



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 12-Jan-2020 | Report No: PIDA27782

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

Country Tajikistan	Project ID P169168	Project Name Early Childhood Development Project to build Tajikistan's Human Capital	Parent Project ID (if any)
Region EUROPE AND CENTRAL ASIA	Estimated Appraisal Date 22-Jan-2020	Estimated Board Date 30-Apr-2020	Practice Area (Lead) Education
Financing Instrument Investment Project Financing	Borrower(s) Republic of Tajikistan	Implementing Agency Ministry of Finance	

Proposed Development Objective(s)

To increase utilization of a basic package of health and preschool education services for 0 to 6 year old children.

Components

Strengthening capacity to deliver the Basic Package
 Implementing the Basic Package nation-wide
 Improving access to the Basic Package in targeted districts
 Project management and coordination

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

Total Project Cost	73.00
Total Financing	73.00
of which IBRD/IDA	70.00
Financing Gap	0.00

DETAILS**World Bank Group Financing**

International Development Association (IDA)	70.00
IDA Grant	70.00



Non-World Bank Group Financing

Trust Funds	3.00
Global Financing Facility	3.00

Environmental and Social Risk Classification

Substantial

Decision

The review did authorize the team to appraise and negotiate

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 9.12 million.¹ 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 per capita (US\$990 in 2017) in the Europe and Central Asia (ECA) region. The main drivers of Tajikistan’s economy are remittance inflows (one-third of the country’s gross domestic product (GDP)), cotton and aluminum exports, official development assistance inflows, and in recent years, substantial levels of public investment. 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. Tajikistan is one of the most vulnerable countries in the region to impacts from external economic shocks, seasonal food insecurity, climate change, exacerbated by its limited capacity to respond to natural hazards. The country is prone to flooding, earthquakes and mudslides, which have a significant impact on social and economic development. From 1992 to 2016, disasters in Tajikistan are estimated to have caused economic losses in excess of US\$1.8 billion, affecting almost 7 million people.
- 2. Women-headed households are significant in volume, and particularly at risk of falling into deep poverty, adversely impacting human development outcomes.** Women’s dominant presence in the informal economy makes them susceptible to economic shocks, earning lower salaries, and lacking access to social benefits or opportunities for skills development². As many as 0.5 million Tajik citizens, 78 percent of whom

¹ Official data of the Agency on Statistics under the Government of Tajikistan (GoT), 2019.

² Tajikistan FY19-23 World Bank Country Partnership Framework



are young men, emigrate to find job opportunities abroad.³ Most of these migrants are married with children and support households with an average size of between seven and eight persons.⁴ Reflecting on the substantial male labor migration to Russia, 21 percent of households in 2012 were headed by females, of which 60,000 households consisted of single mothers with children.⁵ 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.

3. **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 education⁶ and full health⁷. Tajikistan is below the ECA average of 0.63, and regional comparators such as Armenia (0.57), Kyrgyzstan (0.58) and Kazakhstan (0.75). High levels of childhood stunting, and low learning outcomes are the main contributors to Tajikistan's low HCI score.
4. **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 opportunity, and a priority for the nation.** Globally, Tajikistan is among the top 25 percent of the fastest growing populations. Children under 6 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. Between 2015 and 2025, the number of children aged 0-9 is expected to rise by nearly 23 percent, from about 2.2 million to 2.7 million. This demographic trend presents a unique opportunity for Tajikistan to invest in its youngest population as a means of changing its growth and development trajectory. Given the high economic and social returns to 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.⁸

Sectoral and Institutional Context

5. **The Government of Tajikistan is committed to investing in multisectoral services to boost ECD outcomes in the country.** Global evidence confirms the importance of simultaneous investment in a range of multisectoral services—parenting programs focusing on health, nutrition and education of the mother and the child (pre conception to age 6); social protection, and water and sanitation—to achieve effective ECD outcomes. The Government of Tajikistan is cognizant of the opportunities presented by investing in the early

² According to data from the State Migration Service of the Republic of Tajikistan under the Ministry of Labor, Employment, and Migration, 2018.

⁴ Most migrants have completed general secondary education but are unskilled and not employed in Tajikistan prior to migrating abroad. World Bank, *Job Diagnostics Tajikistan*, Series 1 (Washington, DC: World Bank, 2017).

⁵ 2012 Tajikistan Demographic and Health Survey (TJDHS) and ADB Gender Assessment (<https://www.adb.org/sites/default/files/institutional-document/185615/tajikistan-cga.pdf>)

⁶ Defined by the HCI as 14 years of high-quality school by age 18.

⁷ Defined by the HCI as no stunting and 100 percent adult survival.

⁸ World Development Report 2019: The Changing Nature of Work. World Bank: Washington, D.C.



years and has expressed strong commitment to the development of a multisectoral national program for ECD. ECD however largely remains defined officially as preschool education. The Government's National Development Strategy for 2016-2030 sets an ambitious target to expand access to preschools from 13.3 percent (2017) to 30 percent of its children aged 3-6 years by 2021 and to 50 percent by 2030 to reach its ECD outcomes.

Conception to Age 3

6. **Current child health services in Tajikistan are not systematically monitoring development and promoting ECD, and key opportunities to communicate with parents about the benefit of early child stimulation, and to target at-risk children are being missed.** Approximately 1 in every 5 children in Tajikistan suffers from stunting and malnutrition, which reflects the lack of an effective child growth and developmental monitoring program. Current national guidelines cover nutrition, vaccination and checkups but child development milestones and the content of each checkup are not well defined. Moreover, these are not yet combined in a user-friendly format, and linked to staff training to support high-quality and consistent service delivery. Records and tools do not fully enable health providers to assess, monitor and communicate with parents about weight gain, developmental milestones for motor, cognitive and linguistic skills or socio-emotional development. As a result, the system is forgoing key opportunities to better target at-risk children and households and provide extra services at the Primary Health Care (PHC) level to improve nutrition and ECD outcomes. A recent study shows that every dollar invested in interventions targeting ECD and nutrition would yield between \$4 and \$35 in economic returns⁹.
7. **Health sector capacity to assess and treat more children with developmental delay or disabilities is also uncertain.** Improving child monitoring will increase the detection of children with developmental delays and/or disabilities, who will require more intensive local support. Some patients and families may require referral to specialized care for assessment and early treatment. Currently, there are no national training programs for many of these specialized professionals, including speech or occupational therapists. After a period of closure, the specialist training program for pediatricians was re-opened five years ago and the first cohort will graduate in 2020. With an improved child development monitoring program, the demand for specialized services will increase, requiring the strengthening of the child development referral pathway (which is the ability of the system to identify a developmental delay at the primary health care level and refer a patient, and their family, to the proper specialized services in secondary and tertiary settings). In addition, the system is constrained by challenges with health workers training and availability, economic drivers affecting parent and caregiver awareness and engagement and a constrained fiscal space for health. Further details on this context can be found in Annex 3.
8. **Within home settings, limited parent and caregiver engagement¹⁰ with young children hinders children's socio-emotional development and is likely driven by economic factors and a lack of information.** Research

⁹ Shekar, Meera; Kakietek, Jakub; Dayton Eberwein, Julia; Walters, Dylan. 2017. An Investment Framework for Nutrition : Reaching the Global Targets for Stunting, Anemia, Breastfeeding, and Wasting. Directions in Development--Human Development. Washington, DC: World Bank. © World Bank

¹⁰ 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.



shows that when family and caregivers are involved, children are likely to have better social skills, show improved behavior and perform better in school.¹¹ The 2005 Multiple Indicator Cluster Survey revealed that only 44 percent of parents were actively engaged early stimulation activities, but better performance among the richest quintile (73 percent)¹². The situation remains the same in 2019. In a 2019 Early Human Capability Index (eHCI)¹³ 48.1 percent of caregivers stimulated their children's development with four or more activities in the previous three days, regardless of caregiver's education level: 38.7 percent of the caregivers had primary education as their highest level of education, 48.5 percent had secondary school education and 62 percent had tertiary education. 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.

Age 3 to 6 years old

9. Pre-literacy and pre-numeracy skills are particularly weak in Tajikistan, contributing to low educational attainments in primary education and beyond. Overall child development outcomes for 3-6 years old children are low in Tajikistan, with a score of 0.54 on a scale of 0 to 1 (eHCI 2019). However, scores are particularly poor in some of the more formal or academic domains of development like pre-literacy and pre-numeracy likely in part due to the low preschool attendance rates and low quality of education at this level. This has profound impacts on educational outcomes throughout life. Children in Tajikistan can expect to complete 10.8 years of pre-primary, primary and secondary school by age 18. However, when years of schooling are adjusted for quality of learning, this is only equivalent to 7.7 years; indicating a learning gap of 3.1 years.¹⁴

10. Preschool education is a fledgling and under-resourced subsector in Tajikistan. The Ministry of Education and Science (MOES) is officially mandated to address early childhood development and education needs of children 1.5 to 7 years old. The MOES established a preschool education department only in 2018.¹⁵ The budget for preschools increased from 2.1 percent of the total education budget in 2010 to 5.6 percent in 2017, but it remains minimal at 0.3 percent of the GDP, given the need to provide services to a rapidly growing population.¹⁶ Preschool education is fee-based and implemented through: kindergartens (accounting for 67 percent of the enrolled students), early learning centers (ELCs -- 32 percent) and

Parental involvement provides learning opportunities during the critical first 1,000 days of brain development, helps extend teaching outside the classroom, creates a more positive experience for children, and helps children perform better when they are in school.

¹¹ Lily Eskensen Gracia & Otha Thornton, 2014

¹² The 2005 Multiple Indicator Cluster Survey. Here, 'active' means engagement in four or more early stimulation activities in the three days preceding the survey.

¹³ Brinkman & Sincovich. 2019. "The Status of Early Childhood Health and Development in the Republic of Tajikistan: Results from a National Survey". The Early Human Capability Index (eHCI) is a contextualized instrument used to gather a snapshot of children's holistic development for the age groups from 0-6 years old.

¹⁴ HCI data, World Bank 2018

¹⁵ The pre-primary sector of education suffered most after the devastating civil war following the country's independence in 1991, and many preschool buildings were demolished and abandoned. The Government's tight budgetary situation translated into a de-prioritization of the preschool sector, the high population growth and decreasing quality, led, along with the population poverty level, to a significant reduction in enrollment rates in 1990s and early 2000s.

¹⁶ Between 1991 and 2016, the population of children aged 0-7 grew by around 23 percent (326,000 kids), of which the population of 3-6 years old children rose by around 26 percent (185,000 kids).



residential facilities (1 percent); provided mainly by the public sector (92 percent of institutions), and through a limited number of enterprise-owned and private centers.

- 11. Enrollment in preschool education is extremely low and inequitable.** The current preschool enrollment rate (13.3 percent in 2017) is among the lowest in the world, and far below the regional average for Central Asia (37.5 percent). Disparities in access are notable along regional, gender and socio-economic dimensions. Enrollment rates range from 30 percent in Dushanbe to only 2.3 percent in the Districts of Republican Subordination (DRS).
- 12. Lack of infrastructure, low quality of the existing preschool facilities and the user fee charged for attendance contribute to low enrollment in preschools.** In 2017, there were only 615 kindergartens (KGs) across the country, and the coverage was conspicuously low in rural and poorer areas because KGs are mainly located near the more densely populated centers of districts. Physical distance from residence to preschool services is a significant barrier to access across regions and among families with different socioeconomic backgrounds.¹⁷ Most preschool facilities have unsatisfactory heating, water and sanitation, electricity and communication systems, and classroom lighting, and do not meet the state standards. There is a strong correlation between preschool enrollment and poverty. The minimum monthly fees for preschool that households bear (TJS50 per child)¹⁸ accounted for a quarter of the average living expense of people living below the national poverty line in 2017 (TJS 190 equiv. US\$ 22.40¹⁹ per person per month).²⁰ Likewise, ELCs charge TJS 50 on average per month to households, making ELCs non-affordable for the bottom 40 percent of the population.²¹
- 13. Quality of preschool services is a concern, especially in rural areas, due to low qualifications of teachers, weak pre and in-service training programs, and outdated teaching and learning materials (TLMs).** Because only half of professional staff in preschools had a pedagogical degree in secondary or higher education,²² a major pool of teachers lacks pedagogical competencies. The mandatory preschool curriculum, Rangincamon (“Rainbow”), developed in 2010 is not fully implemented in preschools, and it needs an update to make it more relevant for “learning through playing” for age appropriateness of children. Physical infrastructure and quality of learning interactions are poor, especially in rural areas.²³
- 14. Enhancing access to good quality preschool education will necessitate a multi-pronged strategy.** In light of the above context, recent reports²⁴ point to the need to: (1) expand the definition of ECD to be more holistic and encompass an integrated framework; (2) improve school readiness of 6 year old children by prioritizing their preschool needs; (3) invest in parental and caregiver awareness, and social mobilization for

¹⁷ World Bank. Early Childhood Education and Care Analysis: A Focused Review of Preschool Education in Tajikistan. 2019.

¹⁸ Fee ranged from TJS 50-100 (US\$ 5-11 equivalent) in 2017 and from TJS 55-110 in 2018/2019

¹⁹ As per the average market US\$/TJS exchange rate in 2017 at 8.49

²⁰ The required fee contribution is 150 percent bigger than the cash benefits provided to low-income families (TJS 33.3 per household per month, equiv. US\$3.4) by the Targeted Social Assistance program.

²¹ World Bank. Early Childhood Education and Care Analysis: A Focused Review of Preschool Education in Tajikistan. 2019.

²² Ibid

²³ E. Yudina. 2016. “Preschools’ facilities and services assessment.” GPE-4 project.

²⁴ World Bank. Early Childhood Education and Care Analysis: A Focused Review of Preschool Education in Tajikistan. 2019, and Brinkman & Sincovich, 2019.



effective ECD delivery; (4) introduce alternative models of preschool delivery, including KGs, ELCs (public and community managed) and community child development groups (CCDGs); (5) create a regulatory environment that is conducive for private sector participation; (6) increase the budget for preschool sector, with efficiency enhancing initiatives; (7) enhance equity by eliminating user fees for the poorest; (8) invest in upgrading the quality of staff and materials; (9) develop a multisectoral ECD framework; (10) revise regulatory framework to accommodate the above.

Defining an integrated approach to ECD programming in Tajikistan: The Basic Package

- 15. Established and emerging science continues to demonstrate that to promote child development using a holistic approach²⁵ successfully, investments and services must be coordinated and integrated where possible, and concurrently addressing the health, nutrition, development, education, and protection needs of children, beginning prenatally or, better yet, during the preconception period.** This knowledge can inform innovative strategies to address child survival and well-being across domains, leading to improved outcomes for children over the long term as they venture into adulthood.²⁶ Implementing integrated investments and interventions would create a multiplier effect and scaffold for opportunities across domains of ECD while building a solid foundation to support long-term development and a sustainable system. In other countries, a high level of coordination, and a bedrock of the health and education sectors as core entry points, has been key to success.
- 16. However, the enabling conditions for multisectoral service delivery are presently underdeveloped in Tajikistan.** While there is political momentum around improving ECD, a common vision, institutional arrangements, and regulatory and coordination mechanisms (for planning, budgeting, implementation and monitoring) remain largely absent for intersectoral service delivery. As mentioned earlier, official documents largely define ECD as equivalent to preschool education. There are no systematic linkages between the MOES and the Ministry of Health and Social Protection (MOHSP), either at the central or the local level to engage collectively although both ministries have potentially overlapping mandates to improve ECD outcomes of the 0-6 year age group. Important and mutually relevant child development related policies and standards are neither developed nor systematically adopted by the two key line ministries, for example the early learning and development standards (ELDS) for 0-7 year old children have been developed by the MOES and are not adopted by MOHSP. Data inconsistency exists in areas such as children with disabilities, between MOES and MOHSP. In operations, staffing or staff capacity is not based on a harmonized approach. Health professionals do not receive training on discussing early stimulation with parents, and education professionals do not receive training on health and nutrition or identifying learning differences and disabilities and inclusive education. Several relevant projects (water, social protection, etc.) are being supported by development partners; however, there is not yet a clear cross-ministry approach to ensure coordination across all these interventions and policies to enable ECD impact.
- 17. Given the Government's interest in pursuing a multisectoral approach to overcome traditional constraints for the benefit of child development in Tajikistan, the project proposes to utilize a common framework for bringing together various stakeholders, using a Basic Package (BP) of integrated services promoting improved ECD outcomes.** The project will focus on the provision of a Basic Package of services that promote improved ECD outcomes (namely BP), to address the most pressing issues of the ECD sub-sector while setting up strong

²⁵ Shonkoff, J. P., L. Richter, J. van der Gaag, Z. A. Bhutta. 2012. An integrated scientific framework for child survival and early childhood development. *Pediatrics* 129(2).

²⁶ Ibid



foundations for cross-sectoral coordination for long term and sustainable service provision. An overall and long-term goal of a government's approach to ECD ought to focus on organizing service provision to ensure that each child will be supported in his or her needs by accessing (1) basic (2) differentiated and (3) specialized services.²⁷ Among these services, the Project introduces the BP, which essentially defines a mix of input, process and outcome targets, with an emphasis on 'basic services'. The BP under the project aims to: (1) ensure that each child's growth and development is monitored systematically across the country, and (2) that children in targeted districts enjoy quality services that promote improved ECD outcomes at an essential level. The Basic Package is further defined in Annex 2.

C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

To increase utilization of a basic package of health and preschool education services for 0 to 6 year old children.

Key Results

- i. At least 60 percent of Primary Health Care Centers (PHCCs) nationwide report the growth and development status of children 0-3 years old under the program using the CGDM program.
- ii. At least 50 percent of children 0-3 years old have received the minimum number of checkups defined in the basic package in the selected districts.
- iii. At least 15 percent of children 3-6 years old in selected districts participating in preschool programs (disaggregated by gender).²⁸

D. Project Description

18. The Project introduces the Basic Package of services (BP) to promote improved ECD outcomes through four components. Components 1 and 2 focus on national level interventions, Component 3 focuses on targeted district level interventions, while Component 4 supports project management and coordination. A list of 14 targeted districts for Component 3 interventions have been determined based on transparent criteria with the overall goal of reaching the most disadvantaged households and communities in the country. The final criterion established by the Government was to select districts based on the lowest preschool enrolment rates (below 6.75 percent) in the country.²⁹

19. Component 1: Strengthening capacity to deliver the Basic Package. The objective of this component is to strengthen capacity to deliver a BP of services that promote improved ECD outcomes. There are five sub-

²⁷ Good practice in ECD programming emphasizes the importance of defining a package of services promoting improved ECD outcomes, which distinguishes three tiers of services as: (1) basic, (2) differentiated and (3) specialized services. Basic services that are available to all children. This includes *inter alia*: immunizations, growth and monitoring check-ups, antenatal care for mothers and access, access to kindergartens, preschools and clean water. Differentiated services are extra services to support families in recognition of their different needs, socio-economic status and challenges in access services. Specialized services are for those with developmental requirements such as disability, mental health.

²⁸ Preschool programs include: center-based programs, like KG, ELC and an alternative model, Community Child Development Groups.

²⁹ The selected districts are: in Khatlon province, Kushoniyon, Vakhsh, Vose, Dusti, Kubodiyon, A. Jomi, Jayhun, Khamodoni; in Sughd province, K. Mastchokh; and in DRS, Varzob, Rudaki, Tajikabad, Faizabad and Hissar.



components aimed at supporting this objective. Sub-components 1.1, 1.2, 1.3 and 1.5 will be financed using IDA resources, while sub-component 1.4, which utilizes Disbursement Linked Indicators (DLIs), will be financed using the Global Financing Facility (GFF) co-financing.

- 20. Sub-component 1.1: Update and development of the guidelines, programs, materials and resources for implementation of a BP of services for improved ECD outcomes.** The objective of this sub-component is to update or develop the resources needed to support implementation of the BP at the national and district levels. Activities financed by the project will include technical assistance for: (i) development of a BP Operational Manual; (ii) updating prenatal care guidelines and tool; (iii) updating the Child Growth and Development Monitoring (CGDM) Program; (iv) review and adaptation of curricula, equipment and TLMs for existing and alternative preschool models; and (v) revising designs of preschool constructions.
- 21. Sub-component 1.2: Staff training (technical and managerial).** The objective of this sub-component is to provide managerial staff and trainers with relevant training to build their knowledge and capacity to oversee and implement the BP. To achieve this, the project will finance: (i) training to staff responsible for oversight of implementation and monitoring of the BP on relevant topics, including through study visits; and (ii) training of trainers on topics related to the BP, both in health and education.
- 22. Sub-component 1.3: Development of a national monitoring and evaluation system on ECD and evaluation of the project interventions.** This sub-component aims to support government's capacity to measure and evaluate child development outcomes. These include developing an ECD monitoring framework, financing a national assessment of holistic ECD outcomes, and technical assistance and financing for the development and implementation of surveys to evaluate ECD programs.
- 23. Sub-component 1.4: Supporting financing reforms for enhanced services that promote improved ECD outcomes.** The government of Tajikistan is planning to gradually introduce program-based budgeting in the public sector to improve public financial management. The changes in the regulatory framework are planned for the calendar year 2020 and the gradual roll out is expected to begin in 2021. This general public financial management reform creates an opportunity to improve the efficiency and budget execution in primary care in Tajikistan. In order to fully benefit from this opportunity, it is critical that the roll out of the reforms include the health sector early on.
- 24. Sub-component 1.5: Development of a cohesive and coordinated ECD regulatory framework, including governance, financing mechanism, and staffing.** This sub-component aims to support the development of a regulatory framework that would: (i) create an enabling environment for multisectoral early childhood development service delivery through a range of service options; (ii) identify relevant stakeholders and articulate their roles and responsibilities for the provision of the various components of services promoting improved ECD outcomes; and (iii) establish national integrated early childhood development leadership and coordinating structure. To achieve this, the project will finance technical assistance to develop the sector governance capacity, which includes the regulatory framework for public and private sector, capacity building at the central and decentralized levels for integrated planning, supervision and monitoring of service provision promoting improved ECD outcomes, monitoring of ECD outcomes, and financing reforms for sustained provision of services.



- 25. Component 2 – Implementing the BP nation-wide.** The objective of this component is to support nation-wide implementation of elements of the BP through social and behavioral change communications and roll out of the CGDM Program. This will be achieved through two sub-components.
- 26. Sub-component 2.1: Social and Behavioral Change Communications (SBCC).** A comprehensive public awareness campaign and SBCC are essential for reaching the project development objectives. A focus on the importance of child development constitutes a significant shift in mindset at different levels of the system: government officials, health and education workers, communities, and families. To achieve this, the project will finance: (i) a stakeholder analysis; (ii) a comprehensive Communications Strategy with culturally appropriate messages and approaches to target audiences at various levels to enhance the understanding about the full definition of ECD, including nutrition, responsive care and early stimulation and alternative early learning interventions; and (iii) implementation of the Communications Strategy using a wide range of tools, such as television, newspapers, radio and social media campaigns.
- 27. Sub-component 2.2: Nation-wide introduction of developmental monitoring.** This sub-component will finance the production and distribution of materials for the implementation of the updated ambulatory card for pregnant women and for the implementation of updated CGDM Program. The sub-component will also finance basic equipment and training to PHC facilities and their staff to implement the CGDM Program nationwide. Training will be provided, at the regional level, by Regional Family Medicine Centers, to support nation-wide roll out, recognizing that these centers can play a role in a multi-pronged strategy for a cultural shift in the monitoring of child development. This sub-component will also finance rehabilitation, training and equipment for the National Disability Center, and its regional branches.
- 28. Component 3 – Improving access to the BP in targeted districts.** The objective of this component is to support local administrations and communities in targeted districts in developing, implementing and monitoring their ECD plans aligned with the goals of the BP. This will be achieved through three sub-components.
- 29. Sub-component 3.1: Development of district ECD plan.** The project will introduce a vital innovation to help target districts develop integrated ECD plans aimed at delivering the BP. Information for the plans will be obtained from communities/mahallas, who will need to be mobilized and informed about the BP and supported in determining their needs, and to develop an optimal mix of solutions to help achieve the BP in their communities. The district offices will be expected to work with the provincial-level administrations and the line ministries to finalize mahalla-level plans for the development of the district-level ECD plan. The project will finance: (i) training for provincial and district staff in planning, implementation and monitoring implementation progress; (ii) technical assistance to develop implementation plans to achieve the BP in target districts; and (iii) a targeted SBCC campaign at the local level, which will aim to assess ECD needs, develop integrated ECD plans, enhance family and community support for early childhood stimulation and development, improve parental practices, and empower health workers and educators to support parents and provide quality services that promote improved ECD outcomes at the local level.
- 30. Sub-component 3.2: Implementation of district ECD plan.** The objective of this sub-component is to support local administrations and communities in targeted districts in the implementation of their district ECD plans developed under sub-component 3.1. Activities will focus on rehabilitation and provision of equipment and supplies, and training for selected PHC facilities, increasing support to nurses implementing the CGDM Program, and expansion in access to preschool education. Districts will be provided with operating funds to support the implementation of



the District ECD plan. For 0-3 year old children, this will include rehabilitation, provision of equipment and supplies, and training for selected PHC facilities, and increased support to enhance skills of primary care nurses in child stimulation and supervision of the CGDM Program. For 3-6 year old children, this will entail expanding access to early education opportunities in targeted districts through: (i) construction and rehabilitation of preschool facilities, including kindergartens, ELCs and CCDG; (ii) training of KG and ELC teachers, CCDG facilitators and coaches; (iii) procurement and distribution of appropriate classroom furniture and equipment; (iv) production and distribution of teaching and learning materials to all KGs, ELCs and CCDGs supported by the project; and (v) quarterly coaching visits to KGs, ELCs and CCDGs supported by the project.

- 31. *Sub-component 3.3: Monitoring the implementation progress at district and mahalla level.* Mahallas and districts would require data on participation and program quality in order to assess implementation of the BP. Data collection under the CGDM and education management information system (EMIS) is expected to provide the required data for the BP. The CGDM would provide additional information about use of health services at each level of government. The EMIS provides data on enrolments by age and gender for preschools. Additional data collection would be financed including attendance data of children in ELCs and KGs, and enrollment and attendance data of families in CCDGs. Additional data collection would be designed to be low-cost and sustainable after project completion and restricted to data that is essential for BP implementation and management.
- 32. *Sub-component 3.4: Strengthening local accountability and citizen engagement.* The project will engage parents and communities in the implementation of activities across the project, building on existing systems to engage parents and community members and working at the community level to identify needs and gaps in services promoting improved ECD outcomes.
- 33. **Component 4 – Project management and coordination.** The component aims to provide daily support for execution of the project interventions to ensure implementation progresses smoothly according to agreed plan. A Project Implementation Group (PIG) will be established with specific responsibilities to provide support and coordinate implementation of project activities. The PIG will comprise experts who meet the requirements defined in each position’s terms of reference satisfactory to the Bank. The component will finance: (a) project implementation support personnel – regular PIG staff; (b) external consulting services required; (c) office supplies and equipment; (d) training for PIG and all concerned parties, as needed for project implementation; (e) audits, and operating costs, including travel for study tours and supervision; and (f) workshops and conference, as agreed with the Bank, to facilitate good practices and share lessons learned across.

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

Summary of Assessment of Environmental and Social Risks and Impacts

- 34. The environment risk is rated moderate and social risks is rated substantial; therefore, the overall Environmental and Social Framework (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: (a) fragility and conflict situation prevailing in certain parts of the country; (b) poverty and unemployment situation which in turn impact 'women'; (c) inclusion - likely that some poor and vulnerable households may find it difficult to participate in the project; and (d) weak client capacity and uncertain coordination arrangements required for a multi sectoral project. A Social Assessment has been conducted and the following instruments have been prepared: (a) Environmental and Social Management Framework (ESMF); (b) Stakeholder Engagement Plan; (c) Resettlement Policy Framework; and (d) Labor Management Procedures.

35. On the environmental front, as a mitigatory measure, the client has prepared and disclosed an ESMF since the project is financing a broad range of small and medium scale activities, most of which will not be identified until implementation begins. The ESMF covers applicable ESF Standards, namely ESS 1 – Assessment and Management of Environmental and Social Risks and Impacts, ESS 2 – Labor and Working Conditions, ESS 3 – Resource Efficiency and Pollution Prevention and Management, ESS 4 – Community Health and Safety, ESS 5 – Land Acquisition, Restrictions on Land Use and Involuntary Resettlement, and ESS 10 – Stakeholder Engagement and Information Disclosure; as well as the World Bank Group's Environmental Health and Safety Guidelines. All construction work will be carried out in accordance with building standards that take into consideration the impacts of climate and geological hazards such as floods and earthquakes. Existing government building standards for preschools and PHCs will be reviewed and revised as necessary. Further, curricula for staff being trained under the project will integrate content on climate change adaptation and mitigation, including energy and water conservation measures that can be taken in their workplaces and promoted through their regular work.

E. Implementation

Institutional and Implementation Arrangements

36. **Effective ECD service provision requires a multisectoral vision that is owned by all key stakeholders.** An integrated ECD project is complex by nature as it addresses multiple needs and services, requiring coordination in planning, implementing and monitoring by diverse agencies and service providers. As mentioned earlier, there is a lack of regulatory and institutional mechanisms for developing and implementing activities that promote improved ECD outcomes holistically. In fact, the current regulatory regime creates both overlaps and gaps in tasks between government agencies with regard to the developmental needs of children ages 0-7 years old. Nevertheless, the two key line ministries (MOHSP and MOES) have many existing service delivery channels that will need to be coordinated closely to enable service delivery to improve ECD outcomes.
37. **Given the multisectoral nature of the interventions, the GoT will establish a National Early Childhood Development Council (NECDC)** chaired by the **Deputy Prime Minister for Social Sectors**, with the **Minister of Finance** as deputy chair, and comprising ministers of all concerned ministries, including MOES, MOHSP and others (Labor, Agriculture, Water, etc.), and the Executive Office of the President. The NECDC is the venue to convene various ministries and agencies involved in ECD service delivery to: (i) guide the development of ECD policies; (ii) provide strategic orientation of medium- and long-term ECD plans aligned with the country's development objectives; and (iii) monitor project implementation performance, and provide oversight and support to resolve bottlenecks as required for smooth implementation of the project. The NECDC will be supported by the PIG with the Project Coordinator (see below for detail) acting as the Secretary of the NECDC. The NECDC is the highest level for reviewing the ECD policy documents drafted by



the project before submitting to the Government for final approval.

- 38. The MOF will hold responsibility of the Project Implementation and host the Project Implementation Group.** Project implementation requires multisectoral involvement. The most appropriate agency to lead this coordination is the MOF, which is the GoTs' focal point for the World Bank Human Capital Project. The MOF is therefore a key player that can bring together all concerned ministries and agencies to deliver the results of the project. The MOF will be responsible for overall implementation, coordination, results monitoring, and communicating with the Bank for implementation of all project-related activities. The **Minister of Finance** will appoint a **Deputy Minister to be the Project Director** to lead project implementation and monitoring, in close collaboration with the MOES and the MOHSP. The MOF will hire project implementation support personnel and consultants who will provide technical and operational assistance for project implementation (under the PIG).
- 39. A central PIG will be established within the MOF.** The PIG's vital roles are to provide technical and operational assistance to MOF, MOES, MOHSP and targeted project districts in implementing the project activities, including procurement, FM, and environmental and social risk management responsibilities. The **Project Coordinator** will be hired by the MOF to lead the PIG based on terms of reference acceptable to the World Bank. The Project Coordinator will be working closely with **two Deputy Coordinators**, TA positions to liaise closely with management and all relevant departments of MOES and MOHSP to: (i) ensure alignment of planning, budgeting, implementation and monitoring; (ii) preparation of technical proposals and provision of technical oversight to project activities for institutionalization and sustainability; (iii) implementation of selected project activities and monitoring others activities. In addition, the PIG will also include other international and local consultants to work on different technical areas as required. At the district level, a **District Coordinator** will be located in each target district to provide technical and operational support and ensure smooth coordination, implementation and supervision at the district and *mahalla* levels.
- 40. The MOES and MOHSP will play major roles in implementing the project activities, in coordination with district administrations under the leadership of the MOF.** Close collaboration between the two line ministries will be required to ensure harmonized implementation, efficiency of use of resources, avoidance of overlap, and to create a new integrated approach to providing services for the benefit of children. A **Technical Team** will be established within each line ministry to work together, with technical and operational assistance of the **Deputy Coordinators and PIG** in planning, implementing and monitoring project activities. The MOES and the MOHSP will also be expected to appoint **Deputy Minister(s)** to lead the respective ministerial Technical Teams.
- 41. Component 3 activities of the project will be implemented in targeted districts.** In each district supported by the project, the Khukumat will establish a project **District Coordination Committee (DCC)** to coordinate, facilitate and monitor implementation of project activities in that district. The DCC will be headed by a Deputy Chair of the Khukumat and comprise key departments related to ECD: finance, health and social protection, education, communications, WASH, and construction. The DCC will be supported by a District Coordinator hired by the MOF/PIG and located at the district level.
- 42. Mahalla level.** Most of the project activities and inputs for achieving the BP's expected outputs will be implemented at the *mahalla* level. Therefore, the communities are expected to play a critical role in identifying their needs, setting



priorities and contributing to developing the district ECD plan to achieve the BP. **Mahalla Councils** will facilitate implementation, with support from the *Jamoat*.

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