

<b><i>Expected Benefits</i></b>	
<b>Child Health</b>	<ul style="list-style-type: none"> <li>▪ A 20 percent reduction in infant mortality rate from the level of 97 percent at the start of the project.</li> <li>▪ A one-third reduction from baseline levels in the prevalence of underweight (% &lt;2 SD weight for age).</li> </ul>
<b>Advocacy and Communications</b>	<ul style="list-style-type: none"> <li>▪ Increased awareness of the needs and rights of children ages 0–6.</li> </ul>
<b>Early Childhood Services</b>	<ul style="list-style-type: none"> <li>▪ Increased access to ECD facilities including home-based semi-formal or formal care and services.</li> <li>▪ Improved quality of care and services for children, reflected in improvements in their physical, psychosocial, and cognitive status.</li> </ul>

### ***Expected Benefits***

#### **Capacity Building**

- Increased capacity of some 4,000 communities to plan and implement ECD interventions at the community level.
- Increased financial resources for childcare at the household and community levels through establishment of savings and credit groups in communities.

**Sources:** World Bank, September 30, 1997. Project Implementation Manual, *Uganda Nutrition and Early Childhood Development Project*; December 1997. Project Appraisal Document, *Proposed Credit for a Nutrition and Early Childhood Development Project, Republic of Uganda*.

# YEMEN

## Child Development Project

 *To improve the health and nutritional status of children less than 5 years old*

 *To improve the educational status of girls in primary schools*

<b>Status</b>	Active
<b>Duration</b>	2000–05
<b>Borrower</b>	Republic of Yemen
<b>Total project cost</b>	US\$45.3 million
<b>World Bank funding for ECD</b>	US\$28.9 million
<b>Target population</b>	Children under age 5, girls in primary schools, disadvantaged families in the targeted districts
<b>Partner agencies</b>	Higher Council for Motherhood and Childhood; Ministry of Public Health, Ministry of Education, General Authority for Rural Electrification and Water Supply (GAREWS)], UNICEF
<b>World Bank project manager</b>	Ousmane Diagana, Senior Operations Officer (MNSHD)

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Yemen shows among the lowest child well-being indicators of all Middle East and North African countries. Infant and child mortality rates are high (83 and 110 per 1,000 live births, respectively). The coverage rate of the Expanded Immunization Program has fallen from 75 percent in 1990 to 57 percent in 1996 and to only 28 percent in 1997. At least 30 percent of Yemeni children suffer from protein-energy malnutrition. In education, enrollment and retention rates and quality are poor at the basic education level, particularly for girls. Only 40 percent of all girls ages 6 to 15 are in school, compared with 80 percent of boys. In addition, young children's educability is likely to be low, given the high levels of malnutrition and the low fostering of cognitive and language development.

To address these urgent issues, the Yemen Child Development Project will assist the government improving the health and nutritional status of children less than 5 years old and the educational status of girls in primary schools. The project will provide coordinated, community-based services in health, nutrition, education, water, and pilot ECD operations through an area-based program (ABP) in nine disadvantaged governorates (in about 30 districts). Because communities will vary in their demand for various services, the scope of the project inputs in each district cannot be ascertained a priori. These will be determined through social and other assessments and participatory community planning on an ongoing basis.

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## ***Proposed Strategy***

### **Community Mobilization**

- Identify and establish Local Development Committees (LDCs) composed of community members.
- Provide training to the LDCs in assessing needs and capacities and in community planning in health, nutrition, education, and water issues.

### **Health and Sanitation**

- Strengthen the district-level health system by rehabilitating and equipping referral facilities and health centers, training district and governorate health staff in management, and providing technical assistance on information and monitoring systems.
- Provide training in the Integrated Management of Childhood Illnesses to health workers (a holistic approach targeted to the main causes of child mortality: acute respiratory infections, diarrheal diseases, malaria, measles, and malnutrition) and supply medical goods, drugs, oral rehydration solution (ORS), etc.
- Support the Expanded Immunization Program with the supply of vaccines, technical assistance, and training, to reach a coverage rate (of the six main vaccines) of 90 percent by 2004.
- Improve maternal and reproductive health through the training of outreach workers and midwives, the supply of midwifery kits, and provision of ambulance and communication equipment for referral facilities.
- Design and construct drinking water and sanitation services and provide training to local communities on management and cost sharing.

### **Child Nutrition**

- Improve child nutrition through the successfully implemented “Community Triple-A” approach of UNICEF: Assessment (community-based monitoring), Analysis (outlining the causes of malnutrition), Action (at the community level).
- Dispense iron and vitamin A to mothers and children, respectively.
- Promote good nutrition during pregnancy.

<b><i>Proposed Strategy</i></b>	
<b>ECD Pilot Component</b>	<ul style="list-style-type: none"> <li>▪ Conduct a study on child-rearing practices, current childcare needs, and the availability of childcare services.</li> <li>▪ Implement and evaluate pilot ECD programs that are community-based, effective, and financially sustainable.</li> <li>▪ Develop a comprehensive policy framework for ECD programs in the Yemen based on findings from the study and pilot programs.</li> </ul>
<b>Education Activities</b>	<ul style="list-style-type: none"> <li>▪ Construct, rehabilitate, and equip schools and classrooms, especially in areas with low enrollment levels for girls.</li> <li>▪ Establish and train Cluster Education Committees for every 15 schools that will provide in-service teacher training, support schools in problem-solving, etc.</li> <li>▪ Increase the proportion of women teachers and provide them with training.</li> <li>▪ Design and develop a more efficient and effective distribution and storage system for textbooks: construct and rehabilitate warehouses, design computerized inventory systems and finance text book transportation.</li> </ul>

<b><i>Expected Benefits</i></b>
<ul style="list-style-type: none"> <li>▪ Improved health and nutritional status of approximately 560,000 children under the age of 5 years.</li> <li>▪ Immunization and provision of ORS targeted to 1,880,000 children.</li> <li>▪ Improved reproductive health and safe motherhood for 600,000 women of childbearing age.</li> <li>▪ Increased number and proportion of girls enrolled and successfully competing in grade 6 (direct benefits to approximately 90,000 girls ages 6–11 annually).</li> <li>▪ Increased capacity of the government health and education systems and of NGOs and communities.</li> </ul>

**Source:** World Bank, February 2000. Project Appraisal Document, *Yemen—Child Development Project*. Contact: World Bank, Human Development Sector, Middle East and North Africa Regional Office, Washington, D.C.