

IEG

ICR Review

Independent Evaluation Group

1. Project Data:		Date Posted :	09/26/2006	
PROJ ID:	P040551		Appraisal	Actual
Project Name:	Nutrition and Child Development	Project Costs (US\$M)	40.0	40.6
Country:	Uganda	Loan/Credit (US\$M)	34.0	35.14
Sector(s):	Board: HE - Health (65%), Other social services (31%), Central government administration (4%)	Cofinancing (US\$M)		
L/C Number:	C3052			
		Board Approval (FY)		98
Partners involved :		Closing Date	12/31/2003	06/30/2005
Evaluator:	Panel Reviewer :	Division Manager :	Division :	
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2. Project Objectives and Components

a. Objectives

According to the Development Credit Agreement (DCA), the objective was "to assist the Borrower in the implementation of its (a) 1993 National Program of Action for Children, and (b) 1997 Poverty Eradication Action Plan through improved child health and nutrition, improved cognitive and psychosocial development, growth and development of children under six years of age."

b. Components (or Key Conditions in the case of Adjustment Loans):

(Base costs exclude contingencies)

- (1) Integrated Community Child Care Package (US\$20.8m base cost, 57% of total; US\$24.06m actual cost, 60% of total), which included: (a) improving parental education on child care issues, including child care practices, health (exclusive breastfeeding and appropriate weaning, child growth monitoring, deworming), psycho-social development, cognitive stimulation and social support, hygiene and improved home health practices; and (b) building the capacity of communities to support child development programs through community planning and sensitization workshops and training in entrepreneurship to increase incomes of mothers and caregivers.
- (2) Community Support Grants and Innovation Grants for Child Development (US\$10.5m base cost, 29% of total; US\$7.72m actual, 19% of total). The former are grants offered on the basis of matching contributions from communities that cover activities within the menu in the project implementation manual, for communities that develop Community Action Plans, while the latter are grants made to communities to address child related problems through interventions outside the project's menu .
- (3) National Level Program Support for Child Development (US\$5.4m base costs, 15% of total; US\$7.64m actual cost, 19% of total), which included support for: monitoring and evaluation; preventive program initiatives on micronutrients; early childhood development (ECD) curriculum development; training of trainers for ECD; and information, education and communications (IEC) and advocacy for children's rights.
- (4) National Household Survey (not appraised; US\$1.18m actual cost, 3% of total), for the Uganda Bureau of Statistics to conduct the 1999/2000 survey. It is unclear how this component would have contributed to the achievement of the project's objectives or, indeed whether nutritional or health status indicators were collected for children 0-3.

c. Comments on Project Cost, Financing, Borrower Contribution, and Dates

The Implementing Agency was originally supposed to be the Ministry of Finance and Economic Planning . However, effectiveness was delayed by four months because of a protracted Parliament debate, which resulted in the Ministry of Health (MOH) being given the coordinating role. IDA approved an amendment to the DCA to reflect this change in the Implementing Agency, a change which apparently contributed to implementation delays as the MOH had not been fully integrated in the design stage and thus had less

ownership and knowledge of the project. Insufficient counterpart funding and accounting difficulties at the beginning of the project period also contributed to the two-year delay in implementation.

The project was originally designed as a pilot, covering 12 of the 40 districts, with district selection based on high infant mortality, low enrollment rates and high malnutrition; however, shortly before negotiations, responding to political pressure, coverage was expanded to 25 of the 40 districts with no commensurate expansion of financing. When nine of the 25 districts split, the total coverage to 34 districts. The DCA was amended in November 1998 to add a new component of US\$1.2m to the Bureau of Statistics to carry out the "National Household Survey", without affecting the total project cost. Due to changes in the exchange rate, the total value of the credit was reduced by US\$1.4m. These developments led to stretching of project finances and activities came to a halt in June 2003. The borrower did not request a supplemental credit due to the country's macroeconomic situation. Instead, it opted to transfer US\$2.56m from another IDA project. However, this process took 22 months, after which project implementation finally resumed. The closing date was extended from December 2003 to June 2005.

3. Relevance of Objectives & Design :

Relevance is **substantial**

Objectives. The relevance of the objectives is substantial. Human development is one of the main pillars of the current Uganda Joint Assistance Strategy document, with an emphasis on improving quality of and access to child and maternal health services and building capacity for health service delivery at the district level. The government's Health Sector Strategic Plan is referenced as an articulation of this strategic focus on health. The objective of improving cognitive skills is not specifically articulated in the Joint Strategy but is encompassed in the overarching goal to improve access to high-quality education.

Design. The decentralized and multisectoral approach of the project design is also substantially relevant to current country circumstances.

4. Achievement of Objectives (Efficacy) :

Overall, achievement of the project's three objectives was **modest**.

1. Improved nutritional status: **Modest.** *The monitoring and evaluation system produced some evidence of improved outcomes associated with project areas as of 2003.* Cohort data showed a 29.9% reduction in prevalence of underweight children age 0-36 months in project areas, from 24.4% to 17.1%, close to the targeted one-third reduction. However, the data covered a period of only one year (July 2002 to July 2003), and there was no control or comparison group. A longitudinal study in the Eastern region (baseline January-March 2000, follow-up January-March 2003) found a reduction in wasting from 4% to 2% among children 0-72 months old in the group receiving all services plus de-worming, a reduction from 4.6% to 3.0% among children receiving project services without de-worming, compared with no change in the control group. (The ICR does not indicate whether these differences were statistically significant.) Stunting (low height for age) also decreased by more in the two intervention groups than in the control. However, the results were not disaggregated for the targeted 0-3 year old age group and the ICR notes that "the timing did not coincide as well with the project implementation". Data from the end of project are considered unreliable because of a disruption in data collection from 2003-2005. However, given the significant implementation disruption, it is unclear whether these benefits were sustained through the end of the project.

The data on project implementation and intermediate outcomes suggest plausible attribution to some components of the project. A total of 4,591 communities were reached by the parental education component (target was 2,500) and about 90% of the target population was weighed monthly before implementation came to a halt in 2003. The percent of mothers adopting appropriate childcare practices had increased by 24%. Exclusive breastfeeding through age six months increased by 14% in project areas (from 44 to 58%) compared to a 1.1% increase in non-project areas. Ownership of growth monitoring cards rose by 72% in project areas compared with a 36% increase in "control" areas, while Vitamin A supplements increased 14% in project areas but declined by 17% in non-project areas.

These results by mid-2003 are probably not attributed to the community support grants, which were ultimately distributed but in many cases not fully available until the end of the project. (Because of this late

timing, the innovation grants were in fact not implemented.) Any additional impacts of these grants as of 2005 were not measured. While most of the activities of the national level program support component were fully implemented, the timing is not presented in the ICR, making any discussion of attribution difficult. Income-generating activities were not fully implemented and were dropped during early implementation in light of similar activities already underway by other rural development schemes.

2. Improved health status: **Not evaluable**. Aside from the nutritional status indicators, no key performance indicators on health outcomes were identified in the PAD and no additional evidence was provided in the ICR.

3. Improved cognitive development: **Modest**. The longitudinal study in 2003 found higher test scores on overall cognitive skills in the project areas (50.3% mean score) compared with non-project areas (48.9%). However, no baseline measure for this test score is reported in the ICR (in the text or in Annex 1) for 2000, on the basis of which trends could be detected, nor does the ICR mention which age group the test covered. (It is also not clear whether the comparison group cited in the ICR is a control group or simply children in non-project areas.) The performance indicator matrix in Annex 1 of the ICR shows improvements in cognitive development in project areas for 2000-2003, but provides no data on comparison groups and again does not indicate the age of the children tested. A second indicator for this objective was supposed to be increased primary enrollment and retention, but baseline and control groups were not established and attempts by the ICR team to obtain data from the Ministry of Education's MIS for project sub-counties was unsuccessful. However, these indicators were unlikely to capture the impact of the project, as the implementation period was too short -- children under three at the start of the project would have barely reached school age by 2003.

5. Efficiency :

Efficiency is rated **modest**.

There were significant implementation delays, followed by a lengthy implementation disruption, and continued expansion of the coverage of the project with no increase in resources per district or restructuring of the activities. The community grants, which financed community action plans, were not funded in most cases until the end of the project, at which point the synergy with other interventions could not be realized. These factors likely greatly reduced the efficiency of project resource use .

The cost-benefit analysis conducted during project preparation indicated an ERR of 18.5 percent. This was based on benefits calculated from improved school performance by children and increased income-generating activities for parents. However, as school performance data was not available and the component on income-generating activities was not implemented, a final cost-benefit analysis was not conducted.

6. M&E Design, Implementation, & Utilization:

Design. While the ICR notes that the project was initially designed as a "pilot" and many of the key performance indicators are defined in terms of comparison with a "control" group, the project districts were not randomly assigned (they were based on low health and schooling indicators and on 'readiness' for the project). The PAD did not describe an evaluation design that would have permitted analysis of the impact of the pilot compared with a control. The project M&E design included, in addition to regular monitoring/supervision activities, baseline and repeat surveys of beneficiaries, though the details were not provided on the scope and timing. The PAD did not include specific indicators for the objective of improving cognitive skills, and aside from the underweight indicator, there were no additional indicators for child health. The outcome indicators having to do with schooling and cognitive development were not updated when the target age group was restricted to children age 0-3 in the DCA.

Implementation. According to the Borrower's contribution to the ICR, at least three rigorous evaluations were conducted: (a) a household survey (n=2250) with baseline and resurvey three years apart examining outcomes in project and non-project subcounties, allowing comparison of findings in subcounties receiving all project interventions, interventions without de-worming, and no interventions; (b) a community participatory evaluation; and (c) an evaluation of communication activities. All three of these were contracted out. However, the final evaluations were conducted in mid-2003, at the peak of project

Implementation, rather than at the end of the project. The ICR notes that this was because the borrower gave indications that the project would close as scheduled in December 2003. However, supplemental financing was eventually secured and the project closed eighteen months later in June 2005, at which time no funds remained to conduct another set of final evaluations.

Utilization. The Borrower's contribution to the ICR highlights significant major findings from the evaluations of use for future early childhood development projects in Uganda. It is unclear whether these findings became available in a time frame that allowed their use to improve performance before the project closed.

7. Other (Safeguards, Fiduciary, Unintended Impacts--Positive & Negative):

None.

8. Ratings:	ICR	ICR Review	Reason for Disagreement /Comments
Outcome:	Unsatisfactory	Moderately Unsatisfactory	[The ICR's 4-point scale did not allow a "moderately unsat." rating]. While relevance of the project was substantial, both efficiency and overall efficacy were modest. Achievement of one objective could not be assessed.
Institutional Dev .:	Substantial	Substantial	Dialogue and support for the National Food Security and Nutrition policy and the National Early Childhood Development Policy are indicative of substantial institutional development, though it is not clear the extent to which these have been implemented.
Sustainability :	Unlikely	Unlikely	Evidence of planned financing to sustain the project's activities is limited. While Child Days have been integrated into the MOH program, community-based growth monitoring is unlikely to be sustained (it was not sustained during the 22-month gap in funding).
Bank Performance :	Unsatisfactory	Unsatisfactory	Quality of technical inputs was high throughout the project, but the Bank's efforts to limit project coverage (pilot) during preparation were unsuccessful, it did not take the opportunity to push for restructuring during implementation, and it was slow to address the funding issue.
Borrower Perf .:	Unsatisfactory	Unsatisfactory	Most of the delays and decisions that led to delayed start-up and the ultimate funding crisis, including the 22-month lag in implementation that restricted access of communities to funds, were due to factors under the government's control. The performance of the MOH project team was satisfactory, however.
Quality of ICR :		Satisfactory	

NOTES:

- When insufficient information is provided by the Bank for IEG to arrive at a clear rating, IEG will downgrade the relevant ratings as warranted beginning July 1, 2006.
- ICR rating values flagged with ' * ' don't comply with OP/BP 13.55, but are listed for completeness.

9. Lessons:

- More suitable indicators should have been used to measure improvement in cognitive skills, given that the project period was too short to allow the 0-3 year old cohort to demonstrate improved school readiness.

- The effectiveness of training of community child workers can be reduced to the extent that the trainees are illiterate. Their sustained participation depends on providing continued material incentives.
- Significant changes were made to the project design very late in the process - expanding district coverage and allocating significant funds to a new project component to conduct a household survey - without an immediate project restructuring or expansion of financing. This hampered the implementing agencies' ability to fully carry out activities.
- It is possible for lower-performing projects to demonstrate important, innovative activities and intermediate impacts, when timely and well designed monitoring and evaluation is implemented.

10. Assessment Recommended? ☐ Yes ☒ No

11. Comments on Quality of ICR:

The ICR is thorough and has marshalled the available evidence well. However, it misstates the project's objectives as pertaining only to children under three years of age and mentions only the children's nutrition, health, and cognitive outcomes (p. 2). Both the PAD and the DCA state the project's objectives in terms of improvements in outcomes for children *under six*, and include nutrition, health, cognitive *and psychosocial* aspects. While the choice of indicators for monitoring performance may evolve over time (a decision may be taken to track children under three, for example), the project's official objectives for which the borrower and the Bank are accountable are those in the DCA (original or formally revised). In this case, the DCA was not formally revised.

The following additional information would also have yielded greater insight: (a) a more detailed discussion of the government's late decision to expand project coverage and to change the Implementing Agency, as well as the Bank's response to such decisions; (b) greater detail on the design and scope of the various evaluations would have improved the ability to interpret the results (the Borrower's contribution was much more detailed and helpful in this regard); and (c) given the broad interest of the HNP sector in multi-sectoral approaches, comment on the performance of the multi-sectoral implementation and supervisory arrangements.