



# Project Information Document (PID)

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Concept Stage | Date Prepared/Updated: 10-Jun-2019 | Report No: PIDC26558

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

Country Tajikistan	Project ID P169168	Parent Project ID (if any)	Project Name Early Childhood Development Project to build Tajikistan's Human Capital (P169168)
Region EUROPE AND CENTRAL ASIA	Estimated Appraisal Date Nov 11, 2019	Estimated Board Date Mar 31, 2020	Practice Area (Lead) Education
Financing Instrument Investment Project Financing	Borrower(s) Republic of Tajikistan	Implementing Agency Ministry of Health and Social Protection of Population, Ministry of Education and Science	

**Proposed Development Objective(s)**

To establish core elements of a national multisectoral Early Childhood Development (ECD) program, increase access to ECD services, and improve school readiness outcomes in the targeted rayons.

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

<b>Total Project Cost</b>	40.00
<b>Total Financing</b>	40.00
<b>of which IBRD/IDA</b>	40.00
<b>Financing Gap</b>	0.00

**DETAILS****World Bank Group Financing**

International Development Association (IDA)	40.00
IDA Credit	40.00



Environmental and Social Risk Classification

Substantial

Concept Review Decision

Track II-The review did authorize the preparation to continue

Other Decision (as needed)

## B. Introduction and Context

### Country Context

- 1. Tajikistan is a low-income country with a sizeable vulnerable population, despite notable accomplishments in poverty reduction.** Tajikistan has a population of 8.92 million, and from 2000-2015 the country had an average economic growth rate of 7.7 percent annually and saw dramatic reductions in the poverty rate, from 80 to 31 percent. Yet Tajikistan also had the lowest Gross National Income (GNI) per capita (US\$990 in 2017) in Europe and Central Asia (ECA). Seventy three percent of the population is rural and heavily reliant on agriculture: these areas are typically significantly poorer than urban settings, with higher income insecurity during winter and spring months. Service delivery to most Tajiks is challenged by a mountainous terrain, which accounts for 93 percent of the landlocked country.
- 2. Tajikistan's human capital index (HCI) score of 0.53 reflects the urgent need for investment in human capital development.** This means a child born today in Tajikistan is expected to be 53 percent as productive as he or she could be growing up with complete education and full health. High levels of childhood stunting, and low learning outcomes are the main contributors to Tajikistan's low HCI score.
- 3. Given the overwhelmingly young population in Tajikistan, and the highest birth rates in ECA, investments in quality early childhood development (ECD) services are a development priority for the nation.** Globally, Tajikistan is among the top 25 percent of the fastest growing populations. Children under six years of age comprise 17 percent of the population and today one out of three Tajiks are under 15 years of age. At 29 births per 1,000 people in 2016, Tajikistan has the highest birth rate in the ECA region. This demographic profile indicates that Tajikistan can address its human capital shortcoming by investing in its young population. Given the high economic and social returns to high quality ECD investments, interventions to improve child health, access and quality of education and cognitive and psychosocial development are vital to reap the benefits of this demographic shift and sustain growth through a productive workforce that can respond to a changing global economy.
- 4. The reported prevalence of early and unintended pregnancy amongst adolescents is low; however, ECD outcomes are likely to be adversely affected by the socio-economic exclusion of young men and women.** Reflecting on the substantial male labor migration to Russia, 21 percent of households in 2012 were headed by female, of which 60,000 households consisting of single mothers with children.<sup>1</sup> One in three migrants' wives are left impoverished. Seventy percent of abandoned wives are left providing for children, despite their limited access to finance, social protection, education, or employment.

<sup>1</sup> 2012 Tajikistan Demographic and Health Survey (TjDHS) and ADB Gender Assessment (<https://www.adb.org/sites/default/files/institutional-document/185615/tajikistan-cga.pdf>)



## Sectoral and Institutional Context

**5. The need to invest in ECD is widely acknowledged, although the regulatory framework, financing, and mechanisms to deliver multisectoral ECD services are yet to be developed.** There is commitment across the government to the development of a multisectoral national strategy for ECD. Development partners in Tajikistan have also recognized ECD as a priority area of the Donor Coordination Council (DCC) under the Human Development Cluster. However, the current regulatory frameworks, policies and practices could do much more to facilitate coordinated service delivery. For example, there are different strands of legislation relating to the provision of education and health services, among other sectors, but there are not clear policies or standards under the umbrella of a unified vision. There is also no clear cross-ministry approach to ensuring that all relevant activities are coordinated and streamlined, and that key transitions (such as pre-school to school) are well managed.

### *Conception to Age 3*

**6. The first 1,000 days of life are critical for child development and Tajikistan's maternal and child health outcomes indicate there is a need to strengthen interventions during that period.** Under five child mortality has fallen from 43 deaths per 1,000 live births in 2012 to 33 in 2017 (DHS 2017) but is still above the average of the Central Asia Countries (23 per 1,000 live births). There are significant regional variations within Tajikistan, from 11 to 40 deaths per 1,000 live births in Dushanbe and Khatlon, respectively. Malnutrition indicators have also improved, but under five child chronic malnutrition remains high with 18 percent as national average with 32 percent in Gorno-Badakhshan Autonomous Oblast (GBAO).

**7. Stunting represents a complex challenge with varying risk factors across the country, including poor feeding practices and sanitation.** A recent study on drivers of stunting found that the risk is concentrated in poorer, rural parts of Tajikistan. Stunting is highest among children with several overlapping risk factors, identified as non-exclusive breast feeding for children under 6-months old, poor access to safe drinking water and sanitation, suboptimal maternal and child caring practices, and inadequate availability and diversity of food. The prevalence of these risk factors varies across the country. In addition, the low level of exclusive breast feeding, in the context of the poor sanitation, increases the likelihood that diarrheal disease is a key factor causing chronic malnutrition and infant mortality.

**8. Current child health services in Tajikistan are not sufficiently focused on promoting ECD, and reflect broader quality and effectiveness challenges facing primary health care services (PHC).** The guidelines and protocols being used in PHC are not standardized, and do not include tools to monitor motor skills, cognitive, linguistic and socio-emotional development; this forgoes key opportunities to use information to better target at-risk households and improve outcomes at the local level. Beyond the tools, the health workforce also presents a constraint. While Tajikistan previously had a home visiting system through patronage nurses, this practice became dramatically weaker after independence. The role and focus of patronage networks towards community services and ECD can be better defined and further developed. Health sector capacity to assess and treat more children with developmental delay or disabilities is also uncertain.

**9. Long-standing constraints in the integration and resourcing of the health system challenge the sustainability of ECD initiatives supported by development partners.** Government spending on health of less than US\$20 per capita (2018) is insufficient to provide basic services, leading to high out of pocket expenditure (65 percent, 2015) and dependency on donor funding. The current financing structure also limits the attractiveness of PHC for health workers and predisposes towards informal payments. To increase the prestige and quality of primary care, specialized training for



primary care doctors and nurses has been developed by development partners, but the government has not yet committed to take over the funding of this training. Sustainability is also an issue for the national immunization program, with development partners covering 80 percent of spending on vaccines with a US\$7.3 million shortfall predicted during the period 2019-2020.

**10. Within home settings, limited parent and caregiver engagement<sup>2</sup> with young children hinders children's socio-emotional development and is likely driven by economic factors and a lack of information.** The 2005 Multiple Indicator Cluster Survey (MICS) revealed that only 44 percent of parents engaged in four or more early stimulation activities in the three days preceding the survey, and that this figure increased to 73 percent in the richest quintile. Chronic income shortages affecting female headed households are likely to limit time and financial investments in ECD, as well as a household's ability to access information about ECD interventions.

### *Preschool Education*

**11. Preschool education, not compulsory in Tajikistan and covering children aged 1.5-7 years old, is broadly regulated under the Ministry of Education and Science and implemented under different settings:** kindergartens (accounting for 67 percent of the enrolled students), early learning centers (32 percent) and residential facilities provided mainly by the public sector (92 percent of institutions), and through a limited number of enterprise-owned and private centers. Public provision and funding of preschool services is the responsibility of local authorities. A kindergarten's budget is formed of local budget and non-budgetary funding. The latter includes fees paid by parents for regular and additional services.

**12. Although it has more than doubled since 2010, enrollment in preschool education is low and inequitable in Tajikistan.** At 13.3 percent in 2017, the preschool enrollment rate remains one of the lowest in the world. Disparities in access are notable along regional, gender and socio-economic dimensions. Urban areas have significantly higher enrollment rates, with 30 percent enrollment in Dushanbe and only 2.3 percent in Districts of Republican Subordination (DRS). The share of girls enrolled in preschools has fluctuated around 45 percent between 2010 and 2017. Early learning services to children with special needs are negligible. The 2030 National Development Strategy (NDS) of Tajikistan sets an ambitious goal to increase preschool coverage for 3-6 year old children from 12.4 percent in 2016 to 50 percent in 2030. Programs supporting good parenting and child stimulation are practically non-existent at the preschool level, and as mentioned in the earlier section, these services are limited in the pre-preschool years.

**13. Low levels of service provision and poverty among families are the main contributing factors for limited enrollment in preschools.** There was a dramatic loss of the preschool facilities during the civil war in the 1990s, and despite the significant increase in the population since, the supply of spaces has not increased significantly. In some rayons (e.g. Khamadoni, Jilikul, Kumsangir), there is one kindergarten for 12,000 preschool age children. In addition to lack of spaces, the quality of existing facilities is quite poor and well below minimal standards for health and hygiene with dilapidated infrastructure. Another critical factor limiting enrollment is the high fee charged at public facilities.

**14. Information on children's school readiness (or preparedness to learn in a formal schooling environment) is not available, but there is evidence that the quality of inputs for the provision of preschool services could be improved.** Assessments have revealed primary school children who had attended kindergarten did not have better reading skills

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<sup>2</sup> Parent engagement activities can include: reading books; looking at picture books; telling stories; singing songs; taking children outside the home, compound or yard; and spending time with children naming, counting and playing. Parental involvement helps extend teaching outside the classroom, creates a more positive experience for children and helps children perform better when they are in school.



than children who had not attended kindergarten, and preschool facilities and services have an overall low quality of educational services with rural preschools underperforming compared to urban preschools. The main reasons cited for lower performance include inadequately trained teaching staff, and limited learning resources. Both process and structural quality of ECEC are weak and are lacking systematic monitoring and assessment. Despite the existence of a list of standards regulating the structural and organizational requirements (sanitation, construction, human resources) the compliance with the requirement is a subject of compromise due to insufficient funding and related formal monitoring processes.

#### Relationship to CPF

**15. The project is aligned with the FY19– FY23 World Bank Country Partnership Framework (CPF) and seeks to address the binding constraints identified in the Systematic Country Diagnostic (SCD).** This project is an important component of Pillar I of the CPF (Human Capital and Resilience) and builds on the SCD's focus on early childhood education and poverty reduction through the prevention of disease. Project activities will focus on child health programming and will address the factors that contribute to nutrition, under-5 mortality and educational opportunity, which have been identified in the SCD and CPF. These areas are also consistent with the World Bank's intention to support the GoT in investing in its people to secure future productivity and competitiveness.

**16. The project will contribute to the government's overall goal of human capital development, which is stated in the 2030 NDS, as well as several specific priorities, objectives and results, which are documented in Annex 1.** Within the government's focus on human capital development, education, healthcare, water and sanitation, social protection and reduction of social inequality are all identified as priority areas. The strategy also identifies several specific objectives and results in each of these areas. These include improving access and quality to preschool education to support ECD, implementing measures to enhance children's health and reduce infant and child mortality. Expected results in the NDS include a reduction in the prevalence of chronic and acute malnutrition, and growth of enrollment in preschools and schools.

### C. Proposed Development Objective(s)

To establish core elements of a national multisectoral Early Childhood Development (ECD) program, increase access to ECD services, and improve school readiness outcomes in the targeted rayons.

#### Key Results (From PCN)

The key results initially proposed for the project are listed below. During project preparation, these will be refined to ensure full alignment with the agreed Project Development Objective and project activities.

- i. The national multisectoral ECD program is defined and under implementation and a pilot set of results are made publicly available on an annual basis.
- ii. At least xx percent of children have satisfactorily completed a standard child health and development program<sup>3</sup> in the targeted rayons.
- iii. Increased enrollment of 3-6 years old in ECD program by xx percent in the targeted rayons.

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<sup>3</sup> The health child program monitoring program will include a monitoring system with evaluation at 6, 12 and 24 months that will rate the timelessness and completeness of the monitoring of growth and development of each child in the program



- iv. Improved school readiness, using Early Human Capability Index (EHCI)<sup>4</sup>, in the targeted rayons.
- v. Percentage of children *identified to be at risk of poor development* who benefit from *multisectoral case management review* in the targeted rayons.

#### D. Concept Description

17. **Given the long-term need to develop and support early childhood outcomes in Tajikistan, this project will form the first of a series of projects to ensure continuity and sustainability for greater impact on human capital development.** The first proposed project would seek to develop an enabling environment for integrated multisectoral ECD programming with interventions that will improve the coverage and effectiveness of ECD services. The proposed interventions aim at improving school readiness of children and developing a national strategy for ECD to support sustainability and further expansion of services after the project ends. The project will consist of three project components, with activities at different levels of implementation focused on: (i) at the national level: to establish an enabling and sustainable environment for multisectoral ECD services; (ii) at the local level: to implement a basic package of multisectoral ECD interventions; and (iii) to support project management of the project.

18. **Component 1** – Development of a national multisectoral ECD strategy - aims to create an enabling environment for increasing the provision of effective multisectoral ECD services in a sustainable manner, including support to improving the regulatory environment for ECD interventions. **Component 2** – Implementation of effective multisectoral ECD service delivery – aims to improve access, quality and equity of ECD services through the implementation of effective multisectoral service delivery models for a basic package of services. **Component 3** – Project management, coordination and monitoring and evaluation – aims to provide support for the execution of project management, coordination and M&E activities.

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 environment risk is rated moderate and social risks is rated substantial; therefore, the overall ESF risk level is substantial, due primarily to the fragile social conditions, the remoteness and number of planned activities, and inexperience of the client delivering ESF. Risk will be reassessed at appraisal once activities are better defined. Key risks relate to the following: (i) fragility and conflict situation prevailing in certain parts of the country; (ii) poverty and unemployment situation which in turn impact 'women'; (iii) inclusion - likely that some poor and vulnerable households may find it difficult to participate in the project; and (iv) weak client capacity and un certain coordination arrangements required for a multi sectoral project.

On the environmental front, as a mitigatory measure, the client will prepare and disclose an ESMF since the project is

<sup>4</sup> The Early Human Capability Index (EHCI) is a contextualized instrument and will be used to gather a snapshot of children’s holistic development for the age groups from 0-6 years old. This information is important to inform the design of interventions that will be supported by the ECD project. In addition, this initial survey serves as a baseline measure, with a similar survey to be repeated during project implementation as a midline, and again toward the end of the project implementation period as the endline for measuring results of the project. In the long run, the same data and information will be used by all concerned agencies for monitoring and to inform policy decisions.



financing a broad range of small and medium scale activities, most of which will not be identified until implementation begins. The ESMF will cover applicable ESF Standards and the World Bank Group's Environmental Health and Safety Guidelines.

On the social front, a social assessment will be carried out to inform the project design so as to develop out reach arrangements and ensure 'inclusion'. Given the diverse stakeholder profile, a stakeholder engagement plan will be prepared, disclosed and begin implementation as early as possible during the project preparation itself. These apart, RPF and LMP will also be prepared to address issues related to 'lands' and 'labour'.

**Note** To view the Environmental and Social Risks and Impacts, please refer to the Concept Stage ESRS Document.

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