



Project Information Document (PID)

Concept Stage | Date Prepared/Updated: 09-May-2022 | Report No: PIDC33593

**BASIC INFORMATION****A. Basic Project Data**

Country Bangladesh	Project ID P178133	Parent Project ID (if any)	Project Name Bangladesh Enhancing Investments and Benefits for Early Years (BEIBEY) (P178133)
Region SOUTH ASIA	Estimated Appraisal Date Nov 15, 2022	Estimated Board Date Jan 31, 2023	Practice Area (Lead) Social Protection & Jobs
Financing Instrument Investment Project Financing	Borrower(s) People's Republic of Bangladesh	Implementing Agency Local Government Division	

Proposed Development Objective(s)

The proposed Project Development Objective is to strengthen local delivery platforms for increased access to services that contribute to early childhood development.

PROJECT FINANCING DATA (US\$, Millions)**SUMMARY**

Total Project Cost	466.50
Total Financing	466.50
of which IBRD/IDA	450.00
Financing Gap	0.00

DETAILS**World Bank Group Financing**

International Development Association (IDA)	450.00
IDA Credit	450.00

Non-World Bank Group Financing

Counterpart Funding	16.50
Borrower/Recipient	16.50



Environmental and Social Risk Classification

Moderate

Concept Review Decision

Track II-The review did authorize the preparation to continue

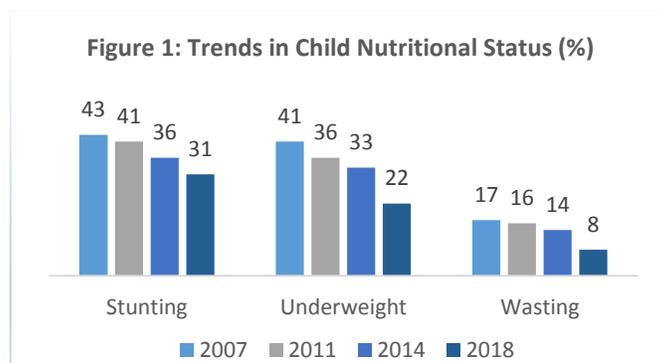
Other Decision (as needed)

B. Introduction and Context

Country Context

Bangladesh has made rapid social and economic progress in recent decades and reached lower middle-income status in 2015. Officially reported annual growth of gross domestic product (GDP) averaged close to 6 percent since 2000. Strong labor market gains contributed to a sharp decline in poverty, with the national poverty rate falling from 48.9 to 24.5 percent between 2000 and 2016, while extreme poverty declined from 34.3 to 13.0 percent. However, the pace of poverty reduction slowed in recent years even as growth accelerated, particularly in urban areas and in the west of the country. Similarly, the progress on shared prosperity slowed between 2010 and 2016 after a decade of improvements, with annual consumption growth of the bottom 40 percent trailing that of the overall population (1.2 versus 1.6 percent).

Together with poverty reduction, Bangladesh made significant progress in human development outcomes. Between 2011 and 2017-18, the estimated under-five mortality rate declined from 53 to 45 per 1,000 live births; estimated maternal mortality ratio declined from 248 to 174 per 100,000 births; prevalence of stunting among under-five children improved from 41 to 31 percent; child wasting declined from 16 percent to 8 percent, and the rate of child underweight declined from 36 percent to 22 percent (Figure 1).¹



The COVID-19 pandemic has put the substantial poverty reduction gains of the past decade at risk, and vulnerability to economic shocks has risen. Estimated poverty increased from 12.1 percent in FY19 to 12.5 percent in FY20, using the international poverty rate (\$1.9 in 2011 PPP). A nationally representative phone survey showed income losses and high levels of self-reported food insecurity in FY20. In poor areas of Dhaka and Chittagong, surveys showed that adults who stopped working due to COVID-19 were 11 percent more likely to report food insecurity. As growth strengthened in FY21, household surveys point to a gradual recovery in employment and earnings. Estimated poverty declined modestly to 11.9 percent, although food security improved across the country.

Bangladesh is extremely vulnerable to the effects of climate change. The Global Climate Risk Index ranks Bangladesh as the world’s seventh most affected country over the period 2000-2019. Rising temperatures leading to more intense and unpredictable rainfalls during the monsoon season and a higher probability of catastrophic cyclones are expected to result

¹ National Institute of Population Research and Training (NIPORT), and ICF. (2019). *Bangladesh Demographic and Health Survey 2017-18: Key Indicators*. Dhaka, Bangladesh, and Rockville, Maryland, USA: NIPORT, and ICF.



in increased tidal inundation. Addressing climate risks is increasingly urgent to ensure sustainable economic development of the country.

Sectoral and Institutional Context

In spite of the notable progress in human development, close to one-third of children under five remain stunted, with implications on longer term cognitive development and adult outcomes. The short-term consequences of undernutrition include mortality, morbidity, and disability, while the longer-term consequences involve adult height, cognitive ability, and economic productivity. The World Bank Human Capital Index 2020 suggests that under current health and education, a child born in Bangladesh today will only be 46 percent as productive as she could potentially be. The poor primarily bear the burden: nutritional and health outcomes are clearly correlated with household wealth, with less wealthy households having higher rates of stunting, wasting, and mortality rates (Table 1). These outcomes reflect inequities in access to and quality of services. While there is better access to and utilization of services by urban dwellers, the urban slum population have not enjoyed sufficient access to quality health and nutrition services.² As a result, improvements in nutrition outcomes have been slower in urban areas. Urban areas have also been the epicenter for COVID-19 infections, and the urban poor have been the hardest hit from pandemic-related lockdowns and curtailed livelihood options, leading to reduced food expenditure and poor dietary intake. With half the country’s population expected to live in urban areas by 2050, addressing gaps in urban service delivery and utilization will be a priority for Bangladesh if it is to successfully address the needs of the urban poor and improve overall health and nutrition outcomes in urban areas.

Table 1: Selected indicators on children under 5 (%)

	Underweight	Stunted	Wasted	Receiving minimum acceptable diet	Mortality rate
Total	23	28	10	27	40
<u>Location</u>					
Urban	20	26	9	35	35
Rural	24	28	10	25	41
<u>Mother’s education</u>					
Pre-primary or none	33	40	13	15	50
Primary	27	34	11	20	45
Secondary	21	25	10	27	38
Higher secondary	14	19	7	43	27
<u>Wealth quintile</u>					
Poorest	30	38	12	17	49
Second	27	31	12	22	44
Middle	22	26	9	23	42
Fourth	20	24	8	32	35
Richest	14	20	8	40	28

Source: Bangladesh Multiple Indicator Cluster Survey 2019

The underlying causes of undernutrition include household food insecurity, inadequate care and feeding practices, and an unhealthy household environment and inadequate health services. While household income affects purchase and

² World Bank (2021). Bangladesh Urban Nutrition Assessment - Focusing on Nutrition Specific Interventions: Implications for Policy and Program.



consumption of various food groups and thereby implicitly impacts the nutrient intake of households, diets do not improve automatically with higher incomes and lower prices, and improved household diets do not necessarily translate into better diets for women and children. For example, women's diets are lacking despite access to nutritious diets at the household level, and children's diets are poor in quality regardless of household income. This suggests that other factors matter, such as women's empowerment and interventions to improve child feeding practices.³

Children from disadvantaged families tend to have more limited access to early stimulation, early learning programs, and materials at home and in their communities. Less than 50 percent of children aged 2-4 years from the poorest quintile had adult household members engage in activities that promote learning and school readiness, compared to almost 80 percent of children from the richest quintile. Early childhood education (ECE) can have a positive effect on school completion and years of education by developing language and literacy skills, knowledge of quantitative concepts, and oral communication, as well as increasing parental involvement and strengthened home support for children's learning. Together, these can facilitate learning in primary years and adolescence, and motivate higher aspirations for children's educational performance.⁴

Gender gaps in labor force participation and wide prevalence of intimate partner violence (IPV) are key challenges faced by Bangladeshi women. Despite improvements in recent decades, there are substantial gender gaps in the labor market, with female labor force participation significantly lower than that for males (81 percent male versus 36 percent female in 2016-17), and working women overwhelmingly remain in vulnerable employment. Lack of affordable childcare is frequently cited as one of the biggest barriers to women's opportunities to work. Additionally, Bangladesh has the highest prevalence of both IPV and child marriage in South Asia: a World Health Organization study found that 42 percent of ever-partnered women surveyed across Bangladesh had experienced physical violence at the hands of their intimate partners, and 50 percent had experienced sexual violence. IPV was found to be higher in rural areas than in the cities. Household poverty, dowry demands, extended family structures, and marital conflicts are some of the common risk factors associated with domestic violence. Witnessing or experiencing violence during childhood increases the risks of boys being perpetrators of violence while girls are more likely to experience violence in later relationships.

Climate change poses an additional threat to development and wellbeing, particularly for children. Bangladesh is highly vulnerable to natural disasters, including floods and cyclones, and these risks will be exacerbated by climate change. Its impact on agricultural production and prices affects poor people disproportionately through lower yield, higher consumption prices, and changes in income. Floods and storms also result in asset loss, which impacts welfare and livelihoods, especially of poor and vulnerable households. Disruptions in schooling affect children's learning retention and ultimately school completion. Extreme weather events brought on by climate change have also been attributed as one of the triggers of a host of psychological issues, including depression, anxiety, and post-traumatic stress disorder. This may be all the more exacerbated for poor families given their existing vulnerabilities and limited capacity to address mental health.⁵

³ World Bank. (2019). Food for Improved Nutrition in Bangladesh.

⁴ Ou, Suh-Ruu & Reynolds, Arthur. (2014). Preschool Education and School Completion.

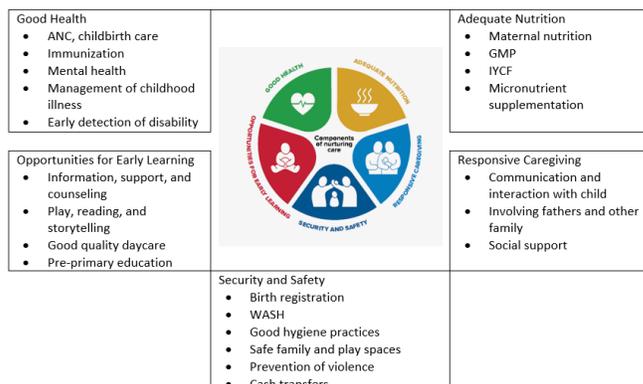
⁵ Mahmud, Iffat, Wameq A. Raza, and Md Rafi Hossain. 2021. Climate Afflictions. International Development in Focus. Washington, DC: World Bank. doi:10.1596/978-1-4648-1764-9. License: Creative Commons Attribution CC BY 3.0 IGO



Achieving stronger human capital outcomes requires overcoming various constraints faced by children in reaching their full development.

Weak support for children and youth could limit Bangladesh’s potential as investments in early childhood are more efficient when they start as early as possible, beginning at conception to ensure pregnant women are consuming nutritious food and receiving appropriate health support and continues through the child’s earliest years when there is a rapid phase of growth involving physical, neurodevelopmental, and socioemotional changes. The Nurturing Care Framework lays out the components that are important for children’s development and that protect them from stress and adversity (Figure 2).⁶ Positive development during early childhood will have lasting effects for the rest of the individual’s life.

Figure 2: Components of Nurturing Care



The National Social Security Strategy (NSSS, 2015) commits to establishing a nationwide comprehensive child benefit program. While Bangladesh spends almost \$4 billion, or 3 percent of GDP, annually on social protection, less than 2 percent of expenditures are directed at children under five, although they represent 9 percent of the population, and as much as 13 percent of the poor.⁷ The importance of investments in this age group has been underlined in the NSSS and 8th Five Year Plan (8FYP), and the Government has recently taken positive steps in consolidating two of its maternal and child health programs into the Mother and Child Benefit Program (MCBP) and committed to increasing beneficiary coverage by 20 percent in FY2023. Implemented by the Ministry of Women and Children Affairs, the MCBP provides monthly cash allowances of BDT 800 (US\$ 9) to poor pregnant women and mothers of young children in 68 sub-districts in Bangladesh, with a target to cover up to 50 percent of eligible households, or 6.5 million women, nationwide by 2026. However, there remain significant gaps in integrating with service delivery systems, including health, family planning, nutrition, and birth registration services, among others, as well as the need to enhance social and behaviour change counseling.

To be effective, services need to be available, accessible, and affordable. Almost 70 percent of women of reproductive age report difficulties in accessing healthcare, specifically getting permission to go to the doctor and getting money for advice or treatment.⁸ As a result, less than one in five women take up on the four recommended antenatal care visits throughout pregnancy. Out of pocket costs have major consequences in the process of seeking healthcare: while basic health care services provided through government facilities are free, visiting a facility involve costs of transportation, medicine, diagnostic tests, informal payments, and time. Similarly, inadequate inputs for ECE, including overcrowding of classrooms and adequacy of play and learning material, lead to low student readiness at primary school.

Although Bangladesh has an Early Childhood Care and Education Policy, institutional and service delivery challenges inhibit its effective implementation. The Policy lays out an integrated and holistic system of child development from survival, protection, care and development through family, community, learning and school-based programs. It identifies local government bodies as the focal point for integrating and mainstreaming activities of different line ministries on the

⁶ World Health Organization, United Nations Children’s Fund, World Bank Group. Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

⁷ World Bank. (2021). Social Protection Public Expenditure Review

⁸ National Institute of Population Research and Training (NIPORT), and ICF. (2019). Bangladesh Demographic and Health Survey 2017-18: Key Indicators. Dhaka, Bangladesh, and Rockville, Maryland, USA: NIPORT, and ICF.



ground. However, implementation is marred by challenges including lack of access to integrated services that reach the most vulnerable population; limited capacity of local governments that struggle to coordinate efficiently and deliver services at the local level, and fragmented information systems that prevent effective management and information sharing. Local government institutions (LGI), or Union Parishads (UP), are the gateway to social safety net programs at the grassroots level, performing various tasks across the service delivery chain. However, there is a mismatch between their fiscal and technical capacity and the diverse responsibilities they are expected to meet. Institutional isolation and low capacity have historically led to UPs being a non-responsive body to provide or coordinate critical services to the rural poor. The Income Support Program for the Poorest-Jawtno project, implemented by the Local Government Division (LGD), has been supporting local government capacity to deliver safety nets by providing technical and financial resources to identify and enroll poor pregnant women and mothers of young children, connect them to child nutrition and cognitive development services, monitor service provision and utilization, manage payment camps, and support grievance redress processes. Findings from program experience highlight the important role they have played in mobilizing community participation and facilitating service provision.

Relationship to CPF

The proposed project is line with the World Bank’s Country Partnership Framework (CPF)⁹, whose primary objective is to address constraints to growth and competitiveness. Social inclusion is one of the three focus areas and activities center around consolidating gains in equity and access to health and education, access to clean drinking water and sanitation, and expanding pro-poor coverage of social protection. Moreover, the ongoing Systematic Country Diagnostic (SCD) identifies inclusive and resilient human capital as a foundational priority to propel the country’s transformation towards Upper Middle-Income Country (UMIC) status, through investing in early years as a starting point to tackle poverty and boost shared prosperity.

C. Proposed Development Objective(s)

The proposed Project Development Objective is to strengthen local delivery platforms for increased access to services that contribute to early childhood development.

Key Results (From PCN)

The proposed PDO indicators will be further developed during preparation:

- i. Beneficiaries channeled through local administrative platform to relevant services (number) (of which, female)
- ii. LGIs meeting ECD performance targets and receiving incentives (percent)
- iii. Beneficiaries utilizing core Jawtno service package (percent)
- iv. Beneficiaries aware of components of ECD needs and where to avail services (percent)

D. Concept Description

The proposed project would support early childhood development in selected locations of Bangladesh with high poverty, high malnutrition, and poor sanitation through linkages and provision of incentives to utilize services focused on maternal and child health and nutrition and early learning. Financial resources and capacity support would be provided to (i) strengthen the local level delivery system for improved coordination of multi-sector services; (ii) incentivize

⁹ World Bank (2016). Bangladesh Country Partnership Framework FY16-20, extended to FY21 by the PLR. Report No. 103723-BD; March 8, 2016 discussed at the Board on April 5, 2016.



beneficiaries to utilize recommended services, and (iii) pilot innovative practices and interventions to support the target group.

The lending instrument would be Investment Project Financing (IPF) on IDA terms. The key features of the proposed project include:

- **Performance incentives to LGIs** to strengthen coordination and monitoring of ECD services at the local level. This would necessitate engagement with government and NGO service providers to assure adequate supply is in place, services are delivered through proper sequencing, logistical arrangements are sufficient, and quality of service is sustained. Establishing a strengthened and coordinated platform at the local level would offer increased *access* by all pregnant women and mothers in the community to key services that are fundamental for the ECD agenda.
- **Cash incentives for the most vulnerable** to enable *affordability* of services. Beneficiaries would be encouraged and incentivized to utilize a core Jawtno (“nurture”) package, comprising antenatal care for pregnant women, growth monitoring and promotion, immunization, birth registration, and parenting counseling. Aside from the counseling, these services are currently provided by different service providers and packaging them as a set of necessary services is expected to increase beneficiary awareness of their importance and complementarity, and subsequently, timely uptake.
- **Parenting counseling for all caregivers** to support their knowledge and *awareness* so that their children can be healthy, receive early stimulation and learning opportunities, and be nurtured and protected from stress. Counseling would be provided through the project by a community-level para-social worker network and would cover topics including care during pregnancy; dietary diversity and feeding practices; health, hygiene, and safety, and early stimulation and learning through play activities.
- **Financing for innovative ways to address emerging challenges**, with a particular focus on urban implementation models that may need to rely more exclusively on NGO service delivery and incorporate other services, including childcare.
- **Gender:** As project beneficiaries would be pregnant women and mothers of young children, the proposed interventions would contribute directly to improving welfare outcomes for women. This would be achieved through three key pathways: (i) closing the gap between poor and non-poor women’s use of maternal and child services; (ii) increasing women’s voice and agency, and (iii) enhancing female labour force participation. The results chain and relevant indicators to measure the extent to which interventions close the gaps would be determined during preparation.

The proposed interventions address issues that are aligned with sectoral strategies and priorities of several line ministries, including the Ministry of Women and Children Affairs (MoWCA), Ministry of Health and Family Welfare (MoHFW), and the Ministry of Primary and Mass Education (MoPME). The proposed project would support interventions that address demand-side constraints for health, nutrition and early learning services through information, incentives and behavior change counseling. Formal partnership arrangements would be explored with service providers, including line ministries and NGOs, to facilitate service provision. The proposed activities would also coordinate with relevant initiatives supported by active and pipeline World Bank projects to achieve synergies that either enhance the impact of individual interventions or are complementary.



Legal Operational Policies	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No

Summary of Screening of Environmental and Social Risks and Impacts

The exact project intervention areas will be finalized during the appraisal stage. However, based on the nature of proposed activities, it is expected that the E&S impacts will be localized and minor such as causing noise, dust, both solid, liquid and limited electronic wastes and involve minor refurbishment works to the community-based child-friendly spaces (such as providing adequate lighting and painting), which will need to be addressed at service delivery point level through mitigation measures and related guidelines incorporated in the Project Operation Manual. An E&S checklist and negative list will be prepared to screen out any activities with adverse on the environment.

Environmental Risk Rating Low

The environmental risk of the project is rated Low considering (i) screening out the activities which could cause significant negative impacts on environment; and (ii) capacity enhancement of the implementing agency to manage E&S risks.

Since potential type of activities will be screened against eligibility criteria to ensure no project with moderate or higher environmental risks will be financed through the project, the Environmental risk is rated Low at concept stage. However, this risk classification will be revisited when more details of the project activities become available during appraisal. Any change to the classification will be disclosed on the Bank’s website.

Social Risk Rating Moderate

The overall social risk is expected to be moderate as the potential social risks related to the exclusion of intended beneficiaries, labor (including the involvement of community workers as para-social workers and the project contributing to the payment of SPSC staff salaries and para-social worker stipends), and CHS issues related to SEA/SH and COVID can be managed through the application of the mitigation measures proposed below.

The project will support only minor refurbishment works, with no adverse livelihood related impacts expected. Any refurbishment related activity that can pose moderate or higher adverse impacts will be screened out using the E&S checklist and negative list that will be included in the POM. This project will not allow any activities that require land acquisition, resettlement or negative impacts on livelihood or restriction to the land uses. Refurbishment activities for the child friendly spaces will be conducted within existing structures.

There may be social risk of exclusion of potential beneficiaries. However, beneficiaries will be selected from pre-identified program lists and if beneficiary coverage is expanded, it will be through established selection criteria and individual actors will not have discretionary power on beneficiary selection. Moreover, the monetary transfers in this project will be made digitally directly to beneficiary accounts. The project will invest in community-based mobilization and communication to enhance the awareness and capacity to prevent malnutrition and promote healthy growth and development of children. A key feature of the community-based component is the mobilization of key actors at the community level, including village leaders and influential family members such as fathers, grandmothers, and mothers-in-law. Issues affecting nutrition and early childhood care will be periodically discussed with these groups as a means of bringing women’s issues to the forefront



of community discussions. This model therefore creates a unique opportunity to channel women’s voices all the way up to the level where communal plans and budgets are conceived, elaborated, and implemented.

To manage the labor and worker OHS issues, labor management procedures (LMP) will be prepared and disclosed by appraisal. LMP will also outline the GRM for project workers.

LGD will prepare and disclose a SEP by the appraisal stage of the project. As part of the SEP, a local and project level GRM responsive to SEA/SH complaints will be put in place that can be accessed by all stakeholders including vulnerable groups and IPs. The project will record all grievances and submit to LGD with the quarterly monitoring reports. LGD will conduct a stakeholder mapping and analysis exercise to ensure that all vulnerable groups, including differently able women are well consulted and well informed about the project benefits. Required measures will also be taken to ensure that the IPs/tribal/ethnic minority group’s women are well aware of the project and can benefit from it.

CHS concerns such as SEA/SH and spread of COVID-19 among project workers and communities will be managed through the inclusion of SEA/SH and COVID provisions in the LMPs and POM, respectively.

A preliminary SEA/SH screening of the project using the Social Protection Tool based on location, nature, scope of investments, beneficiaries and implementation approach, outlined in the concept note, suggests a low risk rating. The project will be in selected districts, and may include Chittagong Division but not with beneficiaries from Displaced Rohingya Population (DRP). The strength of the IA, LGD, is nationwide and setting up of Social Protection Service Cells and developing para social networks will give further oversight and more ways to report and address grievances. LGD is working with other Bank projects and is familiar with the codes of conduct required for GBV prevention and mitigation. As discussed above under social risk, beneficiaries will be selected from a program list and even if expanded, it will be using selection criteria and there will be digital monetary transfers directly to beneficiary accounts, so individual actors will not have discretionary power or influence in these instances. Additionally, the project will familiarize all project actors with SEA/SH prevention and mitigation and reporting process. This rating will be revisited again during appraisal stage.

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APPROVAL

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