
Early Child Development— Increasing World Bank Investments in Africa

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Young Children: An Important Element in Africa's Economic Transformation

The children are our future. Yet today, Sub-Saharan Africa's 130 million children below six years of age (20 percent of its total population) are seriously at risk and hardly looking beyond tomorrow. Families are devastated by the AIDS pandemic, which left 14 million orphans as of 2000 (Joint United Nations Programme on HIV/AIDS [UNAIDS] 2000). To put this in perspective, the total number of AIDS orphans in Africa today is nearly the size of the population of metropolitan New York or Zimbabwe and larger than the population of Senegal or Malawi. Wars and civil conflict within states increased the number of African refugees to 35 million in 1999 (those internally displaced as well as those who fled their countries), 85 percent of whom are children and women. Infant mortality declined to 105 per 1,000 live births in 1997, but this level is still the highest in the world (compared with 50 in China and 40 in South America). Of the African children who survive through age six, nearly 36 million (or one-third) are stunted, largely due to inappropriate child-feeding practices, high morbidity, and poor child-caring practices (United Nations Administrative Committee on Coordination, Sub-Committee on Nutrition [ACC/SCN] 2000). About 35 percent are stunted as a result of persistent malnutrition before they reach the age of three—a situation that cannot be reversed and is therefore detrimental to lifetime health.

Under the present environment, Africa's children are not thriving. The very young are suffering because of lack of care mainly due to poverty and the increasing numbers of female-headed households, now roughly a third of reproductive-age females. More women are forced to work in the wage market and seek livelihood to survive.

Education has been declining over the last three decades. Primary enrollments stagnated or declined in 23 of 48 Sub-Saharan countries, and in 15 of these, primary

enrollment rates are less than 60 percent (World Bank 1999). More than 95 percent of Africa's five to six-year-olds do not have any form of access to preschools, early stimulation programs, or care facilities. Access to health care is low at 60 percent, with a high number of children suffering from childhood illnesses that are preventable: diarrhea, acute respiratory infection, malaria, measles, and severe malnutrition. The specter of low enrollment means that most of these children are at risk to become victims of the child labor market or a burden to society as out-of-school youth and street children.

Africa has the youngest population in the world. Between 1995 and 2020, the population of primary school-age children is projected to increase by 52 percent in Sub-Saharan Africa, compared with a growth rate of 25 percent in North Africa and the Middle East and a decline in absolute terms in all other regions of the world. Thus, in the next 20 years, Africa will be the continent with young children accounting for the highest increase in the population.

Although many countries in Africa are committed to becoming democratic states, government institutions within countries are still fragile, leaving about 60 percent of Sub-Saharan Africa involved in some form of violent conflict. Wars have been intra-state wars, particularly since the end of the Cold War. One consequence is the shift toward targeting the civilian population, which has resulted in increasing civilian death rates, including death rates of children (Opper and Storholt 2000). For those who survive, the conflict has a significant negative effect on growth and development.

Conflict leads to divided societies, widespread displacement, and decimated economic, social, and institutional capacity. It also wipes out past achievements and discourages new developments when it comes to capacities to care for young children. Under such circumstances, parents and other caregivers are prevented from providing for children's most basic needs and the foundation for a child's early development. For children who are growing up in war-affected environments, it is thus particularly important to build programs that foster basic cognitive and social competencies and nurture physical, emotional, and social well-being in the early years. This poses an enormous challenge for early child development (ECD) program planners and practitioners.

If Africa is to fulfill its economic development objectives, it must start with investing in young children—investing early enough to maximize gains and in levels sufficient to spin children out of the intergenerational cycle of deprivation. These investments are needed to transform today's young children into human capital assets for Africa's economic transformation in a lasting and sustainable way.

The good news is that many African governments are beginning to invest more than ever in health, education, and social protection programs. An increasing number of countries are now engaging in dialogue with the World Bank to address the needs of young children through ECD programs and to sustain the benefits of early interventions through health and nutrition programs at school age. These approaches are essential to complement overall investments in the social sectors, particularly within the context of the Bank's debt relief activities through its HIPC (heavily indebted poor countries) Initiative and the Poverty Reduction Strategy Paper (PRSP) discussions in the borrowing countries.

Early Child Development: An Investment to Increase Capabilities at Adulthood

Intervening early in the human life cycle by providing adequate care, stimulation, and support is a simple concept as old as humankind itself. A convergence of neuroscience, behavioral, and operational research confirms the importance of early experiences in the development of the brain and the unfolding of human behavior. Scientific evidence shows that most growth retardation occurs very early in life (Young 1997). ECD is crucial to human development, and by extension, to economic development. Nobel Laureate for economics, Amartya Sen (1999), argues that “strengthening the quality of life of children, influenced by education, security, prevention of trauma, can be crucially significant as part of development—and hence, the development strategy of nations should also focus on strengthening programs of early childhood development, for a fuller life of children.” Indeed, there is abundant empirical evidence, for example, from the United States, Europe, Latin America, and Asia, that ECD programs over the last three decades have provided children a fairer and better start for life. ECD programs have positive long-term benefits including gains on future learning potentials, educational attainment, and adult productivity. Young children from low-income families reached by these programs tend to enroll in primary schools at the right age and to be less likely to drop out of school or repeat grades. They demonstrated comparatively better school performance and cognitive abilities than poor children who had not benefited from early interventions. As they increased their years of education, compared with those who were not reached by early stimulation programs, they showed better health status later in life and were prepared to be economically active as adults.

The economic benefits of investing in ECD are substantial. A 27-year longitudinal tracer study in the United States estimated a return of US\$7 in present values per US\$1 invested during the early childhood years. These benefits accrue as a result of increased lifetime earnings, reduced welfare costs, and reduced delinquency and crime (Schweinhart, Barnes, and Weikhart 1993). In South Africa, a recent estimate shows that the benefits of ECD programs would exceed US\$1 billion, a result of improvements in the efficiency in primary school (through fewer drop-outs and grade repetition) and effects on better health as children grow into adolescence and adulthood. The economic benefits appear highest for ECD interventions targeted to low-socioeconomic-status groups whose social indicators show severe deprivation, that is, those with high infant mortality, low school enrollment, and high malnutrition rates. In Latin America, early childhood programs are often seen as one of the best ways to break the poverty cycle.

If education should provide hope for Africa’s competitiveness in the new century, children need to be nurtured, given appropriate care at an early age, and prepared adequately for schooling to contribute successfully to economic transformation in their adulthood. What, how, and how much children learn in school depends largely on the cognitive, social, and emotional competence they have developed in the early years. Successful educational performance requires adequate preparation, which many African children lack because of inadequate nutrition, health care, cognitive stimulation, and care-giving practices. Today, services for young children in

Africa are almost absent, and the public sector is not allocating enough resources in relation to the overall social-sector budgets to provide these services. In Kenya, for example, less than 1 percent of the overall primary education budget in 1995 was spent on preschool education. With support from an International Development Association (IDA) credit, the allocation to preschool education could be increased to about 4 percent in recent years. Beyond the efforts for immunization before children reach their first birthday, the public health care systems in Africa are not responding to young children's health and nutritional needs. The systems fail to provide mothers with adequate knowledge in optimal child feeding and basic health practices, and very few are able to recognize danger signs of deficiencies in nutrition and micronutrients. As a result, most children are not reaching their full potential later in life.

Investments in ECD, followed by school health and nutrition programs to sustain these gains, provide the support that poor children in low-income countries need to break the intergenerational cycle of deprivation and to take full advantage of what is often their only opportunity to strive in the educational system.

The World Bank's Role in Supporting ECD Programs in Africa

The Africa Region's Human Development Department at the World Bank promotes ECD programs as one of the key strategies for alleviation of poverty. Investments in this field expand opportunities for the poor and are favored for public financing because of the societal benefits (externalities). ECD programs as an investment compare favorably in terms of economic rates of return in comparison with investments in the "hard sectors" such as infrastructure or agriculture (van der Gaag and Tan 1998). The emerging portfolio for ECD in Africa is vested within the strategies of the three human development departments: Health, Nutrition, and Population (HNP), Education, and Social Protection.

The approach taken in ECD initiatives in the Africa Region is strongly geared toward sustainability of programs that are of low cost. Emphasis is put on assisting client governments in identifying strategies to launch, implement, and support large-scale ECD programs effectively. Integrated ECD programs present a new development concept to most African countries. The first priority is to create an understanding of the challenges of such programs and build the necessary in-country capacity for program implementation. Most of these programs are multisectoral and include nongovernmental agencies and grassroots organizations.

The World Bank's Africa Region is continuously engaged in policy dialogue to prepare new operations. A total of 21 new countries were reached in 2000. Seed money from the Norwegian Education Trust Fund (NETF) helped to generate six new projects as freestanding operations or as components of education, health, or Social Fund projects in Burundi, Eritrea (freestanding), Rwanda, Senegal (two projects), and Tanzania. Three additional countries have ECD projects in preparation (Chad, Guinea, and Mauritania), and another 12 countries are in various phases of sector analytic work or dialogue with the Bank to initiate or add activities for ECD. Accelerating operations in Burundi and Eritrea became a priority in 2000, and proj-

ect preparation teams for both countries were given performance awards by the Bank's Africa Region vice president.

The World Bank's ability to assist in leveraging high-quality initiatives for ECD increases with the number of existing projects that provide important guidance through lessons learned. The new World Bank-supported projects and sector analyses are generating materials, planning tools, and professional expertise that can be adapted to other countries. Examples of relevant strategic analysis are cost and effectiveness analyses of ECD interventions and papers describing the program implications of assisting children affected by HIV/AIDS, loss of parents, or conflict. This type of sector work enables the World Bank to assess systematically the challenges of designing ECD programs that respond to the effects of HIV/AIDS and populations with large groups of children who have physical and psychosocial disabilities (trauma). The programs recognize the need for flexibility and adaptability in unstable circumstances and intensities of conflict (before, during, and after conflict) to ensure a positive and lasting impact of ECD projects.

The World Bank's ECD Portfolio in Africa

The ECD portfolio of the World Bank in Africa appears in Table 1 below. As shown, the portfolio grew more than 10-fold since 1997, for a combined total lending estimated at US\$125 million during the period from 1997 through 2005, increasing from one ECD project in the early 1990s to about 12 operations today. These include four freestanding ECD projects (Eritrea, Kenya, Nigeria, and Uganda) and eight country operations (in Burundi, Cape Verde, Lesotho, Madagascar, Rwanda, Senegal (two), and Tanzania) where ECD is a component of larger projects in health and nutrition, education, or social protection. Another four countries are conducting dialogue with the World Bank (Chad, Ethiopia, Guinea, and Mauritania) seeking financial assistance to support public investments in ECD.

Characteristics of the Emerging ECD Portfolio in Africa

The African portfolio has evolved into a different type of program with characteristics uniquely reflecting the African reality. One major difference, compared with the programs in Asia and Latin America, is that, in general, ECD programs in Africa are less expensive, with annual costs per child estimated to be less than US\$30 compared with more than US\$300 per child for most Latin American programs. This is partly due to the fact that programs in Africa place more emphasis on supporting new attitudes and behavioral adjustments in child-rearing and care-giving practices, and less emphasis on providing direct services and external assistance for supple-

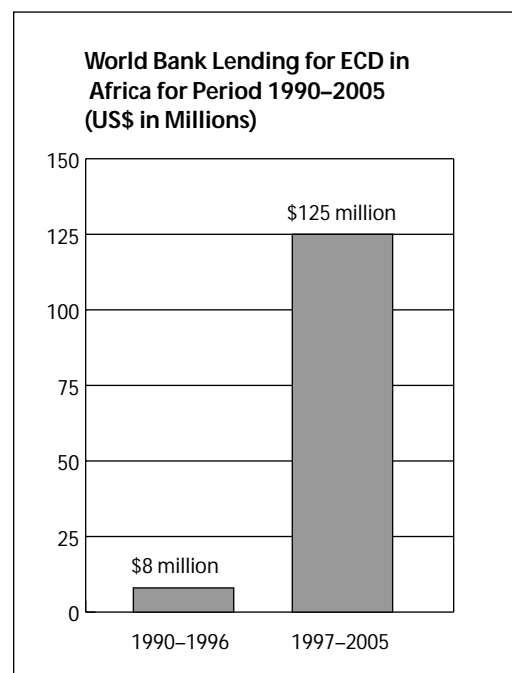


Table 1. World Bank Lending for ECD in Africa

FREESTANDING ECD PROJECTS—ONGOING OPERATION			
	Period	World Bank Credit (US\$M)	Total Project Cost (US\$M)
Eritrea Integrated ECD	2000–05	40	49
Kenya ECD	1997–02	27.8	35
Uganda Nutrition and ECD	1998–03	34	42
Nigeria Development Communication Pilot	1993–97	8	10
ECD AS COMPONENT IN PROJECT—ONGOING OPERATION			
	Period	World Bank Credit US\$M (ECD component)	Total Project Cost (US\$M)
Burundi Social Action Program	1999–03	12 (3.0)	13
Cape Verde Education Training	1999–03	6 (0.5)	9
Lesotho Second Education	1999–05	21 (0.4)	28
Madagascar Second Community Nutrition	1998–04	27.6 (integral aspect*)	42
Rwanda Human Resource Development	2000–05	35 (0.63)	37
Senegal Quality Education for All	2000–10	50 (1)	250
Senegal Social Investment Fund and WID	2000–05	25 (integral aspect*)	30
Tanzania Social Action Fund (TASAF)	2000–06	60 (integral aspect*)	68
Mali Education Sector	2001–10	45 (1.8)	541.2
PROJECTS UNDER PREPARATION			
	Period	World Bank Credit US\$M (ECD component)	Total Project Cost (US\$M)
Chad Education Sector	2001–10	Phase I: 30 (1.5) Phase II: TBD**	115
Guinea Education for All	2001–10	70 (Phase I: 2.5; Phase II: TBD**)	498
Ethiopia Social Rehabilitation and Development Fund (ESRDF)	1998–04	120 (component***)	280
Mauritania Education Sector	2001–10	50 (Phase I: 1.97; Phase II: TBD**)	188

*Amount to be determined, allocation is contingent upon the volume of community demand; TBD** (to be determined)—ECD component under preparation, cost to be determined; *** the possibility of a freestanding project is being discussed along with the option of introducing ECD as a component of ESRDF.

mental feeding programs and physical infrastructure for ECD premises. The African ECD programs supported by the World Bank have the following unique features:

High Level of Community Participation. The Kenya ECD program, for example, emerged from preschools organized, financed, and run by parents. About 70 percent of the 26,350 preschools in Kenya are owned by communities. Parents construct the preschool premises, hire the preschool teachers, and organize their training. The Senegal ECD program is based on an innovative approach whereby communities contract the services of public-sector and nongovernmental organizations (NGO) providers for specific health services and for the training of community-based caregivers. Through the Burundi Social Action Program, communes incorporate ECD into their formal action plans for development and reconstruction.

Multi-sector and Decentralized Implementation. Nontraditional implementation arrangements are emerging in the interministry implementation arrangements and decentralized execution. For instance, the Eritrea ECD program is implemented by

the Ministry of Local Governments through its regional administrations but with technical and monitoring support provided by the Ministries of Health, Education, Labor and Human Welfare, Information, and Agriculture. The Burundi ECD program is administered by a national NGO on behalf of the Ministry of Planning. Project implementation involves both subcontracting to indigenous NGOs working directly with local government and community groups, as well as a national-level, interministerial committee that provides quality assurance and technical assistance in health, education, nutrition, and social protection.

Visible Role of NGOs in Implementation. In Burundi, project implementation is managed by an NGO, Twitezimbere, and is supported technically by a series of sub-contracts with local NGOs for training; information, education, and communications (IEC); mobilization; and delivery of services at the community level. In the Uganda ECD project, implementation at the 25 project districts is facilitated by 25 nongovernmental and 100 community-based organizations competitively selected through use of World Bank procurement procedures. In Kenya, five major NGOs and foundations (the Aga Khan Foundation, Catholic Relief Services, African Medical and Research Foundation [AMREF], Action Aid Kenya, and CARE Kenya) were competitively selected from 50 proponents. They implement pilot schemes to incorporate innovative programs, like the Aga Khan Foundation's Madrasa ECD programs in Mombasa and Zanzibar, to improve the quality of ECD services that are culturally appropriate. In Eritrea, the programs have visible roles for national NGOs, such as the National Union of Eritrean Youth and Students and the National Union of Eritrean Women, in program implementation.

Emphasis on Child Protection. The concern for displaced children and orphans from wars and children affected by HIV/AIDS is an essential component of African ECD programs. About one-fourth of the entire credit for the Eritrean project will support the reintegration of war orphans, providing assets to families that are hosting these orphans and supporting care for the very young. In Uganda, Burundi, and Zimbabwe, the innovation grants schemes are supporting indigenous, community-based organizations for family and community care of AIDS-related and other orphans.

Partnership with Donor Organizations. UNICEF and the World Health Organization (WHO) are partnering with the respective governments and the World Bank in many ECD programs. Additional partners playing a major role are UNESCO, UNDP, FAO, WFP, bilateral donors such as the Italian Cooperation, GTZ, the Norwegian NORAD, and Danish DANIDA, and large foundations involved in this field including the Bernard van Leer Foundation, the Aga Khan Foundation, and Save the Children Fund. In Eritrea and Uganda, WHO is providing technical expertise through the delivery of its program for the Integrated Management of Childhood Illnesses, and UNICEF is providing ground staff for technical supervision of the development of manuals and tools for monitoring of child growth.

Important Role of Communication Strategies for Raising Awareness. Strategic communications are systematically applied to promote and reinforce the transmission of societal knowledge and positive indigenous practices on child rearing, feeding and nutrition, and psychosocial and cognitive stimulation in order to change adverse behavior of child caregivers. All programs in the new ECD portfolio in Africa have strategic communications as a major component, using face-to-face communications as well as radio, community theater, and TV where available and other mass communications techniques, as in the Nigeria project. The Africa programs actively promote partnership with the private sector, where communications expertise resides.

Strong Linkages with School Health and Nutrition Programs. In a majority of countries, ECD programs are linked with existing or planned school health programs to sustain the gains of the investments during the early years. The school system allows remarkably cost-effective interventions at school in health and nutrition, helping to ensure that children maximize their benefits from education. An interagency partnership among WHO, UNICEF, UNESCO, and the World Bank supports the development of a FRESH Start for School Health in Africa and has identified ECD as part of the overall efforts to promote universal primary education (UPE).

The Prognosis for ECD for the Next 10 Years: Where Is the Cutting Edge?

More African countries are requesting World Bank assistance to develop and implement ECD programs at a large scale, and the World Bank has initiated dialogue with a number of countries for lending in this area. To address this growing demand, the Human Development (HD) Sector of the Africa Region is developing a strategy to increase local capacity and improve the ability of the borrowing countries to design, develop, and implement cost-effective interventions. Tools that are important to this strategy include sector analysis, training opportunities, and capacity-building initiatives using new information technologies such as the Internet and distant learning facilities, as well as regional workshops and conferences, to network and exchange best practice ideas among African countries. These initiatives, which are supporting the overall development of ECD programs in the region, are described in detail in this publication.