

## **REPUBLIC OF TAJIKISTAN**

### **EARLY CHILDHOOD DEVELOPMENT PROJECT TO BUILD TAJIKISTAN'S HUMAN CAPITAL (ECDP)**

# **Stakeholder Engagement Plan (SEP)**



**November, 2019**

## CONTENT

Glossary .....	4
List of Abbreviations & Acronyms.....	6
1. Introduction.....	8
1.1 Purpose of the SEP.....	8
1.2 About the Project .....	9
1.3 Scope and Structure of the SEP .....	9
2.Description of the Administrative, Policy and Regulatory Framework .....	10
2.1 Key National Sector Specific Legal Provisions.....	10
2.2 Key National Social Legal Provisions and Citizen Engagement.....	11
2.3 World Bank Environmental and Social Standard on Stakeholder Engagement .....	13
3. Summary of Previous Stakeholder Engagement Activities .....	14
3.1. Key stakeholder meetings and consultations .....	18
3.2 Community Meetings and Potential Beneficiary Needs Assessment Surveys .....	19
3.3 Lessons Learned in Engaging Communities / Stakeholders from Previous Projects ..	23
4. Staheholder Mapping, Segmentation and Analysis .....	25
4.1 Stakeholder Mapping .....	25
4.2 Stakeholder Segmentation/ Prioritization .....	28
4.3 Stakeholder Analysis .....	30
5. Institutional Analysis .....	39
6. Impact Assessment and Risk Management.....	41
7. Stakeholder Engagement Activities .....	43
8. Implementation Arrangements for Stakeholder Engagement.....	49
8.1 Implementation Arrangements.....	49
8.2 Roles and Responsibilities .....	50
8.3. Stakeholder Engagement Methods to be Used .....	51
8.4 Information disclosure .....	52
8.5 Estimated Budget .....	53
9. Grievance Redress Mechanism.....	54
9.1 Objectives of the project-based GRM.....	54
9.2 GRM Overview and Structure .....	54
9.3 Grievance Log.....	56
9.4 Monitoring and Reporting on Grievances.....	57
10. Monitoring and Reporting of the SEP .....	57
Annex 1. Description of Project Components .....	58
Annex 2. Summary of Stakeholder Consultations during ESA.....	66

## TABLES

Table 1. Previous Stakeholder Consultations with Government Structures and International Donors.....	18
Table 2. Previous Consultations with Agribusiness Stakeholders.....	19
Table 3. Community and Beneficiary Assessment Meetings . <b>Error! Bookmark not defined.</b>	
Table 4. Universal Stakeholder Mapping .....	25
Table 5. Stakeholder Segmentation by Their Areas of Influence.....	28
Table 6. Stakeholder Analysis by the Level of Engagement.....	30
Table 7. Institutional Analysis .....	39
Table 8. Impact Assessment and Risk Management under ECDP .....	41
Table 9. Stakeholder Engagement Activities by the Components.....	43
Table 10. Responsibilities of key actors/stakeholders in SEP Implementation.....	50

## Glossary

**Community mobilization:** It is a participatory decision-making process through which action is stimulated by a community itself, or by others, that is planned, carried out, and evaluated by a community's individuals, groups, and organizations on a participatory and sustained basis to improve the health, hygiene and education levels so as to enhance the overall standard of living in the community. In other words, it can be viewed as a process which begins a dialogue among members of the community to determine who, what, and how issues are decided, and also to provide an avenue for everyone to participate in decisions that affect their lives.

**Community child development groups (CCDGs)** are alternative preschool models established and funded at the community level. As this is a model not currently supported by the GoT, technical assistance will be financed to develop curricula, equipment and TLMs for CCDGs in the first year of project implementation.

**Consultation:** The process of gathering information or advice from stakeholders and taking these views into account when making project decisions and/or setting targets and defining strategies.

**Dialogue:** An exchange of views and opinions to explore different perspectives, needs and alternatives, with a view to fostering mutual understanding, trust and cooperation on a strategy or initiative.

**Early Childhood Development Basic Package** aims to: (1) ensure that each child's growth and development is monitored systematically across the country, and (2) that children in targeted districts (rayons) enjoy quality services promoting improved ECD outcomes at an essential level. The BP should be seen as a first step in achieving the much more ambitious standards of services promoting improved ECD outcomes in the future and include: (i) what is most essential for the beneficiary population; (ii) affordable for the government over the long term; (iii) feasible for implementation within an extremely weak capacity environment; and (iv) dynamic to include changes over time along the country and sector development trajectory.

**Engagement:** A process in which a company builds and maintains constructive and sustainable relationships with stakeholders impacted over the life of a project. This is part of a broader “stakeholder engagement” strategy, which also encompasses governments, civil society, employees, suppliers, and others with an interest in the project.

**Environmental and Social Impact Assessment (ESIA):** An assessment comprising various social and environmental studies which aim to identify project impacts and design appropriate mitigation measures to manage negative impacts, and to enhance positive project impacts.

**Jamoat:** Refers to the local self-governing body at the sub-district level, administering several villages and functioning based on the Law of the Republic of Tajikistan “On Self-Government Bodies in Towns and Villages” (1994, amended 2009 and 2017).

**Local communities:** Refers to groups of people living in close proximity to a project that could potentially be impacted by a project. (“Stakeholders,” in contrast, refers to the broader group of people and organizations with an interest in the project.)

**Mahalla:** It is a territorial division in villages and towns, which today exist in Tajikistan. Historically, mahallas were autonomous social institutions built around familial ties and Islamic rituals. Mahallas fulfill local self-government functions connecting private sphere with public sphere. Religious rituals, life-cycle crisis ceremonies, resource management, conflict resolution, and many other community

activities were performed at mahalla, or (neighbourhood) level. Mahalla council provides leadership of the community members in the neighborhood.

**National Early Childhood Development Council** (NECDC) will be established by the Government of Tajikistan as the highest level of decision making on ECD policies issues before submitting to the Parliament for final approval. NECDC will chaired by the Deputy Prime Minister for Social Issues, with Minister of Finance as deputy chair, and comprising ministers of all concerned ministries, including MoES, MoHSP, labor and others (agriculture, land, water, etc.).

**Non-Government Organizations:** Private organizations, often not-for-profit, that facilitate community development, local capacity building, advocacy, and environmental protection.

**Partnerships:** In the context of engagement, partnerships are defined as collaboration between people and organizations to achieve a common goal and often share resources and competencies, risks and benefits.

**Project:** Refers to the World Bank-funded Early Childhood Development Project to be implemented by the Ministry of Finance Project Implementation Unit in Tajikistan.

**Project Area:** A geographical area within which direct and indirect impacts attributable to a project can be expected. Typically a Project Area is (i) unique to a project (ii) larger than the actual footprint of a project; and encompasses socio-economic issues and impacts, as well as issues and impacts associated with other disciplines (e.g. environment, health and safety). Defining the Project Area is used to determine a project's area of influence and responsibilities. It also provides guidance on the area within which impacts need to be monitored, and managed, and it also assists with defining project stakeholders that should be engaged during an ESIA process.

**Project Steering Committee (PSC):** A Committee to be established by the Government of the Republic of Tajikistan to supervise overall project implementation. The PSC will focus on: (i) reviewing the project monitoring reports to provide guidance and next steps, (ii) oversight of the project implementation and provide support to resolve bottlenecks to ensure smooth implementation. The PSC will be chaired by the Minister of Finance, and the Director of the PIG will act as the deputy chair.

**Stakeholder:** Refers to individuals or groups who: (a) are affected or likely to be affected by the project (project-affected parties); and (b) may have an interest in the project (other interested parties). Stakeholders are defined as people or entities that are affected or may have an interest in the Project.

**Stakeholder engagement:** It is a continuous process used by the project to engage relevant stakeholders for a clear purpose to achieve accepted outcomes. It includes a range of activities and interactions over the life of the project such as stakeholder identification and analysis, information disclosure, stakeholder consultation, negotiations and partnerships, grievance management, stakeholder involvement in project monitoring, reporting to stakeholders and management functions.

**Stakeholder Engagement Plan:** A plan which assists managers with effectively engaging with stakeholders throughout the life of the project and specifying activities that will be implemented to manage or enhance engagement.

## **List of Abbreviations & Acronyms**

BP	Basic Package of ECD services
CEP	Committee for Environmental Protection
CGDM	Child Growth and Development Monitoring Program
CPF	Country Partnership Framework
CSO	Civil Society Organization
DCC	District Coordination Committee
DEP	Department on Environmental Protection
DLI	Disbursement-Linked Indicator
DPC	District Project Coordinator
DRS	Districts of Republican Subordination
E&S	Environmental and Social
ECD	Early Childhood Development
ECDP	Early Childhood Development Project
ECEC	Early Childhood Education and Care
eHCI	Early Human Capability Index
EHS	Environmental, Health and Safety issues
ELC	Early Learning Center
ESA	Environmental and Social Assessment
ESF	Environmental and Social Framework
ESIA	Environmental & Social Impact Assessment
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standard
GFP	Grievance Focal Point
GOT	Government of Tajikistan
GRM	Grievance Redress Mechanism
IDA	International Development Association / World Bank
LMP	Labor Management Procedures
M&E	Monitoring and Evaluation
MoES	Ministry of Education and Science
MoF	Ministry of Finance

MoHSP	Ministry of Health and Social Protection
NGO	Non-Governmental Organization
O&M	Operations & Maintenance
PAP	Project Affected Person
PDO	Project Development Objective
PIG	Project Implementation Group
RAP	Resettlement Action Plan
RPF	Resettlement Policy Framework
SBCC	Social and Behavioral Change Communications
SEP	Stakeholder Engagement Plan
SOP	Series of Projects
TA	Technical Assistance
TJS	Tajikistan Somoni (currency of the Republic of Tajikistan)
TLM	Teaching and Learning Material
TOR	Terms of Reference
TOT	Training of the Trainers
TWG	Technical Working Group
UNICEF	United Nations Children Fund
WB	World Bank

## **1. Introduction**

The World Bank (WB) and Government of Tajikistan (GOT) are currently engaged in preparing an Early Childhood Development (ECD) Project mainly aimed at enhancing access to early childhood facilities and ensured increased enrollment. This project is an important component of Pillar I of the WB Country Partnership Framework (CPF) (Human Capital and Resilience) with Tajikistan and builds on the Systematic Country Diagnostic's (SCD) focus on early childhood education and poverty reduction. Project activities will focus on child growth and development (social, cognitive, language and motor skills) monitoring 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 Government of Tajikistan (GoT) in investing in its people to secure future productivity and competitiveness.

A long-term approach to Early Childhood Development (ECD) service delivery is envisioned. This project is the first in a series of projects (SOP), providing the foundations for a long-term engagement between the Bank and the GoT in the ECD space. The proposed Project would seek to build the enabling environment for integrated multisectoral ECD programming, with interventions that will improve the coverage and effectiveness of ECD services, resulting in improved school readiness of children in target districts, with a national system adopted for sustainability and further expansion of services after the project. To avoid fragmentation, the components will not be divided by sectors but based on the level of the interventions, namely: (i) at the national level to establish the enabling environment for ECD; (ii) in targeted districts where ECD interventions will be carried out; and (iii) to support project management of the project.

The project will cover 14 districts with the lowest gross enrollment ratio (GER) among children ages 3-6 in three regions, including Khatlon, Sughd and Districts of Republican Subordination (DRS).

The project recognizes the significance of, and adopts the World Bank's Environmental and Social Standards, for identifying and assessing as well as managing the environmental and social (E&S) risks and impacts associated with this investment project. The reviews undertaken by the Bank has classified environmental and social risks as moderate and substantial respectively. In response, the Government of Tajikistan/ Project Implementation Unit under the Ministry of Finance (MoF), implementing agency, has developed several key instruments to address the same. One of them is the Stakeholder Engagement Plan (SEP).

### **1.1 Purpose of the SEP**

Government of Tajikistan recognizes that the ECDP's stakeholder profile is quite diverse and heterogeneous and that their expectations and orientation as well as capacity to interface with the project are different. This Stakeholder Engagement Plan (SEP) enables to identify elaborately different stakeholders and to develop an approach for reaching each of the sub groups. In other words, it provides an appropriate approach for consultations and disclosure. These in turn are expected to create an atmosphere of understanding that actively involves project-affected people and other interested parties, reaching out to them in a timely manner, and that each sub group is provided opportunities to voice their opinions and concerns. Overall, SEP serves the following purposes: i) stakeholder identification and analysis; (ii) planning engagement modalities viz., effective communication tool for consultations and disclosure; and (iii) enabling platforms for influencing decisions; (iv) defining roles and responsibilities of different actors in implementing the Plan; and (iv) grievance redress mechanism (GRM).

## 1.2 About the Project

The **Project Development Objective** is to increase access to multisectoral Early Childhood Development services. The Project consists of four interrelated components:

<b>Component 1: Strengthening national capacity to deliver a Basic Package (BP) of ECD services</b>
Sub-component 1.1: Update and development of the guidelines, programs, materials and resources for implementation a basic package of services for ECD.
Sub-component 1.2: Staff training (technical and managerial to oversee and implement the BP
Sub-component 1.3: Development of a national monitoring and evaluation system on ECD and carrying evaluation of the project interventions.
Sub-component 1.4: Supporting financing reforms for enhanced services that promote improved ECD outcomes.
Sub-component 1.5: Development of a cohesive and coordinated ECD regulatory framework, including governance, financing mechanism, and staffing.
<b>Component 2 – Implementing the BP nation-wide</b>
Sub-component 2.1: Social and Behavioral Change Communications (SBCC).
Sub-component 2.2: Nation-wide introduction of developmental monitoring.
<b>Component 3 – Improving access to the BP in targeted districts</b>
Sub-component 3.1: Development of district ECD plan.
Sub-component 3.2: Implementation of district ECD plan.
Sub-component 3.3: Monitoring the implementation progress at district and mahalla levels.
<b>Component 4 – Project management and coordination</b>

**The Project areas** are 14 target districts, including Kushoniyon, Vakhsh, Vose, Dusti, Kubodiyon, A.Jomi, Jayhun, Hamadoni in Khatlon, K.Mastchokh in Sughd, Varzob, Rudaki, Tajikabad, Faizabad, and Hissar in DRS, which have the lowest gross enrollment ratio (GER) among children ages 3-6 with an average of 4.3 percent. Detailed description of the ECDP components and proposed interventions is presented in Annex 1 to provide the background/ context in which this SEP is being prepared.

## 1.3 Scope and Structure of the SEP

Scope of the SEP shall be as outlined in the World Bank's ESS10. The engagement will be planned as an integral part of the project's environmental and social assessment and project design and implementation.

This document has 10 chapters. The first chapter serves as an Introduction. It provides a brief about the project and the context in which the SEP is being prepared. Chapter 2 lists the regulatory framework in Tajikistan which provides a legitimacy for SEP. A summary of the consultations held so far is presented in Chapter 3. All the three chapters serve as a backdrop. Stakeholder Identification, Mapping and Analysis is elaborated in the chapter 4. Institutional analysis and impact assessments are presented in Chapters 5 and 6. Stakeholder Engagement Plan is presented in the Chapter 7. Chapter 8 includes the implementation arrangements for executing the SEP. Grievance Redress Mechanism (GRM) follows in Chapter 9. Monitoring, documentation and reporting are presented in the last Chapter 10.

## 2. Description of the Administrative, Policy and Regulatory Framework

This chapter provides details on the social policies, laws, regulations as well as guidelines that are relevant to the activities proposed under the program. It also provides an assessment of the adequacy of the coverage on social aspects in the legislative and regulatory framework. Lastly, WB Environmental and Social Standard 10 on Stakeholder Engagement is described below.

### 2.1 Key National Sector Specific Legal Provisions

Regulatory documents related to preschool education		
No.	Document title	Document scope
1	Constitution of the Republic of Tajikistan, 2003	Establishes the right to receive preschool education within the framework of existing laws.
2	Law of the Republic of Tajikistan 'On Education,' 2013	Establishes general framework for structure, activities, and management of education system in RT, as well as specifies legal, institutional, socioeconomic framework and core principles of state policy in education sector.
3	Law of the Republic of Tajikistan 'On Preschool Education and Care,' 2013	Establishes legal, institutional, economic, and social framework for preschool education and care in the RT.
4	Law of the Republic of Tajikistan 'On Responsibility of Parents for Child Education and Upbringing,' 2011	Establishes responsibility of parents for child education and upbringing, protection of their rights and interests.
5	Law of the Republic of Tajikistan 'On licensing certain types of activities,' 2004	Establishes types of activities of educational institutions that require permit, as well as legal basis for issuing licenses for the right to perform certain types of activities.
6	'Provision of preschool educational institutions,' 2015	Establishes responsibilities, liabilities, and roles of preschool educational institutions; organization of educational process; requirements toward management of preschool educational institutions.
7	'Preschool institutions for children. Design norms,' 1988	Establishes norms for designing newly built and reconstructed preschool educational institutions for children.
8	'National Concept on Education,' 2006	Specifies tasks and objectives of national education on a new historical stage, determines their role and status in forming a fully rounded person.
9	'National Education Development Strategy of the Republic of Tajikistan till 2020,' 2012.	Provides for structural changes in education system, as well as ensuring accessibility of qualitative education through modernizing education system.
10	'National Development Strategy of the Republic of Tajikistan till 2030,' 2016	Establishes development of preschool education that fosters ECD, development of alternative forms of preschool education (including non-public); creativity centers for children and youth, inclusive education system; development of targeted assistance system for low-income households.
11	'State Standard for Preschool Education of the Republic of Tajikistan,' 2014	Establishes single requirements with regard to preschool education and care; core component of preschool education and care; academic workload for students; requirements with regard to graduates' level of competence; organization of educational process; timelines for preschool learning and care.
12	'National Concept on Inclusive Education for Children with Disabilities in the Republic of Tajikistan for 2011–2015,' 2011	Establishes equal rights for education and care for CwD at educational institutions of the RT.
13	Government Resolution 'On transition of public preschool educational institutions to normative (per capita) financing,' 2015	Stipulates transition of public preschool educational institutions to normative (per capita) financing.

Regulatory documents related to preschool education		
No.	Document title	Document scope
14	Government Resolution 'On payments for maintenance of children in state preschool educational institutions,' 2016	Establishes unified norm for parental fees.
15	'Reference book for education financing,' 1987	Establishes a single requirement with regard to forming Full-Time Equivalents at preschools and their financing.
16	'Program for development of private preschool and general secondary educational institutions,' 2014	Establishes measures to create favorable conditions for joint activities among public and private sectors.
17	'Early child learning and development standards (from birth to 7(6) years),' 2010	Establishes single requirements related to preschool education and care for children at the age from birth to 7(6), contents of teaching process, as well as provides for interrelation of sensitive development periods of children and their influence on education and care objectives.
18	'Hygienic requirements for children preschool institutions' (SanPiN [sanitary rules and norms] 2.4.1.009-13), 2014.	Specifies sanitary and hygienic norms for all types of preschool educational institutions.
19	State program 'Rangincamon' (Rainbow), 2012	Principal educational program for all types and forms of children full-day preschools (regardless of ownership type) that aims to develop abilities of children, care, education, and preparation for school.
20	'Short-term curriculum to prepare preschool-age children 5–7 (6) years old to school enrollment,' 2009	Provides for forming groups to prepare for school enrollment of children at secondary educational institutions, as well as preparation of children for school during 3 months.
21	'Preschool preparation of children of 5–7 (6) years old,' curriculum, 2010.	Specifies primary objectives of care, education, and development for children 5–7 (6) years old to prepare children for school enrollment during 1 year.
22	'Program to prepare preschool-age children of 5–7 (6) years old to school enrollment,' curriculum, 2015.	Specifies primary objectives of care, education for children and their preparation to school within short timeline (1 month).
23	'Educational and teaching program of Children development center,' 2013.	Provides for development of skills and competence of children, increasing preschool enrollment of children.
24	'Procedure for qualification upgrading and retraining of education sector professionals,' 2013.	Establishes the procedure for completion of courses for qualification upgrading and retraining of education sector professionals.
25	'Procedure for payment of salaries to education professionals,' 2017.	Establishes procedure for payment of salaries to education professionals.

## 2.2 Key National Social Legal Provisions and Citizen Engagement

*Law on Consumers' Rights Protection* provides for adjusting the attitudes arising between consumers and manufacturers, executors, sellers at sale of goods, works, services; establishes the rights of consumers to purchase goods (works, services) of appropriate quality and safe for a life and health and to receive information on goods (works, services) and about their manufacturers (executors, sellers), provides the state and public protection of consumers' rights, and also defines mechanism of realization of these rights.

*Law on Freedom of Information* is underpinned by Article 25 of the Constitution, which states that governmental agencies, social associations and officials are required to provide each person with the

possibility of receiving and becoming acquainted with documents that affect her or his rights and interests, except in cases anticipated by law.

According to the *Decree ‘Approval of the Order of costs reimbursements related to provision of information’* adopted on January 1, 2010, all state institutions are enabled to charge fees for providing any kind of information to journalists and public officials. The decree states that one page of information provided should cost up to 35 Somoni (US\$8).

Per the *Law on Public Associations*, a public association may be formed in one of the following organizational and legal forms: public organization, public movement, or a body of public initiative. Article 4 of this law establishes the right of citizens to establish associations for the protection of common interests and the achievement of common goals. It outlines the voluntary nature of associations and defines citizens' rights to restrain from joining and withdrawing from an organization. August 2015 amendments to this legislation require NGOs to notify the Ministry of Justice about all funds received from international sources prior to using the funds.

The 2014 *Law on Public Meetings, Demonstrations and Rallies* (Article 10) bans persons with a record of administrative offenses (i.e. non-criminal infractions) under Articles 106, 460, 479 and 480 of the Code for Administrative Offences from organizing gatherings<sup>1</sup>. Article 12 of the Law establishes that the gathering organizers must obtain permission from local administration fifteen days prior to organizing a mass gathering.

*Law on Local Governments (2004)* assigns a district or city chairman the authority to control over the natural resource management, construction and reconstruction of natural protection areas, to oversee the local structures in sanitary epidemiological surveillance, waste management, health and social protection of population within the administrative territory. No public gathering is implemented without official notification of local government (district khukumat).

*Law on Appeals of Individuals and Legal Entities* (from July 23, 2016, № 1339), contains legal provisions on established information channels for citizens to file their complaints, requests and grievances. Article 14 of the Law sets the timeframes for handling grievances, which is 15 days from the date of receipt that do not require additional study and research, and 30 days for the appeals that need additional study. These legal provisions will be taken into account by the project-based Grievance Redress Mechanism.

*Labour Code* prohibits forced labour (Article 8). The Labor Code also sets the minimum age at which a child can be employed as well as the conditions under which children can work (Articles 113, 67, and 174). The minimum employment age is 15, however, in certain cases of vocational training, mild work may be allowed for 14 year olds (Article 174 of the Labor Code). In addition, there are some labour restrictions on what type of work can be done, and what hours of work are permissible by workers under the age of 18. Examples of labor restrictions include: those between 14 and 15 cannot work more than 24 hours per week while those under 18 cannot work more than 35 hours per week; during the academic year, the maximum number of hours is half of this, 12 and 17.5 hours, respectively. These limitations are consistent with the ILO Convention on Minimum Age. In addition, *Law on Parents Responsibility for Children’s Upbringing and Education* makes parents responsible for ensuring their children not involved in heavy and hazardous work and their children attending school.

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<sup>1</sup> These provisions concern the hampering of gatherings (Article 106); disorderly conduct (Article 460); disobedience to police (Article 479); and violation of rules of conducting gatherings (Article 480).

## **2.3 World Bank Environmental and Social Standard on Stakeholder Engagement**

The World Bank’s Environmental and Social Framework (ESF)’s Environmental and Social Standard (ESS) 10, “Stakeholder Engagement and Information Disclosure”, recognizes “the importance of open and transparent engagement between the Borrower and project stakeholders as an essential element of good international practice” (World Bank, 2017: 97). Specifically, the requirements set out by ESS10 are the following:

- “Borrowers will engage with stakeholders throughout the project life cycle, commencing such engagement as early as possible in the project development process and in a timeframe that enables meaningful consultations with stakeholders on project design. The nature, scope and frequency of stakeholder engagement will be proportionate to the nature and scale of the project and its potential risks and impacts.
- Borrowers will engage in meaningful consultations with all stakeholders. Borrowers will provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.
- The process of stakeholder engagement will involve the following, as set out in further detail in this ESS: (i) stakeholder identification and analysis; (ii) planning how the engagement with stakeholders will take place; (iii) disclosure of information; (iv) consultation with stakeholders; (v) addressing and responding to grievances; and (vi) reporting to stakeholders.
- The Borrower will maintain and disclose as part of the environmental and social assessment, a documented record of stakeholder engagement, including a description of the stakeholders consulted, a summary of the feedback received and a brief explanation of how the feedback was taken into account, or the reasons why it was not.” (World Bank, 2017: 98).

A Stakeholder Engagement Plan proportionate to the nature and scale of the project and its potential risks and impacts needs to be developed by the Borrower. It has to be disclosed as early as possible, and before project appraisal, and the Borrower needs to seek the views of stakeholders on the SEP, including on the identification of stakeholders and the proposals for future engagement. If significant changes are made to the SEP, the Borrower has to disclose the updated SEP (World Bank, 2017: 99). According to ESS10, the Borrower should also propose and implement a grievance mechanism to receive and facilitate the resolution of concerns and grievances of project-affected parties related to the environmental and social performance of the project in a timely manner (World Bank, 2017: 100).

For more details on the WB Environmental and Social Standards, please follow the below links:

[www.worldbank.org/en/projects-operations/environmental-and-social-framework/brief/environmental-and-social-standards](http://www.worldbank.org/en/projects-operations/environmental-and-social-framework/brief/environmental-and-social-standards) and <http://projects-beta.vsemirnyibank.org/ru/projects-operations/environmental-and-social-framework/brief/environmental-and-social-standards>

### 3. Summary of Prévis Stakeholder Engagement Activities

The project preparation has been engaging with various project stakeholders since early 2019. The following types of stakeholder engagement activities have taken place to date:

- Formal and informal communication with government agencies at the national, regional and local level;
- Formal and informal communication with health institutions and early child development establishments;
- Needs assessment meetings with health and pre-school workers and teachers;
- Community meetings;
- Needs assessment surveys;
- Communication with local NGOs; and
- ESMF and RPF public consultations and initial informal meetings.

Place	Date	Participants	Key points raised
Dushanbe	August 26, 2019	MoH Technical Working Group	<p>Project objectives, agenda, key findings of ECD Report, ECEC, EHCI, and strategy document:</p> <ul style="list-style-type: none"> <li>• EDC health service provision/tiering;</li> <li>• Making choices about tiers;</li> <li>• Strategy development and adoption of a coherent model;</li> <li>• Children stunting rates;</li> <li>• Overall project envelope;</li> <li>• Project complexity;</li> <li>• Priority areas, defined by MoH: parents' awareness, competence of specialists working on these issues, infrastructure of health and education facilities.</li> <li>• Sustainability challenge: ambition for the project to be sustainable</li> </ul>
GBAO, Team 1 Sughd, Team 2	August 28, 2019	Aga Khan Development Network (AKDN)	<ul style="list-style-type: none"> <li>• ECD institutions: AK Foundation, AK Education Services, AK Health Services;</li> <li>• Government strategy development, challenges and potential;</li> <li>• Partnering with local institutions and teacher education institutions;</li> <li>• Regional partnerships for ECD (0-3, parenting education), primary and secondary provision;</li> <li>• System strengthening focus: partnering with IPD (teacher training association);</li> <li>• Dual mandates: direct and indirect interventions;</li> <li>• Geographical reach: indirect in Khatlon, fully fledged in GBAO, Sughd, GBAO – civil society, health and nutrition, agriculture, education, economic inclusion</li> <li>• 0-3: first 1000 days, focus on pregnancy and holistic development, health care professionals, health promoters, trained male CHPs to focus on fathers as well as mothers</li> <li>• Power structures and regional mandates – oblasts vs. central;</li> <li>• Translation of knowledge from GBAO –knowledge exchange</li> <li>• Curriculum – codeveloped the model, piloted, testing the model and then received funding from UNICEF to expand;</li> <li>• Fee setting – richer communities often develop their own centers, in poorer settings it's often more common to see ECD centers in school;</li> </ul>

			<ul style="list-style-type: none"> <li>• Framing – 260 centers from 2009, with a focus on building ownership and system integration as a means of acceptability and integration;</li> <li>• Ismali network and volunteering ethos;</li> <li>• ECD support groups: the main community leaders who are responsible for community mobilization and sustainability (head of the early learning center, head of parents committee, school directors)</li> <li>• Roles and responsibilities for each set of actors;</li> <li>• Establishment criteria: premises, ECD teachers' salary, financial/resource mobilization.</li> <li>• Training models: focus on budgeting and financial sustainability;</li> <li>• Training durations for mothers and teachers;</li> <li>• Funding sources: enrolment fee, 5-10 somoni for stationery, business contributions, community based savings groups, charity boxes, religious leaders (thanksgiving/alm), remittances payments</li> <li>• Food insecurity in rural and very remote areas;</li> <li>• Poorer community model: developed 2 training modules for mothers.</li> <li>• AKDN Coordination Committee for ECD: cross-sectoral issues</li> <li>• Challenges: higher teacher attrition (driven by migration, maternity leave, salaries, promotion to primary, 20% annually), lack of qualified ECD workforce in the system, unclear legal status of ECD workforce in alternative models, insufficient finances to support quality early learning environments, lack of parental awareness on the importance of early learning and development of young children, poor/collapsing ED institutions infrastructure and poor hygiene and sanitation facilities, insufficient attention to 0-3 cohort, regulation around teacher qualification</li> <li>• Coverage and overall financial challenges: diminished donor attention, 400 centers for nationwide coverage, 228 currently up and running, started at 9% Mobile application: mobile application being launched, at the global level, for early learning/reading. Connectivity challenge and affordability. Easy to develop a product for smartphones but parents don't have smartphones. Last year, informal study about availability of smartphones in community. Some growth in uptake. More of a focus on global experience.</li> </ul>
Khorog	August 29, 2019	Governor, GBAO	<ul style="list-style-type: none"> <li>• Strong interest: Strong interest in ECD from 0-3 and 3-6 from Governor. Keen for the project to be located in GBAO</li> <li>• Consistent requests for support: there is demand for ECD centers, with a focus on language development</li> <li>• Education per capita financing: per capita financing doesn't work for GBAO because there are not many children and prices are higher in GBAO. Community ECD centers also can't get financing from the government but they are not willing to provide financing. Therefore, parents are paying for children.</li> <li>• Need for ECD communities: fundraising is particularly challenging and is placed on the community and family</li> <li>• Understanding and prioritization: varying levels of prioritization for ECD, more senior levels don't always understand ECD and its importance</li> <li>• Khorog: 50% of children don't have access to ECD services. Clear indication from Aga Khan's analytical work that there is a need and children receiving ECD support do much better</li> <li>• Institute of Professional Development: IPD has been a strong partner, through Aga Khan, and has been able to make progress</li> </ul>

			<ul style="list-style-type: none"> <li>• USAID support: lot of technical support and infrastructure, poor hygiene challenges</li> <li>• Best practice and structure: Question around good practice and how to leverage it within kindergarten. Specific questions around the best practice for the timetable of kindergartens</li> <li>• ECD masterplan: not a comprehensive and detailed plan. 50 schools being built</li> <li>• Budget limitations: budget limited by tax collection and overall limits to fiscal space</li> <li>• Food insecurity and affordability: major problems with access to food in GBAO and nutrient groups, limited access to meat and protein, overly reliant on bread and water. Strong cultural norm around not eating vegetables and nutritious food. Sustainability challenge around direct food provision.</li> <li>• Lessons learned in community mobilization: when the community is poor it's easier to mobilize, particularly when there are many issues. Leadership, depends on the kind of leader they have; transparency with the community, decisions, budget and ownership; number of projects. Community structure and political dynamics at the local level, strength of mobilization/program staff.</li> <li>• Fragmented hospital provision: departments are fragmented, long wish list, not a need for big hospitals that can be maintained but focused on strengthening basic provision</li> <li>• Hygiene: problem with hygiene and handwashing amongst adults, and during food preparation → suggestion of health promoters and use of social media, preference for social media because of a lack of trained health professionals for health promotion and challenge in frequency of intervention</li> </ul>
Dushanbe	August 29, 2019	Meeting with the Ministry of Health and Social Protection ECD Technical Working Group	<ul style="list-style-type: none"> <li>• Agreed on the lack of systematic content: Form 112 collects some information about child development, but agreement that this is an area of progress;</li> <li>• Discussed the health worker training needs</li> <li>• Health reforming</li> </ul>
Dushanbe	September 2, 2019	First Deputy Minister, MHSP, Chief Neonatologist, Head of Department for Maternal and Child Health, Family Planning & Development Parental Skills, Head of Republican Medical Genetics Center	<ul style="list-style-type: none"> <li>• Discussed the issues of early screening of disabilities in Tajikistan, current policies and prevention measures'</li> </ul>
Dushanbe	September 2, 2019	GFF team	<ul style="list-style-type: none"> <li>• GFF Collaboration</li> </ul>
Dushanbe	September 2, 2019	ECD DCC Meeting, organized and chaired by UNICEF	<ul style="list-style-type: none"> <li>• Proposed project scope and design, harmonization and partnerships</li> </ul>
Dushanbe	September 2, 2019	GAVI, Global Fund	<ul style="list-style-type: none"> <li>• GAVI and Global Fund activities relevant to ECD project</li> <li>• </li> </ul>
Dushanbe	September 3, 2019	Ministry of Education of Science ECD	<ul style="list-style-type: none"> <li>• Project design, IA and M&amp;E</li> </ul>

		Technical Working Group	
Dushanbe	September 3, 2019	Ministry of Health and Social Protection ECD Technical Working Group	<ul style="list-style-type: none"> <li>• Project design, implementation arrangements and M&amp;E</li> </ul>
Dushanbe	September 3, 2019	First Deputy Minister of Health and Social Protection, Head of Department for Maternal and Child Health, Family Planning and Development Parental Skills of MHSP, Republican Center for Family Medicine, JICA, UNICEF, USAID, GIZ, and INTRAHEALTH	<ul style="list-style-type: none"> <li>• The MCH Guide Book</li> </ul>
Dushanbe	September 3, 2019	ECEC private service providers	<ul style="list-style-type: none"> <li>• Focus group discussion to understand the market environment for private sector provision of ECEC</li> </ul>
Dushanbe	September 4, 2019	SUN Secretariat chaired by 1st Deputy Minister of Health	<ul style="list-style-type: none"> <li>• Lessons learned from the multi-sectoral implementation arrangements</li> </ul>
Dushanbe	September 4, 2019	Deputy Minister of Health and Social Protection (coordinating social sector)	<ul style="list-style-type: none"> <li>• Community rehabilitation of children with disabilities</li> </ul>
Dushanbe	September 4, 2019	Deputy Prime Minister on Human Developing and representatives from the Executive Office of the President heading social and education sector	<ul style="list-style-type: none"> <li>• Key findings and arrangements of the mission and next steps, seek advice on design, implementation and monitoring arrangements</li> </ul>
Dushanbe	September 5, 2019	Deputy Speaker of Parliament, Committee on Education, Science, Culture and Youth Policy	<ul style="list-style-type: none"> <li>• Introductions and collaboration and needed support for ECD and GFF</li> </ul>
Dushanbe	September 5, 2019	Gov. Technical Working Group chaired by the Minister of Finance	<ul style="list-style-type: none"> <li>• Key findings, agreed steps, schedule of activities</li> </ul>
Dushanbe	September 6, 2019	State Committee on State Property Management and Investment under the GoT	<ul style="list-style-type: none"> <li>• Update on the key findings and arrangements of the mission and next steps, seek advice on design, implementation and monitoring arrangements</li> </ul>

Vakhdat district	September 6, 2019	Deputy Chairman of the District, Head of Education Department, Head of Registry Office	<ul style="list-style-type: none"> <li>Assess capacity of education institutions to effectively implement the ECD project</li> </ul>
Hissor town/district	November 22, 2019	Chairman, District of Republican Subordination (DRS)	<ul style="list-style-type: none"> <li>Assess capacity of local governments to effectively implement the ECD project and plans for sustainability</li> </ul>
Kushoniyon District Khatlon Region	November 21, 2019	Education Department	<ul style="list-style-type: none"> <li>Introduction to ECD project</li> <li>Current challenges of preschool education in Khatlon Region</li> <li>Visiting preschool entities of the district</li> </ul>
Dushanbe	October 30, 2019	Ministry of Health and Social Protection	<ul style="list-style-type: none"> <li>Potential social and environmental risks during project implementation</li> </ul>
Dushanbe	October 31, 2019	Ministry of Education and Science	<ul style="list-style-type: none"> <li>Development of the ECD project social safeguards documents</li> </ul>
Dushanbe	November 12, 2019	MoES	<ul style="list-style-type: none"> <li>Citizens' Complaints Handling mechanism at national and local levels and ECD legal framework</li> </ul>
Dushanbe	November 19, 2019	Head of Preschool Education and Early Childhood Development Department, MoES	<ul style="list-style-type: none"> <li>Issues related to challenges and expectations of the state pre-school establishments</li> </ul>
Dushanbe	November 20, 2019	Ministry of Finance of RT	<ul style="list-style-type: none"> <li>Institutional arrangements</li> </ul>
Bokhtar town	November 21, 2019	Head of Preschool Education Department, Khatlon Region	<ul style="list-style-type: none"> <li>Introduction to ECD project</li> <li>Current challenges of preschool education in Khatlon Region.</li> </ul>
Bokhtar town, Khatlon region	November 21, 2019	Teachers and administration of the Provincial Institute of Teacher Training/ Institute for Professional Development	<ul style="list-style-type: none"> <li>Introduction to ECD project.</li> <li>Current challenges, expectations;</li> </ul>

### 3.1. Key stakeholder meetings and consultations

Details about the meetings and consultations held with the government agencies and international donor organizations are presented below.

*Table 1. Previous Stakeholder Consultations*

### 3.2 Community Meetings and Potential Beneficiary Needs Assessment Surveys

During project design and SEP preparation the team arranged for the following consultations with the stakeholders working in agribusiness sector and identified their needs:

*Table 2. Previous Consultations with Beneficiaries and Communities*

Place	Date	Participants	Key points raised
Rudaki district	April, 2019	District Health Center	<ul style="list-style-type: none"> <li>Assessment of district level health institution's capacity/capability and needed support to maintain health facilities and expand ECEC services</li> </ul>
Rudaki district	April, 2019	Rayon Health Center "Istiqlol" 8	<ul style="list-style-type: none"> <li>Assessment of district level health institution's capacity/capability and needed support to maintain health facilities and expand ECEC services</li> </ul>
Rudaki district	April, 2019	District Center for the Formation of Healthy Lifestyle	<ul style="list-style-type: none"> <li>Assessment of district level health institution's capacity/capability and needed support to maintain health facilities and expand ECEC services</li> </ul>
Nurek town	April, 2019	Nurek district Health House "Chashma"	<ul style="list-style-type: none"> <li>Assessment of district level health institution's capacity/capability and needed support to maintain health facilities and expand ECEC services</li> </ul>
Nurek town	April, 2019	City Health Center "Nurek"	<ul style="list-style-type: none"> <li>Assessment of district level health institution's capacity/capability and needed support to maintain health facilities and expand ECEC services</li> </ul>
Yovon distict	April, 2019	Yovon district Rayon Health Center "Garav"	<ul style="list-style-type: none"> <li>Assessment of district level health institution's capacity/capability and needed support to maintain health facilities and expand ECEC services</li> </ul>
Rudaki district	April, 2019	State kindergarten # 1	<ul style="list-style-type: none"> <li>ECD services availability and accessibility</li> </ul>
Rudaki district	April, 2019	State kindergarten # 7	<ul style="list-style-type: none"> <li>ECD services availability and accessibility</li> </ul>
Nation-wide	May to July 2019	Survey on Early Human Capability Index (EHCI) A brief snapshot of how children from 0-6 years old are doing in Tajikistan in terms of their holistic development.	<p>Key Take Away Messages</p> <ul style="list-style-type: none"> <li>Disability results interesting and may need further research</li> <li>Main weaknesses in child development were found in the more academic domains (pre-reading / pre-writing skills).</li> <li>ECE attendance and caregiver interactions with children positively related to child development</li> <li>Caregivers seemed interested in the concept of playgroups.</li> <li>Availability, costs and perceptions of quality are the drivers for ECE attendance</li> <li>Although minority population groups were not specifically sampled (i.e. the aim was nationally representative) and thus the needs of such groups potentially not identified - the results reported here do not indicate for a targeted strategy and thus universality in any program design should be considered (or at least a staged approach to eventually achieve for universal coverage).</li> </ul>
Nation-wide survey on the Status of Early Childhood Health and Development in the Republic of Tajikistan	July 22-August 12, 2019	1514 households, with 2602 children aged up to 6 years of age	<p>Key findings:</p> <ul style="list-style-type: none"> <li>Relatively low levels of caregiver-reported disability amongst children aged 2-6 years;</li> <li>Poor development of children aged 2-6 years across Tajikistan;</li> <li>Rates of caregiver-child interaction in the home environment were moderate;</li> </ul>

			<ul style="list-style-type: none"> <li>• ECE attendance is having a positive influence on all areas of children's development, yet attendance across the country is very low;</li> <li>• ECE attendance and child development outcomes varied across regions potentially highlighting the need to consider ECE quality;</li> <li>• Community playgroup is an evidence-based intervention that could be implemented to encourage and increase ECE participation and promote caregiver-child interaction in the home environment;</li> <li>• Programs with universal coverage, supporting the learning and development of children across all regions, are required, rather than implementation targeted at specific geographical areas only.</li> </ul>
Vakhsh district, Khatlon region	August 27, 2019	State kindergarten # 1 administration and teachers	<ul style="list-style-type: none"> <li>• Regular parent teacher conferences, every month – for example to address hygiene issues;</li> <li>• Fees 1000 somoni per month, not enough for food, stationery, hygiene and other equipment;</li> <li>• Food and nutrition as a major problem;</li> <li>• Question around planting and seed development – water as a constraint</li> </ul>
Vakhsh district, Khatlon region	August 27, 2019	School #56	<ul style="list-style-type: none"> <li>• ECD center set-up, financing mechanism, ECD demand and supply;</li> <li>• Site observations</li> </ul>
Khatlon region	August 27, 2019	Meeting with pregnant women at medical facility, in the presence of administrators	<ul style="list-style-type: none"> <li>• 1.5-2-month pregnant check up with the physician, lab work and came with mother in law</li> <li>• 1st time: mother in law attended the visit, in the area where she lived, doctors/physicians come to visit</li> </ul>
Khatlon region	August 27, 2019	Community leaders and selected parents	<ul style="list-style-type: none"> <li>• Aspiration to have the children in their school perform as well as children in citizens</li> <li>• Challenge with existing supply (kindergarten spaces), affordability, labour force migration</li> <li>• Focus on infrastructure needs and rehabilitation of buildings and expansion of existing provisions, material provisions like toys</li> <li>• Response to focus on parental stimulation</li> </ul>
B.Gafurov, Sughd province	August 28, 2019	ARKON Education Group	<ul style="list-style-type: none"> <li>• Private ECD providers market, demand and supply</li> <li>• Site observations</li> </ul>
B.Gafurov, Sughd province	August 28, 2019	State kindergarten # 6	<ul style="list-style-type: none"> <li>• Needs assessment meetings</li> </ul>
Vakhdat district	August 30, 2019	State kindergarten # 1 administration, teachers, parents	<ul style="list-style-type: none"> <li>• Assess capacity of education institutions to effectively implement the ECD project</li> </ul>
Vakhsh district	August 28, 2019	Medical Center "Chuyangaron"	<ul style="list-style-type: none"> <li>• Assess capacity of health institutions to effectively implement the ECD project</li> </ul>
Bokhtar town, Khatlon region	November 21, 2019	KGs teachers attending the in-service training program from different districts of Khatlon Region	<ul style="list-style-type: none"> <li>• Access to refresher courses for ECD educators;</li> <li>• Content and quality of refresher courses;</li> <li>• Challenges in applying the newly obtained knowledge</li> </ul>
Bokhtar town, Khatlon region	November 21, 2019	Social center for children with disabilities under NGO «Ghamgori»	<ul style="list-style-type: none"> <li>• Acquaintance with the center activities for children with disabilities</li> </ul>

Kushoniyon District Khatlon Region	November 21, 2019	State Kindergarten (KG) #4, rural jamaat Bokhtariyon,	<ul style="list-style-type: none"> <li>• Current state, conditions, challenges, expectations from ECD project</li> </ul>
Kushoniyon District Khatlon Region	November 21, 2019	State Kindergarten (KG) #5, rural jamaat Bokhtariyon,	<ul style="list-style-type: none"> <li>• Current state, conditions, challenges, expectations from ECD project</li> </ul>
Kushoniyon District Khatlon Region	November 21, 2019	Private KG, rural jamaat Zargar	<ul style="list-style-type: none"> <li>• Current state, conditions, challenges, expectations from ECD project</li> <li>• Enrolment rates, parent incentives</li> </ul>
Hissor town/district	November 22, 2019	State KG “Afsona”#6, Hissor town, DRS	<ul style="list-style-type: none"> <li>• Current status of ECD services and challenges</li> </ul>
Hissor town/district	November 22, 2019	State KG “Oftobak”#3, Hissor town, DRS	<ul style="list-style-type: none"> <li>• Assess capacity of education institutions to effectively implement the ECD project</li> </ul>
Hissor town/district	November 22, 2019	Private KG- Primary School “Nuri Irfon”, Hissor town	<ul style="list-style-type: none"> <li>• Assess capacity of health institutions to effectively implement the ECD project</li> </ul>
Hissor town/district	November 22, 2019	Secondary school # 3 of rural jamaat Hissor/Hissor village	<ul style="list-style-type: none"> <li>• Assess capacity of education institutions to effectively implement the ECD project</li> </ul>
Hissor town/district	November 22, 2019	ELC at secondary school #26, Gulhani village	<ul style="list-style-type: none"> <li>• Assess capacity of education institutions to effectively implement the ECD project</li> </ul>
Hissor town/district	November 22, 2019	Public Health Center of Hissor town	<ul style="list-style-type: none"> <li>• Assess capacity of health institutions to effectively implement the ECD project</li> </ul>
Hissor town/district, DRS	November 22, 2019	Public Health Center of Hissor village, rural jamaat Hissor,	<ul style="list-style-type: none"> <li>• Assess capacity of health institutions to effectively implement the ECD project</li> </ul>
Hissor town/district	November 22, 2019	Health Point of Sayod village, rural jamaat Hissor	<ul style="list-style-type: none"> <li>• Assess capacity of health institutions to effectively implement the ECD project</li> </ul>



Figure 1. Community Meetings in Khatlon, August, 2019



Figure 2. Consultations with preschool teachers at Provincial Institute of Teacher Training/ Institute for Professional Development, Bokhtar town, Khatlon region, November, 2019



*Figure 3. Site visits to the Kindergarten in B.Gafurov and Khushoyon district*



*Figure 4. Site visit to CwD Development Center “Ghamhori” in Bokhtar*

*Figure 5. Sleeping room at Rural KG in Kushoniyon district*

### **3.3 Lessons Learned in Engaging Communities / Stakeholders from Previous Projects**

**Community mobilization and involvement play important roles in ensuring relevance and ownership of interventions.** The project draws on the community mobilization experience under several World Bank (WB) and other donor-supported projects<sup>2</sup> to identify effective approaches to community engagement. The project makes use of existing participatory planning and oversight processes at the community level to provide locally-identified infrastructure and strengthens the capacity of community/*mahalla* administrations and community-level institutions to engage with citizens and to deliver services efficiently, fairly, and in response to the needs of the community. Tajikistan GPE-4 project supported community mobilization activities to raise awareness and advocate importance of early learning among rural communities. As a result, the demand for preschool programs has increased in the target areas and the parents' expectations from preschool programs shifted from

<sup>2</sup> Socio-Economic Resilience Strengthening Project, Japan Social Development Fund Nutrition Grant Scale-Up Project, GPE-4 Project, AKDN projects

school preparation to school readiness.

The ongoing monthly household survey, **Listening to Tajikistan (L2T)**, would be leveraged by including additional questions about citizen participation in the targeted districts related to ECD planning, community mobilization activities and services. Additional questions to the survey would be developed in the first year of the project and included in the L2T survey once per year.

**Inclusion of alternative preschool models in the BP is based on the lessons learned from international practice.** The intent is to promote innovative ECD models (home-based parenting engagement, half-day preschools, community child development groups (playgroups) with volunteers) which have proven successful in quickly expanding access by mobilizing social capital and participation of parent caregivers and communities in countries that faced similar resource, capacity and geographical constraints for service delivery (e.g., Indonesia, Tonga). The model also produced successes in well-resourced environments like Australia, with the findings from a quantitative evaluation<sup>3</sup> demonstrated that playgroups are universally beneficial to all children from a range of different backgrounds, and that playgroups have positive impacts on all domains of child development: physical, social, emotional, language and cognitive development, and communication. Community playgroups (models of the CCDGs planned under this project) supported by development partners in Tajikistan already proved to be effective in remote mountainous areas of the country. The Early Learning Centers (ELCs) representing a half-day model in Tajikistan were the main driver of the raising preschool enrolment in the last decade.<sup>4</sup>

**At the household and community level, SBCC is central to improving understanding and changing behaviors around ECD.** Research from a variety of contexts demonstrates that community-based communication can effectively change behavior in a cost-effective manner. Likewise, practical coaching sessions have the power to change behavior after a relatively short period of time. The project will design practical sessions to reinforce parents' and caregivers' skills in quality interactions to build self-confidence in parents and caregivers to engage successfully with their children. Beneficiary access to contextualized communication and mass media messages can rapidly improve feeding practices at scale. In Bangladesh, for example, delivery of a community-based communications package, developed with assistance from Alive and Thrive, was associated with more than 30 percent improvement in key indicators – exclusive breastfeeding and consumption of a diverse diet – over 3 years.

**The previous World Bank and other development partners' operations in Tajikistan, Uzbekistan and Kyrgyzstan demonstrated the importance of undertaking related measures in public administration and financing areas for the sustainability of alternative preschool models.** Thus, the half-day preschool models introduced in those three CA countries obtained sustainability in Kyrgyzstan and Uzbekistan, but not Tajikistan. In Tajikistan, the ELCs, although legally recognized as a form of preschool services provision accommodating almost one-third of children enrolled in preschool, still lack secured public funding and a regulatory framework, limiting their quality and sustainability.<sup>5</sup> In the other mentioned CA countries, the ELCs have the state co-financing and inclusion of the ELCs teachers in the public payroll. The project aims to develop and pilot the financing mechanisms for sustainability of the proposed program and interventions.

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<sup>3</sup> Gregory, T., Harman-Smith, Y., Sincovich, A., Wilson, A., & Brinkman, S. (2016). It takes a village to raise a child: The influence and impact of playgroups across Australia. Telethon Kids Institute, South Australia. ISBN 978-0-9876002-4-0.

<sup>4</sup> World Bank. Early Childhood Education and Care Analysis: A Focused Review of Preschool Education in Tajikistan. 2019.

<sup>5</sup> Tajikistan Fourth Global Partnership for Education Grant (GPE-4) – P131441

## **4. Stakeholder Mapping, Segmentation and Analysis**

ESS 10 recognizes two broad categories of stakeholders- one, Project Affected Parties; and two, Other Interested parties. **Project-affected parties** includes those likely to be affected by the project because of actual impacts or potential risks to their physical environment, health, security, cultural practices, well-being, or livelihoods. These stakeholders may include individuals or groups, including local communities. They are the individuals or households most likely to observe/feel changes from environmental and social impacts of the project. The term “**Other interested parties**” (OIPs) refers to: individuals, groups, or organizations with an interest in the project, which may be because of the project location, its characteristics, its impacts, or matters related to public interest. For example, these parties may include regulators, government officials, the private sector, the scientific community, academics, unions, women’s organizations, other civil society organizations, and cultural groups.

### **4.1 Stakeholder Mapping**

Stakeholder is defined as an individual/ institution (agency) that can impact upon or get impacted by the project. In order to define a communication process with the stakeholders, several groups that may be interested and/or affected by the project implementation have been identified. There are a number of groups of people and social groups who are interested in the project on different levels. Project recognizes that: stakeholders are not only diverse and heterogeneous but also are housed both vertical and horizontal space. Accordingly, stakeholder mapping is done vertically (across the administrative space) and horizontally (within an individual space). The first step involves in the preparation of a universal mapping. Each stakeholder / group is rated for the relative importance- starting from rating from 1 to 5 stars. Five being high and is to be accorded full scale attention. This helps in assigning importance for further analysis. The Universal mapping and the relative importance are presented below.

*Table 3. Universal Stakeholder Mapping*

Sl No	Level – Administrative Space	Stakeholders	Significance
1	<b>National / Country Level</b>	Ministry of Finance	****
		Ministry of Health and Social Protection, including its subordinate(s) which develops SANPINs for preschools 1) State Sanitary Epidemiological Service of the State Service for Supervision over the Medical Activities and Social Protection under the Ministry of Health and Social Protection 2) Department for organization of care for mothers and children and parenting skills under MOHSP 3) Department of International affairs, PHC and Health Reforms under MOHSP	*****
		Ministry of Education and Science	*****
		Academy of Education (AoE) & Institute for Education Development (IED)	****
		Republican In-service Teacher Training (RIITT)	****
		Republican Training and Methodological Center (RTMC)	***
		Majlisi Namoyandagon Majlis Oli (Low Chamber of the Parliament) – adoption of strategic documents	***
		Ministry of Labor, Employment and Migration	***
		Committee on Women and Family Affairs	***
		State Committee for Investment and State Property Management	***
		Republican Center for Family Medicine	***
		Center for Pediatric and Children's Surgery	***
		Republican Center for Healthy Life Style	***
		WB and WB-funded projects (GPE-4, CASA CSP, SERSP)	*****
		Other Donors (IsDB, USAID, UNICEF, AKF, WHO, GIZ, ADB, OSI, JICA, UNDP, WFP, Caritas, EU, GAVI)	***
		State Agency for Supervision in the Sphere of Education (SASSE)	***
		Agency on Construction and Architecture	***
		National Disability Center “Chorbogh”	***
		State Surveillance Service over Medical Activities and Social Protection (Khadamot)	***
		Center for Health Information and Statistics	***
		State Statistical Agency	**
		Social Media	**
		National media (newspapers, television)	**
2	<b>Provincial Level</b>	Regional Branches of National Disability Center	***
		Regional Family Medicine Training Centers (monitoring of child development data)	****

		Provincial Institute of Teacher Training/ Institute for Professional Development (TOTs and coaching) – Regional IITT	****
		Health and Education Departments at the Regional Khukumats	***
		CSOs	*
		Media	***
3	<b>District level</b>	District khukumats and line departments	
		Primary Health Care Centers at District level	*****
		Early Learning Centres (half-day institutions) and ELC teachers	*****
		Kindergartens (1.5-7 years kids)	****
		Nursery (1,5-3 years kids)	****
		KGs-Primary school (4-10 years kids)	****
		Nursery-KGs (including specialized ones) 1,5-7 years kids	****
		Specialized preschools (2-7 years kids with special needs)	****
		Residential institutions (Orphanages for 2-8, baby homes 0-4 CwD, facilities)	****
		Day-care centers for 4-17 years CwD (half-day)	****
		Private centers of additional education (3-7 years kids) and/or private preschools	****
		Local media	***
		Civil works contractors	***
		NGOs/CSOs (not involved directly in project)	*
		Goods, construction material suppliers	***
		Vendors (toys and books suppliers)	**
4	<b>Sub District</b>	Jamoats	****
		Health houses\posts	****
5	<b>Mahalla</b>	Kids 0-6	*****
		Pregnant women and breastfeeding mothers	*****
		Mother-in-laws	****
		Parents with kids ages 0-6	*****
		Children with disabilities and their parents	*****
		Kids 0-6 from low-income HHs	*****
		Mahalla leaders and councils	****
		Community activists	***

## 4.2 Stakeholder Segmentation/ Prioritization

The identified project stakeholders were segregated by their areas of influence. The stakeholders of high (5\*) and substantial significance (4\*) form the purview of further enquiry.

*Table 4. Stakeholder Segmentation by their Areas of Influence*

National / Country Level	
Stakeholders	Area of Influence
Ministry of Finance	Will serve as the Project Implementation Unit (PIG) of the ECD project, will be responsible for overall implementation, coordination among stakeholders, results monitoring, and communicating with the WB on the progress\results. The Minister of Finance will chair the Project Steering Committee (PSC) and act as deputy chair of the National ECD Committee (NECDC)
Ministry of Health and Social Protection	Responsible for implementation, coordination, monitoring of all project' interventions at national and local levels in close collaboration with the PIG\MoF. The Minister to be represented at NECDC; Deputy Minister at PSC
Ministry of Education and Science	Responsible for implementation, coordination, monitoring of all project' interventions at national and local levels in close collaboration with the PIG\MoF. The Minister to be represented at NECDC; Deputy Minister at PSC
Government of Tajikistan/Cabinet of Ministers	Deputy Prime Minister on Social Issues will chair National ECD Committee (NECDC)
WB and WB-funded projects (GPE-4, CASA CSP, SERSP)	Supervision, no objections, implementation support. The project will use Implementation mechanisms\community mobilization models of the listed WB projects.
Other Donors (IsDB, USAID, UNICEF, AKF, WHO, GIZ, ADB, OSI, JICA, UNDP, WFP, Caritas, EU, GAVI)	Coordination of ECD projects being planned and implemented in the target areas to build synergies and to avoid double financing
Academy of Education (AoE) & Institute for Education Development (IED)	Preparation and publication of state standards in all disciplines of school, curricula and study books, methodological recommendations for textbooks
Provincial Level	
Regional Family Medicine Training Centers	Advanced trainings for family doctors and nurses (monitoring of child development data)
Regional Institute of In-service Teacher Training/ Institute for Professional Development (TOTs and coaching)	Advanced trainings for preschool teachers
District level	
District khukumats and line departments	Development of district ECD plans based on ECD plans prepared by mahallas, and the plans implementation
Primary Health Care Centers at District level	Provision of services based on updated guidelines and tools with a focus on ECD and early child stimulation. Monitoring and control of the services provision at jamoats' health points.
Early Learning Centres (half-day institutions) and ELC teachers	Preparing children for school

Kindergartens (1.5-7 years kids)	Providing favorable conditions for children physical and mental development. Education and socialization of children through games\interactive methods.
KGs-Primary school (4-10 years kids)	Care, feeding, early development, preschool education
Nursery (1,5-3 years kids)	Care, feeding, early development, preschool education
Nursery-KGs (including specialized ones) 1,5-7 years kids	Care, feeding, early development, medical treatment, preschool education
Specialized preschools (2-7 years kids with special needs)	Care, feeding, early development, preschool education, primary school
Residential institutions (Orphanages for 2-8, baby homes 0-4 CwD, facilities)	Accommodation, care, feeding, medical care, early development, preschool education
Day-care centers for 4-17 years CwD (half-day)	Providing medical and psychological support to children and parents. Children rehabilitation, socialization.
Private centers of additional education (3-7 years kids) and/or private preschools	Early development based on parental funds.

#### **Sub District Level**

Jamoats	Participation in community mobilization for ECD plans development and implementation, public awareness campaigns
Health houses\points	Provision of services to parents and children based on new ECD package.

#### **Community Level**

Kids 0-6	Main beneficiaries of the project. The ECD plans to be developed based on their needs and suggestions.
Pregnant women and breastfeeding mothers	
Mother-in-laws	
Parents with kids ages 0-6	
Children with disabilities and their parents	
Kids 0-6 from low-income HHs and FHHs	
Mahalla leaders and councils	Liaison between the project implementers and beneficiaries.

#### 4.3 Stakeholder Analysis

The stakeholders of high and substantial significance (ranked 5\* and 4\* during universal mapping) are analyzed in the Table below. The analysis include the current status of the stakeholder, raised concerns and issues during consultations, their expectations from the project, significance of the risk of unmet expectations and enabling conditions required to mitigate those risks.

*Table 5. Stakeholder Analysis by the Level of Engagement*

National Level					
1. Subgroup	2. Current Status	3. Concerns and issues	4. Expectations	5. Risks	6. Enabling Qualifiers
Ministry of Finance	MoF has sufficient experience in implementation of donor-funded projects. There is a PIG on Public Finance Management, and a PIG that implements 3 WB and 2 ADB- funded projects. However, there is no project-specific GRM. Citizens' complaints are filed with the MoF General Department and then to Minister who directs them to the relevant departments with an instruction.	Insufficient number of competent staff to manage large-scale projects and subprojects in the fields, lack of knowledge about ESSs, hiring additional competent staff to manage the project at the district level.  Functions and authorities between the project implementers (MoF, MoES, and MoHSP) should be distributed precisely\carefully. If decision-making will depend on several authorities, this will complicate the project implementation process (bring to delays).  Efficient coordination between line ministries can be efficiently organized at local level.	Successful implementation of the project's objectives through efficient use of allocated funds. Introduction of alternative ECD models, attract private sector, Public Private Partnership model where is a demand.  Improve institutional capacity in supervising consultants, to gain experience in managing large scale grant projects	Substantial	Clear distribution of functions and powers between the project implementers. The project Coordinators should not be the first persons of the line Ministries (as they might not be always accessible), but Heads of relevant departments. Project will include capacity building activities of PIG staff in project management, procurement, financial management, safeguards, M&E
State Investment Committee (SIC)	Overloaded with diverse tasks starting from attraction and coordination of investments with IFIs up to state property management	SIC supported the WB on youth entrepreneurship promotion under the WB executed project "Voices of Youth".	Attract other IFIs funding to expand the project coverage and impacts; Create a success model of community based tourism that could be replicated to other regions through attraction of other IFIs	Moderate,	Establish a national interagency steering committee to make informed strategic planning and investments
Ministry of Health and Social Protection	Responsible for Early Childhood Development subsector; has the mandate for securing maternal and child health from preconception to 3-year-old.  Has experience in implementation donor-funded projects. The MoHSP Department on Maternal and Child	There is no single vision\document on ECD development in the country. Lack of funding for qualitative services provision. Low access to Early Childhood Education and Care, in particular in rural area. Lack of ECD specialists, furniture, equipment, materials.  There is lack of ultrasonic equipment and specialists of early diagnosis of abnormalities in the child development.	Introduce early detection and intervention techniques in the country to decrease infant mortality and illness.  Reduce indicators on children' stunting, wasting and low weight.  Increase number of qualified medical workers.	Substantial	Balance between health and education parts of the project (equal approach). Taking measures for the project results sustainability. Consider a mechanism to support low-income families so that laboratory services are affordable to them. Support MoH with trainings and consultative support.

	Health and Family Planning is responsible for ECD activities. There are game rooms arranged at children departments of district hospitals to create child-friendly environment. Starting from 2018, 'mother & baby' rooms are being organized at PHCs where possible. Medical workers conduct monitoring of growth, weight and mental development of children in the field.	There is only one Republican Medical Genetics Center in Dushanbe. This is critical to open the regional Genetics Centers at least in Sughd, Khatlon, GBAO and train relevant specialists. Pregnant women should have an opportunity to undergo biochemical screening locally, at their region.	Repair\establish and equip the game rooms arranged at children departments at hospitals and mother' & baby' rooms (or corner) at PHCs (including furniture, visual aids, educational toys\games, leaflets/instructions for parents, books).  Provide stack bags at PHC facilities to increase parents' incentives to increase demand for ECD services in the target areas; Improve access to medical services in remote areas; Increase parents' awareness.		
Ministry of Education and Science	Has the mandate for ECD for children from 1.5 to 6 and 7-year-old. In February 2019 Department of Preschool Education and Early Childhood Development (with 4 staff members) was established within a new created Division of Children's Rights Protection at MoES. The Department prepared the State Program of Preschool Education Development in RT for the period of 2020-2025. MoES has experience in implementation of donor-funded projects, however the ECD project will be the first one for the Department's employees. ECD sector is underfunded.	Low coverage of children by preschool services, especially in rural areas. Considerable difference in access to the service between urban and rural areas. Lack of preschool facilities. Lack of funds for quality nutrition of children in existing KGs. Urban kindergartens are overloaded (40 children in one group). Lack of ECD specialists\teachers and teaching\visual aids\materials. All heads of KGs in the pilot districts should be covered by ECD trainings as some of them don't even have pedagogical background.  Per the Department vision, ECD establishments should be located separately, not at schools or health centers as each of the mentioned organizations have their own regulations that may cause certain barriers for ECDC effective performance.	Update ECD relevant laws and regulations\norms. Increased coverage of children in rural areas by adequate ECD services. Improved infrastructure and conditions at preschool entities. Sufficient quantity of ECD materials and qualified specialists. Development of alternative forms of preschool education. Comprehensive financing mechanism of state preschool entities (per capita financing)	Substantial	Enhance coordination with other donors to increase impact
Other Donors (IsDB, USAID, UNICEF, AKF, WHO, GIZ, ADB, OSI, JICA, UNDP, WFP, Caritas, EU, GAVI)	Have their own plans and visions, implementing partners and diverse geographical coverage	Facilitate consensus-building among the diverse range of state and non-state stakeholders and ensure whole of the government approach in delivering services promoting improved ECD outcomes; (	Ensuring proper coordination of the project activities with potential investments from other donors in the field of ECD.	Moderate	ECD Donor Coordination Council Meetings should coordinate IFI-funded projects and build synergies among them, especially the project should build synergies with IsDB project activities related to establishment of ECD rooms in the secondary schools.

Other government agencies engaged in social infrastructure development	The current regulatory regime creates some overlap and gaps of tasks between government agencies as regard to the developmental needs of the country. The ministries have many existing service delivery channels that will need to be coordinated closely to enable service delivery to improve ECD outcomes.	Geographic focus of development projects is mostly focus the south of the country, while other regions also require large investments.	Plan and implement the local, regional and national development plans with the state budget and/or donor-funded projects throughout the country	Moderate	DCC will be instrumental in coordinating the social infrastructure development at the district level, while the Governors' office will do the same at the regional level. National Early Childhood Development Council (NECDC) chaired by the Deputy Prime Minister for Social Issues will arrange for the ECD development projects coordination at the national level.
Academy of Education (AoE) & Institute for Education Development (IED)	National of Education Development Strategy (2021-2030) considers issues of preschool education. There is a Preschool Education Department at the Institute. "Ranginkamon" program for preschool teachers was developed in 2012. It will be revised/updated in accordance with new requirements this year. There are two standards - Child Development Standards; and Preschool Education Standards	Until the line ministries work together, there will be no results. This is good that three ministries are brought together as implementers of the project.	Increased access to ECD in remote rural areas. Improved preschool premises. Sufficient number of ECD teachers.	Low	
Republican In-service Teacher Training (RIITT)	Has sufficient experience in working with international consultants; has moderate capacity to host methodological part of ECD BP; has regional hubs to roll-out trainings	Understaffed in terms of preschool retraining capacity; needs ECD methodological capacity building support;	Active participation in the project and improved capacity to rollout the retraining modules in the regions	Low	Module-based approach should be introduced to give the teachers flexibility to plan their curriculum
WB	The WB has extensive experience in education, health, and early childhood programming. The Bank supported more than 75 early childhood development projects worldwide since 1990, and more than US\$1.6 billion in lending across 47 countries.	Key risks relate to: (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 uncertain coordination arrangements required for a multi sectoral project.	Achieve the Project Development Objectives and PDO indicators	Substantial because of multisectoral nature of the Project.	Frequent implementation supervision support should be in place at the beginning of the project to assist to set up the tri-party project coordination, planning and implementation mechanisms

<b>Provincial Level</b>					
<b>1. Group/ Subgroup</b>	<b>2. Current Status</b>	<b>3. Concerns and issues raised</b>	<b>4. Expectations from the project</b>	<b>5. Risks</b>	<b>6. Enabling Qualifiers</b>
Regional Family Medicine Training Centers	In charge of implementation of 6-month retraining courses for medical workers on family medicine, has wide range of regional training hubs, low methodological capacity in adult training methodology	Only one month out of 6 months dedicated to pediatrics. This is not enough to train a good pediatrician who knows all the nuances of treating children from, for example therapist.	Increased human and organizational capacity to host the ECD BP health worker trainings and to be able to cover a wide range of districts, not only the target districts	Moderate	Develop and disseminate BP teaching aids, methodological, visual and hand-out materials for doctors and parents
Provincial Institute of Teacher Training/ Institute for Professional Development (TOTs and coaching) – Regional IITT	The center provides half-day training for preschool teachers and nurses (54-72 hours), 12 -days professional course. All preschool teachers are requested to have high or specialized pedagogical education. They should receive advanced professional courses once in three years.	Lack of equipment, visual aids and methodological materials and office supplies. No access to Internet.  Many preschool entities teachers don't attend the trainings because their transport expenses are not being covered\reimbursed.	Improved conditions for professional trainings provision, sufficient quantity of training materials, updated guidelines\manuals on ECD.	Moderate	Develop and disseminate BP teaching aids, methodological, visual and hand-out materials for preschool teachers and ECD facilitators
<b>District Level</b>					
<b>1. Group/ Subgroup</b>	<b>2. Current Status</b>	<b>3. Concerns and issues raised</b>	<b>4. Expectations from the project</b>	<b>5. Risks</b>	<b>6. Enabling Qualifiers</b>
District khukumats and line departments	Function based on national legislations and regulations, execute instructions received from national government. Have experience in working with donors on implementation different project. No capacity in ESF implementation	Lack of KG in urban areas, in particular in the district centers, (parents stand in line). Existing KGs require major repair. In Hissor 90% of the preschool entities require major repair. Government attracts private entrepreneurs to repair/establish health centers &points, and where possible the preschool facilities. Lack of budget to address all prevailing needs.	Existing infrastructure will be improved and coverage of children with preschool education and ECD will increase, in particular in rural areas.	Substantial	

Primary Health Care Centers at District level	Provide medical care according to existing instructions and protocols.	Lack of equipment and tools. (family doctor's and nurses' medical bags). There are Health Centers in rural jamoats located in old buildings with no proper conditions for patients' reception and examination (outside water and toilet, cast iron stoves for heating by coal). Lack of materials and supplies.	Improved conditions (infrastructure) and modern equipment for patients' examination and treatment.	Moderate	
Early Learning Centres (half-day institutions) and ELC teachers	Usually established in one room of secondary schools by support of donors or the school administration itself.	No access to water and sanitation (common outside sanitation facilities at school), heating by iron stoves or electric heaters. Poor conditions, no visual aids and interactive methodology in preschool classes arranged by the schools themselves for 6-year-old children. ELC teachers receive salary from the school or from the amount contributed by parents (25 USD). Salary is low around 50 USD per month average. ELCs depend on the school conditions and parents' contributions. In the schools where space is a problem, Directors are not very happy that their premises are occupied by ELC. They think that ELCs should be located separately.	Rehabilitation of the ELC classes, provision of modern visual aids, materials and educational games/toys.	Moderate	ECD financial mechanisms should be consulted with parents and updated accordingly.
Kindergartens (3-7 years kids)	Provide services according to the state instructions and regulations.	There is a big demand for KGs in urban areas. Most of the KGs are in need of major repair. Usually there is no access to water and sanitation inside of the buildings (sometimes the system is broken or it doesn't exist at all). Heating is provided by iron stoves (coal/wood that is harmful for children) or electric heaters. Humidity is felt in the rooms, because of the cold they are poorly ventilated. KGs provide three meals, but due to lack of budget the quality of nutrition is not sufficient. Parents contribute 55 somoni (about 6\$) per month for their children nutrition in rural areas. Heads of KGs rely on parental help to solve pressing problems. Much depends on the personality of the kindergarten head. Most active of them try to find possible ways to improve their KGs conditions. In Hissor town, Head of KG # 3 restored water supply and sanitation system inside the building with parental support. In every kindergarten there is a nurse who monitors the children health. There is also lack of safe toys, low quality toys are being withdrawn by Sanitary Epidemiological	Improved infrastructure and access to water and sanitation.  Boiler house restoration or alternative heating systems.  Provided modern visual aids, materials and educational games/toys.  Increased financing from local budget.	Moderate	ECD financial mechanisms should be reconsidered and updated.

		Service. KGs don't have funds to obtain expensive good quality toys\games.			
Nursery-KGs (1,5-7 years kids)	Most typical type of preschool facility in the country.	Underfunded, poor infrastructure, low human capacity, low child enrolment in rural areas, while in urban areas vice versa	Improved infrastructure. More modern visual aids, materials and educational games/toys. Increased work with parents Increased financing from local budget.	Moderate	ECD financial mechanisms should be reconsidered and updated. TML packages should be distributed as widely as possible
Specialized preschools (2-7 years kids with special needs)	In specialized preschool there are medical treatment and rehabilitation services in addition to care, feeding, early development and preschool education.	Underfunded, poor infrastructure, low human capacity, poor medical supplies	Improved infrastructure. More modern visual aids, materials and educational games/toys. Increased financing from local budget.	Low	Attract private donations and/or public-private partnerships to improve conditions
KGs-Primary school (1,5-10 years kids)	There are public and private ones. Conditions of the private KGs/Primary school are better than in public KGs. Parental contribution varies. For example, in Hissor's town private entity it is around 50 USD per month	Underfunded, low ECD teaching capacity, low child enrolment in rural areas, while in urban areas vice versa  In Hissor, a businesswoman first opened a private kindergarten, then an elementary school in order to continue education of its graduates.	In addition to the above, improved legislation and regulations in support of private preschool entities	Low	Regulatory changes and support to increase number of private KGs where the demand is high; Introduce the differentiated parental fees for diverse range of vulnerable HHs
Residential institutions (Orphanages for 2-8, baby homes 0-4 CwD facilities)	Supported by Government and typically, each center also gets donations from local entrepreneurs and people.	Government creates acceptable conditions in these institutions at possible extend, however insufficient funding, poor infrastructure, low salaries and low human capacity, poor medical supplies	Improved infrastructure, equipment and tools for children rehabilitation and socialization. Employees training	Low	To pay attention to the residential institutions during infrastructure rehabilitation selection
Day-care centers for 4-17 years CwD (half-day)	Supported by Government, not available in all districts, located usually in the district centers.  Some centers are being organized by NGOs with support of the government and donors. Provide consultative, medical, and psychological assistance to parents and CwDs.  Promote socialization of children with disabilities.	Lack of funds to cover all that are in need and provide proper conditions for CwD (water, sanitation, heating), no transportation support for CwD from remote areas.	Improved infrastructure, equipment and tools for children rehabilitation and socialization.  Social workers training  Increasing parents' awareness and their education\stimulation	Moderate	To consider arranging transportation services to increase enrolment in day-care centers  To arrange for wide parent awareness of existing ECD services for CwD

Private centers of additional education (3-7 years kids) and/or private preschools	<p>There are private centers of additional education in towns (half day or a couple of hours, English, Russian language courses, preparation to school, chess, dancing, drawing).</p> <p>Private KGs provide services according to the state regulations and norms. They function at parental contributions. In rural areas, some KGs are being established by local entrepreneurs at one part of old culture clubs\houses.</p>	<p>Private KG are in demand in urban areas, but they are not cost-effective in rural areas, where parents prefer to keep children at home, or the service is not affordable. There is private KG in rural jamoat Zargar of Kushoniyon district with capacity for 200 children, but only 60 children are currently enrolled. The KG has access to water and sanitation in the building. The cost of the KG was decreased from initially set 21 USD to 11 USD. However, this didn't work. The amount collected is not enough for its maintenance and good service delivery. Supported by private entrepreneurs</p>	<p>Introduce balanced ECD funding mechanisms to make ECD services affordable and accessible.</p>	Moderate	Increase understanding of ECD importance among family members in rural areas.
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#### Sub -District Level

1. Group/ Subgroup	2. Current Status	3. Concerns and issues raised	4. Expectations from the project	5. Risks	6. Enabling Qualifiers
Jamoats	Don't have own budget to address local needs.	Don't have opportunity to establish KGs at villages where is a demand. Rely only on entrepreneurs' and parents' assistance in organizing kindergartens at existing facilities that don't meet standards (such as part of the old buildings of cultural clubs).	Increased access to affordable health care and preschool education in rural areas	Low	Regulatory mechanisms and capacity building support to manage their own budgets
Health houses\points	Provide medical services based on instructions\ protocols. Accountable to Health centers. Their staff attend advanced trainings once in five years. Nurses go from home to home to monitor health condition of children and their parents in place. They also distribute pills for worms to children.	There are new medical points in some villages built by donors or local entrepreneurs. However, some medical points are still located in old buildings with poor conditions with no access to water and sanitation; or even in one room, or at the nurses' home. Lack of equipment, scales for measuring children weight and height meter.	Improved conditions (infrastructure) and modern equipment\tools and methodology for patients' examination and treatment.	Low	The project mostly focuses on the district level, this sub-district level should be also covered where possible.

#### Mahalla Level

1. Group/ Subgroup	2. Current Status	3. Concerns and issues raised	4. Expectations from the project	5. Risks	6. Enabling Qualifiers
Kids 0-6	Direct beneficiaries of the project. In urban areas where parents usually work, children are covered	There are no proper conditions in public KGs for children' education and physical development. Lack of furniture, equipment and safe toys. Majority of KGs are located	More safe toys and visual aids, good teachers and nurses, more play groups, responsible parents,	Low	SBCC strategy implementation should pay special attention to this specific group as well

	by preschool services. In rural areas children are mainly brought up in a family.	in old buildings with no inside access to water, sanitation and poor heating. Preschool teachers rarely use interactive methodology to educate children – “learning by playing”. In some KG teachers don’t allow children to play with toys. Like in schools, children just learn poetry by heart and follow instructions. Preschool teachers are low paid and have no motivation to work creatively and acquire advanced teaching skills.	create and cognitive learning programs		
Pregnant women and breastfeeding mothers	Periodically monitored by medical workers of health centers and health points. Working breastfeeding mothers receive 6 USD childcare allowance until the child is 1.5-year-old. Housewives get nothing.	Undernourished in rural areas, poor and outdoor sanitation conditions at homes, majority are low educated, powerful mother-in-laws	Provision of professional support and advises from medical workers.	Moderate	SBCC strategy implementation should pay special attention to this specific group as well
Mother-in-laws	They sometimes take care of their grandchildren if both parents work. Often they decide to send a child to kindergarten or not. In rural areas, husbands and their mothers think that if mother is unemployed, she should take care of children at home. However, situation varies from family to family.	Old generation with established mindset, powerful decision-makers at the HH level in rural areas, strong religious believers and follow the traditional rules and habits	Increase number of community based ECD groups or at home ECD facilitators.	Moderate	SBCC strategy implementation should pay special attention to this specific group as well  Religious aspects should be considered while drafting ad implementing SBCC activities.
Parents with kids ages 0-6	Accountable for raising their children in accordance with the Law on Parental Responsibility	In rural areas the number of large families is high, children are raised mostly at home; majority of mothers are low educated; low income households, cannot afford and/or unaware of ECD services  Majority are strong religious believers and follow the traditional rules and habits	Affordability and accessibility of health and preschool education services	Moderate	Increase number of affordable and accessible KGs. Increase parent awareness and participation in ECD planning and implementation Religious aspects should be considered while drafting ad implementing SBCC activities.

Children with disabilities (CwD) and their parents	CwD are served free of charge at public institutions. Children receive pension (less than 100 somon/11 USD per month) depending on the disability group. CwD require special care and developmental conditions.	Existing KGs often refuse to receive CwD due to lack of proper conditions to provide appropriate services. PHC don't have proper equipment and ramps. Parents are often depressed and require professional psychological assistance. Some parents don't want to bring their children to social centers, do not believe that physiotherapy and psychological support can help their children in strengthening their health and socializing.	Establishment of favorable conditions for provision of services to CwD at KGs and public health centers/points. Society understanding and support.	Moderate	SBCC strategy implementation should pay special attention to this specific group to reduce stigmatization
Kids 0-6 from low-income HHs	Families that cannot afford paying 55 somoni (6 USD) parental contribution to rural KGs. Children from low income families pay 50%, and orphans are served free of charge at public KGs. Low- income families receive 40 somoni annually as education allowance from Government	Don't have regular income; depend on labor migrants' remittances, prefer to keep their children at home as usually the children mothers don't work.	Free services at public KGs and PHC.  Free laboratory tests	Substantial	Differentiated parental fees depending on social vulnerability of HHs should be promoted and institutionalized through regulatory changes.
Mahalla leaders and councils	Active members of community. Have experience in implementation of different projects through community mobilization. They are the traditional bodies serving as liaisons between the government bodies and communities/population	Have limited financial opportunities and authorities, but lots of responsibilities and assignments, rely on local entrepreneurs and donors support to solve the community needs.	Increased access to ECD services in rural areas.	Moderate	Will be instrumental in implementation of the SBCC activities at the community level

## 5. Institutional Analysis

The engaged existing institutions have been analyzed in the below Table. The institutions to be recruited or to be established are not covered by the below analysis.

*Table 6. Institutional Analysis*

No	Level	Sub group/agency	Current Role	Change/ Adjustments suggested	Rationale
1.	National	MoF	The MoF, as the Government of Tajikistan's focal point for human capital development, is a key player that can bring together all concerned ministries and agencies to deliver the results of the program.	A new stand-alone PIG will be established at the Ministry for better coordination of the project between two line ministries.	As there is no single state agency with mandate for early child development, MoF will be responsible for overall implementation and coordination, results monitoring, and communicating with the WB for implementation of all project related activities.
		Ministry of Education and Science	Gaps and overlaps are found in each ministry's tasks regarding ECD which operating in silo with minimal coordination and ad hoc. The MoES has the mandate for children from 1.5 to 6 and 7-year-old and MoHSP has the mandate for families and children from preconception to 3-year-old.	The MOES and MOHSP management will appoint a focal point representing each Ministry to serve as project Coordinator and work closely with the Project Director at the PIG.	Both, MOES and MOHSP have main responsibilities on ECD subsector. However, there are gaps and overlaps in each ministry's tasks regarding ECD and lack of coordination between the Ministries, therefore MoF will serve as liaison between them.
		Ministry of Health and Social Protection			
2.	District	District Government	Responsible for facilitation and monitoring of the project activities implementation in the district.	The district government will establish a project District Coordination Committee (DCC) headed by a Deputy Chair of the district. The DCC will be supported by a District Coordinator hired by the PIG.	Key districts departments (finance, health, education, land, public relations, WASH, construction) will be involved in DCC. The DCC will receive training to develop a district ECD plan and TA in its implementation.

3.	Jamoat	Jamoat administration	Liaison between district and mahallas	Will support DCC in implementation of the project interventions	Support development of mahalla level ECD plan and incorporation of village priorities in the district ECD plan
4.	Mahalla	Mahalla committee	Responsible for community outreach and mobilization	Community mobilization to identify local priorities and needs relevant to ECD	Development of mahalla level ECD plans based on priorities

## 6. Impact Assessment and Risk Management

The project team has identified potential positive and negative impacts and risks and analyzed the role and responsibilities of different (key) actors in risk management. The table below lists the proposed mitigation measures to be used at different levels.

*Table 7. Impact Assessment and Risk Management under ECDP*

Level	Positive Impacts	Negative Impacts	Risk	Mitigatory Measures
National	The project interventions will strengthen capacity of the MoHSP and MoES in ECD services provision and improve ECD regulatory framework to contribute to the government's overall goal of human capital development (2030 National Development Strategy).	None	Lack of institutional capacity of line ministries and weak collaboration/integration across the ministries\agencies for the project implementation and sustainability.  No experience with new ESF procedures	Intensive capacity building of line ministries within the project. Provision of consulting services as required.  Establishment of National ECD Committee (NECDC) and the Project Steering Committee (PSC).  Intensive capacity building on ESF standards implementation
District level	Improved structure\conditions of preschool and health care facilities.  Preschool teachers and health care workers will obtain necessary knowledge and skills to deliver ECD basic package.  Local authorities will improve their skills in planning, implementation and monitoring of donor funded projects. Children coverage by preschool education will increase.	Rehabilitation of KGs and PHCs and construction of new KGs may have negative environmental and social impacts	The environmental risks are expected to be typical for small scale construction/rehabilitation works, temporary by nature and site specific  Social risks are expected to include social exclusion, community tensions. There are remote chances of acquisition of 'lands' and hence carry resettlement related risks as well. All social risks are identifiable and can be mitigated	Establishment of effective GRM at district level to be administered by DCC. The risks might be mitigated by DCC through supervising the contractors to apply best construction practices and relevant mitigation measures to be highlighted in the site-specific ESMPs and RAPs, if needed.
Community members	The project will improve access to improved basic rural infrastructure, youth inclusive services and livelihood activities	Temporary limited access to some public infrastructure facilities to be rehabilitated. Some households may lose lands in the process of creating infrastructure. Choices of some other	Majority of the community members in target districts predominantly dependent on remittances and have no sufficient funds to meet the matching grants requirements. High expectations of grant allocations from local entrepreneurs could lead to social tensions and	Negative social impacts will be avoided by the communications and awareness-raising activities that clearly communicate subproject eligibility criteria and implementation arrangements to stakeholders within Project areas.  Economic risk will be mitigated through diversifying types of grants and preferential access for vulnerable groups, as well as wide communications and awareness-raising activities that

		households may not receive attention.	resentment when expectations are not met.	clearly communicate diverse grant eligibility criteria to stakeholders within Project sites, and the operation of the GRM should applicants raise concerns afterwards.
Mahalla \community members	Children and their parents will benefit from improved conditions and better service delivery at preschool entities and health centers. Mothers will receive improved access to prenatal care, young couples will receive family planning and parenting sessions. Parents will receive education sessions to improve parenting practices at home, in creating stimulating environment for their children as the first teachers. As a result, physical and mental development of children will improve.		<p>Low interest in preschool education of children among parents in rural areas, in particular in low-income families.</p> <p>Children safeguards: child rights maybe violated (domestic violence) at the HH level</p>	Public awareness campaign under the SBCC strategy with focus on the importance of early child development and child rights will be implemented at the mahalla level as well

## 7. Stakeholder Engagement Activities

The table below presents roles and responsibilities of key actors in stakeholder engagement to be conducted under the project.

*Table 8. Stakeholder Engagement Activities by the Components*

Subgroup	Levels of Engagement	Project Phases	Engagement Channels	Venue	Frequency	Instruments	Purpose	Responsible party
<b>National Level</b>								
Ministry of Finance	Implementation, Coordination, Monitoring, Communicating with the WB	Planning, Implementation, Coordination	Official letters and emails	Virtual, visits, official meetings	As needed	Progress reports, official letters, administration of the project website	To keep informed about the project accomplishments	MoF PIG
Ministry of Education and Science	Technical assistance in planning, implementation and monitoring	Planning, Implementation, Coordination	Official letters and emails	VC, visits, official meetings	As needed	Progress reports, official letters,	To keep informed about the project accomplishments	MoF PIG
Ministry of Health and Social Protection	Technical assistance in planning, implementation and monitoring	Planning, Implementation, Coordination	Official letters and emails	VC, visits, official meetings	As needed	Progress reports, official letters	To keep informed about the project accomplishments	MoF PIG
World Bank	Interactive Collaboration	Planning, Implementation	E-mails, implementation support and supervision missions, prior review of bids, mid-term review	virtual, site visits to the target districts, VCs	Quarterly reports, biannual missions, regular monitoring visits by the CMU	Aide Memories, monitoring reports, due diligence reports	To keep informed about the project implementation progress, challenges faced and seek for approvals for the project transactions and procurements	MOF PIG
MoA, SIC, MoC	Information	Implementation	Official written invitations	MOF office or one of the PSC member offices	biannual	PSC meetings	To keep informed about the project achievements and seek for advise on strategic decisions	MOF PIG
MOF PIG	Interactive Collaboration	Implementation, post implementation	E-version of the progress reports	Virtual, official meetings	Quarterly	Progress reports, GRM local logs sharing on quarterly basis	To keep informed about the ECD plans implementation	DCC supported by the District Coordinators

Governor's office	Information	Implementation, post implementation	e-version of the progress reports	virtual, official meetings	quarterly	progress reports	To keep informed about the project achievements	District Coordinators
District administrations lines departments	Information	Implementation, post implementation	face-to-face meetings, workshops	khukumat office	as needed	progress reports	To keep informed about the project achievements	DCC supported by the District Coordinators
Wide public	Information	Planning, implementation and post implementation	virtual	media offices, online, grant sites	as needed	SBCC activities, project website postings	To arrange for wide outreach and coverage of to the project achievements	MoF PIG
Project beneficiaries	Consultation	Implementation, post implementation	Face to face, meetings, phone calls,	Target sites, surrounding communities	PIG -semi-annually	M&E reports, PIG monitoring reports to track the Results Framework indicators, direct contact (helpline) with national GFP at the MoF PIG	To monitor the progress and evaluate the project outputs	MoF PIG M&E Specialist

#### **Subproject level - Level of Engagement for Component 1. Strengthening system capacity to deliver the Basic Package**

Subgroup	Levels of Engagement	Project Phases	Engagement Channels	Venue	Frequency	Instruments	Purpose	Responsible Party(-ies)
MoES ECD Technical group represented by subdivisions	Interactive Collaboration	Planning, Implementation, post implementation	Face to Face, in writing, online	PIG or MoES offices, online	On regular basis	Workshops, e-mails, phones calls, written requests and reports, postings on the project website on BP promotion and CGMP rollouts	Review and adaptation of curricula, equipment specifications, and teaching and learning materials for existing and alternative preschool models; Develop the BP operational manual; Update of the national CGDM Program; Facilitate preparation of designs of preschool constructions; Develop a cohesive and coordinated ECD regulatory framework, including governance, financing	Project Coordinator from MoES

							mechanism, and staffing	
MoHSP Technical group represented by subdivisions	Interactive Collaboration	Planning, Implementation, post implementation	Face to Face, in writing, online	PIG or MoHSP offices, online	On regular basis	Workshops, e-mails, phones calls, written requests and reports	Develop the BP operational manual Update of the national CGDM Program To update prenatal care guidelines and tools Develop a cohesive and coordinated ECD regulatory framework, including governance, financing mechanism, and staffing	Project Coordinator from MoHSP
Governors' offices	Information	Planning, Implementation,	in writing	Governers offices	On quarterly and/or semi-annual basis	Letters and reports	Incorporate ECD plans into regional planning to meet the regional development priorities	DCP
District administration	Consultations Interactive Collaboration	Planning, implementation	Face to face, in writing	khukumat offices	as needed	official meetings, letters  E&S screening forms	Share local ownership for ECD Plan development, public infrastructure improvements planning & implementation  Meet the WB ESS requirements	DCC/DPC
Jamoats and mahallas	Consultations	Planning, implementation, monitoring	face to face	Jamoaat offices	before and during drafting ECD plans	focus groups	Develop mahalla-level plans for the development of the district-level ECD plan	DPC/contracted NGO
Project beneficiaries	Consultation	Planning implementation, monitoring	face to face	Health or education institutions sites, khukumats	ECD planning and implementation phases	Public meetings, workshops, focus groups, project website	Meet the WB ESS 10 requirements	MOF PIG M&E specialist

Subproject level - Level of Engagement for Component 2. Implementing the BP nation-wide								
Subgroup	Levels of Engagement	Project Phases	Channels of Engagement	Venue	Frequency	Instruments	Purpose	Responsible Party(-ies)
Project beneficiaries	Information Participation	Planning, Implementation, post implementation	television, newspapers, radio and social media campaigns with culturally appropriate messages and approaches	Local sites, different platforms, media outlets	On regular basis	A comprehensive Communications Strategy to be developed and implemented. Project website will cover information on SEP implementation and ECD activities, planned and implemented,	Enhance the understanding about the full definition of ECD, including nutrition, responsive care and early stimulation and alternative early learning interventions;	MoF PIG SBCC consultant
Family doctors, nurses, PHC staff to be engaged in implementation in the CGDM program	Training	Implementation	Face to face	Regional Family Medicine Centers offices	Intensive trainings	production and distribution of materials	Introduce nation-wide developmental monitoring (CGDMP)	Regional Family Medicine Centers
Local civil works subcontractors	Interactive collaboration	Implementation	Workshops	Subcontractors or enablers offices	As needed	Subcontractor's ESMP, LMP developed	To meet the WB ESS requirements	MOF PIG DPC supported by DCC
Subproject level - Level of Engagement for Component 3 – Improving access to the BP in targeted districts								
Subgroup	Levels of Engagement	Project Phases	Channels of Engagement	Venue	Frequency	Instruments	Purpose	Responsible Party(-ies)
District administration staff	Interactive collaboration	Planning, Implementation	Face to face, on job consultations	Khukumat, public spaces	As needed	Training workshop	Build capacity district staff in planning, implementation and monitoring implementation of ECD plans	MoF PIG and Provincial Institute for Development supported by DCC

District administration, jamoat staff	Interactive collaboration	Planning, Implementation	Face to face, on job consultations	Khukumat, public spaces	During subproject technical design preparation	ESF training workshops	Meet the WB ESS requirements	MoF PIG E&S specialist
District administration, jamoat staff	Interactive Collaboration	Implementation, post implementation	Face to face, in writing	khukumat offices	Before, during and after subproject implementation	Technical assistance, on-job consultations	Support local administrations and communities in targeted districts in the implementation of their district ECD plans	MoF PIG line coordinators
PHC facilities administration	Interactive Collaboration	Implementation, post implementation	Face to face, in writing	PHC facilities	Before, during and after subproject implementation	Training, technical assistance, on-job consultations	Rehabilitate, provide equipment and supplies, and build capacity for the selected PHC facilities	MoF PIG supported by by the State Enterprise on Capital Construction under the MoHSP
Local civil works subcontractors	Interactive collaboration	Implementation	Workshops	Subcontractors or enablers offices	As needed	Subcontractor's ESMP, LMP developed	Meet the WB ESS requirements	MOF PIG supported by DCC
PHC workers including primary care nurses	Interactive Collaboration	Implementation, post implementation	Face to face	PHC facilities	Starting in Year 2 of project implementation, on the basis of the district ECD plan	Training	Enhance skills of primary care nurses in child stimulation and supervision of the CGDM Program	Regional Family Medicine Centers
Female caregivers	Interactive Collaboration	Implementation, post implementation	Face to face	Mahalla spaces	Year 2, on regular basis based on SBCC action plan/or schedule	Information sessions	Inform caregivers about good parenting practices, and the health, nutrition, early stimulation and learning of their children	MoF PIG SBCC consultant/contract NGO

Parents, community members and PHC and preschools staff	Participatory planning and monitoring mechanism	Implementation, post implementation	Face-to-face, online	Jamoat public spaces, the survey platform Listening to Tajikistan (L2T)	On quarterly basis, Mid and end of the project	Parent-teacher meetings, semi-annual action plans, consultative parents' forums at the Jamoat level, project website will include feedback option	Facilitate dialogue between stakeholders	MoF PIG supported by TA consultants
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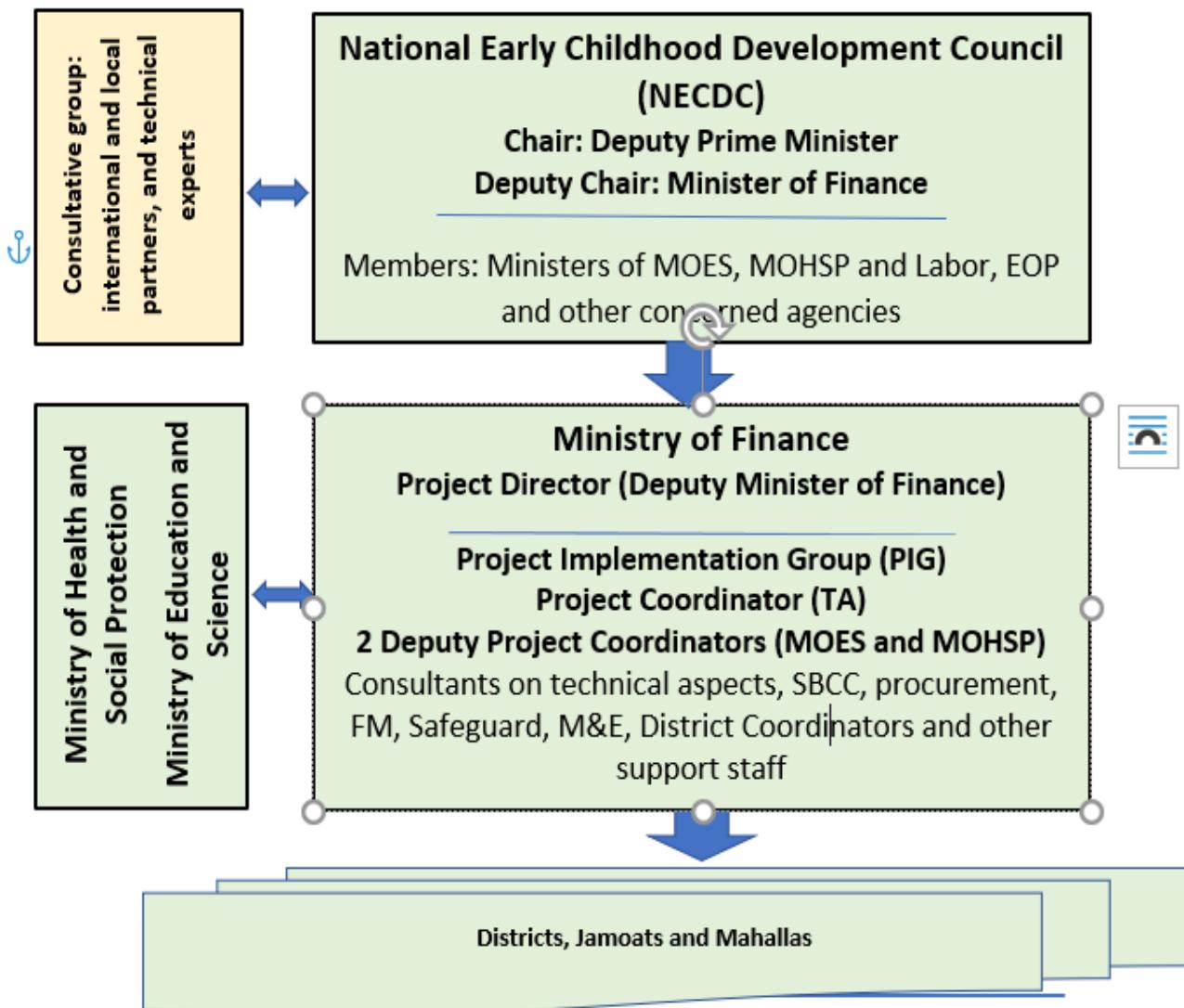
Subproject level - Level of Engagement for Component 4 - Project management and coordination								
Subgroup	Levels of Engagement	Project Phases	Engagement Channels	Venue	Frequency	Instruments	Purpose	Responsible Party(-ies)
Parents and community members	Mobile engagement	Implementation	Mobile phones	virtually	On semiannual or annual basis	The SMS-based information and beneficiary feedback mechanism “Mobile Engage” Project website will cover information on ECD activities planned and implemented.	Receive feedback on ECD service improvement and accessibility	MoF PIG

## 8. Implementation Arrangements for Stakeholder Engagement

### 8.1 Implementation Arrangements

The SEP implementation will rely heavily on the implementation arrangements of the ECDP Project (see below Figure X).

*Figure 2. Proposed Implementation Arrangements under the ECDP*



The project will be implemented in 14 targeted districts. In each district supported by the project, the district bodies of executive power will establish a project *District Coordination Committee* (DCC) to coordinate, facilitate and monitor implementation of the project activities in the district. The DCC will be headed by a Deputy Chair of the local body of executive power and comprise key departments related to ECD: finance, health and social protection, education, communications, water, land, sanitation and hygiene (WASH), construction. The DCC will be supported by a *locally based District Project Coordinator* hired by the PIG.

MOF PIG will mobilize the following resources for SEP implementation: (i) the project website (with feedback tool installed) to be administered by the MOF PIG; (ii) an electronic grievance database; (iii) SBCC implementation costs, including media coverage expenditures; (iv) project outreach materials and documents (GRM pamphlets, leaflets, ads, manuals, brochures, posters, etc.) that will be used, based on the needs of the SEP.

## **8.2 Roles and Responsibilities**

An Outreach Team leaded by the MOF PIG M&E Specialist will take responsibility for and lead all aspects of the stakeholder engagement. The Outreach Team will consist of SBCC, M&E, and Social and Environmental Specialists, supported by district coordinators, who possesses sufficient communication and public relations skills to coordinate and implement various activities envisaged in the SEP. The Outreach Team will need to closely coordinate with other key stakeholders – other national and local government departments/agencies, MOF PIG/DCCs, the ESIA/ESMP/RAP consultants, sub-contractors, affected municipalities and PAPs. The roles and responsibilities of these actors/stakeholders are summarized in the Table below.

*Table 9. Responsibilities of key actors/stakeholders in SEP Implementation*

<b>Actor/Stakeholder</b>	<b>Responsibilities</b>
MOF PIG	<ul style="list-style-type: none"> <li>• Plan and implement the SEP;</li> <li>• Lead stakeholder engagement activities;</li> <li>• Build capacity of implementing partners, DCCs on ESF standards and their implications;</li> <li>• Supervise/monitor ESMP/RAP and TA Consultants;</li> <li>• Manage and resolve grievances, assign GFP at the national level;</li> <li>• Manage national GRM database and submit quarterly reports on the substance and quantity of grievances; and</li> <li>• Monitor and report on environmental and social performance to the GOT and the World Bank.</li> </ul>
District Coordination Committees	<ul style="list-style-type: none"> <li>• Supervise development and planning, facilitate implementation of ECD plans;</li> <li>• Manage the grievance mechanism at the district;</li> <li>• Secure diverse issuance of permits, licenses and approvals for ECD activities implementations</li> <li>• Monitor site activities on a regular basis (monthly etc.);</li> <li>• Oversee and report on engagement activities during the construction phases.</li> </ul>
District Project Coordinators (DPCs)	<ul style="list-style-type: none"> <li>• Support with SEP implementation at the local level;</li> <li>• Logistical support with SBCC implementation at the district level;</li> <li>• Coordinate with province and local governments, support TA consultants with community mobilization and outreach;</li> <li>• Serve as Secretary and GRM Focal Points at the district level and communicate grievances to MOF PIG regularly through monitoring reports;</li> <li>• Manage district GRM database and submit quarterly reports to MoF PIG.</li> <li>• Submit regular reports and updates on project progress and activities.</li> </ul>

Civil works sub-contractors	<ul style="list-style-type: none"> <li>Inform DPCs of any challenges/problems faced during their engagement with beneficiaries/PAPs;</li> <li>Prepare, disclose and implement various plans (e.g. ESMP, Labor Management Plan, etc.);</li> <li>Inform local communities of any environmental and social impacts e.g. noise, vibration, water quality monitoring;</li> <li>Announce important construction activities (such as road closures and available alternatives).</li> </ul>
Line Departments at the district level	<ul style="list-style-type: none"> <li>Monitor sub-projects compliance with Tajik legislation;</li> <li>Participate in the implementation of some activities in the ESMP/RPF and SEP;</li> <li>Participate in the implementation of the land acquisition process;</li> <li>Make available and engage with the public on the scoping and ESIA Reports.</li> </ul>
Jamoats and mahallas	<ul style="list-style-type: none"> <li>Assist with community engagement and outreach activities at the district and jamoat level;</li> <li>Inform the community about the project activities and project specific GRM contacts;</li> <li>Transfer all complaints to the DCPs;</li> <li>Make available the disclosed ESIA/RAP documents.</li> </ul>
Project affected people	<ul style="list-style-type: none"> <li>Invited to engage and ask questions about the Project at public meetings and through discussions with Outreach team where it is of interest or of relevance to them;</li> <li>Lodge their grievances using the Grievance Redress Mechanism defined in the SEP; and</li> <li>Help the Project to define mitigation measures.</li> </ul>

### 8.3. Stakeholder Engagement Methods to be Used

#### 8.3.1 Community mobilization and involvement

Community mobilization and involvement play important roles in ensuring relevance and ownership of interventions. The project draws on the community mobilization experience under several World Bank (WB) and other donor-supported projects<sup>6</sup> to identify effective approaches to community engagement. The project makes use of existing participatory planning and oversight processes at the community level to provide locally-identified infrastructure and strengthens the capacity of community/mahalla administrations and community-level institutions to engage with citizens and to deliver services efficiently, fairly, and in response to the needs of the community.

All activities and inputs for achieving the BP's expected outputs will be implemented at the local level. Therefore, the communities are expected to play a critical role in identifying their needs, setting priorities and contributing in developing the district ECD plan to achieve the basic package. 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.

Communities will also select premises for CCDGs (if outside of a public facility) and finance the remuneration of CCDG facilitators. A small-scale operating grant will be provided semi-annually to the mahalla committees to manage and operate CCDGs.

#### 8.3.2 Website postings

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<sup>6</sup> Socio-Economic Resilience Strengthening Project, Japan Social Development Fund Nutrition Grant Scale-Up Project, GPE-4 Project, AKDN projects

The MOF PIG's Outreach Team will upload ECDP activities progress and updates to the project website/page to be established for the ECD Project specifically. It will enable to disseminate project related information to a wide range of stakeholders. The project website will also include the feedback tool, which can be used by any website user to file a claim and/or submit a request or a question.

#### *8.3.3 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. This activity will be led by the PIG with active involvement of the MoES and MoHSP, starting in the first year of implementation and running throughout the life of the project.

#### *8.3.4 Grievance redress mechanism*

In compliance with the World Bank's ESS10 requirement, a specific grievance mechanism will be set-up for the project. Dedicated communication materials (GRM pamphlets, posters) will be created to help local residents familiarize themselves with the grievance redress channels and procedures. The national GFP contact information (helpline phone number with the MoF PIG) will be also included in the GRM pamphlet. In order to capture and track grievances received under the project, a GRM registration book will be created in each district. MoF PIG Outreach Team and District Project Coordinators will benefit from training on how to receive, respond to, address and close grievances in line with best international practices. The MOF PIG's website/page will include clear information on how feedback, questions, comments, concerns and grievances can be submitted by any stakeholder and will include the possibility to submit grievances electronically. It will also provide information on the way the GRM committee works, both in terms of process and deadlines.

#### *8.3.5 Information Boards at Khukumats*

Information boards in each district will provide local residents with information on stakeholder engagement activities, construction updates, contact details of the DCC/DPC. The DPC will set up information boards, either in their offices, near khukumats or other easily accessible places where PAPs and other stakeholders can access the project related information. Brochures and fliers on various project related social and environmental issues will be made available at these information boards.

#### *8.3.6 Trainings, workshops*

Finally, trainings on a variety of social and environmental issues will be provided to MOF PIG and contractor staff and possibly relevant government or non-government service providers. Issues covered will include resettlement issues, labor management procedures, community health and safety, and sensitization to gender-based violence risks.

### **8.4 Information disclosure**

The current website ([www.greenfinance.tj](http://www.greenfinance.tj)) is being used to disclose project documents, including those on environmental and social performance in both Tajik and English. MOF PIG will create a new webpage/or website on the Project. All future project related environmental and social monitoring reports, listed in the above sections will be disclosed on this website/page. Project updates (including news on construction activities and relevant environmental and social data) will also be posted on the homepage of MOF PIG's website. An easy-to-understand guide to the terminology used in the environmental and social reports or documents will also be provided on the website. All information brochures/fliers will be posted on the website. Contact details of the

Outreach Team will also be made available on the website. MOF PIG will update and maintain the website regularly (at least on quarterly basis).

## **8.5 Estimated Budget**

At the project design stage, under Components 1-4, the MOF PIG will be responsible for planning and implementation of stakeholder engagement activities, as well as other relevant outreach and disclosure activities depending on the nature of the subprojects, their complexity, scale, and so on. Funds for these activities are allocated under Component 4 of the Project.

In order to ensure successful SEP implementation, a series of capacity building activities are necessary for which the project has to provide adequate funding. It is difficult to prepare budget for capacity building activities and trainings on this stage of SEP preparation. Estimated budget for proposed institutional arrangements, capacity building activities and trainings will be updated in the procurement plan after the project be commenced.

## **9. Grievance Redress Mechanism**

There are two options for Project stakeholders and citizens to submit complaints regarding the ECDP, i.e. the project specific Grievance Redress Mechanism (GRM) and the World Bank Grievance Redress Service (GRS).

### **9.1 Objectives of the project-based GRM**

The GRM in ECDP is to be established by MOF PIG at the central and district levels. The project-based GRM is intended to serve as a mechanism to:

- Allow for the identification and impartial, timely and effective resolution of issues affecting the project;
- Strengthen accountability to beneficiaries, including project affected people, and provide channels for project stakeholders and citizens at all levels to provide feedback and raise concerns.

Having an effective GRM in place will also serve the objectives of:

- Reducing conflicts and risks such as external interference, corruption, social exclusion or mismanagement; improving the quality of project activities and results; and
- Serving as an important feedback and learning mechanism for project management regarding the strengths and weaknesses of project procedures and implementation processes.

### **9.2 GRM Overview and Structure**

*Who can communicate grievances and provide feedback?* The GRM will be accessible to a broad range of Project stakeholders who are likely to be affected directly or indirectly by the project. These will include beneficiaries, community members, project implementers/contractors, civil society, media—all of who will be encouraged to refer their grievances and feedback to the GRM.

*What types of grievance/feedback will this GRM address?* The GRM can be used to submit complaints, feedback, queries, suggestions or compliments related to the overall management and implementation of the ECDP, as well as issues pertaining to infrastructure rehabilitation subprojects that are being financed and supported by the ECDP, including:

- Mismanagement, misuse of Project Funds or corrupt practices;
- Violation of Project policies, guidelines, or procedures, including those related to child labor, health and safety of community/contract workers and gender violence;
- Disputes relating to resource use restrictions that may arise between or among affected communities;
- Grievances that may arise from members of communities who are dissatisfied with the eligibility criteria, community planning measures, or actual implementation of ECD investments or socio-economic infrastructure; and
- Issues with land donations, asset acquisition or resettlement specifically for ECDP supported sub projects.

The GRM for the ECDP will be based on the Laws of the Republic of Tajikistan “On Citizens’ Appeals” and “On Civil Service” as well as the Regulation of the Government of the Republic of Tajikistan “On the Procedures of Records Management on the Appeals of Citizens”.

The GRM’s functions will be based on the principles of transparency, accessibility, inclusiveness, fairness and impartiality and responsiveness.

*Standards.* The ECDP GRM will establish clearly defined timelines for acknowledgment, update and final feedback to the complainant. To enhance accountability, these timelines will be disseminated widely to the project stakeholders. The timeframe for resolving the complaint shall not exceed 30 days from the time that it was originally received; if an issue is still pending by the end of 30 days the complainant will be provided with an

update regarding the status of the grievance and the estimated time by which it will be resolved; and all grievances will be resolved within 45 days of receipt.

*Structure.* The structure of the Feedback system/GRM for the ECDP will be comprised of two levels; district level and national level.

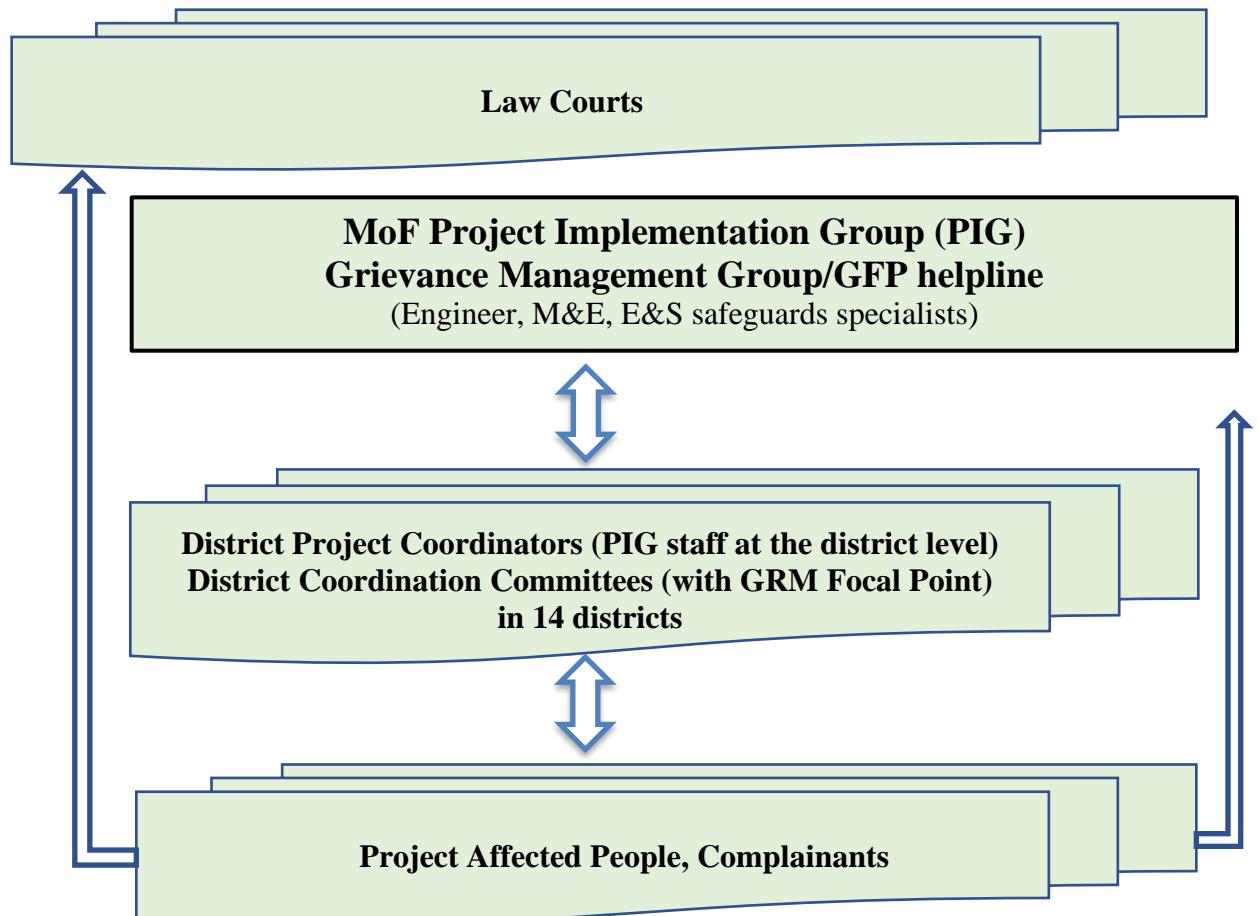
District Level. *District Coordination Committee* to be established in each district administration (khukumat) will also address and resolve complaints within 30 days of receiving complaints. The DCC will be headed by a Deputy Chair of Khukumat and comprise key departments related to ECD: finance, health, education, public relations, construction, land and water utility. The DCC will be supported by a locally based District Project Coordinator (DPC) hired by the PIG, who will be assigned to serve as the Grievance Focal Point (GFP) and will be responsible for maintaining feedback logs. If the issue cannot be resolved at the district level, then it will be escalated by the DPC to the central MOF PIG.

National Level. If there is a situation in which there is no response from the district level GFP, or if the response is not satisfactory then complainants and feedback providers have an option to contact the MOF PIG directly to follow up on the issue. The MOF PIG will establish a *Grievance Management Group* (comprising Engineer, M&E, E&S safeguards specialists) and will assign a GFP to be responsible for complaints and issues related to all districts and components. The national GFP contacts (helpline) will be included into the GRM pamphlets to be prepared at the beginning of the project and disseminated at the target districts.

The timeline for complaint resolution at the central MOF PIG level will be 30 days upon receipt of the complaint. The MOF PIG Director will make a final decision after a thorough review of the investigation and verification findings. The complainant will be informed of the outcome immediately and at the latest within 5 days of the decision.

*Appeal Mechanism.* If the complaint is still not resolved to the satisfaction of the complainant, then s/he can submit his/her complaint to the appropriate court of law.

Figure 2. GRM Arrangement Chart



### 9.3 Grievance Log

The Grievance Focal Points (GFPs) will maintain local grievance logs to ensure that each complaint has an individual reference number and is appropriately tracked and recorded actions are completed. When receiving feedback, including grievances, the following is defined:

- Type of appeal
- Category of appeal
- People responsible for the study and execution of the appeal
- Deadline of resolving the appeal
- Agreed action plan

The GFPs will ensure that each complaint has an individual reference number and is appropriately tracked and recorded actions are completed. The log should contain the following information:

- Name of the PAP, his/her location and details of his / her complaint
- Date of registering the complaint
- Details of corrective action proposed, name of the approval authority
- Date when the proposed corrective action was sent to the complainant (if appropriate).
- Details of the Grievance Committee meeting (if appropriate).

- Date when the complaint was closed out.
- Date when the response was sent to the complainant.

## **9.4 Monitoring and Reporting on Grievances**

The MOF PIG M&E Specialist will be responsible for:

- Collecting and analyzing the qualitative data from national level GFP on the number, substance and status of complaints and uploading them into the single project database;
- Monitoring outstanding issues and proposing measures to resolve them;
- Preparing quarterly reports on GRM mechanisms to be shared with the WB.

Quarterly reports to be submitted by WB shall include Section related to GRM which provides updated information on the following:

1. Status of GRM implementation (procedures, training, public awareness campaigns, budgeting etc.);
2. Qualitative data on number of received grievances \ (applications, suggestions, complaints, requests, positive feedback), highlighting those grievances related to the WB ESS 2 and 5 and number of resolved grievances;
3. Quantitative data on the type of grievances and responses, issues provided and grievances that remain unresolved;
4. Level of satisfaction by the measures (response) taken;
5. Any correction measures taken.

## **9.5 World Bank Grievance Redress System**

Communities and individuals who believe that they are adversely affected by a World Bank (WB) supported project may submit complaints to existing project-level grievance redress mechanisms or the WB's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), please visit <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>. For information on how to submit complaints to the World Bank Inspection Panel, please visit [www.inspectionpanel.org](http://www.inspectionpanel.org).

## **10. Monitoring and Reporting of the SEP**

Component 4 of the Project will support monitoring and evaluation (M&E) activities to track, document, and communicate the progress and results of the project, including monitoring of the Stakeholder Engagement Plan. MOF PIG M&E Specialist will be responsible for overall compilation of progress reports and results. This component will finance all M&E, citizen engagement and community feedback mechanisms being a part of this SEP.

The MOF PIG M&E Specialist supported by the District Project Coordinators will monitor the stakeholder engagement activities and voice and feedback activities with communities as measured through focus group discussions and beneficiary meetings, which will be discussed and verified along with financial records and project implementation records. Feedback and grievances received through the beneficiary feedback mechanism will also be included in the semiannual reporting. MOF PIG's M&E Specialist will collate and analyze these outcome assessments and perception-based results, and include them in semiannual reports to be submitted to the WB.

## Annex 1. Description of Project Components

**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 districts<sup>7</sup> has been agreed upon for targeting under Component 3 of the project. These districts have less than half the national average preschool enrollment rate for 3-6-year-old children, ranging from 2.4 percent to 6.5 percent as of October 2019. This list of districts is consistent with the proposed list determined through a multi-dimensional children's needs index<sup>8</sup> developed for the purpose of determining the target areas for this project. Several of these areas overlap with the Global Partnership for Education (GPE)/Islamic Development Bank (IsDB) Basic Education Project, and the World Bank supervised CASA 1000 Community Support Project and Socio-Economic Resilience Strengthening Project, and therefore could benefit from synergies in several areas related to provision of services promoting improved ECD outcomes and community participation.

### **Component 1: Strengthening system capacity to deliver the Basic Package (IDA: US\$1.5 million; GFF: US\$3.0 million)**

The objective of this component is to strengthen the system capacity to deliver a Basic Package of services that promote improved ECD outcomes, as defined in Annex 2. There are five sub-components aimed at supporting this objective.

*Sub-component 1.1: Update or develop guidelines, programs, materials and resources for implementation of a Basic Package 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. Activities under this sub-component will all begin in parallel during the first year of project implementation.

**Development of BP Operational Manual.** A BP Operational Manual will be developed to provide clear guidance to enable multisectoral planning and implementation of the BP at the district and community level. It will guide all implementers (district administration staff, and staff of PHCs and preschools) on how they work together to serve children in their communities to enhance ECD outcomes. It will include: a detailed definition of the Basic Package; a planning tool to enable local administrations and communities to develop their plans to support implementation of the BP; guidance on the use of district and community operating funds; relevant sections of the CGDM program manual; guidance on the set up and operation of existing and alternative preschool models, such as Community Child Development Groups (CCDGs)<sup>9</sup>, and training materials for joint training of health and education staff. It will also include copies of all policy waivers that will be required to implement the BP, including waivers to enable: (1) piloting implementation of the alternative preschool models; and (2) government financing of KG and ELC teacher salaries. This activity will be led by the Project Implementation Unit (PIG) in collaboration with the MoES and MoHSP.

**Update prenatal care guidelines and tools.** The prenatal care program will be updated to include clinical

<sup>7</sup> The targeted 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.

<sup>8</sup> The index summarizes eight dimensions: immunization, weight at birth, child and infant mortality, poverty rate and consumption, enrolment rate for all pre-school children, enrolment rate per 1,000 poor people, educational access infrastructure (KGs and ELCs) and health infrastructure and staff. It comprised of thirty-four indicators. A district level score is estimated based on the scores for each district in each of the indicators. Staff calculation.

<sup>9</sup> The CCDG is a model that promotes caregiver and child interaction in an educational and stimulating play-based environment.

guidelines for health workers,<sup>10</sup> as well as incorporate and strengthen content on: parenting awareness and skills, with a focus on ECD and early child stimulation. The guidelines will also include: screening and pathways for referrals to secondary care; and, promotion of family planning. The project will support an update of the ambulatory card for pregnant women to be used in PHC services. The guideline revision will be led by the MoHSP, positioning them in the driver's seat for a more sustainable approach.

**Update of the national CGDM Program.** This activity will support the MoHSP to include developmental monitoring (including social, cognitive, language, and motor skills) in child health services, as it is currently not undertaken in the country. Program guidelines will be updated. These guidelines will also seek to enhance parental engagement and focus on early child stimulation. This will be facilitated by: the introduction of revised guidelines and tools for child growth and developmental monitoring; primary care nurses conducting household visits, with a frequency aligned with children's needs and risks; and, a supervision system to monitor the implementation of the program. Review and revision of existing protocols, curriculums and materials for CGDM will also take place. The program will: standardize the number and timing of regular checkups; update a revised ambulatory card (a prototype of this has been widely discussed with the government); provide guidance and checklists for health workers to focus on specific topics, such as growth and nutritional status, immunizations and the achievement of specific developmental milestones across four critical domains (motor, cognitive and linguistic skills or socio-emotional development). The updated program will also include a bottom-up monitoring scheme that will, on a monthly basis, collect information from the revised ambulatory cards of children 6, 12 and 24 months to identify children that require additional services (household visits or more frequent checkups) and assess the outcomes of the program at the local level. This will enable local health workers to provide additional services to children at risk of not reaching specific milestones and report progress and outcomes of the program to higher authorities. Aggregated information from each PHC center will be reported to the districts, regional and national level, creating a monthly reporting system on the progress of the program and the status of children included in the program.

**Review and adaptation of curricula, equipment specifications, and teaching and learning materials for existing and alternative preschool models.** In order to support rapid expansion of access to preschools, existing curricula and resources for KGs and ELCs will be used for new classroom spaces supported by the project in the early years. These materials will be reviewed and updated later in the project to improve quality of service delivery. Further expansion in access to preschool services will be provided through the establishment and operation of CCDGs in targeted districts under sub-component 3.2. As this is a model not currently supported by the GoT, technical assistance will be financed to develop curricula, equipment and TLMs for CCDGs in the first year of project implementation. This activity will be led by the MoES.

**Design of preschool constructions.** The project will finance technical assistance for the review of existing KG and ELC designs, and revision to take best practice from international designs, adapted to the Tajik context, and include access to water and sanitation, and quality and safety of infrastructure that are resilient to climate and geophysical hazards. These designs will inform constructions and rehabilitations of KGs and ELCs in targeted districts under sub-component 3.2. This activity will be led by the Department for Capital Construction under the MoES in collaboration with the PIG, with support from international and local technical assistance (TA).

*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. Training will integrate content on gender targeting and climate change adaptation and mitigation, including energy and water conservation measures that can be taken in their workplaces and promoted through their regular work. This activity will be led by the PIG in coordination with the MoEs and the MoHSP starting in the first year of implementation and carried out as needed

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<sup>10</sup> The new/updated guidelines will include updates to the ambulatory card that will include a risk score and an algorithm to strengthen the quality of each prenatal care checkup and clearly define when referrals (for secondary care) are needed.

throughout the life of the project.

*Sub-component 1.3: Development of a national monitoring and evaluation system on ECD and carrying evaluation of the project interventions.* This sub-component aims to support foundational activities to promote the alignment of government decision making that affect ECD outcomes with accountability for those 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. These activities will be led by the PIG, with active involvement from the MoES and MoHSP. Provincial and district administrations will also be involved in the monitoring and evaluation (M&E) activities related to project implementation, while the National Statistics Office will be involved in the national M&E system. These activities will begin in the second year of implementation and continue throughout the life of the project.

*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.

**To incentivize the inclusion of primary health care as one of the areas for the early roll-out of program-based budgeting, this sub-component will introduce three disbursement-linked indicators (DLIs).** The first two DLIs will provide incentives for the changes in the regulatory framework related to the way budgets for primary health care are formulated and the way their execution is recorded. More specifically, the first DLI will be linked to the changes in the draft government decree on the introduction of the principles of program-based budgeting during preparation of the state budget in Republic of Tajikistan so that it includes the introduction of program-based budgeting in district and urban primary health care facilities. The second DLI will be linked to changes in the Order 173 of the Ministry of Finance to revise budget and expenditure (functional and economic) categories that would align the single program budget line for primary health care with the package of services those facilities should offer (see Table 1 for the full proposed formulation of the DLIs; the full DLI table is included in Annex 3). The third DLI will provide incentives for the roll out of program-based budgeting in primary health care facilities in Tajikistan.

**Table 1: Simplified DLI Description**

DLI Number	Description
DLI1	Government decree on the introduction of the principles of the program-based budgeting during preparation of the State Budget in Republic of Tajikistan includes the introduction of program-based budgeting in district and urban primary health care facilities.
DLI2	The Minister of Finance order 173 from January 26, 2015 entitled "Economic classification of budget revenues and expenditures of the Republic of Tajikistan" is revised so that a.) the functional classification category 052 and its subcategory 05201 is consistent with the basic package of outpatient services primary health facilities offer, including primary medical care, provision of medicines, and provision of laboratory tests; b.) the functional classification subcategory 05204 concerning health houses is removed; c.) expenditure category used for recording of the expenditure in primary health care facilities be made consistent with the full package of services provided by those facilities (e.g. by applying financing in accordance with expenditure category 221 "Purchasing goods and services" or by adding a new category "Primary health care services financing" to include all necessary expenditure including salaries, medicines, utilities and other expenses).
DLI3	Number of district and urban primary health care facilities funded through a single line item budget.

*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. This activity will be led by the PIG with active involvement of the MOF, MoES and MoHSP and other concerned ministries. Activities will be implemented starting in the second year of implementation.

## **Component 2 – Implementing the BP nation-wide (IDA: US\$9.5 million)**

**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.

*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 psc

*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 CGDMP. 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 Republican Medical Genetics Center and the National Disability Center, and their regional branches. Revised child growth and development monitoring tools will prompt earlier identification of more at-risk children in need of specialized services, equipment and supplies will be provided to establish 4 regional branches of the National Disability Center. The focus will be on upgrading existing services, with equipment and supplies, in Khatlon, Vakhsh, Gorno-Badakhshan Autonomous Oblast (GBAO) and Sughd. The sites have been identified by the MoHSP, with a view to these facilities serving as regional hubs. If needed, small works for rehabilitation of these units would be also supported. This will alleviate demand at the central level and better enable services in Dushanbe to specialize and serve as a tertiary level for complex cases. These centers will provide regular specialized services to support children with developmental delay to resolve or minimize the impact of their conditions, such as physiotherapy or speech therapy. This component will also provide training and provision of equipment and supplies for the Republican Medical Genetics Center, province-level branches and district level in the target province, to support and scale up the capacity to conduct genetic counseling to couples, as well as earlier detection and management of genetic diseases and congenital defects. Activities will begin in the first/second year of implementation and continue throughout the life of the project.

### **Component 3 – Improving access to the BP in targeted districts (IDA: US\$56 million)**

**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.

*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. Training activities will be led by the PIG and Provincial Institute for Development in the first year of implementation. Development of ECD plans will be led by district authorities with TA provided by the PIG in the second half of the first year of implementation. For local SBCC campaigns, materials will be developed by the PIG, and implementation coordinated by district and *mahalla* administrations starting in the second year of implementation throughout the life of the project.

*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 years old**

**Rehabilitation, provision of equipment and supplies, and training for selected PHC facilities.** Based on an approved site survey of primary care facilities in Project districts to establish physical infrastructure needs PHC facilities will be rehabilitated to improve access to water and sanitation, quality and safety of existing infrastructure that are resilient to climate and geophysical hazards, and creation of ECD service rooms and supply of settings for ECD programming. Many PHC facilities require rehabilitation and in a small number of selected cases, construction of new may be needed and supported. Addressing this need will help to build the ability of primary care to support provision of the BP by providing safer, sanitary forums for health workers to deliver the updated CGDM program. Child development rooms will be part of PHC rehabilitation (through designating existing spaces for this purpose or adding additional rooms, where possible). These will provide health workers and parents with a dedicated space, and materials, to implement the CGDM program, communicate about parenting and enhance child stimulation. For example, these rooms will include toys and materials that build motor skills, posters and graphics that help to develop linguistic skills. Drawing on the PHC facility's role as key contact point, and recognizing the challenges facing pregnant women, increased support (training and materials) will be provided so that PHCs are better able to provide prenatal care and guidance to parents on topics such as early stimulation and nutrition. In addition, equipment and supplies, and training for the expanded BP will be provided to PHC facilities. This will include: basic ECD-oriented toys and materials for child stimulation; supplies to establish ECD toy libraries; materials for antenatal care as well as other supplies and equipment. The facility site survey will be undertaken by the State Enterprise on Capital Construction under the MoHSP, with technical assistance provided for verification of the results by an independent international consultant and approval by the World Bank. Existing primary care staff without specialist training will also undergo the six-month retraining course in family medicine at the closest Family Medicine Training Center. This component will

also finance supervision of the implementation of the CGDM program through the State Surveillance Service over Medical Activities and Social Protection (Khadamot).

**Increased support to enhance skills of primary care nurses in child stimulation and supervision of the CGDM Program.** This component will provide additional training to PHC workers including primary care nurses to take part in early child stimulation in the PHC facilities and during the household visits. Household visits will be based on the assessment of the risks and outcomes of the CGDM program. This component will also support the supervision of the CGDM program. Activities for the 0-3-year-old children will be led by the MoHSP along with the district- and provincial-level administrations, and supported by the PIG, starting in the second year of project implementation, on the basis of the district ECD plan. Some training will be conducted jointly with the MoES to ensure synergies for primary health care workers and preschool teachers and CCDG facilitators.

#### **For 3-6 years old**

**Expanding access to early education opportunities in targeted districts.** The objective of this activity is to expand access to preschool education opportunities for 3-6-year-old children in targeted districts, with the priority placed on 6 year old children to ensure all children have at least one year of preschool education before starting primary school. This will be achieved by creating and operationalizing more KG and ELC spaces and introducing CCDGs to Tajikistan in existing spaces in the communities, as defined in approved district ECD plans developed under sub-component 3.1.

The project will finance: (i) construction of three (3) new KGs in selected locations, retrofitting existing spaces to accommodate new students in 55 KGs, and construction and retrofitting of 500 ELCs; (ii) establishing up to 1,500 CCDGs; (iii) training of teachers, facilitators, coaches and other staff (some sessions jointly with PHC staff); (iv) procurement and distribution of appropriate classroom furniture and equipment; (v) production and distribution of teaching and learning materials to all KGs, ELCs and CCDGs supported by the project; and (vi) quarterly coaching visits to KGs, ELCs and CCDGs supported by the project. The teaching and learning materials provided to CCDGs will be of sufficient quantities to enable caregivers to borrow materials to take home and read or play with their children. The MoES will recruit new KG and ELC teachers, and coaches/methodologists and is committed to financing their salaries from the budget. This will help defray the cost of accessing preschools for the lowest income group and is expected to contribute significantly to their ability to participate in preschool services. Communities will select premises for CCDGs (if outside of a public facility) and finance the remuneration of CCDG facilitators. A small-scale operating grant will be provided semi-annually to the mahalla committees to manage and operate CCDGs.

The activities will be led by MoES in coordination with district and provincial administrations and supported by the PIG. Recruitment of staff and production of materials will take place in time for the opening of the preschools, expected to be towards the end of the first year of implementation, followed by training and operation at existing KGs, ELCs, and CCDGs. CCDGs could operate at KG and ELC or community library venues when available (and even PHCs as determined by the community in their district plans). Construction and retrofitting of KGs and ELCs would be completed in the second year followed by enrollment of the new intake.

#### *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. Provinces and districts will be responsible for data collection and reporting to the PIG and relevant

ministries, starting in the first year of implementation.

Where there are ECD spaces established, a participatory planning and monitoring mechanism (e.g. similar to Check My Kindergarten/ECD space) through women's (or parent) groups will be engaged in a process of monitoring the performance of their PHCs and preschools around a set of simple indicators (timeliness, cleanliness, equitable treatment of all children), which facilitate dialogue through semi-annual action plans undertaken jointly by parents, community members and PHC and preschools staff. These action plans can be discussed at a "Check My Kindergarten/How-are-we-doing?" workshop organized to enable the whole community to provide periodic feedback on the quality of services in PHCs and preschools, and to verify that all promised inputs (e.g., furniture, equipment and learning materials, etc.) have indeed been supplied. The project also proposes to supplement the survey platform Listening to Tajikistan (L2T) with consultative parents' forums at the Jamoat level.

#### **Component 4 – Project management and coordination (US\$3.0 million)**

**This component will provide support for the execution of project management and coordination activities.** The component aims to provide daily support for execution of the project interventions to ensure implementation progresses smoothly according to agreed plan. A PIG is expected to be established with specific responsibilities to provide support and coordinate implementation of project activities. The PIG will be supported by experts who meet the requirements defined in each position's terms of reference satisfactory to the Bank. The component will finance: (i) external consulting services required, including consultants to staff the PIG, including procurement, FM, M&E, community mobilization, and other technical positions, liaison officers for coordination with the Ministry of Finance (MoF), MoHSP, MoES and authorities of the prioritized districts and *mahallas*; (ii) office and equipment; (iii) training for PIG and all concerned parties, as needed for project implementation; (iv) audits, and operating costs, including travel for study tours and supervision; and (v) workshops and conference, as agreed with the Bank, to facilitate good practices and share lessons learned across. Activities under this component will be led by the PIG with oversight by the Project Steering Committee (PSC) in coordination with all ministries and targeted province, district and *mahalla* administrations.

**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. In addition, as noted above, synergies with the recently approved community-driven development projects CASA1000-CSP and SERSP offer platforms for deeper engagement working with *mahallas* and community-subcommittees. Three mechanisms for engagement are planned. First, the SMS-based information and beneficiary feedback mechanism "Mobile Engage", which will enable geographically-targeted information dissemination to inform beneficiaries on project-related activities, and provide a free automated SMS-based interface (using Interactive Voice Response technology) through which parents and community members are encouraged to provide feedback on any ECD related issue they wish to share, provide feedback on, and file complaints. The other two are described under Subcomponent 3.3, namely a participatory planning and monitoring mechanism through semi-annual action plans, and supplementary questions to the existing Listening to Tajikistan survey.

**Gender.** The project seeks to address the large and widening gender gap in paid employment.<sup>11</sup> By age 25, 70 percent of women have become inactive, meaning they are doing unpaid work at home, compared with 20 percent of men who become inactive at that age. Over 43 percent of Tajik women engage in unpaid home-based work, yard work, and caregiving compared with only 9 percent of men.<sup>12</sup> The percentage of households headed by women is growing—often driven by labor migration.<sup>13</sup> One-third of men aged 20 to 39 emigrate for most of the year or longer; and about 41 percent of men divorce their Tajik wives after leaving the country.<sup>14</sup> Around 80

<sup>11</sup> Women's labor force participation declined from 46 to 27 percent between 2003 and 2013. The participation rate among men is 63 percent, according to World Bank, *Tajikistan Systematic Country Diagnostic* (Washington, DC: World Bank, 2018).

<sup>12</sup> Statistical Agency under the President of the Republic of Tajikistan, *Labor Force Survey* (2016).

<sup>13</sup> Asian Development Bank, *Gender Assessment* (2016).

<sup>14</sup> Tajik State Agency on Social Protection, Employment, and Migration (2009).

percent of Tajik women in divorce cases are denied property rights and child support. Women cope by taking on traditionally male-led responsibilities, including household maintenance and budgeting and the tending of fields and animals, on top of their traditional roles as caregivers to children and the elderly. These additional duties limit their participation in educational and income-earning activities outside the home. Further, women's paid employment is hampered by the significant decline of the number of preschool educational facilities, especially in rural areas, a result of the collapse of the socialist system and the country's civil war.<sup>15</sup>

The project supports the gender mainstreaming objectives of the CPF in using gender-sensitive approaches aimed at enabling women to increase their voice, participation and benefits through several activities. The first is the recruitment of an estimated XX preschool teachers under subcomponent 3.2, which are expectedly nearly entirely women based on the existing teacher gender profile in Tajikistan, following the trend of most countries globally. This will increase the number and percentage of women in the formal workforce, providing them with increased economic empowerment, participation in society, benefits and job security. The second activity is the upskilling of PHC workers in targeted districts, who again are predominantly women, under subcomponent 3.2, which is expected to improve their capacity to guide and support young families in raising their children, boosting their own voice and participation. The third activity is the increased number and improved quality of information sessions available to caregivers about good parenting practices, and the health, nutrition, early stimulation and learning of their children, provided under subcomponent 3.2 through PHCs and CDGs. These sessions will largely reach mothers and other female caregivers, which improves their own ability and voice in raising their children; however, when male caregivers attend these sessions, evidence shows this would provide a more supportive male contribution to raising children. By increasing the knowledge of women around caregiving of children, it is expected to improve their empowerment and decision-making in the household. SBCC campaigns under subcomponent 2.1 also aim to improve caregivers' knowledge and understanding of early childhood development. Finally, by providing increased access for children to KGs and ELCs in targeted districts, female caregivers who would normally be required to stay home to care for their children will be provided with opportunities to seek paid employment while their children are in preschool.

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<sup>15</sup> Asian Development Bank, *Gender Assessment* (2016); International Labor Organization, *Maternity Protection and the Childcare Systems in Central Asia: National Studies in Kazakhstan and Tajikistan* (Moscow: ILO, 2014).

## **Annex 2. Summary of Stakeholder Consultations during ESA**

#	Date	Entity/Location	Name/title of persons	Issues addressed
1.	October 30, 2019	Office of Ministry of Health and Social Protection (MoHSP), Dushanbe	Ravshan Tohirov, Head of Reform, PHC and International Cooperation Department  Salimov Fayzali - Main Specialist of Department of sanitary and epidemiology, emergency and emergency health care of MoHSP  Shodmonov Pirnazar - Sanitary Doctor of State center of sanitary and epidemiology care of Dushanbe	Introduction of the project. Development of the ECD project social safeguards documents.
2.	October 31, 2019	Office of Ministry of Education and Science (MoES), Dushanbe	Sohibnazar Safarov, Head of Preschool Education and Early Childhood Development Department  Marhabo Odilova, Senior Specialist of Preschool Education and Early Childhood Development Department  Davlatali Musomirov, Specialist of Preschool Education and Early Childhood Development Department, Shodmon Saidzoda, Leading Specialist of Legal Support Division	Development of the ECD project social safeguards documents.
3.	November 12, 2019	Office of MoES, Dushanbe	Shodmon Saidzoda, Leading Specialist of Legal Support Division  Gulhumor Mirzoeva, Senior Specialist of Economic and Planning Department Saimhammad Abdiev, Specialist of Press Center	Citizens' Complaints Handling mechanism at national and local levels and ECD legal framework
4.	November 19, 2019	Office of MoES, Dushanbe	Sohibnazar Safarov, Head of Preschool Education and	Issues relevant to Stakeholders

			Early Childhood Development Department	Engagement Plan Development
5.	November 20, 2019	Office of Ministry of Finance of RT, Dushanbe	Tolibzoda Mehrob Ibrohim, Deputy Head of Public Debt and Public Investment Management	Issues relevant to Stakeholders Engagement Plan Development
6.	November 21, 2019	Office of Regional Education Administration, Bokhtar town, Khatlon Region	Shukurzoda Malika Rahmon, Head of Preschool Education Department	Introduction to ECD project. Current challenges of preschool education in Khatlon Region.
7.	November 21, 2019	Office of Provincial Institute of Teacher Training/ Institute for Professional Development, Bokhtar town, Khatlon region	Oigul Kholmurodova, Teacher of preschool education  Six teachers of public KGs from different districts of Khatlon Region  Soliev Abdurasul, Lawyer; Avozhon Toshmadov, Teacher; Kholik Khamrokulov, Senior Teacher	Introduction to ECD project. Current challenges, expectations; SEP relevant issues
8.	November 21, 2019	Office of Social center for children with disabilities «Ghamhori», Bokhtar town, Khatlon region		Acquaintance with the center activities
9.	November 21, 2019	Office of Kushoniyon District Educational Department, Khatlon Region	Kibriyo Nurmahmadzoda, Head of Education Department, Kushoniyon district  Rukhshona Elmurodova, Consultant (former named Leading Specialist) of Education Department, Kushoniyon district	Introduction to ECD project. Current challenges of preschool education in Khatlon Region. Visiting preschool entities of the district.
10.	November 21, 2019	State Kindergarten (KG) #4, rural jamoat Bokhtariyon, Kushoniyon district	Latofat Nazmidinova, Head of KG	Current state, conditions, challenges, expectations from ECD project
11.		State Kindergarten (KG) #5, rural jamoat Bokhtariyon, Kushoniyon district	Khikoyat Sharipova, Senior Teacher; Nigina Khasanova, Medical worker	
12.		Private KG, rural jamoat Zargar, Kushoniyon district	Gulshonova Sh, teacher	

13.	November 22, 2019	Office of Hissor town/district Chairman, District of Republican Subordination (DRS)	Ahmadjon Ismatulozoda, First Deputy Chairman of Hissor town  Gulruhsor Tursunova, Executive Deputy Chairman on Social Issues  Hadisa Sharifova, Specialist\Consultant (Methodist) of Education Department	Introduction to ECD project. Current challenges of preschool education and health care in Hissor district.
14.	November 22, 2019	State KG “Afsona”#6, Hissor town, DRS	Shahlo Sidikova, Head of the KG	Current state, conditions, challenges, expectations from ECD project
15.		State KG “Oftobak”#3, Hissor town, DRS		
16.	November 22, 2019	Private KG-Primary School “Nuri Irfon”, Hissor town	Mayjuda Khakimova, local entrepreneur, Matluba Tolibova, accountant of the KG	Acquaintance with the KG conditions\performance
17.	November 22, 2019	Secondary school # 3 of rural jamoat Hissor\Hissor village	Umeda Tursunova, Preschool education teacher  Sitora Kholova, Deputy Director on primary education  Khalida Sharopova, Deputy Director	Current state of a Preschool class and Inclusive class arranged at the school
18.	November 22, 2019	ELC at secondary school #26, Gulhani village	Juramurod Imomov, Director of the school  Surayo Hamodova, Preschool Teacher	Current state\challenges
19.	November 22, 2019	Public Health Center of Hissor town	Abdusalom Nazarov, Deputy Head of the PHC,  Khikmatullo Salomov, PHC employee	Introduction to ECD project. Current challenges at health care centers\points in Hissor district
20.	November 22, 2019	Public Health Center of Hissor village, rural jamoat Hissor, DRS	Alimahmad Saidov, Head of PHC	Introduction to ECD project. Current challenges\expectations from ECD project
21.	November 22, 2019	Health Point of Sayod village, rural jamoat Hissor	Gulsunoi Abdulchaeva, Head of HP	



Meeting with Mr. Safarov, Head of Preschool Education and ECD Department MoES, November 19, 2019



Meeting with Kibriyo Nurmahmadzoda, Head of Education Department, Kushoniyon district, November 21, 2019



Meeting with Shukurzoda Malika Rahmon, Head of Preschool Education Department, Regional Education Department, Bokhtar town, Khatlon Region, November 21, 2019



Meeting with Mr. Ahmadjon Ismatulozoda, First Deputy Chairman of Hissor town, November 22, 2019