

Project Name Kenya-Early Childhood Development Project (@)

Region Africa

Sector Human Resources

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Borrower Republic of Kenya

Implementing Agency Ministry of Education
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1. Country and Sector Background. Early childhood development (ECD) is crucial for human capital formation and for enhancing the educability of children. There is an increasing body of scientific literature pointing to the importance of the first few years of life from the point of view of human physical, mental and social development. Appropriate physical and mental development of children in the pre-school years leads to timely school enrollment and improved progress and performance in school. A number of experimental studies on early child development have confirmed child vulnerability to adverse environmental circumstances during the pre-school years, and more important from an applied perspective, have shown that deficits in intellectual development that accompany poverty and malnutrition can be prevented or compensated through ECD interventions, that provide improved diets, learning experiences and health surveillance.

2. Investments in early childhood development programs worldwide have grown since the 1970s for a number of reasons. First, the increasing participation of women in the labor force, and changes in family structures and child-rearing practices have created new demands for child care. Second, steady improvements in the survival of children have led governments to invest in laying the foundation for human development by improving the health, nutrition and learning potential of those who survive beyond the first year of life. Third, governments have recognized that early childhood interventions are particularly useful as a preventive investment for groups at high risk of educational failure.

3. All of the above reasons apply in the case of Kenya. The demand for child care has increased as a result of increasing numbers of nuclear families with working/single-parents, most of whom are poor. Results from the Kenya Poverty Assessment (1995) indicate that a third of rural households are female-headed. These households, and those in plantation areas and urban slum settings, are least likely to have access to quality child care. While the Kenyan child's chances of survival have improved dramatically since

the 1960s, child quality indicators such as levels of educability, morbidity and nutritional status show that much remains to be done. Improvements in these indicators seem to have stalled and in some cases reversed in the last decade. These indicators are considerably worse for children from poor households, who are less likely to attend school and more likely to be malnourished than the average Kenyan child. Of the 6 million children in Kenya under the age of six, about half are from families below the poverty line.

4. The demand for early child development services in Kenya has resulted in the establishment of a large network of child development centers, mostly in rural areas, by parents of children who do not have access to privately owned 'nursery schools'. About 19,000 centers covering approximately 1 million children (mostly in the age group 3-6) have been set up. The community has been the most important partner in the development of the centers, taking responsibility for the provision of physical facilities, payment of salaries, organization of feeding programs, and provision of learning and playing materials. Some communities receive financial and supervisory support from NGOs and local governments. In the 1970s, the GOK stepped in to provide training support and supervision for the centers. In 1984, the National Center for Early Childhood Education (NACECE) was established at the Kenya Institute of Education. NACECE was made responsible for the training of trainers, curriculum development, research and coordination. District Centers (DICECE) were responsible for the training of teachers at the district level, inspection, community mobilization and the evaluation of local programs.

5. Despite some significant gains in enrollment and community initiative, there is wide variation in the type and quality of services provided by these centers. The child development centers were recently evaluated by government and the key issues were identified as follows: (1) access to services is low, particularly for the lowest income groups; (2) wide variation in the level of physical facilities, trained personnel, supporting services and activities by center; (3) lack of a policy or services for 0-3 year olds, although children in this age group are increasingly using these centers, and much developmental damage occurs during that period; (4) low public awareness regarding the importance of early childhood development; (5) caregiver wages vary widely and payments are irregular; (6) monitoring and supervision are inadequate; (7) there are no linkages between pre-schools and primary schools; and (8) levels of funding are too low to allow efficiency and effectiveness of program implementation. The ability and willingness of communities to finance and manage their pre-schools was identified as the critical factor affecting quality and sustainability. Teacher qualifications, motivation and supervision were other important factors.

6. Up till now, parents and communities have mainly been responsible for developing, operating and managing child development centers and the government and donors have provided support for teacher training, curriculum and materials development, community mobilization and monitoring. Present GOK policy does not

address the issue of financial support to communities or households who cannot afford to pay for child development services. This is significant because households are contributing \$10 per child year on average for child care. Studies of childcare costs in Kenya estimate that a minimum adequate package of child development services will cost 1,000 KSh (\$20) per child year. GOK expenditure, (based on center enrollment of 1 million children) works out to only \$0.50 per child. Corresponding investments at the primary, secondary and university levels are \$17, \$168 and \$418 for households and \$38, \$107 and \$1,400 for the GOK (Kenya PER, 1994). The policy does not cover children from 0-3, a crucial phase for early child development. Nor is there a policy for linkages between pre-school and primary education or between pre-school education and other social services such as health and nutrition. A revised policy that covers these issues has been articulated by the GOK as part of the development of the project.

7. The project seeks to achieve the following impact:
 - Improve child cognitive and psycho-social development.
 - Improve child health and nutrition.
 - Increase school entry/enrollment at the appropriate age.
 - Reduce repetition and dropout rates in lower primary school.

Process objectives would be to:

- Improve the quality of ECD services.
- Increase access and participation of the poor.
- Improve family capacity for child care.
- Increase community capacity to organize, manage and finance ECD activities.

- 8 Monitorable indicators will include: (a) child profile at entry to primary school including cognitive skills, average age at entry, heights, weights and immunization status; (b) child development services access rates for poor households; and (c) primary school dropout rates in the early grades and repetition rates. These and other indicators will be tracked as part of a monitoring and evaluation component.

9. Project Description. The project's core features are a program for improved teacher performance, combined with community capacity-building. The project will also pilot a number of intervention packages intended to improve the quality and sustainability of ECD. Pilot packages include: (a) increasing participation in ECD by poor children and communities, through financial support, including matching grants; (b) improving the health and nutrition status of pre-school children including those under 3 years of age; and (c) smoothing the transition from pre-school to primary school.

10. The project would comprise the following core components: (a) improved Teacher Performance Component, which would provide initial, orientation and refresher training for teachers, as well as mechanisms for support; (b) the Community Capacity Building and Mobilization Component which would improve parenting skills and strengthen the organization, management, supervision and quality

control of ECD services and develop the communities' capacity to mobilize and manage local resources, as well as monitor their utilization. The pilot components would include: (a) Community grants to assist community-managed ECD centers that are constrained by low levels of funding, to pay salaries of pre-school teachers, school materials, health and nutrition services, subsidize fees for the poorest children and improve school facilities; (b) Health and Nutrition Services which would develop a replicable model, emphasizing prevention and promotion, to optimize the health and nutrition status of pre-school children at the community level; and (c) Pre-school to Primary School transition pilot in those primary schools which have pre-schools attached, which would seek to provide continuity in the curriculum and teaching methodologies between pre-school and primary schools. A regular monitoring system as well as a mid-term and final evaluation will be set up to evaluate the impact of ECD services and to assess the differential effects of diverse ECD packages and delivery systems on child outcomes.

11. Project Implementation. The project will receive overall policy and strategic direction from an inter-sectoral ECD Project Implementation Committee, chaired by the Permanent Secretary, Ministry of Education (MOE). The Committee will meet at least once a quarter to discuss and approve work plans and budgets, review project progress and impact and discuss policy issues arising from the implementation of the project. The pre-primary section in the MOE will be strengthened, and the head who will be named project coordinator, will (a) be the Secretary of the ECD Committee; and (b) facilitate project coordination and implementation, and monitor project progress and (c) handle IDA's administrative requirements.

12. NACECE will be responsible for implementing the core components of Improved Teacher Performance and Community Mobilization and Capacity Building. NGOs will assist in the implementation of the Community Grants and Health and Nutrition Pilots. Two implementation models will be tested under the pilot components. In the first model, NGOs will be selected at the national level to implement the pilots in selected districts, subject to the approval of the ECD Project Implementation Committee. The selected NGOs will support other community-based organizations in grassroots project implementation. In the second model, the GOK will implement the pilot components with collaborating agencies at the district level, through District ECD Project Implementation Committees and DICECEs. The transition pilot will be implemented by the MOE Inspectorate with KIE.

13. Communities themselves would continue to have principal responsibility for managing ECD centers. The management capacity of pre-school committees would be strengthened, parenting education would be provided and communities mobilized for greater participation and involvement in ECD services.

14. Project Sustainability. The project's sustainability will be determined by the development of an appropriate model, affordable in the long term. Households, who are already meeting the bulk of the financing requirements, can be expected to continue and

increase investment as a result of the project's mobilization and education effort. If the project is successful in meeting its objectives, then the savings accruing to households and the primary school system should be a strong incentive for increasing both private and public funding for ECD. Capacity building at the community level for the development and management of ECD centers will enhance program sustainability. From the point of view of Government funding, the GOK draft letter of policy intent, clearly makes a commitment to increasing resources for ECD programs. In GOK budgetary terms, this would imply increasing the share of funding for this sector from less than 1%, to about 2% of the education budget. Given MOE recognition that the foundation of the education system is being under-funded, this is a realistic option. By the end of the project period, initial investment costs funded by IDA, such as training the backlog of untrained teachers, will no longer be required. The bulk of on-going recurrent costs (\$10-12 million per year) will continue to be met by communities and households. GOK contribution will increase to about \$2 million dollars per year to meet increased monitoring costs and for expanding successful pilots.

15. Lessons Learned From Previous Bank/IDA Involvement. IDA has supported a number of child development projects in Latin America and Asia, although this is the first IDA supported ECD project in Africa. The ability and will of communities to manage and finance their pre-schools are perhaps the most critical factors affecting the quality and sustainability of community owned pre-schools. Communities need to be made aware of the importance and benefits of ECD services and be willing and able to finance them. Other lessons learned include the importance of: (a) worker selection, workload, training and supervision; (b) community and family involvement; (c) integrated inputs meeting a child's health, nutrition and education needs; and (d) flexible, non-formal and culturally appropriate approaches.

16. Poverty Category. Several studies have shown that children from low-income families have developmental scores that are significantly lower than those for children from middle or high income households, and that such deficits can be prevented or compensated through ECD interventions. The project would increase access to and improve the quality of ECD services available to children from poor families. The most backward districts, based on a composite index of income, child health and nutrition and school enrollment, have been selected for implementation of the pilots.

17. Environmental Aspects. The environmental category is C - i.e., the project does not carry the risk of any adverse impact on the environment.

18. Program Objective Categories. The project is targeted to poor communities and households and will help build the foundation for the development of the human resources of the poor. The project will ease the burden of childcare on women and school-age girls, who are primary providers of childcare services.

19. Participatory Approach. Local participation in project design and capacity to implement the project were ensured by the

following: (1) a client consultation study prepared as part of the preparation process covering about 550 small group interviews in four different types of settings (pastoralist, settled agricultural, plantation and urban slum) with parents, grandparents, siblings, pre-school teachers, leaders and caregivers; (2) a nationwide sample survey of ECD centers; (3) the project preparation group constituted by the GOK; and (4) interaction with the Aga Khan and van Leer Foundations, the two most important donors to ECD in Kenya, including their participation in missions. The IDA project preparation team met extensively with NGOs involved in ECD in Kenya, collectively and individually. A workshop was held in July 1995, with the stakeholders - the Government, NGOs, representatives of communities and donors - to discuss the findings of a number of project preparation studies prepared with the assistance of a Japanese PHRD grant. Client consultation studies and beneficiary and center-based assessments will be repeated at mid-term and conclusion of the project. National, provincial, district-level and participatory rural assessment workshops will be held during the implementation of the project, to ensure information dissemination and feedback.

20. Project Benefits. The project will bring about quality improvements in existing ECD services, via teacher-training, community mobilization and pilot interventions in about 20,000 centers, benefiting 1 million children. An additional 5000 new centers will be opened, covering 250,000 children. The project is expected to: (a) reduce grade repetition, and improve completion rates in primary school; (b) improve lifetime earnings of beneficiaries; (c) improve child health and nutrition; (d) release mothers' time for economic activities; (d) release girls' time from child care; and (e) increase earnings of teachers trained under the project. In 1993, the financial loss to Kenyans on account of grade repetition by 700,000 primary school repeaters alone was about \$35 million (based on estimates of average primary school expenditure by government and households together of \$55 per child year (Kenya PER, 1994)). The project is expected to generate a combined fiscal cost savings to the Government and financial savings to households of about \$7.5 million per year by the fifth year of the project, based on improved performance in primary school alone. Improving the management capacity of communities, enhancing women's earning capacity and enabling elder siblings (usually girls) to attend school are additional benefits that are difficult to quantify. A benefit-cost analysis quantifying only benefits (a) and (b) above gave an economic rate of return of 32%. The rate of return with only (a) quantified was 26%. The pilot interventions are intended to test the relative cost-effectiveness of different interventions such as health and nutrition services and transfer of grants to communities in need.

21. Project Risks. IDA involvement could result in the bureaucratization of a flexible system for the provision of child development services. The tendency to prescribe teacher certification and pay scales that ignore the realities of the market could hurt the normal expansion of pre-school services. The project is intended to increase the total investment in young

children in Kenya. There is a risk that the project will replace or reduce other current sources of investment. Poor community oversight resulting in the community elite capturing project benefits or the misappropriation of funds is a risk. To reduce these risks, the project will promote a non-formal approach to early child development and apply market principles in respect of teacher certification and pay. Grants will be transferred to communities on a matching basis to encourage continued community contribution and there will be considerable investment in capacity building for the major stakeholders - i.e., parents of pre-school children.

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Note: This is information on an evolving project. Certain components may not necessarily be included in the final project.

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