World Bank Support to Early Childhood Development

AN INDEPENDENT EVALUATION

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World Bank Support to Early Childhood Development

An Independent Evaluation

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Abbreviations

CAS	country assistance strategy
CCT	conditional cash transfer
CDD	community-driven development
CPS	country partnership strategy
DFID	U.K. Department for International Development
DPL	development policy loan
DPO	development policy operations
ECD	early childhood development
ESW	economic and sector work
GDP	gross domestic product
HIV	human immunodeficiency virus
HNP	Health, Nutrition, and Population
IBRD	International Bank for Reconstruction and Development
IDA	International Development Association
IEG	Independent Evaluation Group
M&E	monitoring and evaluation
MDG	Millennium Development Goal
NGO	nongovernmental organization
PRSC	Poverty Reduction Support Credit
PRSP	Poverty Reduction Strategy Paper
SABER	Systems Approach for Better Education Results
SCD	Systematic Country Diagnostics
SP	Social Protection
SWAP	sectorwide approach
TA	technical assistance
UN	United Nations
UNICEF	United Nation's Children Fund
USAID	U.S. Agency for International Development

All dollar amounts are in U.S. dollars unless otherwise indicated.

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Overview

Highlights

The sustained benefits of early childhood interventions are well established in developed countries. Early development plays a major role in subsequent school performance, health, socialization, and future earnings. For children born into poverty, the equity enhancing impact of early childhood interventions hold the promise of overcoming social disadvantages and breaking the intergenerational transmission of poverty. The World Bank's support to early childhood development (ECD) is well aligned with the Bank's twin goals of reducing extreme poverty and promoting shared prosperity.

This evaluation by the Independent Evaluation Group examines the Bank's design and implementation of projects across sectors supporting ECD interventions to inform future operations and provide inputs to the new Global Practices and Cross-Cutting Solutions Areas. Its overarching messages are:

- The Bank's analytical work fosters an awareness of the rationale to invest in people early. This work expands the knowledge base, addresses key operational challenges, and pushes the frontiers of research on child-related policies and interventions. Overall, there is a balance between an integrated concept of early childhood development, child health, and child nutrition. In looking to the future, more attention is needed to create knowledge related to scale, quality models for early learning, financing of ECD, cost-effectiveness, and capacity building at all levels of government.
- The Bank lacks a strategic framework and an organizational structure to support a coordinated approach across Global Practices toward the development of children. In its absence, the Bank depends on the knowledge, initiative, and skills of individual staff members, leading to significant variation in approaches and intensity of investment across countries.
- Based on what is known from research, the impact of the Bank's work could be increased by changing its focus on health and survival to include child stimulation and development interventions in health, nutrition, and social protection. These sectors that would support an expanded focus have early entry points to reach vulnerable children and families beginning with the prenatal period. The Bank has made this shift in a few of the countries examined.
- The role of parenting in child development is critical. More emphasis is needed on support for parent education and assistance programs, treatment of maternal depression, early detection of disabilities and developmental delays, and affordable quality childcare to enable workforce participation.

The findings and recommendations of the evaluation are drawn from 16 field and desk case studies as well as analyses of the World Bank's early childhood development (ECD) portfolio and other sources of evidence to triangulate findings. Other sources of evidence are review of economic analysis; analytic work including Bank-supported impact evaluations; country strategies; results frameworks; Human Resources data; synthesis of ECD systematic reviews; and key informant interviews. The case studies were central to assessing experiences with the benefit of understanding the country context.

The period of evaluation covers the Bank's support to early childhood development interventions for young children and their families found in its lending and analytic and advisory work from FY00 to FY14. The evaluation examines the design of operations for consistency with the growing body of research around efforts that are likely to lead to beneficial changes in children's physical, cognitive, linguistic, and socioemotional development, and improve their readiness for school. Twenty-six systematic reviews related to ECD interventions were analyzed to assess whether the Bank is financing evidence-based interventions. In parallel with this evaluation, the Independent Evaluation Group (IEG) conducted a systematic review examining the impact of early childhood interventions on later outcomes, and some of its results are integrated herein.

Findings

Bank lending to support ECD interventions has increased since FY00, with ECD projects or components of projects in 106 countries. The lending was predominantly from Education; Health, Nutrition, and Population; and Social Protection sectors, but it is also increasingly from others such as Agriculture, Poverty Reduction and Governance, Social Development, and Water.

Country experience points to progress with immunization and infant and child mortality, while high rates persist for maternal mortality and stunting within many of the examined countries. Stunting is associated with diminished development and extreme poverty. It is found in one-third to one-half of children under the age of five in Bangladesh, Ethiopia, Indonesia, Malawi, Mozambique, Nepal, and the Republic of Yemen. This suggests the continuing need for Bank support targeted to the development of children beginning at the prenatal stage.

The Bank has produced a body of analytical work devoted to topics such as maternal and child health, nutrition, and early childhood development.

This knowledge work gives rise to subsequent lending, which shows the value of analytical work in creating awareness of the benefits of investing in young children. Country experience revealed the importance of the Bank's policy dialogue, suggesting that it can be leveraged in countries where the Bank has limited involvement to help other governments understand the importance of promoting the development of children.

In looking to the future, several areas remain for the Bank to undertake to address key ECD operational challenges, such as cost effectiveness, scale, and quality models for early learning, stimulation, and childcare that support child development. As well, much more understanding is needed of the later-life effects of ECD interventions in low- and middle-income countries. Until investment occurs in longer-term monitoring of interventions, the Bank will not fully understand which interventions have sustained impact and greatest potential to stop the intergenerational transmission of poverty.

BREAKING THE CYCLE OF POVERTY

The Bank invests heavily in maternal and child health interventions especially to improve both survival rates and physical development. To truly break the cycle of poverty, however, children must also have the cognitive, linguistic, and socioemotional maturity to be able to succeed in school and in the workforce. Child stimulation in the first three years of life, parenting education and support, screening and treatment for disabilities, and reduction of maternal depression are largely overlooked by the Bank and other development partners. To apply the lessons learned from the findings of 26 systematic reviews and several influential impact evaluations, the Bank will need more investment in interventions such as parent support programs, childcare, early learning, and stimulation that lead to better cognitive and linguistic development as a necessary complement to health, nutrition, and social protection efforts. The challenge for the Bank and its partners will be to go beyond a focus on maternal and child health to ensure that health systems advance children's development.

The World Development Reports of 2006, 2013, and 2015 highlight the importance of stimulation and giving parents the tools they need for optimal parent-child interactions. The World Development Report of 2012 highlights the importance of twin-generational approaches to women's economic empowerment and support to their children's development through quality childcare. However, synergies have not been established between the Bank's work in gender and early childhood development. Parental support programs that teach parents how to stimulate their

children's development and childcare are contained in few Bank operations, suggesting the need for more attention. Within several of the countries examined for this evaluation, opportunities to advance country capacity to support the early development of children (prenatal to three years) were missed.

Interventions promoting children's development were more evident for children three years and older through investments in preprimary education. However, these programs are typically for three, four, five, and six year olds, which is a late entry point to begin to stimulate children's language, cognitive, and socioemotional development, particularly if other services are not available. A notable design shift has occurred in preprimary education operations. They are comprehensively trying to improve quality, but more work is needed to develop quality models that can be brought to scale. Issues related to salary and retention of preprimary teachers emerged in several countries.

Several African countries have received little to no nutrition support, despite stunting rates ranging from 39 to 55 percent. Thus, there is need for alignment between the Bank's interventions and country needs to break the intergenerational transmission of poverty, to equalize opportunities for human capital development, and to contribute to economic growth. There is also a need to properly integrate ECD interventions into the Bank's planning cycle in country partnership frameworks.

ORGANIZATIONAL CHALLENGES

One challenge to advancing coordinated ECD work is the organizational structure of most development agencies, including the Bank, partnership programs, and most government ministries. Sector-based structures tend to look for sectoral entry points for engagement and work with the relevant public sector authorities. A review of ECD standalone projects (FY00–14) that have IEG ratings suggests the Bank has moved away from integrated programming to operations dealing with one ministry, which has facilitated improved performance ratings. Analysis of the portfolio and Human Resources data show that the Bank predominantly implements ECD interventions on a sector-by-sector basis, including design and implementation, with the exception of operations containing child protection interventions. With sectoral implementation, an internal structure within the Bank doesn't yet exist to coordinate sectoral interventions and capitalize on opportunities to create synergies between initiatives in gender and child development as well as integrate interventions for the poorest and most vulnerable within existing entry points whether in their homes, communities, or health clinics.

When cross-sector coordination does occur, it derives from staff initiative rather than organizational structure, inhibiting broader adoption of best practice.

The Bank has sector strategies around health, education, and social protection that feature early childhood development and individually address elements. Other sector strategies note their direct or indirect contribution to children's development, but gaps remain, and some aspects are unclear. Thus, sectors show considerable variation in their approaches and in the presence of specific interventions to support child development. There is also a marked disparity in the attention given across Global Practices and Regions to development of the youngest children, those up to three years of age. Overlapping implementation of ECD interventions has occurred across Global Practices, suggesting the need for clear lines of responsibility and coordinated approach for ECD in the Bank. Under the new Bank reorganization, a first step has been taken by the Education Global Practice to create an ECD global solution area by formalizing the ECD Community of Practice with a global lead.

There is significant need for more harmonized monitoring and evaluation (M&E) of ECD interventions across the Bank. This evaluation is not able to provide any aggregation of changes in outputs or outcomes because no consistency exists in the Bank's M&E. The Bank also tends to focus on outputs of service provision, rather than outcomes, as ECD interventions typically comprise a portion of the project. This sharply limits the ability to draw out evidence from its work, particularly in relation to piloting and scaling up. It should be recognized that impact evaluations of Bank operations demonstrated changes in the nutritional status of children. Three out of four projects evaluated showed improvements across several domains of children's development. These findings suggest that when interventions are implemented well, they can have a life altering impact on children.

NEW OPPORTUNITIES

Diagnostics about children and their development were not inputs to the preparation of the country strategies, except in one country. The Bank's new model of country-level engagement and systematic country diagnostics can provide a mechanism both to assess the situation of children and ensure the Bank's support is reaching countries with high stunting rates and to identify a government's interest. Many country strategies made no mention of ECD interventions in countries where the Bank financed them; most of these cases where in relation to nutrition with half of them in the Africa Region.

Regional experience reveals promising aspects of the Bank's engagement in ECD, such as using social protection programs to reach vulnerable families to improve the early development of children—those younger than three years old. As well, the Child Health and Development Passport was used by health care workers in Jamaica to provide parents with a regular assessment of developmental milestones and screening of disabilities during well-child health clinic visits. The work in the Latin America and the Caribbean Region may serve to provide lessons learned for other Regions. All of the countries examined have included early entry points, with child development interventions aimed at vulnerable families, and have capitalized on work across sectors. All of the available evidence points to the importance of the quality of parenting, yet most of the parental support programs financed by the Bank are contained in operations in the Latin America and the Caribbean Region. The Region uses more multisector teams in its ECD operations. It supports a balanced set of interventions, and the level of nutrition support was aligned with country need. The variation across Regions may point to disparities among deployed staff in relation to their understanding of how to advance child development.

The Sustainable Development Goals are expected to have early childhood development and stunting targets, which is a signal from the international community to countries about the importance of supporting the development of young children. One implication for the Bank and other partners is that they will need to provide support across health, nutrition, social protection, and education—as well as other Global Practices and Cross-Cutting Solutions Areas—to reach these targets. This represents an opportunity for the Bank to play a leading role with its partners and capitalize on the complementary work with its partners that was evident in countries visited by IEG.

Recommendations

The IEG makes four recommendations based on the major findings of the evaluation. They are directed to Senior Bank Management, Global Practices, Country Management Units, the Development Economics Vice Presidency, and Impact Evaluation Hubs in the Bank (see chapters for details). They aim to enhance effectiveness of the Bank's future work on early childhood development and thus contribute to the attainment of its twin goals and the Sustainable Development Goals.

- Ensure that future organizational arrangements for ECD, such as the proposed "ECD global solution area" are able to provide a well-

coordinated and strategic framework for ECD, with clarity on leadership, ability to join up on issues across Global Practices and Cross-Cutting Solutions Areas, and appropriate staff and resources for effective ECD programming.

- Adopt the practice of using diagnostics in the preparation of systematic country diagnostics to determine ECD need—identifying when ECD should be made a country priority and coordinating the relevant support across Global Practices and Cross-Cutting Solutions Areas.
- Increase knowledge to address key ECD operational challenges with respect to scaling up, cost-effectiveness, quality models to promote early learning and stimulation, financing of ECD, and capacity building at all levels of government.
- Improve monitoring and evaluation of ECD interventions during and after project closure to strengthen evidence on their medium- and long-term impact. Common ECD indicators should be developed and tracked across Bank operations to permit aggregation of results across Bank projects. In addition, follow-up studies should be undertaken to better understand the long-term impact of ECD interventions.

Management Response

Management welcomes the report on *World Bank Support to Early Childhood Development* by the Independent Evaluation Group (IEG). The evaluation is timely given the increased focus on early childhood development (ECD) within the Bank over the last five years as well as in the broader development community, both in terms of operational and analytical work. The evaluation is also useful given the World Bank Group's transition to a Global Practice (GP) model and the emphasis on ECD as a priority area for collaboration between Global Practices. The evaluation provides an opportunity to consolidate lessons learned and discuss options for further developing and strengthening this agenda.

Broad concurrence with conclusions and recommendations. Management welcomes IEG's emphasis on the importance of a strategic framework and organizational structure to strengthen ECD work, and notes that the elements of this structure are now essentially in place. The Bank has developed tools for ECD diagnostics to inform Strategic Country Diagnostics, which will be used where appropriate, based on country demand and priorities. Management agrees with the areas identified by IEG for further investments in knowledge work. Steps have been taken to strengthen work in these areas through new initiatives. Finally, Management agrees with the importance of monitoring and evaluation for ECD work, including for assessing the medium- and long-term impact of ECD policies and interventions. Steps are already being taken in that direction. The suggestion to develop key indicators to track results across Bank projects is welcome. Given the wide variety of ECD interventions and outcomes (e.g., education, health, and nutrition), such indicators could be developed by broad type of intervention. Work is underway in this area, in collaboration with a number of external partners, as part of the Measuring Early Learning Quality and Outcomes Initiative to construct a global set of indicators for ECD.

Main Findings

Deepening of the Bank's analytical work on ECD. Management appreciates IEG's positive assessment of the Bank's contribution to the ECD agenda and knowledge base. Going forward, the next step for knowledge work should include a deeper assessment of how and when to scale up ECD interventions while maintaining quality and cost-effectiveness and building government capacity for scaling up and monitoring and evaluation. Recent efforts by the Bank in that direction include: (i) the Early Learning Partnership, a program initially based in the Africa Region being

scaled up globally; (ii) a stronger emphasis on cost-effectiveness and scaling up by the Strategic Impact Evaluation Fund; and (iii) investment in capacity building on ECD by the Education Staff Development Program.

Strategic framework and organizational structure for ECD. Management agrees with the importance of a strategic framework and organizational structure for ECD work, for which the elements are now essentially in place. As the IEG evaluation recognizes, ECD is more prominent than in the past in the strategic frameworks of the main Global Practices involved in ECD work, including Education, Health, and Nutrition and Social Protection. The Bank has also provided to staff and governments the guidance documents on multisectoral ECD policies and interventions—including the Systems Approach for Better Education Results ECD diagnostic tool on policies and a Guide on Investing in Young Children for high returns for interventions. In terms of organizational structure, as noted by IEG, ECD has been identified as one of the five core thematic areas under the Education Global Practice with a dedicated global solutions lead that will help coordinate work on ECD across relevant GPs. The global solutions lead will also work with program leaders on the ground in coordinating ECD programming to respond to country needs.

Child health and survival versus child stimulation and development. Management agrees with the importance of child stimulation and development interventions and with the need to reach vulnerable children and families as early as possible. Management further appreciates IEG's recognition that a focus on child stimulations and development is present in operational work. However, it is important to note that depending on country context, not all ECD operations necessarily need to be multisectoral. As to the recommendation to change focus from child health and survival to other domains, it could be misinterpreted. The idea is not to deny importance of ensuring child health and survival, given that these are preliminary and the necessary conditions to a successful life, but to indeed go further.

Role of parenting in child development. Management agrees with the importance of interventions supporting parenting as well as other areas such as affordable child care. At the same time, the IEG evaluation could have better reflected on recent work done by the Bank in several of these areas. As an example, the Niger Social Safety Nets Program is a social protection project financed by the International Development Association. Parents receive a cash transfer (not conditional) and accompanying parenting education information. Initial evaluation results have been positive. The project will run through 2017 and reach 80,000 households with cash transfers and 200,000 households with parenting education information. This model

is now being used or being considered for application in several other sub-Saharan African countries and is a good example of a project emphasizing the role of parenting with strong collaboration between the Social Protection and Education Global Practices.

Methodology and Data

Robustness of trends in the operational and analytical portfolio. The evaluation is based on a useful analysis of different data sources. Yet, some of the data sources could have been analyzed in more depth, and more comparisons of the IEG evaluation findings with previous work would have helped the interpretation and to establish the robustness of the IEG findings and recommendations. For example, the IEG evaluation mentions a review published in late 2014 of trends in the Bank's operational and analytical portfolio for Education, Health, and Social Protection. More detailed analysis of the differences between the two evaluations and samples of projects considered would have been useful to ensure the robustness of the IEG findings. For instance, the trends documented in the 2014 review indicate a much larger increase in commitments to ECD in recent years by the three Global Practices than suggested by the IEG report.

Need for additional information to help interpret the results. Background information would help to interpret some of the statistics provided in the IEG report, such as the share of country strategies mentioning ECD projects, the share of ECD operations with an economic or financial analysis, or the average time spent by staff in preparing and supervising ECD projects. It would be useful to know how the findings for ECD projects compare to what is observed for the Bank's lending portfolio as a whole (or relevant portions therein). It would also have helped to know to what extent limitations in the Bank's processes and investments in ECD in some countries are a reflection of characteristics of the Bank or those of client governments, given the fact that ECD is inherently a complex area with multiple ministries and agencies involved in any single country.

Other important areas for future ECD work. The report missed an opportunity to focus on a few important questions the World Bank Group is grappling with in its effort to strengthen its ECD work in the future. One such question is how the Bank could leverage its work with partner agencies. Other agencies are very active and becoming more active in this field. This is the case particularly for the United Nation's Children Fund and the World Health Organization as well as the Global Partnership for Education (for preprimary education), the Inter-American Development Bank, and a number of large foundations. Work is needed to

strengthen the global architecture for ECD. The World Bank Group will contribute to such work by participating in various initiatives and by helping to map the activities of the various partners on the ground so as to build synergies.

Another critical challenge is how to better prioritize interventions in low-income contexts to reach the most vulnerable children, including in fragile and conflict-affected situations. As an example of steps taken in that direction, promoting equity is one of the key criteria for the activities to be carried out in the recently expanded Early Learning Partnership. Countries that have benefitted from the Partnership include Afghanistan, the Democratic Republic of Congo, Liberia, and Sierra Leone. Finally, as suggested by the IEG evaluation, as the World Bank Group works with countries to promote better access to essential ECD interventions, it will be critical to pay attention to quality. Emerging evidence suggests that if young children are put in poor quality programs, this may do more harm than good.

Management Action Record

IEG Findings and Conclusions	IEG Recommendations	Acceptance by Management	Management Response
Multisector teams rarely supervise early childhood development (ECD) interventions, except for operations containing child protection interventions. Synergies have not been established between the World Bank's work in gender and early childhood development. The absence of a coordinating function within the Bank meant that coordination occurred in only a few of the countries that were visited by IEG. When cross-sector coordination occurred, it was based on staff initiative rather than organizational practices. In its absence the Bank depends on the	Ensure that future organizational arrangements for ECD such as the proposed "ECD global solutions area" are able to provide a well-coordinated and strategic framework for ECD, with clarity on leadership, ability to join up on issues across Global Practices (GPs) and Cross-Cutting Solutions Areas (CCSAs), and appropriate staff and resources for effective ECD programming.	WB: Agree	The elements of a strategic framework for ECD are now essentially in place. ECD is more prominent than in the past in the strategic areas of focus for the main Global Practices involved in ECD work. Guidance on multisectoral ECD policies interventions has also been developed. ECD will benefit from a dedicated global solutions lead for leadership and cross-GP coordination. In countries, program leaders play an important role and the global solutions lead will work closely with them in coordinating ECD programming to respond to country needs. However, staff and resource allocation will be

knowledge, initiative, and skills of individual staff members, leading to significant variation in approaches and intensity of investment across countries. While sector strategies mention early childhood development and individually address ECD elements, there are gaps. A strategic framework would bring clarity in relation to the following aspects: (i) who is in charge of ECD and responsible for coordinating within the Bank and partners; (ii) what is the Bank's approach toward the development of children; (iii) what is the Bank's long-term vision; and (iv) how will the Bank position itself so that it will be an important player in reaching the Sustainable Development Goals in relation to ECD.			decided based on the overall resource envelope, client's demand, and strategic priorities across all sectors.

While there has been an increase in the number of country strategies containing ECD interventions between FY05 and FY13, there were a number of countries where ECD interventions were financed yet country strategies made no mention of them, suggesting that the Bank did not detect borrowers' interest in ECD. There are several countries in Africa with stunting rates ranging from 39 to 55 percent (which is an indicator associated with delays in children's development) where the Bank has had little to no involvement in nutrition. The Bank's new model of country level engagement and Systematic Country Diagnostics (SCD) can provide mechanisms for the Bank to assess the situation	Adopt the practice of using diagnostics in the preparation of SCD to determine ECD need—identifying when ECD should be made a country priority and coordinating the relevant support across GPs and CCSAs.	WB: Partially agree	The Bank has developed tools for ECD diagnostic work, including the Systems Approach for Better Education Results ECD and a guide on essential ECD interventions. These tools can be used to inform SCD where appropriate, based on country demands and priorities, but should not be mandated for every country.

of children in the country and identify the most needed intervention, and the alignment with other partners.			
The Bank is obtaining evidence on effectiveness of interventions—what does and does not work. However, TTLs and clients need practical knowledge—what is the minimum you need to do and the most cost-effective way to do it. Several areas remain for the Bank to address—scaling up, cost-effectiveness, quality early learning models (i.e., childcare, stimulation, and preprimary education), financing of ECD, and capacity building at all levels of government.	Increase knowledge to address key ECD operational challenges with respect to scaling up, cost-effectiveness, quality models to promote early learning and stimulation, financing of ECD, and capacity building at all levels of government.	WB: Agree	These areas for investments in knowledge have been identified by management. Initiatives in that direction include the scaling-up of the Early Learning Partnership, a new emphasis on cost-effectiveness and scaling up by the Strategic Impact Evaluation Fund, and investments in capacity building through the Education Staff Development Program.
This evaluation is not able to provide any aggregation of changes in outputs or outcomes, as there is no consistency in the Bank's	Improve monitoring and evaluation of ECD interventions during and after project closure to strengthen evidence on their	WB: Agree	The Bank has been a leader in the area of impact evaluations for ECD intervention, in part through the Strategic Impact Evaluation Fund, and this

monitoring and evaluation. Within the Results Frameworks analyzed, outputs rather than outcomes were typically tracked. When outcomes were noted, they were health measures such as infant, child or maternal mortality rates, which are not attributed solely to the interventions and do not capture impacts on children's development. Twenty percent of Results Frameworks from investment lending planned to measure changes in at least one child development domain. There is a huge need for more harmonized monitoring and evaluation of ECD interventions across the Bank, as well as need for tracer studies to be employed more frequently in projects, and follow-up studies to better understand the long-term impact of ECD interventions.	medium- and long-term impact. Common ECD indicators should be developed and tracked across Bank operations to permit aggregation of results across Bank projects. In addition, follow-up studies should be undertaken to better understand the long-term impact of ECD interventions.		work will continue to be supported. In addition the Bank will continue to work with external partners on ways to better monitor ECD outcomes, including through the Measuring Early Learning Quality and Outcomes Initiative that aims to construct a global set of indicators for ECD. Given the wide variety of ECD interventions and outcomes (e.g., education, health, nutrition), such indicators could be developed by broad type of intervention.

Chairperson's Summary: Committee on Development Effectiveness

The Subcommittee of the Committee on Development Effectiveness considered the Independent Evaluation Group's (IEG's) evaluation entitled, *World Bank Support to Early Childhood Development* and *Draft Management Response*.

The Committee welcomed IEG's timely review and its emphasis on the importance of having a multisectoral and holistic view of early childhood development (ECD). Members broadly concurred with the conclusions and recommendations of the report and called for more effective collaboration across the World Bank Group, including within the Global Practices (GPs) and the International Finance Corporation. They underscored the need for the World Bank Group to take a leadership role and increase collaboration efforts with external partners, including but not limited to the United Nations Children's Fund, World Health Organization, United Nations Population Fund, and International Labour Organization. Members discussed the report's finding of a fragmentation in the Bank's ECD approach, yet recognized the complexity of trying to fit ECD within a GP or ministry structure (that is organized by sector) particularly given that that ECD demands the attention of the education, health, and social protection practices, et alia. Members noted that ECD work carried out in the Bank is multisectoral in nature and appreciated Management's confirmation that the ECD Global Solutions Group that is being formed will work across sectors. Members were pleased to learn that Management was also working across governmental institutions to address ECD issues and that the Education, Health and Nutrition, and Social Protection GPs had developed a guide for Bank Group staff on 25 essential ECD interventions.

The Committee commended the Bank on its ECD work, particularly in knowledge work and in operations, to advance the discussion beyond child survival to child thriving. They inquired about the Bank Group's plans going forward in the areas of quality of child care, labor force participation by women, maternal health care, and parenting skills. They underscored the importance of focusing on the most vulnerable children in low-income countries, including in fragile and conflict-affected states. Members highlighted the importance of ECD diagnostic work in preparation of Systematic Country Diagnostics (SCD) to assess and identify key challenges and opportunities of the client country and recognized that ECD analysis should not be mandatory, noting that Management should have clear criteria of when ECD analysis should be carried out. Members welcomed Management's assurance that Bank Group teams take a holistic look at what is needed in the

country context, including an overall assessment of ECD needs, and that emphasis will be placed on working with governments to illustrate that ECD is the right investment. Members highlighted the need to better articulate capacity building of client and service providers and overall ownership of clients. They were encouraged that ECD impact evaluations recently approved under the strategic Impact Evaluation Fund will be providing cost-effectiveness evidence, including benefits of scaling up pilot ECD interventions, which will be key to further promote early childhood development in client countries.

1. Introduction

Highlights

- Attention to the early development of young children can lead to better future earnings and other benefits to the individual and society. This focus can have equity enhancing value as poor children are at higher risk for inadequate development outcomes.
- Since FY00, the World Bank has increasingly supported early childhood interventions in its lending projects. While the number of projects fluctuates over the years, there is an upward trend.
- Evaluating the Bank's support to early childhood development is timely because of its relevance to the institution's newly articulated poverty reduction goals and its ability to design and implement interventions across the new Global Practices and to look to the Sustainable Development Goals.

Young children's development (i.e., physical, socioemotional, language, and cognitive) plays a major role in shaping their subsequent school attainment, performance, health, and future earnings and in discouraging antisocial behavior (Heckman, Pinto, and Savelyev 2013; Naudeau and others 2011a,b; Duncan and others 2007). Critical brain development occurs during the early years, with particular rapidity in the prenatal stage until three years of age. Nutritional deficiencies during this time are associated with later cognitive and noncognitive delays and diminished school progress (Georgieff 2007; Grantham-McGregor and others 2007; Walker and others 2007; Glewwe, Jacoby, and King 2001). This has led many in the international development community, including the World Bank, to promote early childhood development (ECD)[1] as a means to achieve poverty reduction.

Healthy, nourished, and stimulated children (see box 1.1) are more prepared to enter school, which is associated with increased school attainment and higher earnings (Gertler and others 2013; Belfield and others 2006). Noncognitive skills such as self-control and motivation are important for later success in the labor market and are molded during the early years of children's lives (Heckman and Katz 2013; Heckman 2013). The early shaping of socioemotional skills such as social competence, planning, and organization explained the long-term positive outcomes associated with the Perry Preschool program (Heckman, Pinto, and Savelyev 2013) and the Nurse-Family Partnership Program (Olds 2002). Programs such as these incorporate home visits that affect the lives of the parents to create a permanent change in the home environment that supports the child (Heckman 2008).

Box 1.1. What Is Stimulation and Why Is It Important?

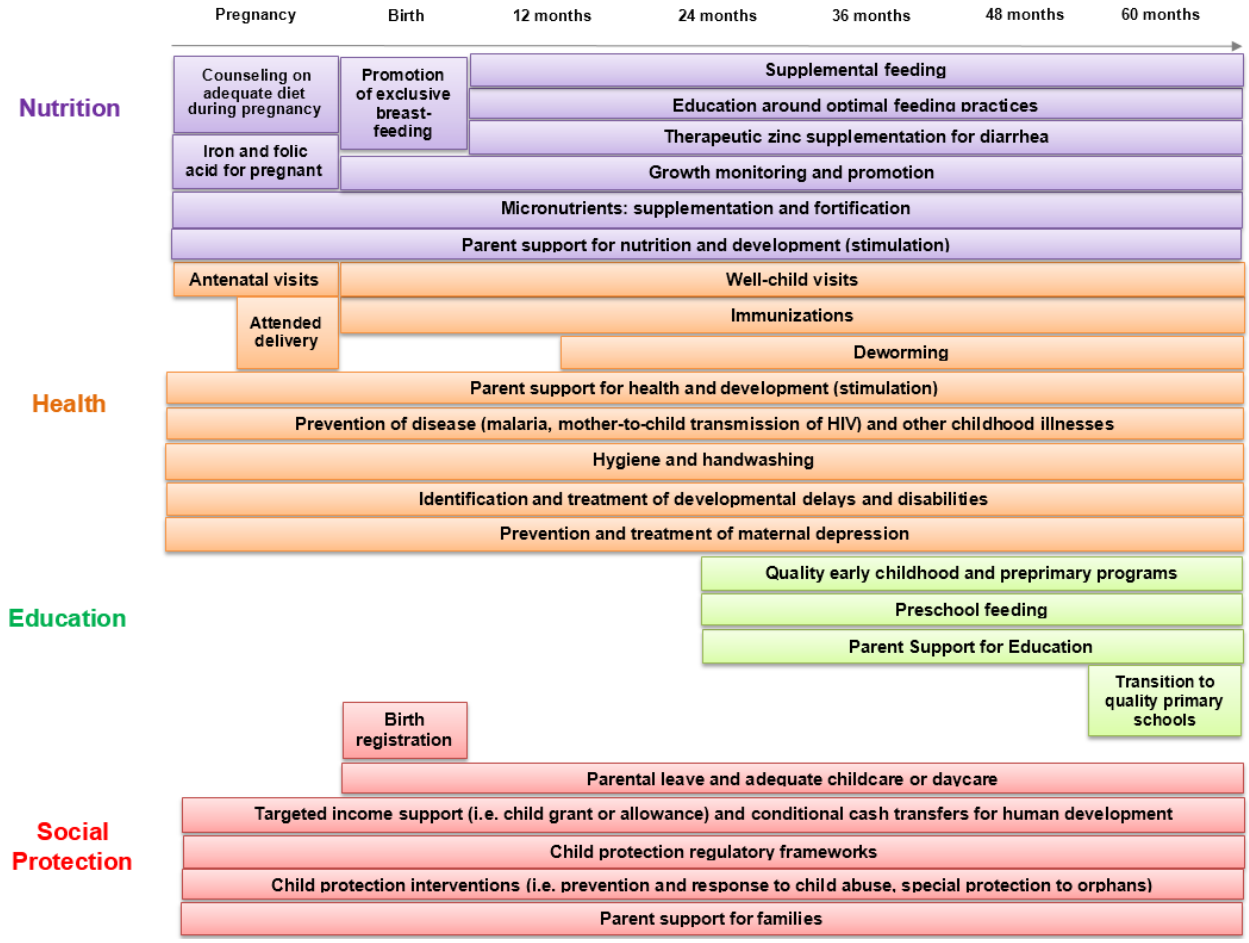
In Jamaica, a stimulation program was established consisting of weekly visits by health workers who facilitated interactions between mother and child, as well as reinforced positive messaging, engaged with toys, and promoted active play (Grantham-McGregor and others 1991). The program supported the parents of children who were six months old at the outset until they were three years of age. The Independent Evaluation Group's recent analysis of the long-term effects of early childhood development interventions found that stimulation is associated with improvements in general intelligence and cognition, and it is more likely to improve post-early childhood language outcomes than are supplementation or micronutrient programs. Early stimulation programs also proved effective in producing sustained improvements in school performance and employment outcomes.

Source: IEG (2015).

Poor children are more vulnerable to inadequate development outcomes (Grantham-McGregor and others 2007). Significant development delay (i.e., cognitive, language, physical, and socioemotional) by socioeconomic gradient was evident in several countries (Naudeau and others 2011a,b; Paxson and Schady 2007). In Colombia the socioeconomic gap in children's receptive and expressive language skills widened between 14 and 42 months (Rubio-Codina and others 2013). Children with lower weight at birth have lower school performance, attainment, and earnings (Olds and others 2002; Case, Fertig, and Paxson 2005). The quality of parenting is the important scarce resource (Heckman 2008). All of this evidence suggests the need for early interventions from prenatal through the first few years of a child's life. Figure 1.1 depicts essential interventions for a children's growth and development based on review of research (Denboba and others 2014).[2]

The Bank and international partners have worked together to advance the development of children. One of the key partnerships has been the Consultative Group on Early Childhood Care and Development, which receives financing from the Bank. This partnership has brought together donors, agencies, researchers, and nongovernmental organizations (NGOs) to share and disseminate knowledge. Strategic partnerships with external agencies related to maternal and child health, nutrition, and early learning remain an active feature of the Bank's work through participation in steering and technical working groups as well as contributing to the development of the Sustainable Development Goals (SDGs).

Figure 1.1. Essential Interventions for Young Children and Families



Source: Adapted from Denboba and others (2014).

Potential for Reducing Poverty

Greater impacts have been recorded for lower income children receiving early childhood interventions (Engle and others 2007, 2011; IEG 2014; Hasan, Hyson, and Chang 2013). Evidence from the United States shows that ECD interventions have lasting effects on poor families, helping overcome the disadvantages children are born into because of poverty (Heckman and others 2013). This is of particular importance given that inequitable health indicators from the Millennium Development Goals (MDGs) are associated with the wealth quintile in many developing countries (Wagstaff, Bredenkamp, and Buisman 2014).

The Bank and its partners have promoted ECD interventions seeking to break the intergenerational transmission of poverty, to equalize opportunities for human capital development, and ultimately contribute to economic growth (Young 1996, 2002; Young

and Richardson 2007). The argument made by the Bank is "the relationship that links child health with economically relevant dimensions is circular—poverty contributes to poor health and poor health contributes to poverty" (World Bank 2003). For countries within the Organisation for Economic Co-operation and Development, longer-term impact from ECD interventions has been measured (Cunha and Heckman 2009; Schweinhart 2007; Campbell and others 2002; Smith 2009; Duncan and others 2007), while there is only scant evidence for developing countries (IEG 2015). One of the more promising aspects coming out of the Jamaican intergenerational study is that mothers who received weekly home visits in the first three years of their child's life enhanced their interactions with their children, and the offspring of the children also had higher developmental quotients, suggesting that early interventions have beneficial effects beyond the immediate generation (Walker and others 2013).

In looking to the future and the SDGs, early childhood development is expected to be represented among the targets and indicators. This is a shift from the emphasis on maternal and child health indicators within the MDGs. The ECD indicator is expected to represent a multidimensional index of children's development. The implication for the Bank and other partners is that they will need to provide support to countries for implementation in the context of health, nutrition, social protection, and education programming. The ECD indicator is a signal from the international community to countries of the importance of supporting the development of young children, not just their health and survival.

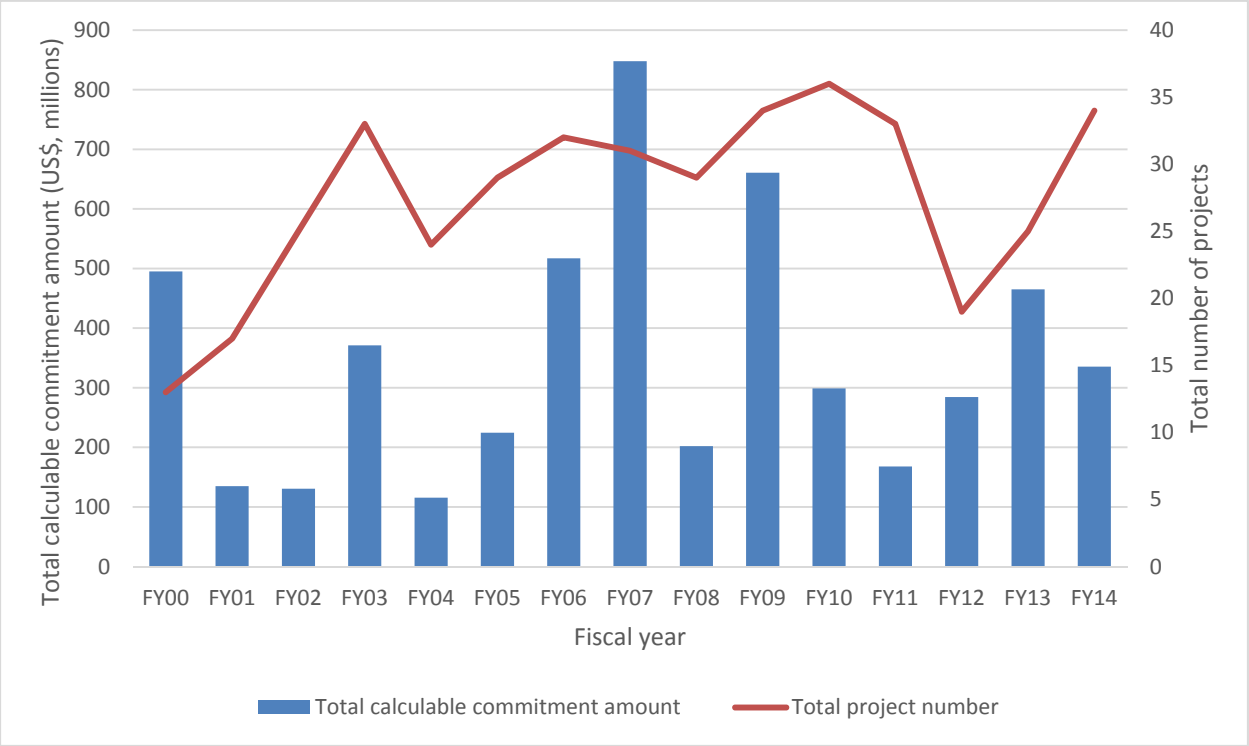
Governments are increasingly focusing on early childhood development. In the countries reviewed by this evaluation, there were several reasons for their commitment, including improving human capital for later productivity and poverty reduction, and believing in equity or social inclusion. For example, the knowledge economy and the skills of future workers were important motivators in Jordan. Peru is committed to improving social targets such as the elimination of chronic malnutrition and the implementation of universal access to preprimary education. More recently Nicaragua has stressed ECD as a means to reduce intergenerational poverty, reflecting the government's focus on improving social equity and opportunity.

Purpose, Scope, and Methodology

The Bank has increased its support to early childhood development interventions in lending operations. In FY00 there were 13 projects with early childhood development interventions and 34 in FY14 (see line in figure 1.2). The Bank has approved 414 operations in 106 countries between FY00 and FY14. While the number of the approved ECD projects fluctuate over the years, an overall upward trend is seen in lending, which

peaked in FY10 with 36 projects. Most of these projects contain ECD interventions as a portion of them. For this reason, it is not possible to accurately calculate the World Bank's financial commitment to support early childhood interventions. A conservative estimate is $5.3 billion, which only includes full ECD projects and those where interventions comprised the full component and the amount was specified in documents.[3] Excluded from the figure were 168 investment operations and 82 development policy loans because the amount devoted to ECD interventions was not determinable.

Figure 1.2. Trend in Commitment and Number of Bank Projects Supporting Early Childhood Development Interventions, FY00–14



Source: IEG coding of World Bank projects.

This evaluation examines the Bank's design and implementation of projects supporting early childhood development interventions for the purpose of informing the Bank's future operations. It does not include the International Finance Corporation (IFC) because the ECD private sector is made up of NGOs and not-for-profit community organizations, which are not part of the constituency of the IFC.[4] While other IEG evaluations examine maternal and child health, this is the first evaluation by IEG to examine the integrated concept of early childhood development. This evaluation is timely given the Bank's newly articulated twin goals and the connection between improving children's development and breaking the intergenerational transmission of poverty (. There is a growing recognition in the Bank of the need to better coordinate

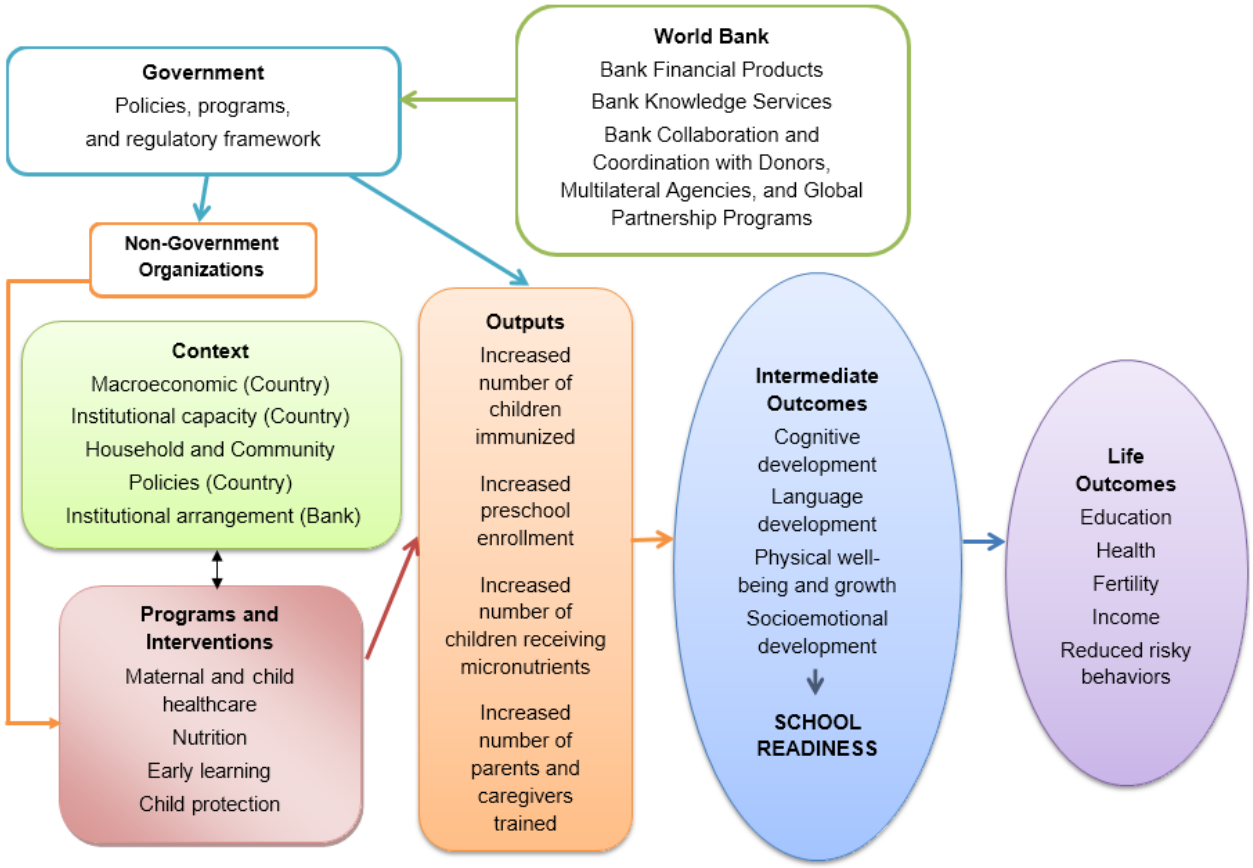
and leverage its work. The intent of this evaluation is to provide information to the new Global Practices to better inform their work.

This evaluation assessed the Bank's ECD support through its financial products, knowledge services, and coordination with other partners in client countries. It uses interventions (see figure 1.1) that serve young children and their families as the basis for identifying the Bank's support to early childhood development through lending and analytic and advisory work, since there is no "ECD theme code" in the Bank.

As the evaluation framework depicts (figure 1.3), the Bank and its partners support government policies, regulatory frameworks, and programs. The Bank's involvement is indirect because of other mediating factors (i.e., availability of services and household behavior) that affect child development outcomes. Thus, contextual factors at all levels (country, community, and family) are part of the framework, since they shape the type of interventions that are implemented in particular countries. The Bank rarely collects outcome measures of child development (see chapter 4), and few Bank common core indicators are relevant to ECD. Thus, the evaluation framework contains intermediate and life outcomes for illustrative purposes. Because of the anticipated lack of data, this evaluation did not set out to answer questions about the impact of the Bank's support in improving child development outcomes. Instead, the evaluation examined the design of operations to see if they are consistent with the growing body of research around efforts that are likely to lead to changes in children's development and improve their readiness for school.

This evaluation examined the Bank's overall engagement on early childhood development as well as country-level support to be able to make judgments with the benefit of understanding country context (see appendix A for criterion for selecting the 16 countries).[5] It primarily draws conclusions based on field and desk case studies, using portfolio and other sources of evidence (i.e., review of economic analysis, analytic work including Bank-supported impact evaluations, country strategies, results frameworks, and Human Resources data; a synthesis of ECD systematic reviews; and key informant interviews) to triangulate these findings (see appendix A for methodology). These countries were purposely selected and are not representative of those the Bank supports—they provide a picture of a range of visions and implementation around early childhood development interventions.

Figure 1.3. Evaluation Framework for Early Childhood Development



Source: Vegas and Santibáñez (2010).

This report is organized into four chapters. Chapter two analyzes how early childhood development is featured in the Bank's sector and country strategies. Chapter three examines the breadth of the Bank's analytical work. Chapter fours assesses the interventions that the Bank supported and its evaluation of them. It also describes how the Bank designs and implements ECD interventions within the examined countries and looks at whether the Bank adopted a coordinated approach across sector.

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[1] The World Bank's analytical work has consistently defined early childhood development (ECD) as an integrated concept involving health, nutrition, hygiene, early learning, stimulation, and child protection, spanning the period from pregnancy to the transition into primary school. There has not been a consistent age for the end period; it ranges from six to seven years old across Bank documents.

[2] IEG adapted the Framework in Denboba and others (2014) by including well-child visits and identification of development delays and disabilities and highlighting every sector that has a role in supporting parents. Figure 1.1 does not include maternal education and access to safe water that are part of Denboba and others (2014), which are prerequisite conditions for the development of children. The interventions noted in figure 1.1 are the basis that this evaluation used to identify the Bank's support. Interventions had to be targeted directly to pregnant and lactating women, infants, and toddlers as well as parents and caregivers.

[3] The commitment trend in this evaluation is different from the Bank's recent portfolio review (Sayre and others 2015) due to methodological differences. First, the Bank adjusted for inflation, while IEG used actual amounts. Second, IEG included additional financing with the total project costs of the originating project, which is consistent with the practices in completion reports. Thus, the amount of additional financing is included with the approval year of the project. Third, IEG utilized actual component amounts from appraisal document (active) and completion reports (closed), specifying nothing when interventions did not comprise the full component. IEG did not estimate any portion of project financing for ECD interventions.

[4] The International Finance Corporation (IFC) does not have a large role in supporting ECD interventions. Its investments in both health and education have focused on increasing access to services through expansion of education infrastructure. Tertiary education comprises a large share of IFC's education portfolio.

[5] The countries with field-based assessment include: Bangladesh, Ghana, Jamaica, the Kyrgyz Republic, Mozambique, Nepal, Nicaragua, and Vietnam. Countries with desk reviews include: Bulgaria, Ethiopia, Jordan, Indonesia, Malawi, Mexico, Peru, and the Republic of Yemen.

2. Are Interventions Reflected in Sector and Country Strategies?

Highlights

- ❖ While several sector strategies discuss early childhood development (ECD), there are gaps and aspects that remain unclear.
- ❖ The Bank's sector strategies describe the connection between a child's development and later labor productivity, but few of them discuss the connection between poverty reduction and quality childcare that promotes a mother's participation in the labor market.
- ❖ Country strategies increasingly include ECD interventions, but alignment between actual ECD lending and whether strategies mention interventions was lacking in many countries.

A corporate strategy does not yet exist for early childhood development (ECD). In its absence, only inferences about the Bank's intent can be made from sector strategies. The purpose of this chapter is to describe how ECD is reflected in sector and country strategies and gaps.

Sector Strategies

Several of the Bank's sector strategies, including Education; Health, Nutrition, and Population (HNP); and Social Protection and Labor (SP), give prominence to early childhood development by featuring it or interventions as a pillar or central aspect within the strategy. For example, a focus on mothers and young children is at the core of the 2007 HNP strategy, which calls for scaling up support for early childhood nutrition, child health, and maternal health services. The 2012 SP strategy emphasizes the need to invest in stronger systems to protect the health and well-being of young children. Early childhood development is highlighted as one of the three pillars of the World Bank's 2010–2020 Education strategy: "Invest early. Invest smartly. Invest for all." With the vision of achieving the goal of "learning for all," the Education sector prioritizes investing early and calls for an effective ECD approach—an integrated system of parenting, education, nutrition, and health care, which would have substantial benefits for children.

Box 2.1. How Is Early Childhood Development Featured in Sector Strategies?

Sector strategies having a direct or indirect role in supporting children's development were reviewed. A brief synthesis is presented describing how early childhood development was featured within each strategy.

Education Strategy 2020: It states the importance of encouraging early and continuous learning both within and outside of the formal schooling system. Recognizing that the foundational skills acquired in early childhood set the stage for a lifetime of learning, the strategy places a significant emphasis on the first five years of life as a building block for later learning (World Bank 2011).

Social Protection and Labor (SPL) 2012–2022: Early childhood development is at the center of the strategy, recognizing that without a sound foundation, subsequent development cannot be fully realized. SPL programs work dynamically over the life cycle to provide resilience, equity, and opportunity, starting with the period of pregnancy and early childhood (World Bank 2012a).

Strategy for Health, Nutrition, and Population Results 2007: The paper recognizes that nutrition should take a central place in development. Investing in nutrition in early childhood lays the foundation for lifelong health (World Bank 2007).

Agriculture Action Plan 2013–2015: It recognizes that food security, although very important for immediate and short-term survival, is not sufficient to achieve most of the Millennium Development Goals, as many relate directly or indirectly to nutrition. The action plan recognizes the importance of working across sectors to improve outcomes for vulnerable groups, particularly children and pregnant and lactating mothers (Townsend and others 2013).

Infrastructure Strategy FY12–15: This strategy argues that providing basic services to expectant mothers and improving the availability of clean water and sanitation to households have been shown to substantially close the gender gaps in mortality. It specifically mentions that excess mortality especially in infancy and early childhood is rooted in the failure of institutions to provide clean water, sanitation, waste disposal, and drainage (World Bank 2012b).

Strategy for Rural Development: Under one of the strategic objectives—improving social well-being, managing and mitigating risk, and reducing vulnerability—the strategy addresses improving access to health and nutrition. It acknowledges that childhood malnutrition can affect future labor force participation and work effort since it is associated with increased risks of morbidity and mortality during adulthood. It also recognizes the area of reproductive health as essential to achieve the goals of the rural strategy, since reproductive health care facilitates participation of women in economically productive activities (World Bank 2003).

Gender Mainstreaming Strategy (2002): Linking gender to growth and poverty reduction, the strategy emphasizes the importance of education for women because of its intergenerational effects on child health and survival. The strategy argues that educated mothers know more about healthy feeding practices, hygiene, and health care and are more able to exercise this knowledge to promote their children's well-being. Therefore, female education improves child nutrition, health, and survival, all factors that create a more intelligent, energetic, and productive younger generation (World Bank 2002).

Other sector strategies also note their direct or indirect contribution to children's development. The Agriculture sector strategy described its role in improving children's nutrition by addressing the issue of malnutrition. Going beyond food security, it recognized the need to collaborate with other sectors to help strengthen health and nutrition access and outcomes for vulnerable groups, particularly children and pregnant and lactating mothers (see box 2.1).

Gaps exist within the sector strategies. Parent support programs and stimulation are only mentioned in the Education and Social Protection and Labor strategies, despite the fact that other sectors also have a role in supporting parents. Survival and physical health is emphasized in the HNP strategy, but the role that the sector plays in supporting stimulation and early intervention strategies to advance the development of children is not. Despite evidence that affordable quality childcare increases a mother's engagement in the workforce, as well as the school enrollment of older female siblings, these effects were only touched on by the Gender and Sustainable Development strategies and omitted from others. The dual synergy between increasing women's income and girls' education depends on availability of childcare. The social development strategy addressed the inclusion of vulnerable groups, such as women, youth, and ethnic minorities, but not much is said in relation to children. Sector strategies do not delineate areas of responsibilities, thus sectors have overlapped in their implementation of ECD interventions (see chapter 4).

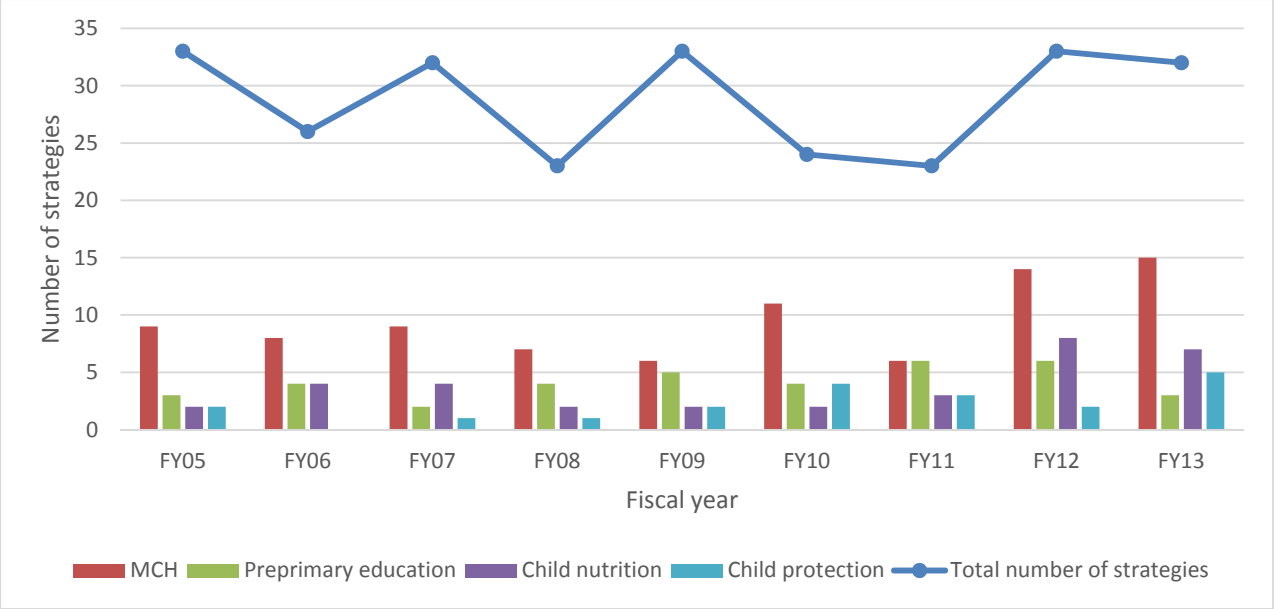
There are several unanswered questions. Given the Bank's recently adopted twin goals (World Bank 2013), how much priority will be given to ECD as a means to reduce poverty and share prosperity? Which sectors have responsibility for ECD since most areas of the Bank have a direct or indirect role in supporting children's development? Which sector(s) will lead the work? How will sectors coordinate respective responsibilities and pursue multisector solutions? Which interventions will be prioritized and sequenced by the Bank? What common indicators will be used across Regions? A framework for ECD would clarify the Bank's approach to ECD and promote a long-term vision as well as contribute to the attainment of the Banks twin goals and the SDGs.

Country Strategies

Country strategies increasingly include ECD interventions as seen in the upward trend between FY05 and FY13 (see figure 2.1). Less than one-third of the strategies prepared in FY05 referenced ECD interventions, while over half of them did in FY13. Maternal and child health interventions are increasingly contained in country strategies. Child

nutrition featured more prominently in country strategies since FY12, while preprimary education has been stable across the years.

Figure 2.1. Early Childhood Development Interventions in Country Strategies



Source: IEG coding of Bank country strategies (FY05–13).
Note: CAS = country assistance strategy; ECD = early childhood development; MCH = maternal and child health.

More than half of the country strategies prepared between FY05 and FY13 include ECD interventions (see table 2.1). The Africa Region has the highest proportion of the countries with ECD interventions mentioned in country strategies, followed by the Latin America and the Caribbean Region and the Middle East and North Africa Region.

Table 2.1. Country Strategies Containing ECD Interventions by Region, FY05–13

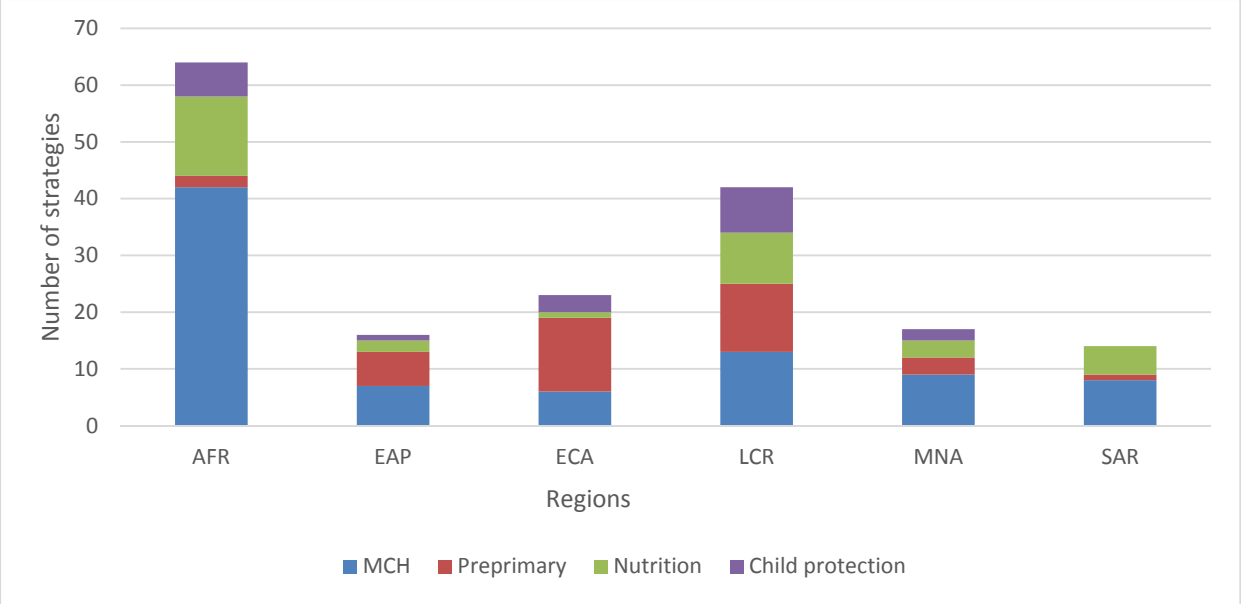
Country Strategies	AFR	EAP	ECA	LAC	MNA	SAR	Total
Total number	*47*	*18*	*24*	*22*	*12*	*9*	*132*
Number containing ECD intervention	33	9	12	14	8	5	81
Percentage containing ECD intervention	70	50	50	64	67	56	61

Note: AFR = Africa; EAP = East Asia and Pacific; ECA = Europe and Central Asia; ECD = early childhood development; LCR= Latin America and the Caribbean; MNA = Middle East and North Africa; SAR = South Asia.

Regions approach early childhood development differently in country strategies. Those in the Africa, South Asia, and Middle East and North Africa Regions that contain ECD interventions are mainly focused on maternal and child health and child survival. In Latin America and the Caribbean Region, there was a balanced description of interventions across sectors, while country strategies in Europe and Central Asia were more focused on preprimary education. Nutrition interventions are included infrequently in East Asia and Pacific, Europe and Central Asia, and Middle East and

North Africa Regions but more frequently in Africa, Latin America and the Caribbean, and South Asia Regions (see figure 2.2).

Figure 2.2. Intervention Type in Country Strategies by Region, FY05–13



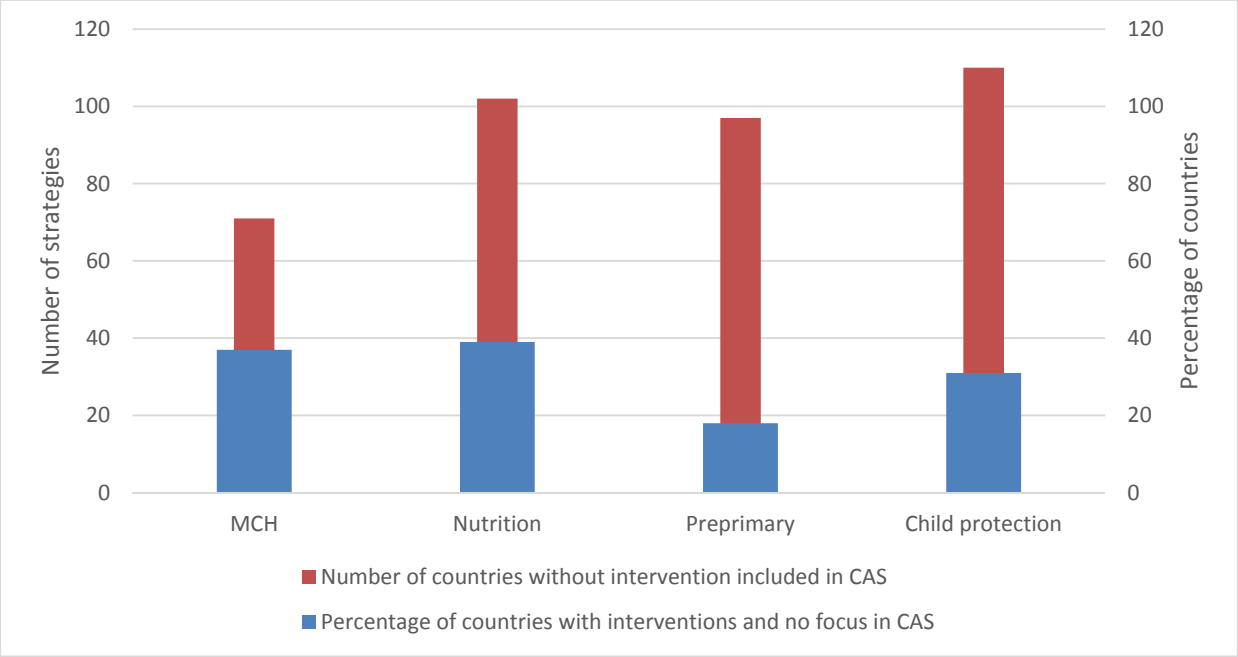
Source: IEG coding of Bank country strategies (FY05–13).
Note: AFR = Africa; EAP = East Asia and Pacific; ECA = Europe and Central Asia; LCR= Latin America and the Caribbean; MCH = maternal and child health; MNA = Middle East and North Africa; SAR = South Asia.

Country strategies and subsequent ECD operations were not aligned in many countries. As figure 2.3 shows, there were many cases where strategies made no mention of ECD interventions in countries where the Bank financed them. The largest number of cases occurred in relation to nutrition. The Bank supported nutrition in 40 countries, but the country strategies did not mention nutrition. Nearly half (19 of 40) of these cases occurred in the Africa Region, which may be due to the fact that ECD interventions typically comprise a portion of a project and thus are not viewed as a prominent area of support. When the country had an operation fully devoted to ECD, 69 percent of strategies mentioned ECD interventions. In cases where the financing of ECD interventions took place but they were not mentioned in country strategies may indicate that the Bank did not anticipate or detect government interest.

MDG data were routinely referenced in country strategies. Diagnostics about children and their development were not inputs to the preparation of the country strategies, except in the case of Jamaica where analytic work that informed the design of the Early Childhood Development Project and the Social Protection Project were used in preparing the country partnership strategies for FY14–17 and FY10–13. The Bank's new model of country-level engagement and systematic country diagnostics can provide a

mechanism for the Bank to assess the situation of children in a given country and discuss with the government the support the Bank and partners can provide.

Figure 2.3. Countries with ECD Lending and Number of Countries Where Strategies Do Not Contain ECD Interventions



Source: IEG coding of Bank country strategies (FY05–13).
Note: CAS = country assistance strategy; MCH = maternal and child health.

Findings and Recommendations

The Bank's Education, HNP, and SP sector strategies address elements of early childhood development. Other sector strategies note direct or indirect contributions to children's development, but gaps exist. The nexus between women's economic empowerment and the development of children through quality childcare has been missed across strategies. A framework for ECD would bring clarity to (i) who is in charge of ECD and responsible for coordinating within the Bank and with its partners; (ii) what the Bank's approach are toward the development of children; (iii) what the Bank's long-term vision is; and (iv) how the Bank will position itself to become an important player in reaching the SDGs related to early childhood development.

While an increase has occurred in the number of country strategies containing ECD intervention between FY05 and FY13, there were a number of countries where interventions were financed but country strategies made no mention of them, suggesting that the Bank did not detect borrower interest in ECD.

The Bank's new model of country-level engagement and systematic country diagnostics can provide mechanisms for the Bank to assess the situation of children in the context of preparing country partnership frameworks, and thus identify the most-needed intervention and alignment with other partners.

The first recommendation is directed to Country Management Units.

- Adopt the practice of using diagnostics in the preparation of systematic country diagnostics to determine ECD need—identifying when ECD should be made a country priority and coordinating the relevant support across Global Practices and Cross-Cutting Solutions Areas.

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3. What Knowledge Is Generated by the Bank?

Highlights

- The World Bank's knowledge products have created an awareness of early child development (ECD) and motivation for investing in young children in client countries.
- Bank analytic work has expanded the knowledge base, addressed some of the key operational challenges, and pushed the frontiers of research on child-related policies and interventions. This work is concentrated on child health and nutrition and an integrated concept of early childhood development, while preprimary education and childcare have received less attention.
- Priority areas for future work include cost-effectiveness, scale, quality models for early learning, capacity building for all levels of government, and measurement of the longer-term impact of ECD interventions.
- There is a role for strengthening the Bank's economic and fiscal sustainability analysis and ensuring that distribution analyses are conducted more routinely.

Between FY00 and FY14, the World Bank produced 63 reports, studies, and policy notes; provided 42 nonlending technical assistance projects including policy dialogue, guidance, knowledge sharing forums, and institutional development plans; and 56 pieces of other research (e.g., working papers) related to early childhood development (ECD). (See appendix A for methodology.) These tasks are fully devoted to policies, programs, or projects analyzing ECD or the well-being of children between conception and their eventual entry into primary education. Also 26 completed and 29 ongoing or pipeline impact evaluations have been funded through various sources such as the Bank and Netherlands Partnership Program, development impact evaluations, Spanish Impact Evaluation Fund, and Strategic Impact Evaluation Fund.

This chapter examines the Bank's ECD analytic and advisory services (AAA) or knowledge work, defined here as economic sector work, nonlending technical assistance, policy dialogue, impact evaluations, and research. Knowledge generated during project preparation and closing are also discussed. The purpose of this chapter is to assess whether the Bank addressed key knowledge gaps in ECD that were identified by task team leaders and the literature and to highlight areas for the future analytic work.

The Bank's Knowledge Portfolio

The Bank's knowledge work concentrates on maternal and child health and nutrition and those covering an integrated concept of early child development (table 3.1) and trends upward in volume (figure 3.1). Across these types of analytical work, distribution is even across Regions. Few tasks are dedicated solely to childcare or preprimary education. Among the ECD knowledge products, 12 percent of these were prepared as part of the Systems Approach for Better Education Results on early childhood development (SABER-ECD) (see box 3.1). The uptick in analytical work in FY13–14 is associated with (i) an increasing number of completed and on-going impact evaluations in early childhood development; (ii) an expanding set of analyses stemming from SABER-ECD; and (iii) a growing portfolio of economic sector work (ESW) and nonlending technical assistance (NLTA) supporting multisector nutritional approaches to reducing the incidence of stunting in client countries. The Education sector has produced nearly three-fourths of the analytical work dealing with the integrated concept of ECD.

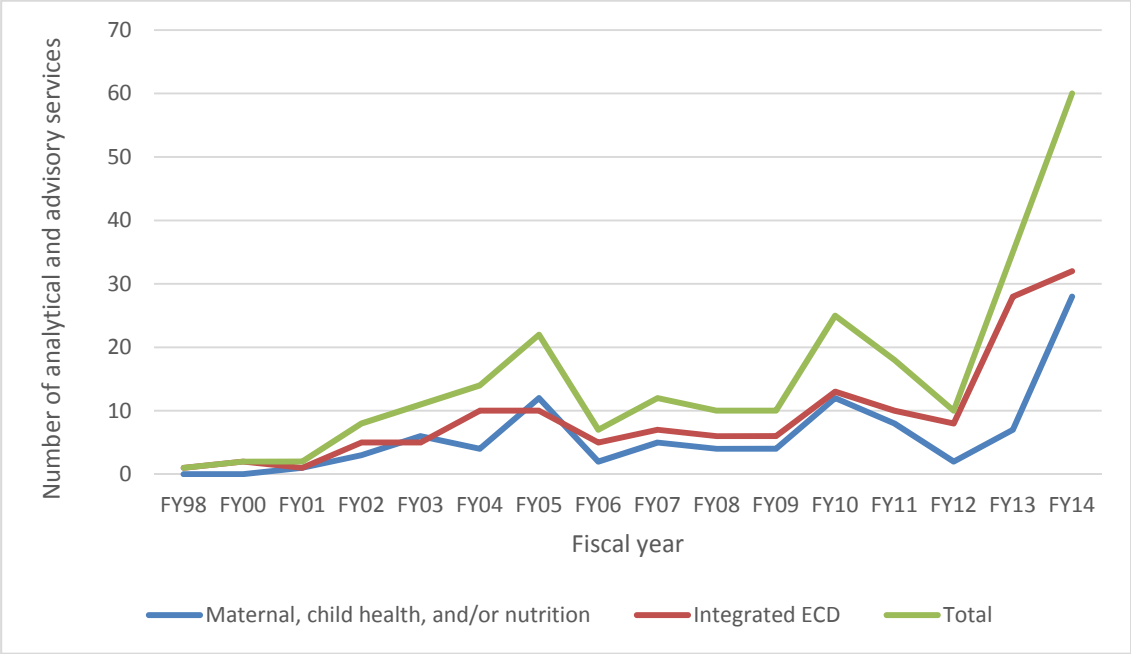
Table 3.1. Distribution of Economic and Sector Work, Nonlending Technical Assistance, and Research by Intervention Type

Intervention Type	Number	Percent
Maternal, child health, or nutrition	78	48
Childcare	1	1
Preprimary education	9	6
Integrated concept of early childhood development	73	45
Total number	*165*	*100*

Source: World Bank Business Warehouse.

IEG analysis shows that the Bank's country ECD analytical work is significantly and positively correlated (0.7) with Bank lending within the subsequent three years. Countries where knowledge activities have taken place tend to have more operations supporting ECD interventions than those without analytical work. This is particularly evident between FY12 and FY14, when there was a surge in nutrition analytical work followed by projects with nutrition interventions. Examples include analytical work supporting preprimary in Brazil followed by several preschool projects; Nepal where policy dialogue in nutrition produced a number of intermediate outputs preceding two projects with nutrition interventions; and Senegal with five nutrition interventions preceded by three nutrition-related knowledge products and one impact evaluation.

Figure 3.1. Upward Trend of Number of Analytic and Advisory Services, FY00–14



Source: IEG coding of analytic and advisory services that support early childhood development.

PROMOTED BENEFITS AND RATIONALE TO INVEST EARLY

In the early and mid-2000s, the Bank played a key role in convening ECD experts through conferences and calls for papers and produced major volumes that detailed theories, evidence, and knowledge gaps in child development. In each volume the rationale for intervening in the early years is made clear. Evidence from vast and various disciplines points to high returns both to the individual and society when health, nutrition, stimulation, and preprimary education services, whether through home-, community-, or school-based settings, are delivered to the same child (Young 1996, 2002; Young and Richardson 2007). The brains of young children, especially those under three years old, grow rapidly and are significantly more active than adult brains. Stimulation helps consolidate quickly forming neural connections.

Box 3.1. The Systems Approach for Better Education Results in Early Childhood Development

The System Approach for Better Education Results (SABER) is a data collection, analysis, and dissemination initiative implemented by the Education Sector to guide implementation of the 2020 Education Strategy.

The system for early childhood development (SABER-ECD) takes a multisectoral approach. It collects country-level data on ECD policies, regulatory frameworks, and institutional arrangements for delivering services related to child development across all sectors (e.g., Agriculture, Education, Health, Social Protection, and Water). Since there is no "on size fits all" method to provide ECD services to mothers and children, to the extent possible SABER-ECD collects data to benchmark, which allows identification of best practices and lesson learning.

SABER-ECD has identified three areas against which countries are measured: the enabling environment; how widely services are implemented; and the quality of its monitoring and accountability systems. To date, analyses have been conducted in 30 countries.

Source: World Bank database, Systems Approach for Better Education Results.

The Bank's work recognizes the external benefits to investing in child health and the difficulties of quantifying the long term impacts on increased productivity, earning potential, and inclusive growth. Investments in both maternal and child health are multidimensional and long term. For benefits to accrue, their objectives require making health care affordable to the poor, increasing access to health care providers and utilization of services, and in some cases changing behavior (Belli and Appaix 2003; Wagstaff 2004). The Bank has undertaken costing and benchmarking exercises for immunization and vaccination programs, highlighting cost effectiveness given the implications of increasing returns to scale in vaccination coverage (Brenzel 2005).

The Bank's nutrition analytics discusses the benefits of good nutrition to children's physical and cognitive development. Malnutrition has been linked to child death and illness, limiting the realization of their full potential. Malnourished children suffer delayed cognitive development (World Bank 2003). As early as 2003 and certainly by 2008, the cost-effectiveness of nutrition interventions was assessed. Given the relationship between mother's nutrition and children's development, interventions targeting pregnant women are the first entry point in the cumulative process of supporting early childhood development (Naudeau and others 2011a,b).

Policy dialogue and capacity building created awareness of the importance of investing in children early, according to government officials in the countries visited by IEG. For example, since the mid-1990s the Bank has been active in ECD policy dialogue and technical assistance in Jamaica with the view to laying a foundation, realizing that these efforts would build the knowledge, capacity, and motivation with the government to invest in ECD and create advocates within the country. Policy dialogue helped shift the

government's funding from tertiary education to early childhood care and education. The efforts from the Bank can also be attributed to helping the government of Jamaica identify early childhood development as a priority. In Mozambique the presentation of dismal child development indicators that surfaced from a baseline survey of an impact evaluation led by the World Bank of a Save the Children ECD pilot was sufficient to generate enough political momentum to spur government commitment. Within a week of the presentation the minister of education requested support for an ECD program. These reports, and the positive correlation found between the Bank's analytical work and subsequent operations, illustrate the value of the Bank's knowledge generation, suggesting the importance of analytical work in countries with pressing needs where the Bank has a low level of involvement.

LIMITED DISTRIBUTIONAL ANALYSIS

Distributional analysis receives limited attention in the knowledge work of the Bank. While 54 poverty assessments and public expenditure reviews contained a discussion of at least one ECD intervention, only five of them conducted an incidence analysis. Nine projects supporting ECD interventions have collected beneficiary feedback, based on the Bank's internal tracking of operations between FY10 and FY14. Out of 332 ECD investment loans, 66 appraisal documents plan to survey beneficiaries. Few of the Bank's knowledge products provided original research on the distributional effects of ECD interventions (Gwatkin, Wagstaff, and Yazbeck 2005; Evans and Kosec 2012; Hentschel and others 2010; Naudeau and others 2011a,b; World Bank 2011, 2012a). As an example of the Bank's work, distributional aspects related to preprimary education in the Kyrgyz Republic were analyzed, showing that preprimary education benefited 44 percent of 3 to 5 year olds in Bishkek, but only 3.5 percent in Batken, a poorer region (World Bank 2014). The Bank also estimated that nearly 62 percent of the preprimary education resources would need to be reshuffled to equalize opportunity because the kindergarten model from Soviet times has low coverage.

Ensuring poor women and children, as well as excluded minorities or other disadvantaged groups benefit from ECD interventions is important because of their greater impact for poor children (IEG 2014) and opportunity to level the playing field (Naudeau and others 2011a). Poorer children gain more from preschool attendance (Engle and others 2007, 2011; IEG 2014; Hasan, Hyson, and Chang 2013). Similarly, hygiene and hand washing interventions have stronger effect among poor households with clean water (Waddington and others 2009).

Benefit incidence analysis conducted by this evaluation shows a mixed picture of the distributional impacts of Bank supported ECD interventions. The analyses focused on two interventions for children under six years of age: preprimary education in Nepal and Nicaragua and immunization in Nepal (see appendix A for methodology). The

results for preprimary education in both Nepal and Nicaragua indicated that public services are predominantly benefitting the poor.[1] While there are large socioeconomic differences in preprimary enrollment (public and private) in Nepal and Nicaragua by socioeconomic group and area of residence, enrollment in public early childhood education favors the poorest children, suggesting that public services are pro-poor. In contrast, immunization status by socioeconomic groups based on the third Nepal Living Standards Survey (NLSS-III) reveals inequality in access Less than one-third of children in the bottom quintile are fully vaccinated compared with 49 percent in the top quintile (see box 3.2). Broader inferences cannot be drawn from these data, but point to the importance of routinely conducting distributional analyses, particularly in view of the Bank's twin goals (World Bank 2013a).

Box 3.2. Who Is Immunized in Nepal and Where Do They Receive Immunizations?

Although 96 percent of Nepalese children have access to immunization services, only 39 percent receive the full schedule of immunizations. The poorest children in Nepal receive on average fewer vaccines than the richest. There was no gender gap in access and utilization of immunization services, as differences between boys and girls were not statistically significant, but there are geographical disparities in immunization rates.

Examining providers of immunization services by socioeconomic groups, there was a negative gradient in utilization of outreach clinics and sub-health and health post services. A larger share of poorest children is vaccinated through outreach clinics reflecting their difficulty in reaching health facilities because of distance and travel issues. Conversely, hospitals are the main provider of routine immunization for vaccinated children in the richest quintile who tend to live in urban areas. This has important implications for the Bank's health work in Nepal to develop ways to overcome the access barriers.

Source: IEG estimates of the third Nepal Living Standards Survey.

ADDRESSING SOME OF THE KEY OPERATIONAL CHALLENGES

The Bank's knowledge work in multisector nutrition analyses and policy dialogue is increasing. Malnutrition is still a major concern in Africa, as well as other areas. In South Asia stunting rates are high and have shown little improvement. Food security, cultural norms, and a lack of basic knowledge of nutrition and the merits of food diversity have been identified as contributors to the persistence of malnutrition in developing countries. More recent nutrition analytical work has been moving towards multisector solutions (box 3.3).

The World Bank has been heavily involved in country dialogue on nutrition in Nepal, as the analytical work focuses heavily on nutrition. The Bank collaborated in the Nutrition Assessment Gap Analysis (2009), which evaluated the government's 2004 strategy, identified weaknesses in current efforts, and recommended a stronger

commitment to attacking malnutrition multisectorally. The government of Nepal has subsequently approved the Multi-Sector Nutrition Plan (MSNP), involving the Ministry of Health and Population, the Ministry of Education, the Ministry of Federal Affairs and Local Development, the Ministry of Agricultural Development, and the Ministry of Physical Planning and Works. It also created a high level steering committee on food security and nutrition and an interministerial coordinating committee located in the National Planning Commission to help coordinate nutrition activities. It is too early to evaluate the MSNP's effectiveness.

Box 3.3. Progression to Multisectoral Nutrition Activities

Advocates have held the belief that good nutrition is a prerequisite for poverty reduction. A large body of research suggests significant developmental delays as a result of malnutrition which, in turn, delays cognitive development and thus leads to poorer performance in school, lower productivity in adulthood, and a process that repeats itself based on the inter-related factors of mothers' education and other correlates that reinforce the cycle of poverty.

Early analytical work such as *Combating Malnutrition: A Time to Act (Gillespie*, McLachlan, and Shrimpton 2003) recognized the role of nutrition in poverty reduction and the need for a multisector approach to nutrition with health as the lead sector. Lacking were sector-specific goals. Coordination at the community-based or local level was recommended to facilitate coordination. In *Repositioning Nutrition as Central to Development: A Strategy for Large-Scale Action* (World Bank 2006a), factors such as food security, micronutrient deficiencies, health, and water and sanitation were identified and discussed as key contributing factors to malnutrition; the critical window of zero to age two was highlighted for reducing the incidence of malnutrition; and the myth that economic growth alone could solve the problem was debunked.

More recent analytical work recommends tackling the direct and indirect causes of malnutrition. This requires integrating nutrition into sectors outside of health (the "nutrition specific" sector) to "nutrition sensitive" sectors such as education, agriculture, water, and other relevant sectors. The Bank is actively supporting policy dialogue on multisectoral nutrition approaches in Bangladesh, India, Nepal, and Pakistan as well as Regionally in Latin America and the Caribbean (World Bank 2012b,c,d).

The Bank's knowledge work does not propose or advocate for any one particular approach for early childhood development services. Clear findings emerge from the analytical work: the importance of country context, awareness of each sector's role in early childhood development, and the need for an ECD policy framework to sequence and coordinate types of intervention and engagement of relevant sectors. What works in one country may not work in another. Countries differ in their policy and regulatory frameworks and priorities; the health and educational status of their populations; service coverage and quality; and critical service gaps. Country-level ECD assessments are necessary for successful interventions, as they depend on the political economy and enabling environment of a given country (Naudeau and others 2011b). The research has

stressed the importance of leveraging the existing evidence and knowledge of combining services and utilizing a systems approach to engage multiple stakeholders across multiple sectors within the government, donors, and local communities (Young and Richardson 2007).

OTHER OPERATIONAL ISSUES TO BE ADDRESSED

The evidence supporting the role of stimulation—particularly for newborns, infants, and children under three years old—has increased over time, primarily through several influential impact evaluations and is becoming more prominent in recent analytical work. However, an outstanding issue is how to incorporate child stimulation within Bank operations and at what dosage level. The Bank's analytical work has not yet provided the answer. Ongoing and pipeline impact evaluations funded through the Strategic Impact Evaluation Fund (SIEF) have emphasized synergies between nutrition, health, and stimulation and those interventions which can be brought to scale.

Little is in known about the cost-effectiveness or cost-benefit of ECD interventions in low- and middle-income countries. Knowledge will be generated from pipeline impact evaluations, as most state the intention of answering evaluative questions on cost-effectiveness. This is an improvement from the past where only one of 26 completed impact evaluations conducted cost-benefit analyses. The questions being asked could provide long sought after evidence (table 3.3), if these impact evaluations do in fact answer the proposed questions.

Table 3.2. Examples of Impact Evaluation Questions Related to Cost-Effectiveness

Country	Impact Evaluation Questions Related to Cost-Effectiveness
Bangladesh	What are the costs and benefits of the Save the Children Early Childhood Stimulation Program which provides education to families about early childhood stimulation as an add-on to a national early childhood nutrition program?
Madagascar	What is the cost-effectiveness of providing nutrition counseling, nutrition counseling plus supplementation (compared to a control)? What is the cost-effectiveness of providing supplementation over above nutrition counseling alone?
Mozambique	What is the value-added and comparative cost-effectiveness delivering a combination of integrated early childhood development and early nutrition interventions versus delivering one or the other?
Sierra Leone	Are community monitoring and nonfinancial award mechanisms effective and cost-effective mechanisms for enhancing the delivery of health services such as reproductive and maternal and childcare among priority populations?

Source: IEG coding of data from Strategic Impact Evaluation Fund, Development Impact Evaluation Program. For more information, see the website for the Strategic Impact Evaluation Fund at http://www.worldbank.org/en/programs/sief-trust-fund.

Pipeline impact evaluation could provide evidence on the marginal impact of combining interventions, which may offer much needed data by which to assess the relative cost-effectiveness of programs. It can answer questions such as, "How much will it cost to add a parent support program to my nutrition project?" as well as "Is it

worth the extra money?" The set of upcoming evaluations will attempt to fill these critical knowledge gaps. Among pipeline evaluations, four impact evaluations have proposed to measure the impacts of health and nutrition interventions on physical, cognitive, and socioemotional aspects of development (e.g., Indonesia, Madagascar, Mali, and Senegal).

Table 3.3. Economic Analysis by Region

Full ECD Projects	Total	AFR	ECA	EAP	LAC	MNA	SAR
With project appraisal document[a]	36	9	2	4	9	4	8
Lack economic analysis	16	5	0	1	3	1	6
Contain CBA	14	3	2	2	6	1	0
Contain CE	6	0	0	2	1	1	2
Contain CEs comparing alternate interventions	2	0	0	2	0	0	0
Analysis of fiscal impact	15	4	1	2	5	2	1
ICRs	14	4	0	2	4	1	3
ICRs with economic analysis	5	2	0	0	2	1	0

Source: IEG coding of appraisal documents and completion reports.
Note: AFR = Africa; CBA = cost-benefit analysis; CE = cost-effectiveness analysis; EAP = East Asia and Pacific; ECA = Europe and Central Asia; ECD = early childhood development; ICR = Implementation Completion and Results Report; LCR = Latin America and the Caribbean; MNA = Middle East and North Africa; SAR = South Asia.
a. Twenty projects lack appraisal documents. Three are emergency project papers without a quantitative economic appraisal section, and the remaining are recipient executed. Total numbers for cost-benefit analyses and cost-effectiveness analyses do not match the total number of project appraisal documents; three of them conducted both types of analysis.

Operational economic analyses contribute limited knowledge in understanding the cost-effectiveness of the Bank's support (discussion of strengths and weakness see box 3.4). More than half of the appraisal documents of standalone ECD projects prepared between FY00 and FY14 did not contain an economic analysis (see table 3.4 and appendix A for methodology). This means that a return on investment was not evaluated or shown based on secondary literature, rather than providing its own calculation. For example, several appraisal documents asserted the cost-effectiveness of the proposed projects based on estimates from a recent series of article published in *The Lancet*. When cost-effectiveness of interventions were estimated, all except for two excluded comparison of an alternative ECD intervention that would lead the Bank to select the most cost-effective one. The two projects that considered alternate interventions found that the project interventions had similar (in one case) or lower (in another case) cost-effectiveness than those associated with the alternative. Likewise, Implementation Completion and Results Reports (ICRs) did not shed light on the cost-effectiveness of Bank-supported interventions, as only 36 percent of them included some sort of economic analysis of the ECD intervention. ICRs never used actual project data such as evidence from impact evaluations, administrative data, or baseline-end line surveys to re-estimate the cost-benefit or effectiveness of investments. When differences

were found ex-post and ex-ante, economic analyses did not properly account for or discuss them.

Box 3.4. Strengthening Economic Analysis

IEG's review of economic analysis identified appraisal documents with strong methodological aspects, which are highlighted below, as well as areas that need strengthening.

Baseline or alternative intervention. The cost-effectiveness of alternate interventions were analyzed in Indonesia and Vietnam, permitting the selection of investments with the highest return among alternative interventions. In these cases the analysis went beyond determining whether the project was worthwhile in relation to the status quo.

Benefits. Clear presentation of project impacts on intermediate and final outcomes were evident in Bulgaria, Ghana, and Honduras, including literature to substantiate the benefits. For example, in Bulgaria valued benefits included returns to education and cognitive and IQ improvements resulting from both childcare and parenting programs, cost-savings in education expenditures resulting from reduced grade repetition of beneficiary children, cost-savings in social assistance and welfare programs, and reduced criminality.

Costs. Indirect and opportunity costs were estimated as well as direct costs in the cases of the Dominican Republic, Indonesia, and Vietnam. These costs included government expenditures from increased progression rates and higher demand for primary, secondary, and higher education; private out-of-pocket expenditures due to increasing schooling; and opportunity costs of secondary-level education.

Reporting issues. Transparency of analysis relies on clear specification of both the discount rate and the time horizon considered in the analysis, yet only half of reviewed documents stated the time horizon considered for the estimates. Reporting disaggregated estimates of benefits by outcome and stakeholder is essential to determine the relative importance of each outcome in overall benefits. Few economic analyses provide some type of benefits disaggregation, such as the present value of benefits by outcome (Ghana, Haiti, and Honduras), and present value of benefits and costs by income quintile of targeted children (Indonesia).

Ex-post economic analysis. Cost-benefit analysis at project completion should aim to estimate actual value of the project as well as to compare ex-ante and ex-post economic analyses. This practice would facilitate cost-benefit and cost-effectiveness analysis as a decision-making and evaluation tool. However, every completion report replicated the cost-benefit analysis done at appraisal without taking into account new and updated information about actual project impacts and costs.

Source: World Bank (2002, 2005, 2006b, 2007, 2008, 2012, 2013b,c).

Table 3.3 shows that less than half of the appraisal documents contained a fiscal impact analysis during and after the project's life, which has implications for the sustainability of interventions. There is a role for strengthening both economic and fiscal sustainability analysis in operations, as better quality economic analysis can help the

Bank provide additional evidence of the impact of ECD interventions in poorer countries and the most cost-effective mix of interventions.

In looking to the future, several areas remain for the Bank to address. Its analytical work has consistently called for more evidence on scale and models of service quality, particularly in relation to preprimary education. The Early Learning Partnership may provide knowledge to fill some of this gap.

The Bank is obtaining evidence on effectiveness of interventions—what does and does not work. However, task team leaders and clients need practical knowledge—what is the minimum to be done, what are the optimal mix of interventions, what is the frequency of contact, and what is the most cost-effective way to do it. Operational staff also need a better understanding of institutional factors and alternate delivery mechanisms. Process evaluations to complement impact evaluations could yield this type of information. Other areas for future analytical work to pioneer relates to the financing of ECD, capacity building at all levels of government, and examining of the longer-term impact of ECD interventions.

The IEG's systematic review on the later-life effects of early childhood interventions in low- and middle-income countries (IEG 2015) shows that impacts varied by outcome domain and time interval. While some interventions seemed to demonstrate sustained changes in cognitive development, achievements in schooling, and employment, the evidence was mixed on changes in language, physical, and socioemotional outcomes. The findings from the review are suggestive rather than conclusive given the lack of robust causal evidence based on studies in low- and middle-income countries. The paucity of evaluations could be due to lack of funding. Also, studies are often designed without a long-term follow-up component.

SIEF is working to fill some of this gap. It plans to conduct long-term follow-up evaluations of early childhood programs in Colombia, Indonesia, and Mozambique. The results of these studies will contribute to the knowledge of long-term effects of ECD interventions across a range of outcomes in a variety of contexts and add to the evidence base. However, much more evidence is needed. Until investment occurs in longer-term monitoring as well as planning for that at the design stage, the interventions most likely to have sustained impact and break the intergenerational transmission of poverty will remain unknown.

Findings and Recommendations

Bank analytical work fosters an awareness of the rationale to invest in people early. Country knowledge work is associated with subsequent ECD lending. This work has

also expanded the knowledge base, addressed some of the key operational challenges, and pushed the frontiers of research on child-related policies and interventions. Overall, there has been a concentration on maternal and child health, nutrition, and integrated concept of early childhood development, while preprimary education and childcare have received less attention. The work is distributed evenly across Regions.

Several areas remain for the Bank to address—more evidence on scaling up, cost-effectiveness, and models of service quality, particularly in relation to preprimary education. Other areas for future pioneering analytical work relate to the financing of ECD, capacity building at all levels of government, and examining of the longer-term impact of ECD interventions. Pipeline impact evaluation funded through SEIF and information gained from the Early Learning Partnership may bring evidence to some of these aspects.

Consideration must be given to strengthening the Bank's economic and fiscal sustainability analysis from operations. There is a need also for the Bank to more routinely assess the distributional impact of ECD interventions to ensure that poor women, excluded minorities, and children are predominantly benefiting, which has important implications for the Bank's twin goals.

The following recommendation is directed to Global Practices in Education; Health, Nutrition, and Population; and Social Protection as well as the Development Economics Vice Presidency and managers of Impact Evaluation Hubs:

- Increase knowledge to address key ECD operational challenges. Analytical work should be conducted to fill knowledge gaps with respect to scaling up, cost-effectiveness, quality models to promote early learning and stimulation, financing of ECD, and capacity building at all levels of government.

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[1] The World Bank had similar findings as the estimates of the Independent Evaluation Group (World Bank 2008).

4. What Interventions Are Supported by the Bank?

Highlights

- Most of the World Bank's ECD financing is to three regions: Africa, Latin America and the Caribbean, and South Asia, which is congruent with the needs of children living there. However, there are several countries in the Africa Region with stunting rates ranging from 39 to 55 percent where the Bank has had little to no involvement in nutrition.
- While the Bank supports a wide range of interventions, they are concentrated on maternal and child health with nutrition, preprimary, and parent support as areas of secondary focus. Screening and treatment for development delays and disability, reduction of maternal depression, and childcare are less frequently supported.
- The Bank's interventions in support of children's development are more concentrated on those who are three years and older.
- In the absence of a structure and practices to coordinate ECD interventions across sectors, the Bank's approach largely depends on the knowledge, initiative, and skills of individual staff members. Coordination across sectors occurs rarely.
- Bank support is complementary, not duplicative, of other partners.
- Monitoring and evaluation of ECD interventions focus on outputs, rarely collecting outcomes beyond physical development. There is no practice of follow-up monitoring through tracer studies.

The World Bank's investment financing to support early childhood development (ECD) interventions is estimated to be $5.3 billion, which represents one percent of the Bank's total investment lending. It should be understood that this figure underestimates the Bank's financial contribution as it only includes full ECD projects (see table 4.1) and those where interventions comprised the full component and the amount was specified in documents.[1] Excluded from the figure were 250 operations because the amount devoted to ECD interventions was not determinable.

The purpose of this chapter is to describe the ECD portfolio and the sectors that have supported interventions. It uses data from the portfolio, analysis of systematic reviews, and case studies to examine aspects of concentration as well as areas that have not been adequately emphasized, particularly in view of what is known from research and looking forward to the Sustainable Development Goals, which are expected to contain targets for child development. The strengths and weaknesses of project monitoring and evaluation (M&E) in relation to ECD interventions are reported. Country-level

implementation and coordination with other partners is described in the examined countries. The chapter also reports on organizational aspects to assess whether ECD interventions are coordinated across sectors.

Table 4.1. Early Childhood Development Operations by Region, Level of Project, and Where Financing Was Calculable

Region	ECD Projects (number)	Full Projects	Component	Subcomponent	DPO	Projects with Calculable Amount (number)	Projects with Noncalculable Amount (number)
AFR	152	19	41	65	27	60	92
EAP	31	6	7	11	7	11	20
ECA	49	6	13	17	13	19	30
LCR	118	14	33	42	29	43	75
MNA	25	4	10	10	1	14	11
SAR	39	8	12	14	5	17	22
Total	*414*	*57*	*114*	*159*	*82*	*164*	*250*

Source: IEG coding of data from appraisal documents and completion reports and data from the World Bank's Operations Portal.
Note: AFR = Africa; DPO = development policy operations; EAP = East Asia and Pacific; ECA = Europe and Central Asia; ECD = early childhood development; LCR = Latin America and the Caribbean; MNA = Middle East and North Africa; SAR = South Asia.

At the Portfolio Level

ECD interventions typically comprise a portion of operations (see table 4.1). Only 43 countries have opted for a loan exclusively devoted to early childhood development (see appendix C). The Bank has supported interventions in another 63 countries through policy loans or components or subcomponents of investment lending. Most standalone operations with projects devoted fully to ECD are contained in the Africa and Latin America and the Caribbean Regions, which respectively contain 19 and 14 projects. Smaller numbers of standalone operations come from Europe and Central Asia, East Asia and Pacific, Middle East and North Africa, and South Asia Regions—ranging from four to eight loans.

Box 4.1. Process of Identifying ECD Interventions in Bank Operations

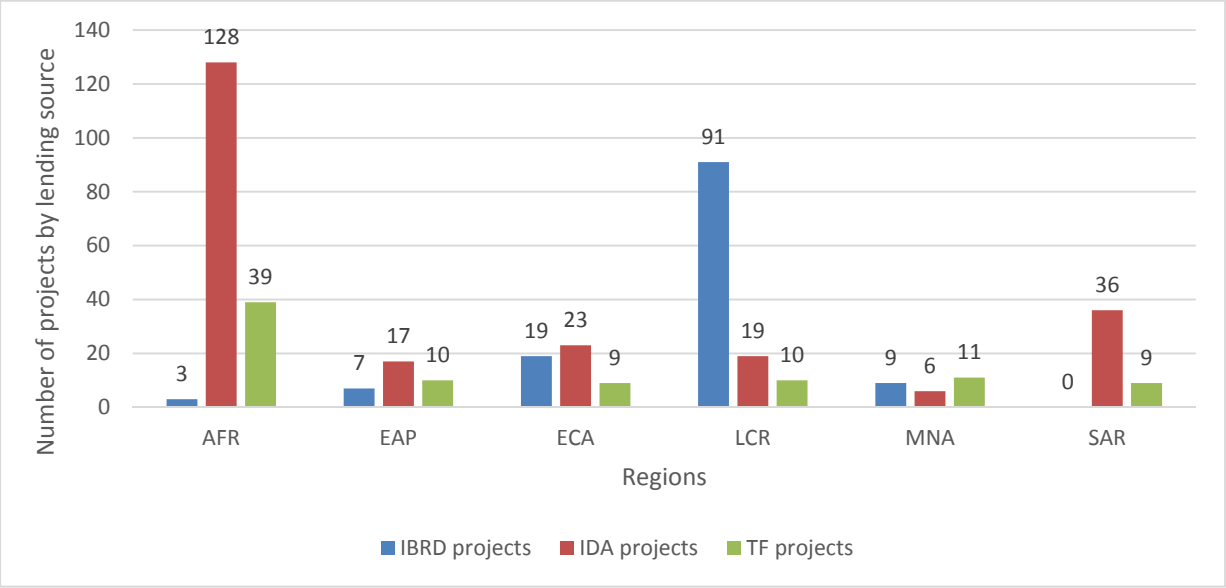
Since the World Bank has no theme code for early childhood development (ECD), there is no straightforward manner to identify the Bank's support. This evaluation selected projects across the Bank approved between FY00 and FY14, which supported at least one ECD intervention (see figure 1.1). See appendix A for identification process.

The Bank (Sayre and others 2015) recently completed a review of the ECD portfolio finding fewer projects than noted in this evaluation. There are four reasons for this difference. First, the Bank searched projects within the previous Human Development Network, while IEG reviewed both investment and policy operations across sectors and theme codes. Second, the Bank's review comprises FY01–13, while that of the Independent Evaluation Group (IEG) includes FY00–14. Third, IEG's rule for inclusion of projects was whether an ECD intervention was supported within the operation regardless of the level (i.e., prior action, component, subcomponent, or full project). The Bank classified many of the projects contained in IEG's list as likely to benefit young children, as they had no explicit investment in early childhood development, but in IEG's review of documents an ECD intervention was identified (see figure 1.1). Fourth, difference in the search methodology produced differences in results-as the Bank relied on keyword searches of operations portal and e-trust funds.

The majority of the Bank's financing was directed to three Regions: Africa, Latin America and the Caribbean, and South Asia, which is congruent with their needs. While the Africa Region has the largest number of ECD projects, it received 29 percent of total ECD financing commitments, which is low compared to the pressing needs in many countries in that Region (see appendix A, child indicator data for examined countries). The Latin America and the Caribbean Region received 26 percent) of the Bank's commitments to ECD. While the number of operations in South Asia was smaller, 31 percent of the Bank's financing supported ECD interventions in this Region, which has several countries with high stunting rates. Stunting is an indicator associated with subsequent delay in children's development. Other Regions, including East Asia and Pacific, Europe and Central Asia, and Middle East and North Africa, showed relatively less emphasis for early childhood development interventions with the number of the projects ranging from 25 to 49, accounting for 4 to 5 percent of the Bank's ECD financing, respectively.

Trust funds and financing from the International Development Association (IDA) are the main sources of early childhood interventions in the Africa and South Asia Regions (see figure 4.1). Most lending in Latin America and the Caribbean is through the International Bank for Reconstruction and Development (IBRD) while the East Asia and Pacific, Europe and Central Asia, and Middle East and North Africa Regions have a balance from IBRD, IDA, and trust funds.

Figure 4.1. Early Childhood Development Financing by Region and Type

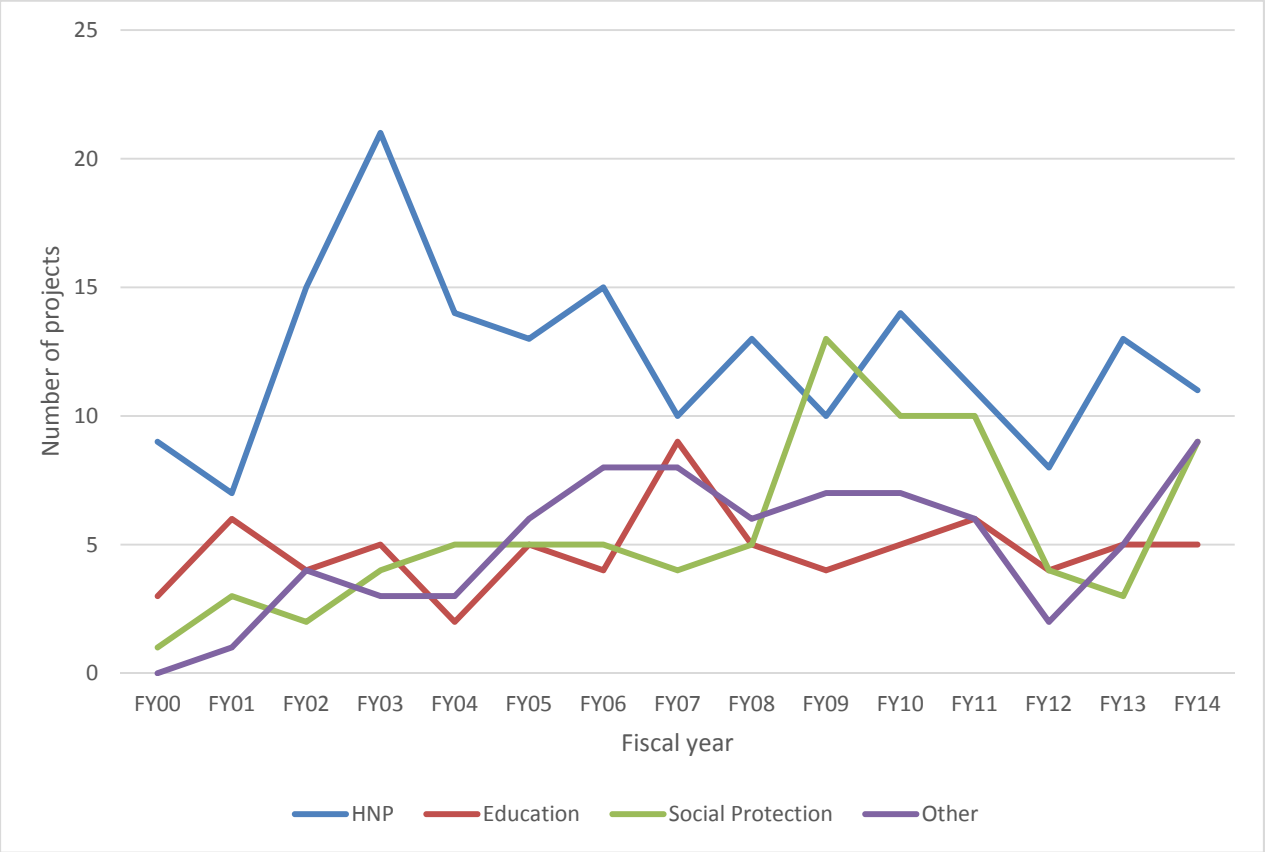


Source: IEG coding of portfolio from World Bank Business Warehouse.
Note: There are no IBRD-funded ECD projects in SAR. AFR = Africa; EAP = East Asia and Pacific; ECA = Europe and Central Asia; ECD = early childhood development; IBRD = International Bank for Reconstruction and Development; IDA = International Development Association; LCR= Latin America and the Caribbean Region; MNA = Middle East and North Africa; SAR = South Asia Region; TF = trust fund.

More than 80 percent of operations supporting ECD interventions have been managed by three sectors: Education; Health, Nutrition, and Population (HNP); and Social Protection (SP). The remaining 20 percent of projects came from various sectors such as Agriculture, Governance, Poverty, Social Development, Urban Development, and Water and Sanitation. HNP supported nearly half of the ECD projects (45 percent) followed by SP (20 percent) and Education (17 percent).

More recently sectors outside of the Human Development Network are increasingly advancing operations with early childhood development interventions (see figure 4.2). While HNP's focus was particularly strong in the first half of 2000s, the number of ECD projects within this sector has been declining in more recent years. The number of projects under SP has been rising, while the number supported by Education has been stable.

Figure 4.2. Number of Projects with Interventions by Sector Board



Source: IEG coding of appraisal documents and IEG project completion reviews.
Note: HNP = Health, Nutrition, and Population.

While the Bank has supported a wide range of interventions, its support is concentrated on maternal and child health, particularly antenatal and post-natal visits; safe delivery; and childhood immunizations (see table 4.2). Preventative treatments such as mother-to-child transmission of HIV was often supported, but others such as well child clinic visits; hygiene and hand washing; deworming; prevention and treatment of maternal depression; and screening for development delays and disabilities were infrequently included in operations. Field visits by the Independent Evaluation Group (IEG) found that well child clinic visits were included in the health services supported by the Bank in several of the countries.

Table 4.2. Interventions Implemented by Sector

Interventions	Education	HNP	Social Protection	Other[a]	Total
Number of projects	*72*	*184*	*83*	*75*	*414*
Counseling on adequate diet during pregnancy	2	41	2	2	47
Iron and folic acid for pregnant mothers	2	34	3	1	40
Micronutrients and fortification	5	56	8	7	76
Antenatal visits	1	95	5	8	109
Attended delivery	0	91	6	6	103
Exclusive breastfeeding	2	38	4	2	46
Supplemental feeding	1	20	5	3	29
Optimal feeding practices	2	24	7	3	36
Therapeutic zinc supplementation for diarrhea	1	22	2	1	26
Growth monitoring and promotion	4	50	10	5	69
Immunizations	3	78	14	14	109
Well-child visits	1	22	5	3	31
Screening for developmental delays	1	6	3	0	10
Deworming	3	12	2	0	17
Prevention of mother-to-child transmission of HIV	1	64	1	1	67
Malaria prevention	3	45	1	3	52
Hygiene and hand washing	4	20	5	3	32
Prevention and treatment of maternal depression	0	3	0	0	3
Parent support program	18	10	17	5	50
Quality early childhood and preprimary programs	48	2	9	4	62
Preschool feeding	3	1	5	3	12
Transition to quality primary schools	26	0	3	4	33
Birth registration	0	2	2	0	4
Parental leave	0	0	0	0	0
Childcare or day care	5	1	7	6	19
Targeted income support (i.e., child grant or allowance and conditional transfer)	0	8	35	6	49
Child protection interventions (i.e., prevention and response to child abuse and special protection of orphans)	2	3	3	1	9
Child protection regulatory framework	1	2	2	0	5
Policy or regulation in nutrition, health, education, and social protection	31	53	26	31	141

Source: IEG coding of ECD portfolio.
Note: HNP = Health, Nutrition, and Population.
a. Other sectors include Agriculture, Governance, Poverty Reduction, Social Development, and Water.

Maternal depression is associated with lower cognitive functioning and higher behavior problems in children (Murray and Cooper 1997; Walker and others 2007; Verkuijl and others 2014). From that basis, some have advocated that maternal depression is a significant risk to children's development, deserving public policy attention (Grantham-McGregor and others 2007; Walker and others 2007; Engle and others 2007; Herba 2014). In the countries visited by IEG, reduction of maternal depression was also not supported by other partner organizations.

Disability identification and provision of services are infrequently supported by the Bank. Early identification of potential disabilities and delays improve children's subsequent development (Yoshingaga-Itano and others 1998—children with hearing loss). Within examined countries, the Bank's support helped establish institutional structures and systems in Jamaica to screen, diagnose, and intervene for children at risk of development delay. Disability identification and services were also included in Bangladesh, Bulgaria, and the Kyrgyz Republic. Across the portfolio this was also supported within seven other countries.

Secondary areas of focus are nutrition, preprimary education, and parent support programs (see table 4.2). Nutrition interventions most often include growth monitoring and promotion; micronutrients and fortification; counseling on adequate diet during pregnancy; exclusive breastfeeding; zinc supplementation; optimal feeding practices; and supplementary feeding, including preschool programs. Parent support programs were advanced more often by SP and Education, rather than HNP. Parent support programs that teach parents how to promote early stimulation through language and play produce positive changes in children's language, cognitive, and socioemotional development (Engle and others 2011), however, some of the programs supported by the Bank only address awareness of feeding and hygiene practices and would benefit by also including information about care and development and how to play and stimulate children.

Conditional cash transfer (CCT) programs, targeted income, and childcare were supported within a few ECD operations. Child protection interventions such as birth registration or development of regulatory frameworks were rarely part of the mix of interventions supported by the Bank; however, this area was attended by the United Nations Children's Fund (UNICEF) in the countries examined.

The Bank's support for childcare has not been prominent despite the evidence of its repercussions for mothers' labor market participation. Lack of childcare is often a constraint, suggesting the need to link the two aspects of the Bank's work: gender equality and early childhood development. This was done in Bolivia, but most projects support childcare in isolation from women's employment Likewise, some projects

providing childcare to facilitate women's economic activities have not ensured that the care enhanced the development of children. Quality childcare improves children's cognitive skills (Engle and others 2011), providing an early opportunity to improve children's development and sustain women's labor market participation. When childcare is part of the Bank's support, it is focused on formal centers. Yet, there are an unknown number of poor children outside of these centers with unclear development consequences. Poor working mothers typically entrust the care of their children to family, neighbors, or other nonformal caregiving arrangements, which are mainly untouched by Bank operations as well as other partners. Thus, synergies have not been established between the Bank's work in gender and early childhood development, despite the evidence of a nexus between women's economic empowerment, girls' (i.e., old siblings) education, and the development of children through quality childcare.

From table 4.2, it can be deduced that each sector attends all kinds of interventions. While HNP has predominantly focused on maternal and child health and nutrition interventions, it has also supported others. Education implements preprimary education as well as other interventions. Social Protection has emphasized income support and CCTs as well as some of the same interventions implemented by HNP and Education. Parent support programs and childcare are supported by all sectors. Sectors outside the former Human Development Network implement the full range of ECD interventions. This multiplicity of interventions by all sectors gives rise to the question of who is in charge of ECD in the Bank.

MONITORING AND EVALUATION

IEG analyzed nearly half of the project appraisal and completion documents. This analysis showed that most results frameworks (158 results frameworks out of 183 reviewed results frameworks) plan to collect indicators related to the ECD intervention (see box 4.2 for examples of clearly articulated results chains). Early childhood development interventions are not left out of the project monitoring and evaluation, despite being a component or subcomponent. However, outputs rather than outcomes are typically tracked. When outcomes were noted, they were health measures such as infant, child, or maternal mortality rates, which are not attributed solely to the interventions and do not capture impacts on children's development.

Box 4.2. Clear Results Chains in Operations with ECD Interventions

Results chains should clearly articulate (i) project output(s); (ii) intermediate outcome or result to which the output was linked; and (iii) child development impact plausibly contributed by the intervention. Examples are from completion results reports and potential alternate indicators:

Immunizations. Conducting of nationwide polio immunization days; Provision of vaccines → Increased proportion of households with eligible children covered during national immunizations days → WHO certification as polio-free country. *Other indicators:* immunization coverage of vulnerable populations, proportion of children fully immunized before age one, and disease prevalence rates.

Micronutrient supplementation. Provision of iron supplements to children aged 0–6; Training of community volunteers in growth monitoring and promotion → Increased coverage of iron supplementation → Decreased prevalence of anemia among children. *Other indicators:* proportion of vulnerable children receiving supplements or fortified food during health visits.

Antenatal care. Nutrition counseling and provision of food supplements to pregnant women → Increased number of pregnant women receiving antenatal nutrition services → Decreased incidence of low birthweight of newborns. *Other indicators*: proportion of pregnant women receiving prenatal vitamins or iron-folic acid supplements, incidence of premature births, and prevalence of anemia among pregnant women.

Preprimary education programs. Establishment of preprimary classrooms; Training of preprimary teachers; Provision of ECD guidelines and materials → Increased enrollment rate in preprimary education programs → Increased capacities in language and socioemotional development (as measured by child development assessment test); Decreased repetition rates in grades 3 and 4. *Other indicators:* enrollment rate among poor and vulnerable populations, drop-out rates among grades 1-4, scores on school readiness assessments, and scores on achievement tests in grades 1-4.

Growth monitoring. Provision of cash transfers to families for participation in growth monitoring for children aged zero to six years → Increased proportion of beneficiary children completing growth monitoring and health check-ups → Decreased prevalence of chronic malnutrition (height for age) for children aged zero to six years; Decreased prevalence of global malnutrition (weight for age) for children aged zero to six years. *Other indicators:* proportion of vulnerable children being referred for treatment of acute malnutrition, proportion of children consuming minimum adequate diet, proportion of children with adequate monthly weight gain, and prevalence of wasting or stunting.

Prevention of mother-to-child-transmission (PMTCT) of the human immunodeficiency virus (HIV). HIV testing of pregnant women; Provision of antiretroviral drugs and other PMTCT services → Increased number of HIV positive pregnant women receiving PMTCT services on their first antenatal visit → Decreased proportion of HIV positive babies born to HIV positive mothers. *Other indicators:* proportion of pregnant women being test for HIV and receiving counseling during antenatal visits and proportion of HIV positive pregnant women receiving a full course of antiretroviral treatment.

Source: IEG portfolio and World Bank (2007, 2009a, 2010, 2012a,b).

Twenty percent of analyzed investment projects planned to measure changes in at least one child development domain. The most frequently tracked is physical growth. Ten percent of selected investment projects plan to measure across various domains, which is important to identify how interventions affect different development aspects.

Ten projects plan to use widely known child development assessments, such as Wechsler Scales, McCarthy Scales, Early Development Instrument (EDI), or the Ages and Stages Questionnaires, or will adapt them to local context. For example, the EDI is a holistic measure of child development and school readiness through caregiver assessment. The EDI is being used by the Bank not only to help describe how children are developing but also in predicting health, education, and social outcomes. Direct child assessment such as the Wechsler has good psychometric validity, which is important for causal evaluations. Incorporating these measures of child development in projects will help in making cross-country comparisons.

Most of the reviewed projects track provision of goods and services rather than changes in health or developmental outcomes. Many projects tracked the number of beneficiaries reached with particular services but fall short of reporting the changes in terms of child development. Interventions targeting pregnant women to improve birth outcomes did not include prematurity or low birthweight as indicators. Projects providing micronutrients or deworming did not track changes in anemia or school attendance. Some projects only included indicators such as the percentage of children weighed, without including indicators on weight-for-age over time. Only one-third of operations supporting growth monitoring and promotion include stunting, wasting, or underweight as indicators. None of the reviewed projects providing iron and folic acid to pregnant women track maternal anemia or low birthweight as indicators. There was only one assessment of parental behaviors when stimulation or parent support interventions were implemented in the reviewed results frameworks.

Only eight investment operations (out of 101) tracked or indicated plans to measure the short-term impact of the project. For example, in the Dominican Republic the repetition and retention of the first cohort of kindergarten students were to be tracked as they moved into primary school, making the distinction between those benefitting from kindergarten and those who had not. This type of follow-up study was planned as part of an impact evaluation to make causal inferences. Valuable knowledge could be generated by tracer studies during the course of the project, but no investment loan planned for one.

Given the lack of common indicators across Bank operations, it is not possible for IEG to assess the impact of the Bank's support. This evaluation is not able to provide any aggregation of changes in outputs or outcomes, as there is no consistency in the Bank's

monitoring and evaluation. There is a need for more harmonized monitoring and evaluation of ECD interventions across the Bank. In the countries visited by IEG, efforts to harmonize data collection across ministries were only evident in Jamaica and Nicaragua. Thus, it is important for the Bank to design a common core of ECD indicators to be used across Regions. This is a task that is being undertaken with partners, specifically the United Nations Educational, Scientific, and Cultural Organization, UNICEF, and Brookings Institute as part of the Measuring Early Learning Quality and Outcomes Initiative to construct a global set of indicators for ECD.

While this evaluation did not aim to assess the efficacy of the Bank's support, inferences can be made from completed impact evaluations associated with Bank operations. All of the evaluations demonstrated positive impact (see table 4.3), except for two of them, which had design and implementation weaknesses (see box 4.3).

Table 4.3. Results of Impact Evaluations of Bank-Supported Interventions

Year of Impact Evaluation	County and Project ID	Types of Interventions	Results
2004	Bolivia	Integrated ECD program (day care, supplemental feeding, nutrition and health monitoring, stimulation)	Significant positive effects on cognitive and psychosocial outcomes
2014	Cambodia	Preschool program, parent program	Negative or insignificant impact on cognitive and socioemotional development
2006	Colombia	CCT (nutrition—monetary supplement; health—vaccination and growth monitoring, information sessions for mothers)	Positive effect on nutritional status and morbidity of young children
2007	Ecuador	Unconditional cash transfer	Positive effects on physical, cognitive, and socioemotional development
2014	Indonesia	Early childhood education and development services (awareness raising, community grants, teacher training)	Positive effects on language, cognitive, and socioemotional skills. Reduction of achievement gap between richer and poorer.
2009	Madagascar	Growth monitoring and promotion, exclusive breastfeeding, optimal feeding practices, micronutrient supplementation	Positive effects on long-term nutritional status of children against a worsening trend in stunting in the absence of the program
2006	Philippines	Integrated ECD program (growth monitoring and promotion, vaccination, parent program, prenatal, natal and postnatal services, breast feeding, optimal feeding practices, micronutrition supplementation, day care, ECE)	Mostly significant positive effects on child cognitive social, motor skills, and language development as well as short-term nutritional status

2009	Senegal	Growth monitoring and promotion, exclusive breastfeeding, micronutrients supplementation, deworming, optimal feeding practices	No overall impact on weight for age. Significant effects on improving nutrition status of young children whose mothers benefit from the intervention during their pregnancy
2008	Uganda	Growth monitoring and promotion, community grants for food security or ECE, micronutrients supplementation, vaccination, deworming	Significant positive impact on young children's nutrition status
2004	Colombia	CCT combined with growth monitoring and well-child visit	Significant effects on reducing chronic malnutrition.
2011	Indonesia	Growth monitoring and promotion, micronutrients supplementation, maternal, neonatal, and child health services	Positive impact on nutrition status of children (underweight, stunting)
2007	Jamaica	CCT for school attendance and health care visits	Positive effect on the preventive health visits for children from 0 to six years old
2011	Lao PDR	School feeding program for school-age children (onsite feeding, take-home rations)	No consistent impact on nutrition status of younger siblings

Source: Alderman (2007); Armecin and others (2006); Attanasio, Battistin, and others (2005); Attanasio, Gómez, and others (2005); Behrman, Cheng, and Todd (2004); Bougen and others (2013); Buttenheim, Alderman, and Friedman (2011); Galasso and Umapathi (2009); Institute for Fiscal Studies y Econometría (2011); Jung and Hasan (2014); Levy and Ohls (2010); Linnemayr and Alderman (2008); Paxson and Schady (2007); World Bank (2009b,c, 2011a).
Note: CCT = conditional cash transfer; ECD = early childhood development; ECE = early childhood education.

Box 4.3. Importance of Understanding Parental Demand

The World Bank supported the government of Indonesia to establish block grants to poor communities for establishing early learning programs, training community leadership teams to develop community proposals, and developing information materials on early childhood education for families. While the intent of the project was to offer services to children between the ages of zero and age six, communities selected playgroups for three to six year olds. The impact evaluation found that poor children's overall development and school readiness improved. The achievement gap between richer and poorer children narrowed in project areas. One important aspect that may have contributed to the effective implementation was the sustained community facilitation process which helped to increase awareness of the benefits of early childhood education and generate demand and ownership of the services.

The Bank and the Fast Track Initiative Catalytic Fund supported the government of Cambodia to scale up preschool services for reaching the rural poor through formal preschools, informal community-based preschools, and home-based programs. The impact evaluation showed that the scale-up failed to enroll the majority of children, as delays in building schools, problems in paying teachers, and family resource constraints (i.e., time to take children to school, costs associated with preschool) limited uptake. Exposure to formal preschool negatively affected the cognitive development of five-year-old children.

The differences between the two projects highlight the importance of parental demand and implementation capacity, both of which were understood in the first case, but not the later.

Source: Jung and Hasan (2014); IEG (2014); and Bougen and others (2013).

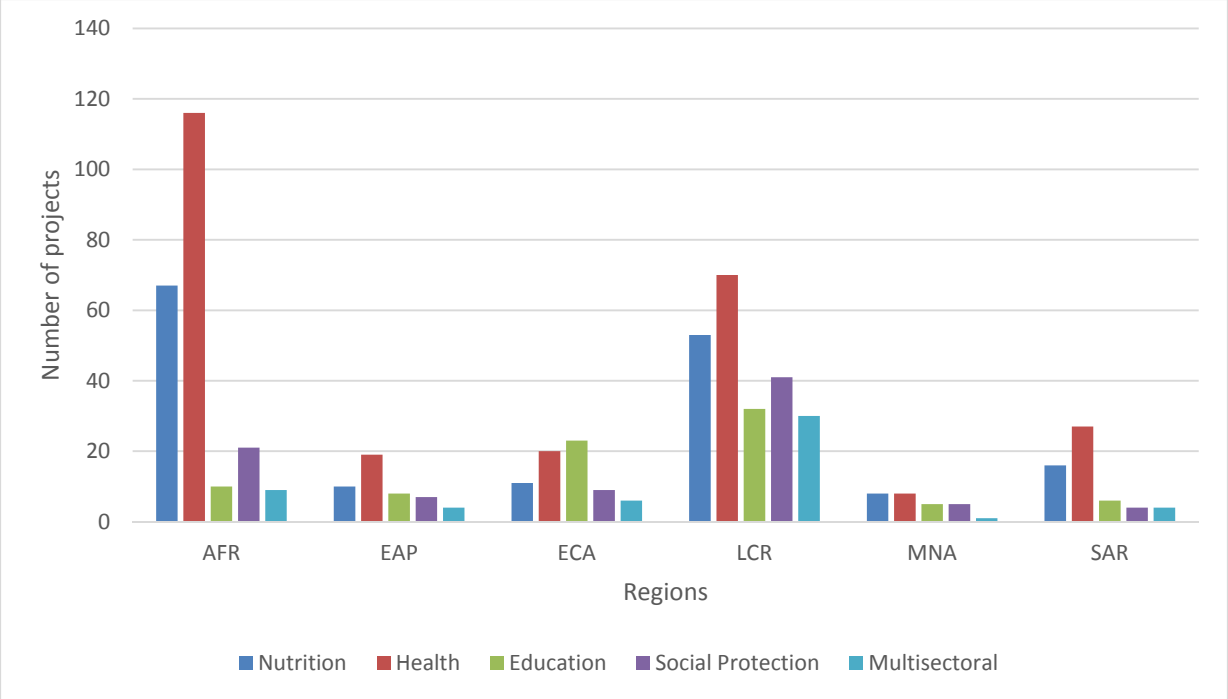
Impact evaluations associated with CCT programs or nutrition interventions have predominantly focused on demonstrating improvements in the nutritional status of children or usage of clinic visits. Eight of the nine evaluations produced positive effects on anthropometric measures, such as underweight and stunting, or have reduced the prevalence of diseases. Changes to children's development were not measured.

Five impact evaluations examined the impact of the interventions on various domains of children's development. One CCT program and three projects providing nutrition, stimulation, and early learning opportunities for children demonstrated effects across domains in physical, cognitive, and socioemotional development.

REGIONAL VIEW OF PORTFOLIO

There are differences in the kinds of ECD interventions supported across Regions (figure 4.3). Projects in the Africa Region predominantly support maternal and child health interventions, as these aspects were and continue to be pressing in most of the examined countries (see appendix A for indicators). A balance of interventions across sectors is found in East Asia and Pacific, Europe and Central Asia, Latin America and the Caribbean, and Middle East and North Africa while the Africa and South Asia Regions are concentrated in health.

Figure 4.3. Type of ECD Interventions in Projects by Region, FY00–14



Source: IEG Coding of appraisal documents and IEG project completion reviews.
Note: AFR = Africa; EAP = East Asia and Pacific; ECA = Europe and Central Asia; LCR= Latin America and the Caribbean; MNA = Middle East and North Africa; SAR = South Asia.

Parent support programs operated by the Bank were predominantly found in the Latin America and the Caribbean Region and were rarely included in projects supported by other Regions (see table 4.4). This additional Regional difference may point to disparities and deployment of staff who are knowledgeable about early childhood development between Regions, which was reported to IEG during interviews.

Table 4.4. Investment Projects with a Parent Support Program by Region

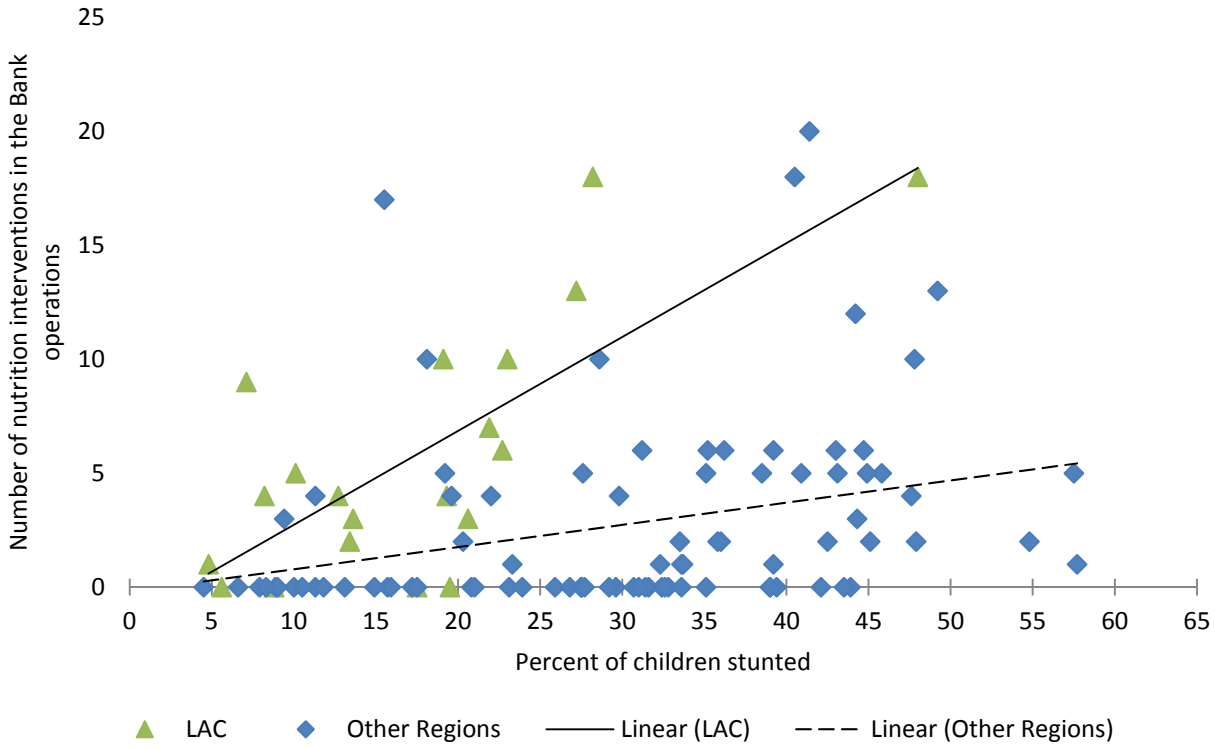
Region	Regional Projects (number)	Projects with Parent Support (number)
AFR	125	8
EAP	24	3
ECA	36	3
LCR	89	31
MNA	24	4
SAR	34	1
Total	*332*	*50*

Source: ECD portfolio.
Note: AFR = Africa; EAP = East Asia and Pacific; ECA = Europe and Central Asia; LCR= Latin America and the Caribbean; MNA = Middle East and North Africa; SAR = South Asia.

The attention devoted to nutrition varies across Regions. Nutrition interventions were included in 60 percent of operations in Latin America and the Caribbean (see figure 4.4). In Africa and South Asia, half of the operations supported nutrition, notwithstanding the fact that these Regions show the highest stunting rates. In East Asia and the Pacific, Europe and Central Asia, and Middle East and North Africa, which contain countries with medium and high stunting rates (see appendix A), lower percentages of operations had nutrition interventions, ranging from 30 to 40 percent.

The Latin America and the Caribbean Region is the only Region with alignment between its level of nutrition engagement by the Bank (defined as the number of interventions supported between FY00 and FY14) and the level of need in the countries as reflected by stunting rates. The Bank's support is associated with level of stunting in the countries, as shown by the solid line in figure 4.4. For example, in a country like Guatemala with a very high level of stunting, the Bank has shown more involvement in comparison to Argentina, which has a much lower stunting rate.

Figure 4.4. Bank Nutrition Engagement and Percentage of Stunted Children, Comparing Latin America and the Caribbean Region with Other Regions, FY00–14



Source: World Development Indicators and IEG's ECD portfolio.

This same trend is not observed consistently across other Regions. The shapes along the x-axis depict no engagement by the Bank, even in countries with high stunting rates, which predominantly are those in Sub-Saharan Africa. This suggests that the Bank's engagement does not correspond with country need. Some notable exceptions are the Bank's high level of engagement in Bangladesh and Nepal in congruence with their needs, but other countries in South Asia, which also have high rates of stunting, do not have the same level of support. In the Africa Region the Bank has been active in Ethiopia and Malawi but has little to no nutrition involvement in Côte d'Ivoire, Democratic Republic of Congo, Lesotho, Liberia, and Niger—countries with stunting rates ranging from 39 to 55 percent. The graph may indicate the priority that the Latin American governments have assigned to nutrition; however, the Bank should strive to align its operations with the needs of the country. It should be recalled that stunting is an indicator associated with delays in children's development.

EVIDENCE MAP

The evidence map (table 4.5) illustrates the suggestive link between existing evidence on early childhood interventions and where the Bank is providing the most support for ECD. An evidence map is a visual tool to illustrate existing research (Snilstveit and

others 2013). The evidence base comes from completed systematic reviews: 36 were identified from a search of sources known for compiling systematic reviews and were screened for inclusion. Of these, 26 had sufficiently high quality to include them. The risk of bias of the evidence was low, and the reviews did not mix outcomes, which would compromise internal validity (see appendix A for methodology).

Table 4.5. Evidence Map of ECD Interventions Supported by Bank Investment and Policy Operations in Low- and Middle-Income Countries, FY00–14

Share of Bank Projects (percent)	Interventions	Child Outcome Domain			
		Physical development	Cognitive and language development	Socioemotional development	Mortality and morbidity
10	Exclusive breastfeeding	—	—	—	
18	Micronutrients, vitamins, fortified food		—	—	
6	Therapeutic zinc supplementation for diarrhea	—	—	—	
9	Education about optimal feeding practices and complementary feeding		—	—	
7	Supplementary feeding		—	—	—
17	Growth monitoring and promotion	—	—	—	—
26	Pregnancy and delivery interventions	—	—	—	
13	Malaria prevention		—	—	
26	Immunization	—	—	—	
8	Hygiene and hand washing, water and sanitation	—	—	—	
4	Deworming		—	—	
15	Quality early childhood and preprimary programs	—			—
5	Childcare				—
12	Parent support program	—			—
8	Conditional cash transfer			—	—
3	Unconditional cash transfer		—	—	—

Source: IEG coding of appraisal documents and IEG project completion reviews; IEG synthesis of systematic reviews of ECD interventions.
Note: Red = positive impact across majority of studies; blue = mixed evidence showing positive, negative, and null effects across studies; — = no systematic review has examined the intervention's impact on child development outcomes.

Each box pairs an intervention with an outcome, and the color indicates how effective the intervention is at affecting an outcome domain. Red signifies consistent evidence of

an effect—positive and significant over the majority of studies. Blue means the evidence is mixed—some evaluations may have found an effect while others found a null or negative effect. The dashes indicate there are no systematic reviews assessing the effect of the intervention on that outcome domain. Not every intervention will impact every outcome domain. Interventions across Bank sectors are needed to produce healthy, nourished, and stimulated children.

As seen in table 4.5, early learning, parent support programs, and childcare programs seem to have the most consistent effect on cognitive and linguistic development, while health and nutrition programs tend to affect physical development and survival outcomes. Conditional and unconditional cash transfers have resulted in improving the diversity and amount of food consumption, but considering the overall evidence, it was mixed in relation to their impact on child growth and other anthropometric measures. While positive impacts have been recorded from Colombia's and Mexico's CCT program, programs in other countries did not impact children's growth. One systematic review (Engle and others 2011) found a positive but small effect on cognition and language development from CCT programs in Ecuador, Mexico, and Nicaragua. There is little evidence of off-sector effects from health and nutrition, and what evidence does exist is inconclusive.

It is important to note the limitation of these conclusions. Systematic reviews are an excellent tool for collecting a large quantity of high-quality data on a given subject, since each conducts its own exhaustive search of evidence on its particular topic and screens the studies for quality. However, the reliance on systematic reviews alone almost certainly means that high-quality evidence is missing from the evidence map because the evaluation was not relevant to the question of interest for any of the systematic reviews. Therefore a box without a result does not necessarily indicate that no evidence exists on that intervention-outcome pair but rather the studies included in the 26 systematic reviews did not address it.

As illustrated by the relative distribution of World Bank projects, the Bank invests heavily in maternal and child health interventions compared to other interventions. Survival and physical development are necessary conditions to a successful life, but they are not sufficient in and of themselves. To truly break the cycle of poverty, children must also have the cognitive, linguistic, and socioemotional maturity to be able to succeed in school and in the workforce. Therefore, in using the findings from the evidence map, the Bank will need to direct more investment in interventions, such as parent support programs and early learning, that are known to benefit children in other domains as a necessary complement to helping children stay healthy.

Box 4.4. IEG's Systematic Reviews and Early Childhood Development Interventions

The Independent Evaluation Group (IEG) has completed three systematic reviews that have relevance to this evaluation. Below is a summary of the main findings from each review.

Nutrition. This systematic review (IEG 2010) of 54 impact evaluations published between 2000 and 2010 assessed the impact of diverse nutrition-related interventions: community nutrition programs, cash transfers, ECD programs, food aid, integrated health and nutrition services, and deworming. Many interventions had a positive impact on children's anthropometric outcomes, but only deworming had anthropometric effects for school-age children. Even for young children, results were inconsistent within intervention types. A little more than half of the evaluations with height-, weight-, or wasting-related indicators found program impacts on at least one group of young children, and about three-quarters of the evaluations with birthweight indicators registered an impact in at least one specification. Similar interventions have widely differing results in various settings, owing to local context, the causes and severity of malnutrition, variation in the age of the children studied, the length of exposure to the intervention, and differing methodologies of the studies.

Maternal and Child Mortality (MCH). IEG reviewed 68 Bank and non-Bank interventions from any sector in a low- or middle-income country with an impact evaluation completed between 1995 and 2012 that reported effects on at least one of five MCH outcomes—skilled birth attendance or maternal, neonatal, infant, or under-five mortality (IEG 2013). The review found that appropriately designed interventions are more likely to yield significant results in countries with a larger burden such as lower skilled birth attendance rates or higher mortality. Lower socioeconomic status households realized larger benefits from these interventions, but utilization among the poor remains a challenge. Longer periods of operation or exposure to the interventions were associated with finding statistically significant effects. For each outcome, some interventions demonstrated robust, consistent effects across contexts: (i) bundled health interventions affecting both supply and demand side reduced maternal and child mortality; (ii) community-based delivery of service packages with interventions for increasing the mothers' knowledge reduced neonatal mortality; (iii) interventions that impact governance strategy and planning, energy and air pollution, water and sanitation, and education significantly cut infant and under-five mortality; (iv) cash transfers and vouchers improved skilled birth attendance; and (vi) health worker training plus providing family services and increasing household health knowledge improved infant mortality. The 15 World Bank projects with an impact evaluation tended to have small or nonsignificant effects.

Long-Term Effects of ECD Interventions. IEG's systematic review analyzed 54 impact evaluations conducted on the post-early childhood effects of Bank or non-Bank interventions implemented during the early childhood years in developing countries (IEG 2015). Several interventions occurring in early childhood do demonstrate sustained gains in cognition, language, socioemotional, schooling, and employment domains. Evaluated interventions generally did not demonstrate sustained improvements in physical development. Evidence was too sparse to compare interventions; however, benefits from early stimulation interventions tended to persist. Evaluated nutrition interventions suggest that unless nutritional support is provided for the entire period from conception to age two, benefits will not last beyond early childhood. Although there is broad gender-neutrality across all outcomes, girls and the poor were highly likely to enjoy benefits to schooling.

At the Country Level

INTERVENTIONS ARE MORE EVIDENT FOR CHILDREN THREE YEARS AND OLDER

Child development interventions were more evident for children three years and older in most of the countries examined, except in a couple of them where the focus was exclusively health and survival without a presence of child development interventions (see table 4.6). Child development interventions promote cognitive, language, and socioemotional development. These interventions address the major risk factors to children's development —poor quality of parenting, unstimulating environments, and lack of quality parent-child interactions (Chang and others 2013; Grantham-McGregor and others 2007; Heckman 2008a)—and shape early cognitive and socioemotional skills. The Bank's recent experience in Indonesia found that parental education and practices were predictive of adequate child development, suggesting that parenting should be a priority in government programs (Hasan, Hyson, and Chang 2013).

Table 4.6. Countries and Presence of Child Development Interventions by Age Group

Country	Child Development Interventions for Children Three Years and Younger	Child Development Interventions for Children Older than Three Years
Bangladesh	—	X
Bulgaria	X	X
Ethiopia	—	—
Ghana	—	X
Indonesia[a]	—	X
Jamaica	X	X
Jordan	X	X
Kyrgyz Republic	—	X
Malawi	—	X
Mexico	X	X
Mozambique	X	X
Nepal	—	X
Nicaragua	X	X
Peru	X	X
Vietnam	—	X
Yemen, Rep.	—	—

Source: IEG case studies.
Note: — = child development intervention not present.
a. While the early childhood education project was designed for playgroups for children younger than three, communities selected playgroups for children four to six years old.

Stimulating young children's brains, particularly during the first three years is important (Gertler and others 2013; Hamadani and others 2006; Attanasio and others

2013; Cunha and Heckman 2008; Heckman 2008a,b). One of the arguments for investing in children, especially from zero to age three, is that gains in development lost at this critical juncture cannot be recouped (Heckman 2008b). The World Development Reports for 2006, 2013, and 2015 highlight the importance of stimulation and giving parents the tools they need for optimal parent-child interactions (see box 4.5). This implies that the Bank is missing critical interventions during a vital stage in children's development. The quality of parenting is the "important scarce resource" (Heckman 2008a), and programs that incorporate home visits address this aspect by "creating a permanent change in the home environment that supports the child" (Heckman 2008a).

PARENT SUPPORT PROGRAMS

Programs supporting parents were established within several of the examined countries, but all of them have not provided direct assistance to parents about children's development. A notable example of one that targeted young children can be found in Mexico, which taught parents how to stimulate and promote the development of their children. Each parent education session followed a didactic approach consisting of four phases: reflection, sharing ideas, practice, and closing. This is important. One potential explanation about why some studies find greater impact from parent education is whether there was demonstration and practice of the skills between the parent and child (Engle and others 2007, 2011).

The vital role that fathers play in their children's development is emphasized within the Bank's supported programs. The Better Parenting Program in Jordan aimed at empowering parents and caregivers to provide a loving and protective environment at home through increasing knowledge and skills in the areas of health, nutrition, and the cognitive and social development patterns of their children aged zero to eight. Fathers learned that play and tenderness with their children are necessary and not a sign of weakness. Programa Amor para los más Chiquitos in Nicaragua teaches mothers and fathers about developmental milestones and stimulation as well as positive and nurturing caring practices to enhance all aspects of children's development. Health workers and community volunteers also reinforce the content when they interact with families.

Box 4.5. How Early Childhood Development Is Featured in World Development Reports

Several World Development Reports include content related to early childhood development, pointing out that negative shocks to children's health and nutrition impact their development and ultimately their productivity.

Mind, Society, and Behavior (World Bank 2015) has stressed the need to provide parents with the tools they need for optimal parent-child interactions. The reports highlights the dramatic early differences in children's cognitive and social competencies that are affected by poverty, parent's

beliefs, and caregiver practices, and how they undermine children's development. *Jobs* (WDR 2013) emphasized the need for early human capital formation by ensuring adequate nutrition, health, and cognitive stimulation through a nurturing environment from the womb through the first years.

Gender Equality and Development (World Bank 2012c) describes how improvements in women's education and health are linked with better outcomes for their children, thus advocates for policies addressing female mortality and educational achievement. *Conflict, Security and Development* (World Bank 2011b) points out that children are more affected by violence, stating "a child living in a conflicted affected or fragile developing country is twice as likely to be undernourished as a child living in another developing country." *Equity and Development* (World Bank 2005) notes the equity enhancing aspect of early childhood development interventions, as these early investments can lead to more equal opportunities and are associated with greater economic returns. Equity emphasized three important design features: start early, involve parents, and focus on child health and stimulation.

HEALTH AND NUTRITION OPERATIONS RARELY INCLUDE CHILD DEVELOPMENT INTERVENTIONS

Child development interventions were rarely included in the Bank's health and nutrition work even though early entry points are available for young children and families through well child clinic visits, immunization, growth monitoring, and prenatal care. One notable example was Jamaica where recent Bank support enabled the creation of a Child Health and Development Passport, and the design of screening and diagnostic tools for child development. Previous support enabled the inclusion of indicators for monitoring child development in the national system. Most nutrition operations focused on nutrition counseling, growth monitoring, or micronutrients without including stimulation, thus not gaining the synergistic and sustained effects (IEG 2014; Gertler and others 2013; Grantham-McGregor and others 2014).

During IEG field visits, some respondents suggested health and nutrition workers are already overwhelmed. Analysis of the time involved by pediatricians, nurses, or community health workers to deliver messages on child development to each parent was approximately five minutes (Yousafzai and Aboud 2014).

POTENTIAL FOR SOCIAL PROTECTION PROGRAMS TO INCLUDE CHILD DEVELOPMENT INTERVENTIONS

An alternative that has been advanced in every Latin American country examined is capitalizing on early entry points to vulnerable families in social protection programs, but this was not evident in countries in other Regions. Child development interventions were integrated within these programs. Recent projects in Peru have mechanisms for mothers and children to access services such as health insurance and nutrition services including monitoring children's growth and development. In addition, interventions promoting best nutritional, child rearing practices and motivating families to participate in social programs through information campaigns have been supported. However,

there is no evidence regarding their effectiveness in changing parent's behavior or children's development, as projects have only monitored the attendance to growth and development checkups. Similar examples of utilizing the reach of social protections programs to promote children's development were also found in Jamaica, Mexico, and Nicaragua.

The Bank has initiated a pilot program in Nicaragua through the conditional cash transfer program it is supporting to assess the effectiveness of delivering child development messages to parents through cellular phones. This pilot could yield information about how to increase the reach of child stimulation beyond the typical delivery modalities: home or center based.

PREPRIMARY EDUCATION PROGRAMS

Preprimary education is one of the main areas of the Bank's support that advances children's development and school readiness. Play-based or child-centered learning in preprimary education has been financed in several countries including Bangladesh, Indonesia, Jamaica, the Kyrgyz Republic, Malawi, Mexico Mozambique, Nepal, Nicaragua, Peru, and Vietnam, but these programs are typically for three, four, five, and six year olds, which is a late entry point to begin to stimulate children's language, cognitive, and socioemotional development, particularly if other services are not available.

Improving quality is increasingly emphasized in the design of preprimary education operations in comparison to earlier projects, which focused more on training, infrastructure, and other inputs. More recent projects are more likely to contain features such as licensing, curriculum, and professional development; staff accreditation; standards for physical environment such as classroom size, amenities, and safety standards and for program quality; and media and learning materials as contained in Jordan's *Education Reform for Knowledge Economy* (I and II) (World Bank 2003a, 2009b). This is an important shift, because when preschool programs improve instructional quality, these programs are associated with better learning outcomes (Engle and others 2011; Britto, Yoshikawa, and Boller 2011). Two other aspects have received attention in the countries examined: (i) developing curriculum to promote social, emotional, physical, language, and cognitive areas since both cognitive and noncognitive skills are important (Heckman 2013); and (ii) creating assessments of children's readiness or development.

Preschool quality remains an issue in the countries examined. In Jamaica no setting had been registered during the period of the first national strategic plan. While the challenges to improving quality were identified through the inspection process, the structures and systems put in place to raise quality did not succeed. Issues related to

retention and remuneration of preschool teachers emerged in countries such as Jamaica, Malawi, Nepal, and Nicaragua.[2] Yet, design has not considered the workforce development of preprimary education teachers, which is needed to put in place stable structures. Difficulties were encountered with community preschool teachers in Nicaragua, given their low pay (e.g., one-third of formal teachers), which created the need in one operation for further recruitment and training of preprimary teachers (and their replacements) and resulted in additional costs. Similarities have been observed in Jamaica, Malawi, and Jamaica, as preprimary teachers who were trained went elsewhere. There was consistent acknowledgement from Bank staff during interviews of the need for quality models that could be brought to scale.

SECTORAL IMPLEMENTATION OF ECD INTERVENTIONS

The Bank implements ECD interventions sectorally, which is consistent with the entry points for engagement with governments. This is in contrast to ECD projects from the earlier generation, which predominantly involved integrated programing and multiple ministries within a single loan, which IEG has found is challenging for the Bank to implement (IEG 2009). In IEG visits, respondents reported that single sector loans created clear counterparts and lines of accountability and simplified management.

Nearly all of the ECD operations address one ministry and its relevant interventions (see box 4.6). In the few cases (37 out of 314) where multisector loans have been advanced, they combine interventions that span sectors, rather than creating a single program for children that addresses their health, nutrition, development, and early learning needs. These multisector loans have been predominantly advanced by HNP and Social Protection, rather than Education or other sectors[3] and most are found in the Latin America and the Caribbean Region (20 out of 37). For example, parental support programs and nutrition education have been combined with conditional cash transfer programs. Another project included birth registration to support maternal and child health and nutrition by establishing a single registration system. Some preschool operations contained hygiene education, deworming, and nutrition interventions such as micronutrients or preschool feeding. The school setting was an opportunity to implement interventions in health and nutrition.

Box 4.6. Comparison of Past and Current Early Childhood Development Projects

The World Bank supported 10 standalone, early childhood development (ECD) projects in the 1990s (World Bank 2003b). Only two of these projects (Argentina and Philippines) received satisfactory ratings from the Independent Evaluation Group (IEG) for both outcome and borrower performance and one (India) received moderately satisfactory ratings, while the others were moderately unsatisfactory or unsatisfactory. Analysis of IEG reviews points to several reasons for the low ratings: weak institutional capacity, complexity of the design and institutional arrangements, and shortcomings in data collection. In contrast, the projects with satisfactory ratings had adequate institutional capacity, effective mechanism for interagency coordination, and data collection.

In comparison, the recent ECD standalone projects (FY00–14) that have IEG ratings suggests that the Bank has moved away from integrated programming to loans dealing with one ministry. As well, the ratings from these seven projects have increased. All except for one project received ratings of moderately satisfactory or higher for outcome and borrower performance.

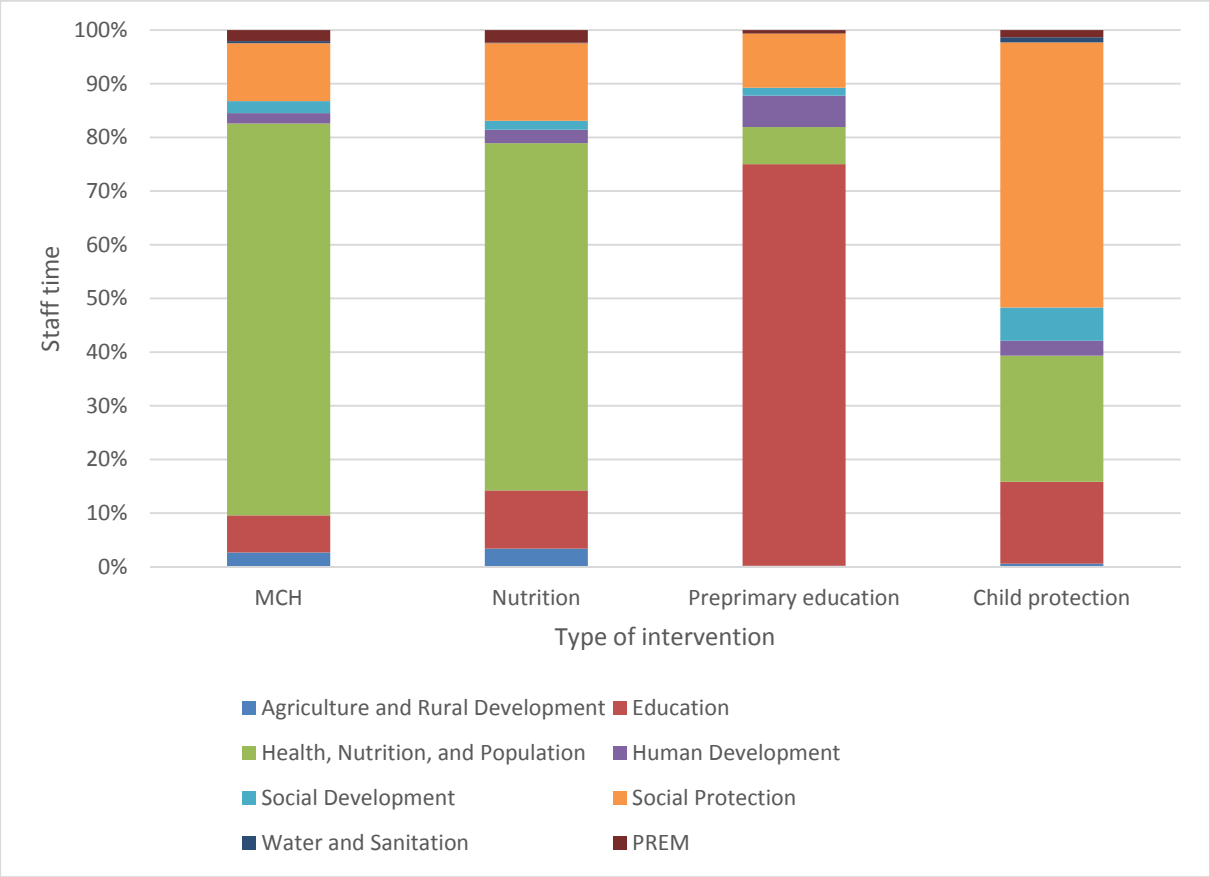
Source: IEG's Implementation Completion and Results Report Review database.

Based on analysis of staff time,[4] it can be deduced that multisectoral teams rarely supervise operations containing ECD interventions, except for those containing child protection interventions (see appendix A for methodology). Child protection interventions had a balance of staff time across sectors throughout the time period (see figure 4.5).

In contrast, operations implementing preprimary education, maternal and child health, and nutrition interventions are predominantly implemented by staff from the respective sector. The Bank's analytical work has highlighted the need to work across sectors to solve children's malnutrition (Gillespie, McLachlan, and Shrimpton 2003; World Bank 2006, 2012d), yet nutrition operations have been supervised predominantly by HNP staff. In more recent years, there has been less supervision time from Education and Agriculture staff. HNP and SP staff together charge 90 percent of their time to the nutrition projects.

From a Regional perspective, Latin America and the Caribbean is the only Region where a balance of staff across sectors supports the design and supervision of ECD interventions. For example, the ECD Project in Jamaica was prepared by a multidisciplinary team from the Bank's former Human Development Network. The sector leader was an education specialist; the task team leader (TTL) was a pediatrician and economist; and team members included experience in human development (in both early childhood programming and youth development programming) and monitoring and evaluation systems.

Figure 4.5. ECD Intervention and Sectors of World Bank Staff Time



Source: Human Resources data from World Bank Data and Information Management Group.
Note: MCH = maternal and child health; PREM = Poverty Reduction and Economic Management.

LIMITED CROSS-SECTORAL COORDINATION RELATED TO ECD INTERVENTIONS

Concerted coordination of ECD interventions across sectors is rare and depended on how staff viewed the goal. When child development outcomes were the aim, instead of narrower aspects, staff connected the Bank's (or other partners) operations within the country. People who were passionate about advancing ECD work in the country were motivated to find entry points across Bank operations to better leverage child development. The ECD Community of Practice has operated for several years within the Bank. This group has helped staff network and communicate about work. Working collaboratively was preferred by nearly every key informant interviewed by IEG, but the obstacle for them was the structure to ensure coherent responses across Global Practices and Cross-Cutting Solutions Areas.

Country directors, country managers, and sector leaders were reported to be important facilitators to urge TTLs to coordinate and collaborate across sectors. For example, in Mozambique the preprimary education and nutrition activities were jointly designed to strengthen ECD outcomes across a number of domains. This required Bank staff from

different sectors to work together. Similarly, an impact evaluation was designed by both the senior nutrition and education specialists. The choice of treatment and control groups required coordination at the design stage as the evaluation aspires to assess the impact of one intervention in the absence of the other (i.e., nutrition without preprimary, preprimary without nutrition, and nutrition and preprimary against a control group of no intervention).

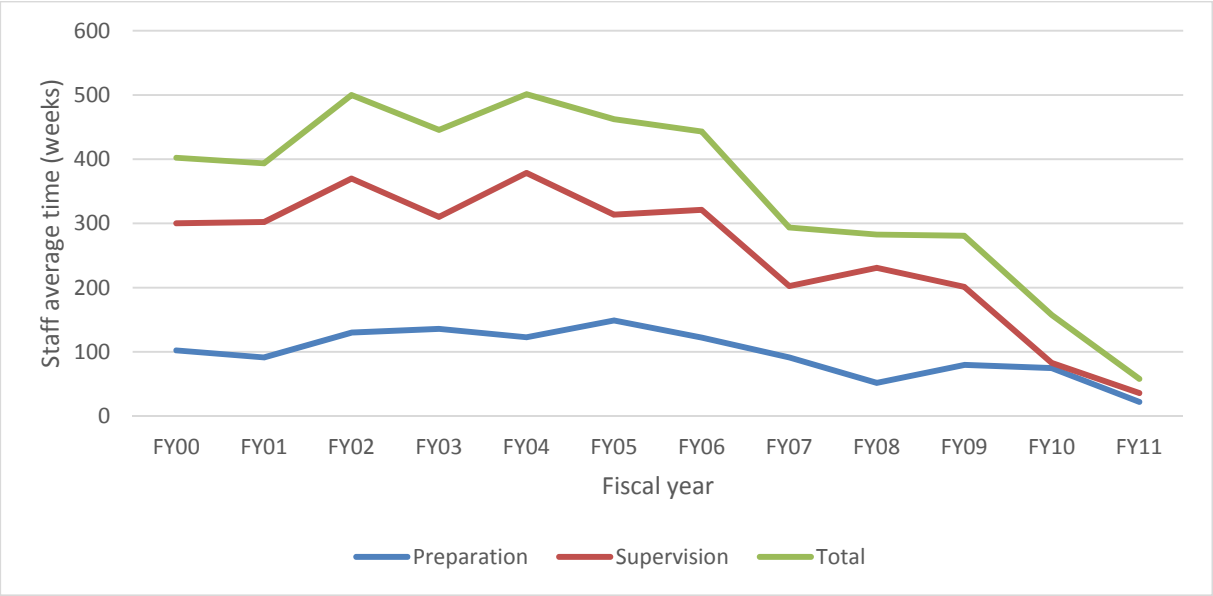
The government's own imperatives were a factor that pushed the Bank to coordinate its work and bring together multisector teams in Jamaica and Nicaragua. For example, as part of the current preschool operation in Nicaragua, the Bank is developing an ECD M&E system. The government has indicated it doesn't want this system to just focus on preprimary education, but wants to develop a country system to track and measure child development that would be relevant to the Ministries of Education, Health, and Family.

In most countries, ECD interventions were uncoordinated. TTLs often reported disincentives to work across sector silos, despite being organized within the former Human Development Network. One TTL expressed the opinion, shared by others, that "sector-by-sector implementation is reinforced by the fact that budget allocations in institutions, as well as at country level, are made by sectors or ministries, and governance and accountability structures follow similar sectoral limitations with sectors holding themselves accountable for results within their own domains." Under the new Bank reorganization a first step has been taken by the Education Global Practice to create an ECD global solution area, which formalizes the ECD Community of Practice with a part-time lead who serves on the Education leadership team. As well, part-time program leaders are appointed to facilitate work across several Global Practices within country management units.

Operations staff were not given a budget code for the time involved in coordination. Time spent by staff in the Early Childhood Development Community of Practice was voluntary. Staff reported to IEG more was being asked of them to deliver in shorter timelines, and coordination would require more of their time.

The decline in project preparation and supervision time is a factor in the failure to coordinate ECD interventions. Figure 4.6 shows average staff time per project for preparation and supervision has gone down considerably in closed operations between FY00 and FY11. It should be understood that this figure does not capture time supported on projects by consultants and only considers staff at the GF to GH level. The decrease in supervision times contrasts with the delays that have occurred in most of the closed operations containing ECD interventions (136 out of 176). Hence, more supervision time would have been expected.[5]

Figure 4.6. Average World Bank Staff Time per Closed Project for Preparation and Supervision of Operations with ECD interventions, FY00–11



Source: IEG computation from World Bank Business Warehouse data.
Note: Staff time is grouped by project approval year.

Governments also operate in silos, which can impede coordination across sectors by Bank staff. In the Republic of Yemen weak institutional capacity created the need to shift from an integrated approach to a sector-specific approach, when local capacity was overestimated, thus implementation fell significantly short of the planned design. In particular, the capacity of sector ministries to coordinate interventions with other sector ministries was very limited.

There were consequences to the lack of coordination between sectors. Staff were not always aware of entry points in other sectoral operations, thus were not able to exploit complementarities to integrate ECD interventions. Each sector advanced respective interventions missing how the work of the Bank across sectors could be organized to advance the development of children. A consistent message may not have been delivered to clients, as each sector emphasized its interventions, making it difficult for clients to determine which interventions to sequence or prioritize. Moreover, internal coordination within the Bank could harmonize country work to facilitate the inclusion of child development interventions at early entry points. These are shortcomings that need to be fixed with view to increasing the Bank's efficiency and providing better service to clients.

BANK AND PARTNERS IN COUNTRIES

Other donors and partners are also organized sectorally, thus the Bank's engagement with them was on a sector-by sector basis. Donor tables are organized sectorally. There

was no donor table for early childhood development where discussion spans across sectors except for the recently established one in Nicaragua. Thus, donor coordination in every country IEG visited was done sectorally.

No Global Partnership Program holds stewardship of early childhood development, rather each program focus on specific sector interventions for young children. Partnership programs supported the Bank's sector ECD investment in the examined countries. The disease and immunization specific partnership programs (Global Fund to Fight AIDS, Tuberculosis, and Malaria and the GAVI Alliance) provide large amount of support for child health and survival. Global Partnership for Education and the former Fast Track Initiative financed 14 projects in 11 countries related to parent support, preprimary education, or transition programs to primary education within the Bank's overall portfolio.

The Bank's support was complementary with other partners and not duplicative in the countries examined. The Bank recognized the need to work with its partners. Investment in ECD requires a joint effort from the Bank and its key partners such as UNICEF, United Nations Educational, Scientific, and Cultural Organization, World Health Organization (WHO), and Regional banks. Other partners leveraged and added value to the Bank's support. For example, in Ghana the Bank financed a model with community health workers and volunteers where essential services were delivered and other donors were able to use this platform to increase the reach of malaria nets, immunization, and treatment of severe and acute malnutrition. Research done by the Inter-American Development Bank (IDB) in Jamaica related to a new compliance mechanism—mothers will attend a parenting course—and then child development outcomes will be measured when the child is two and six years old. This key area of involvement by the IDB and Bank has led to better synergies related to the screening for high risk families.

Sectorwide approaches (SWAPs) were the predominant funding mode by the Bank and partners in countries visited by IEG (see table 4.7). SWAPs and budget support promote accountability to sector performance, thus making it harder to focus beyond a sector and coordinate the work across sectors. When child survival measures are the basis of donor monitoring, it reduces the likelihood of focusing on children's development.

Table 4.7. Presence of Sectorwide Approaches in Countries Visited by IEG

Country	Health SWAP	Education SWAP
Bangladesh	X	X
Ghana	X	NA
Jamaica	NA	NA
Kyrgyz Republic	X	NA
Mozambique	X	X
Nepal	X	X
Nicaragua	X	X
Vietnam	NA	NA

Source: Case studies prepared for this evaluation.
Note: IEG = Independent Evaluation Group; SWAP = sectorwide approach; NA = nonapplicable.

The challenge for the Bank and its partners will be to go beyond a focus on maternal and child health to ensure that health systems advance children's development. For example, getting health workers to focus on child development, rather than just health, has been piloted by the WHO and UNICEF in the Kyrgyz Republic, and these agencies are working with the Ministry of Health to integrate children's development into the Health 2020 Strategy. The Bank and its partners can make increased use of SWAPs to promote early interventions that promote children's development, consistent with the anticipated ECD target and indicator.

Related to children's nutrition, the Bank has engaged with the Regional approach in South Asia and the Global Scaling Up Nutrition (SUN), among others. The Bank and partners prepared nutrition maps in several countries to avoid duplications and ensure alignment. In Malawi, the Bank targeted the 15 districts not covered by the U.S. Agency for International Development and UNICEF, thus covering the whole country with SUN 1,000 Special Days Initiative.

There was variation in how the Bank partnered with international and local nongovernmental organizations (NGOs) across countries visited by IEG. The observed differences related to staff orientation in identifying opportunities for substantive engagement with partners to advance ECD programming with the government. In a couple of countries, NGOs were an active part of policy dialogue with the government and the Bank. In the remaining countries visited by IEG, the relationship between NGOs and the Bank can be characterized as informal information exchanges where the Bank and government learned from the experiences of NGOs, or there was an absence of NGO involvement in the Bank's and government ECD interventions or policy dialogue despite the existence of capable and interested NGOs. The consequence is that opportunities may have been missed for wider ECD collaboration and strategy development in the country.

In Mozambique, the Bank looked closely at the work of Save the Children and other NGOs in preprimary education. In conjunction with Save the Children, the Bank funded an impact evaluation, which provided evidence to secure government commitment. Part of the implementation of the Bank's project in Mozambique includes contracting out of the delivery of nutrition and preprimary education services to Save the Children and Aga Khan. Project implementation also supports continuing research and dialogue with the NGO implementers to resolve challenges to long-term sustainability, notably in defining a realistic balance in the public-private partnership between parents and government in financing.

The Bank has established partnerships with philanthropic organizations to advance the development of children. A recent example is the Early Learning Partnership funded by the Children's Investment Fund, which has provided technical assistance funding to 14 countries in the Africa Region since 2012. With additional resources, it has become a Multi-Donor Trust Fund, expanding its coverage to South Asia. The proposed activities have the potential of filling key knowledge gaps—building government capacity, developing quality and scalable models for preprimary education, and involving nonstate actors in ECD services. These types of partnership are important, as there has been traction with few governments outside the Latin America and the Caribbean Region to advance the development of children.

Findings and Recommendations

The majority of the Bank's financing was directed to three regions: Africa, Latin America and the Caribbean, and South Asia, which is congruent with their needs. However, in terms of financing, the Africa Region received 29 percent of total ECD commitments, which is low compared to the pressing needs in that Region. Besides, several African countries have received little to no nutrition support, despite stunting rates ranging from 39 to 55 percent, a situation that depicts a lack of alignment between the Bank's interventions and country needs.

More than 80 percent of operations supporting ECD interventions have been managed by three sectors: Health, Nutrition, and Population; Social Protection; and Education. Operations are increasingly coming from other sectors such as Water and Sanitation, Agriculture, Social Development, Urban Development, Poverty Reduction, and Governance. There is some overlap in the implementation of interventions across sectors, indicating the need to establish a clear structure in charge of ECD to avoid fragmentation. Under the new Bank reorganization a first step has been taken by the Education Global Practice to create an ECD global solution area, which formalizes the

ECD Community of Practice with a lead who also serves on the Education leadership team.

While the Bank has supported a wide range of interventions, they are concentrated on maternal and child health, particularly, antenatal and post-natal visits, safe delivery, and childhood immunizations. Survival and physical development are necessary conditions to a successful life, but they are not sufficient in and of themselves, as children must also have the cognitive, linguistic, and socioemotional maturity to be able to succeed in school and in the workforce.

Secondary areas of focus are nutrition, preprimary education, and parent support programs. Conditional cash transfer programs, targeted income, childcare, treatment of maternal depression, and screening for development delays and disabilities were infrequently included in operations. Child protection interventions such as birth registration or development of regulatory frameworks were attended by UNICEF in the countries examined, which may explain the limited support by the Bank. There is a need to place more emphasis on parent support programs that promote child stimulation, identification of children with disabilities, and treatment of maternal depression. There is also a need for the Bank to prioritize its support to assist countries with high stunting rates, as this indicator is associated with delays in children's development.

Preprimary education is one of the main areas of the Bank's financing advancing children's development and school readiness. However, these programs are typically for three, four, five, and six year olds, which is a late entry point to begin to stimulate children's language, cognitive, and socioemotional development, particularly if other services are not available. There has been a notable design shift in the preprimary education operations, as they are comprehensively trying to improve quality, but more work is needed to develop quality models that can be brought to scale. Issues related to salary and retention of preprimary teachers emerged in several countries.

Child development interventions were more evident for children three years and older in most of the countries examined, except in a couple of them where the focus was exclusively health and survival. One of the arguments for investing in children, especially from zero to age two, is that gains in development lost at this critical juncture cannot be recouped (Heckman 2008b), suggesting more emphasis on parent support programs and early learning as a complement to helping children stay healthy.

The Bank, as well as partners and Global Partnership Programs, are organized sectorally and look for sectoral entry points for an engagement with the government. Analysis of the portfolio and Human Resources data show that the Bank predominantly

implements ECD interventions sectorally, which is easier for the Bank to implement in comparison to past ECD standalone operations. Multisector teams rarely supervise ECD interventions, except for operations containing child protection interventions. The absence of a coordinating function within the Bank has meant that coordination occurred in only a few of the countries that were visited by IEG. As well, synergies have not been established between the Bank's work in gender and early childhood development, despite the evidence of a nexus between women's economic empowerment, girls' education, and the development of children through quality childcare. When cross-sector coordination occurred, it was based on staff initiative rather than organizational practices. The decline in project supervision time is a factor in the failure to later coordinate ECD interventions, as the time devoted to preparation and supervision of ECD operations has decreased between FY00 and FY11. Under the recent Bank reorganization, the Bank has appointed part-time program leaders to facilitate work across several Global Practices within countries in the management unit.

Other Regions should explore the experiences gained in the Latin America and the Caribbean region, as all of the countries examined included early entry points with child development interventions. Social protection programs were used to reach vulnerable families to improve the development of young children. The Region uses more multisector teams in its ECD operations. It supports a balance of interventions, and the level of nutrition support was aligned with country need. Most parent support programs financed by the Bank are contained in the Latin America and the Caribbean Region. While some of the results in the Latin America and the Caribbean Region may relate to the historical involvement and commitment by the governments, another factor may point to disparities in the deployment of staff across Regions in relation to their understanding of how to advance child development.

This evaluation is not able to provide any aggregation of changes in outputs or outcomes since there is no consistency in the Bank's monitoring and evaluation. There is a huge need for more harmonized monitoring and evaluation of ECD interventions across the Bank as well as need for tracer studies to be employed more frequently in projects.

The first recommendation is directed to Senior Bank Management and the second is directed to the Global Practices in Education; Health, Nutrition, and Population; and Social Protection and Labor:

- Ensure that future organizational arrangements for ECD such as the proposed "ECD global solution area" are able to provide a well-coordinated and strategic framework for ECD, with clarity on leadership, ability to join up on issues across

Global Practices and Cross-Cutting Solutions Areas, and appropriate staff and resources for effective ECD programming.

- Improve monitoring and evaluation of ECD interventions during and after project closure. Common ECD indicators should be developed and tracked across Bank operations to permit aggregation of results across Bank projects. In addition, follow-up studies should be undertaken to better understand the long-term impact of ECD interventions.

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[1] If the value of the full component were used for the remaining investment loans, the Bank's contribution would be $15.9 billion. It is difficult to say whether and to what extent this figure may overstate the Bank's contribution as this number does not include any portion of the 82 development policy loans that also supported ECD intervention.

[2] Within the Bank's work in Mozambique adjustments were made to incorporate teacher stipends. Requiring communities to contribute toward stipends proved unsustainable after the Save the Children pilot funding ended.

[3] Projects containing both health and nutrition interventions are not classified as multisector.

[4] Patterns observed during supervision are consistent with preparation.

[5] Early childhood development interventions took on average two more years to complete.

Appendix A. Case Studies Methodology: Field and Desk Review

The evaluation included eight field-based case studies and eight desk-based case studies from a purposeful selection of countries. At a minimum, countries must have implemented at least two different interventions for consideration. Stunting and preprimary enrollment rates from the World Bank's open data source were used to group countries into high, medium and low. Preprimary enrollment above 70 percent was classified as high; between 36–70 percent was medium, and below 35 percent was low. Stunting rate above 35 percent was deemed high; between 20–35 percent was medium; and below 20 percent was low. Categories were selected after reviewing World Development Indicators (table A.1).

Table A.1. Classification of Countries with Bank Support

	Preprimary Enrollment Rate		
Stunting Rate	Low	Medium	High
Low	**Jordan**, **Kyrgyz Republic**, Paraguay, Senegal, Tunisia, Uzbekistan	Brazil, Colombia, Dominican Republic, Panama, West Bank and Gaza	Argentina, **Bulgaria**, **Jamaica**, **Mexico**, Romania, Sri Lanka
Medium	Burkina Faso, **Indonesia**, Kenya, Lesotho, Mali, Nigeria, Tajikistan	Armenia, Bolivia, El Salvador, Honduras, Liberia, **Nicaragua**	Ecuador, **Ghana**, **Peru**, **Vietnam**
High	Afghanistan; **Bangladesh;** Benin; Cambodia; Central African Republic, Congo, Rep.; Djibouti; Egypt, Arab Rep.; Eritrea; **Ethiopia;** Gambia, The; Haiti; Lao PDR; **Malawi; Mozambique;** Niger; Sierra Leone; Swaziland; Uganda; **Yemen, Rep.**	Guatemala; India; **Nepal;** Pakistan; Philippines	

Source: IEG coding of countries with bank support and World Bank's open data source.
Note: Bold country names signify those chosen for field case study or desk-based review.

The preprimary and stunting rates were regressed on country gross domestic product (GDP) to find positive and negative outliers or "deviants." In other words, given GDP, Indonesia and the Republic of Yemen had higher rates of stunting that expected, while Bulgaria and Nicaragua had higher rates of preprimary education than would be anticipated (table A.2).

Countries selected had at least four Bank operations[1] (i.e., policy or investment), possess a range in terms of rates of preprimary and stunting, with a few countries being positive and negative "deviants." The final selection reflected a mixture of development level and geographical spread, with more countries from Africa and Latin America,

given these two regions have the largest number of projects with early childhood development (ECD) interventions.

Table A.2. Child Indicator Data

Country	One Year Olds Fully Immunized (percent)				Mortality Rates (per 1,000 live births)				Child Malnutrition (percent under age 5)		Maternal Mortality Ratio (modelled estimate per 100,000 live births)		Preprimary Gross Enrollment Rates (percent)	
	DTP		Measles		Infant		Under five		Stunting (children under height for age)					
	2002	2012	2002	2012	2002	2012	2002	2012	1995–2002	2008–2012	2000	2010	2002	2012
Bangladesh	83	97	75	93	59	35	79	43	45	41.3	340	200	14.6	26
Bulgaria	93	95	92	94	16	11	19	12	—	—	29	8	74.6	85
Ethiopia	35	69	36	65	83	46	133	68	52	44.4	990	500	2	18
Ghana	78	92	78	88	62	53	95	80	26	22.7	570	410	55.8	114
Indonesia	70	83	72	85	38	25	48	31	—	35.6	310	210	27.2	42
Jamaica	99	96	86	93	19	15	23	17	6	4.8	88	82	85	113
Jordan	95	98	95	98	22	17	26	19	8	7.7	65	53	32.2	34
Kyrgyz Republic	98	96	98	98	39	23	45	21	25	22.6	100	79	11.2	25
Malawi	64	96	69	90	90	46	152	71	49	47.1	750	540	—	—
Mexico	97	99	96	99	19	13	23	15	5	13.6	67	47	75.6	99
Mozambique	76	76	77	82	104	64	153	91	44	42.6	870	540	—	—
Nepal	72	90	71	86	54	33	72	41	51	40.5	430	220	—	82
Nicaragua	85	98	98	99	30	21	36	24	20	22	140	110	33.4	55
Peru	95	95	95	94	26	14	34	18	25	19.5	160	100	60.6	77
Vietnam	—	97	96	96	26	20	33	25	36	22.7	82	51	48.4	77
Yemen, Rep.	69	82	64	71	64	42	87	54	52	57.7	370	290	1	2

Source: World Development Indicators; Child malnutrition and preprimary enrollment rates from HDR 2004, 2014.
Note: DTP = diphtheria, tetanus, and pertussis; HDR = Human Development Report.

Countries selected for field case study are Bangladesh, Ethiopia, Ghana, Jamaica, the Kyrgyz Republic, Mozambique, Nepal, Nicaragua, and Vietnam.

Countries selected for desk-based review are Bulgaria, Indonesia, Jordan, Malawi, Mexico, Peru, and Republic of Yemen.

The final sample included countries possessing a range in terms of vision and implementation of early childhood development. However, these countries do not represent all client countries that the World Bank supports.

A protocol was developed to guide data collection for the case studies. To ensure consistency across evaluators, explicit probes and hypothesis were embedded into each question. Topics included in the protocol were background and contextual information

(i.e., ECD interventions in the country, donors supporting ECD interventions, ECD indicator data, ECD analytical work, and examination of how contextual factors influenced Bank's engagement in the country), the Bank's priority and conceptualization of ECD, the Bank's design and implementation of ECD interventions, the Bank's cross-sectoral coordination, coordination with ministries, coordination with partners and Global Partnership Programs, and results. The desk-based reviews included the same content, with the exception of coordination with partners, Global Partnership Programs, and ministries, as these aspects could only be reliably obtained through country visits. The studies and reviews were undertaken to gain a better understanding of the mix of ECD interventions supported by the Bank in the country.

Case studies were based on multiple sources of evidence including: interviews; document analysis; project records; survey data; archival data; and observations or field visits. Evaluators were trained on the protocol to ensure consistent data collection and understanding of concepts. Each case study was subject to peer review to ensure accuracy, consistency, and clarity of the evidence and conclusions.

Analysis of case studies involved two steps. First, all evaluators discussed the content from each study to assess how and why the Bank: (i) supported the mix of interventions within each country; (ii) conceptualized ECD within each country; (iii) designed and implemented ECD operations within each country; and (iv) coordinated work across sectors as well as ministries, partners, and Global Partnership Programs. Patterns began to emerge, which were explored from the multiple case studies to make analytical generalizabilities.

Identification of the ECD Lending Portfolio

For initial screening the detailed Business Warehouse (BW) project theme report 2c.2.1 was downloaded on July 1, 2013 and customized. On July of 2014 another BW report was run to make sure all FY13–14 projects were included. Projects were identified for inclusion based on the following criteria:

- Approval years: FY00–14.
- Agreement type: all (International Bank for Reconstruction and Development, International Development Association, Recipient Executed Trust Funds, and Special Financing).
- Projects were not identified based on sector board; instead sector codes and theme codes were used.
- Sector codes: include all projects with Health (JA), Preprimary Education (EC), and Other Social Services (JB).

- Theme codes: Social Safety Nets (54), Social Inclusion (100), Child Health (63), Education for All (65), Nutrition and Food Security (68), Population and Reproductive Health (69), Other Human Development (70) and Gender (59).
- For project count type analyses additional financing was excluded.
- For project count type analyses regional projects were excluded.
- For project funding type analyses supplements were included.

Based on this selection process, 2,606 projects fit these criteria. An additional 300 projects were identified as potentially ECD relevant supplemental financing. For all 2,606 projects the project development objectives (PDOs), components, and prior actions for development policy operations were extracted. For all closed projects with an Implementation Completion and Results Report Review (ICRR) (1,667), the ICRR database was used. For all projects without an ICRR (939), PDOs, components, and prior actions were downloaded through Systems, Applications, and Products (SAP) or manually from the project documents. All components and prior actions were screened and categorized for ECD content to exclude false positives—that is operations with an ECD code that do not include any ECD activity or objective. The ECD categories used are nutrition, health, education, and child protection (which includes early child care, child protection, and transfer program). While development policy loans in general were considered as freestanding projects, the subset of Poverty Reduction Support Credits were analyzed as a series. Of the 2,606 projects identified through Business Warehouse, 414 were classified as projects with at least one ECD intervention. The number of projects at each stage by sector board or network is displayed in table A.3.

Table A.3. Number of Projects Reviewed at Each Stage

Number of IDA and IBRD Operations	Sector Board or Network					
	HNP	SP	ED	PREM	Other[a]	Total
Total approved World Bank operations, FY00–14	*486*	*420*	*493*	*1,407*	*4,672*	*7,478*
Projects that fit ECD selection criteria	480	395	392	413	926	2,606
ECD projects identified for review	184	83	72	42	33	414

Source: World Bank Business Warehouse.
Note: ECD = early childhood development; ED = Education; HNP = Health, Nutrition, and Population; SP = Social Protection.
a. Other includes: Agriculture and Rural Development; Economic Policy and Governance, Social Development; and Water.

LIMITATIONS

Two main limitations apply to the BW selection process. First, administrative data for a given project is recorded at a very early stage of preparation and the record is unlikely to be rectified even if significant changes take place. As a result, the business warehouse database could exclude projects that later did include ECD activities or results. Second, the number of sector codes or themes that can be entered for a given project in business warehouse is limited to 5 each. Some projects, in particular development policy loans, are likely to be multisectoral by design and may not have a relevant sector code or

theme, even if they include ECD activities or could impact ECD outcomes. However, if ECD is 6th or higher order of priority, it is unlikely to play a major role in terms of activities or results.

FINANCIAL COMMITMENTS

Additional financing is included with parent project and is not specified separately but with commitments for each project. A major limitation is the difficulty to identify the actual project amount spent on many of the ECD interventions. Few projects are stand-alone ECD projects and most operations with ECD interventions fund a variety of activities. The Bank's operations portal database reports contributions by project components, thus precluding identification of portions of components. No estimation for ECD interventions that are part of policy loans was made.

Method to Analyze ECD Lending Portfolio

Every identified ECD investment operation was reviewed for the following content: specific ECD intervention(s), ECD coordination mechanism, information/awareness campaign, planned and completed evaluations (by type), dropped ECD interventions, level of project (i.e., PDO, stand-alone project, component, subcomponent), and amount of money devoted to ECD. This information was obtained by examining appraisal documents (or project information documents), restructuring papers, additional financing agreements, and implementation completion report reviews by the Independent Evaluation Group (IEG) for closed operations. Each identified development policy operation was coded for policy action relevant to ECD and specific ECD intervention(s) and planned and completed evaluations, including planned and reported ECD indicators. All coding was reviewed to ensure consistency in the data collection process.

Identification of the ECD Analytical and Advisory Products

ECD relevant economic and sector work (ESW) and technical assistance (TA) between FY00 and FY14 were identified through a Business Warehouse search on June 31, 2013 and updated October 2014. The total number of ESWs and TA were 7,745 and 7,285 respectively. Sector and theme codes included:

- Sector codes: Include all projects with Health, Preprimary Education, and Other Social Services.
- Theme codes: Social Safety Nets (54), Social Inclusion (100), Child Health (63), Education for All (65), Nutrition and Food Security (68), Population and Reproductive Health (69), Other Human Development (70), and Gender (59).

In sum, 1,996 ESWs and 1,504 TA operations fit those criteria. The 1,996 ESW were analyzed in detail through DocumentCloud and screened for keywords: early childhood development; preschool; preprimary; preprimary; child health; maternal and child health; nutrition; breastfeeding; prevention of mother-to-child transmission of HIV; hygiene and sanitation; child allowance; or childcare. A study was considered ECD if it focused exclusively on an ECD intervention. This left the review with 120 ECD ESWs.

For TA the title of the operations was screened leaving 324 potentially relevant. These were analyzed in more detail from information contained in operations portal. 159 of the 324 remained relevant of which 44 TA related to ECD interventions.

LIMITATIONS

Not all analytical and advisory work was captured by this methodology. This is in part due to misleading sector and thematic codes, and in part due to some reports not having received a unique project identification number. Additional ECD reports (working papers and journals) were identified through ImageBank.

Method to Analyze AAA

Every stand-alone ECD AAA was classified by broad ECD intervention type: health, nutrition, early child care, preschool, child protection, and/or transfers. A sample of AAA was identified, which consisted of 123 ESWs and 44 NLTA or nearly half of the Bank's ECD standalone ESWs and TAs (table A.4). The sample of ESW and NLTA were prioritized based on the main evaluative question—how has the Bank's AAA addressed the opportunities and challenges related to early childhood development? The sample of reviewed AAA was consistent with the overall composition of ECD AAA—split between maternal and child health and/or nutrition and holistic concept of ECD.

Table A.4. Distribution of Reviewed Analytical and Advisory Activities

Type of AAA	Projects (number)	Reviewed (number)	Reviewed (percent)
Economic and sector work	123	77	63
Nonlending technical assistance	44	17	38
Total	*167*	*94*	*56*

Source: World Bank Business Warehouse, ImageBank.

The review sought to highlight "priority knowledge gaps" in ECD identified by task team leaders and the literature: (i) the cost of interventions or the marginal cost of combining ECD interventions; (ii) ways of coordinating and arranging ECD interventions across government departments and Bank sectors; (iii) the demand for

integrated early childhood development services; and (iv) a framework for scaling-up pilot ECD programs. In addition, the review identified mechanisms to support coordination of ECD interventions highlighted in ESWs, the degree to which the Bank has incorporated stimulation into its discussion of ECD, and the Bank's emphasis on targeting ECD interventions to the poorest.

Process to Identify Impact Evaluations

Impact evaluations of early childhood development interventions were identified through the Development Impact Evaluation program in the Development Research Group website; and an advanced search of World Bank impact evaluation working papers in ImageBank and the Strategic Impact Evaluation Fund (SIEF). SEIF provided information on the pipeline of impact evaluations related to ECD. The ImageBank and WBDocs databases were used to download the impact evaluations, full proposals, and concept notes. This search produced 26 completed impact evaluations (table A.5) and 29 ongoing or pipeline impact evaluations (table A.6).

Table A.5. Mapping of Completed Bank Impact Evaluations by Specific Intervention Type

Categories		Interventions	ECD Outcome Domain					
			Physical Development	Cognitive Development	Language Development	Socioemotional Development	Labor Market Outcome	Enrollment, School Attendance
Pregnancy, delivery, and postnatal interventions		Iron-folic acid for pregnant women	—	—	—	—	—	—
		Antenatal visits	2,10	2	2	2	—	—
		Attended delivery	—	—	—	—	—	—
		Training health workers, volunteers, nurses	—	—	—	—	—	—
		Prevention and treatment of maternal depression	—	—	—	—	—	—
		Post-natal care	2	2	2	2	—	—
Nutrition	Mothers	Parental leave	—	—	—	—	—	—
		Counseling on adequate diet during pregnancy	—	—	—	—	—	—
		Exclusive breastfeeding	1, 2 ,4, 11, 23	2	2	2	—	—
		Vitamins, micronutrients, or fortified food for pregnant women	11, 23	—	—	—	—	—
	Children	Micronutrients and fortified food for children	1, 2, 11, 23	2	2	2	—	—
		Optimal feeding practices	1, 2, 4, 6, 11, 23	2	2	2	—	6
		Supplementary feeding (center-based and/or take-home rations)	3, 12, 17	3, 12	3, 12	3	15	—
		Growth monitoring and promotion	1, 2, 3, 4, 9, 10, 11, 23	2	2, 3	2, 3	—	—
		Training of nutrition workers	4	—	—	—	—	—
Early learning, day care		Parent support program	1, 2, 4, 6, 8, 10, 16, 23, 25	2, 8, 16, 25	2, 8, 16, 25	2, 8, 16, 25	—	6

	Stimulation	3, 12, 25	12, 25	3, 12, 25	3, 25	15	—
	Childcare, day care	2, 3, 4, 16, 24	2, 16	2, 3, 16, 24	2, 3, 16, 24	—	—
	Quality early childhood and preprimary program	2, 4, 16, 25	2, 16, 21, 25	2, 16, 21, 25	2, 16, 21, 25	—	Uruguay
	Transition to primary program	—	—	—	—	—	—
	Preschool infrastructure	4, 16, 25	16, 21, 25	16, 21, 25	16, 21, 25	—	
	Training of preschool teachers or caregivers	3, 4, 16	16, 21	3, 16, 21	3, 16, 21	—	—
	Educational media	—	—	—	—	—	—
Disease prevention	Malaria prevention	11	—	—	—	—	—
	Screening for developmental delays	—	—	—	—	—	—
	Well-child visits	6, 8	8	8	8	—	6
	Immunization	2, 9	2	2	2	—	—
	Hygiene and hand washing	9, 14, 19, 23, 25, 26	25	25	25	—	—
Disease treatment	Deworming	4, 5, 11	—	—		—	—
	Therapeutic zinc supplementation for diarrhea	—	—	—	—	—	—
	HIV/AIDS	22	—	—	—	—	22
Cash transfers	Conditional	4, 6, 8, 9	8, 21	8, 21	8, 21	—	6
	Unconditional	4, 13	13	13	13	—	—
Subsidized health care, health insurance	—	—	—	—	—	—	—
Governance	Child protection regulatory frameworks	—	—	—	—	—	—
	Policy or regulation in nutrition, health, education, child development, and social protection	—	—	—	—	—	—
	Birth registration	—	—	—	—	—	—
	Child protection interventions	—	—	—	—	—	—

Other sectors	Water	18, 19	—	—	—	—	—
	Income generation, microfinance	4	—	—	—	—	—
	Agriculture	4	27	—	—	—	—
	Formal education	—	—	—	—	—	—
	Governance	—	—	—	—	—	—

Source: IEG coding of World Bank impact evaluations.
Note: Index numbers reflect a single, completed impact evaluation. Black number = no significant effect; green number = mixed effects; red number = significant effect.

Table A.6. Mapping of Ongoing and Pipeline Bank Impact Evaluations by Specific Intervention Type

Categories		Interventions	ECD Outcome Domain				
			Physical Development	Cognitive Development	Language Development	Socioemotional Development	Mortality
Pregnancy, delivery, and postnatal interventions		Iron-folic acid for pregnant women	2	—	—	—	—
		Antenatal visits	1, 27	—	—	—	—
		Attended delivery	1, 15, 27	15	—	—	27
		Training health workers, volunteers, nurses	1, 15	15	—	—	—
		Prevention and treatment of maternal depression	—	—	—	—	—
		Post-natal care	15	15	—	—	—
Nutrition	Mothers	Parental leave	—	—	—	—	—
		Counseling on adequate diet during pregnancy	1, 2, 9, 11, 14, 25	9	9	—	—
		Exclusive breastfeeding	2, 3, 8, 9, 11, 14, 17, 25	9, 17	9	—	2
		Vitamins, micronutrients, or fortified food for pregnant women	—	—	—	—	—
	Children	Micronutrients and fortified food for children	2, 3, 13, 19	13, 19	13, 19	13, 19	
		Optimal feeding practices	2, 3, 8, 9, 11, 14, 17, 25, 29	9, 17, 29	9	—	2
		Supplementary feeding (center-based and/or take-home rations)	9, 11	9	9	—	—
		Growth monitoring and promotion	2, 3, 9, 11, 25	3	—	—	—
		Training of nutrition workers	7, 25, 26	7, 26	7, 26	7, 26	—

Early learning, day care	Parent support program	2, 7, 9, 11, 13, 17, 19, 26	2, 4, 6, 7, 8, 9, 13, 17, 19, 26	2, 7, 9, 13, 19	2, 4, 7, 9, 13, 17, 19	—
	Stimulation	9, 13, 25, 26, 29	2, 3, 4, 7, 8, 9, 13, 17, 26, 29	7, 9, 13	4, 7, 9, 13	—
	Childcare, day care	—	7	7	—	—
	Quality early childhood and preprimary program	2, 26	2, 6, 21, 26	2, 21	2, 21	
	Transition to primary program	—	—	—	—	—
	Preschool Infrastructure	—	26	—	—	—
	Training of preschool teachers or caregivers	—	—	—	—	—
	Educational media	—	20	20	—	—
Disease prevention	Malaria prevention	19	19	19	19	
	Screening for developmental delays	—	—	—	—	—
	Well-child visits	27	—	—	—	—
	Immunization	25, 27	—	—	—	—
	Hygiene and hand washing	9, 11, 17, 30	9, 30	9, 30	9, 30	—
Disease treatment	Deworming	2	—	—	—	—
	Therapeutic zinc supplementation for diarrhea	25	—	—	—	—
	HIV/AIDS	—	—	—	—	—
Cash transfers	Conditional	1, 11, 17	—	—	—	—
	Unconditional	4, 14	4, 6, 7	—	—	—
Subsidized health care, health insurance		5, 27	—	—	—	—
Governance	Child protection regulatory frameworks	—	—	—	—	—
	Policy or regulation in nutrition, health, education, child development, and social protection	—	—	—	—	—
	Birth registration	—	—	—	—	—
	Child protection interventions	—	—	—	—	—
Other sectors	Water	5, 12, 16, 25, 31, 32	—	—	—	31
	Income generation, microfinance	—	—	—	—	—

	Agriculture	—	—	—	—	—
	Formal education	—	—	—	—	—
	Governance	—	—	—	—	—

Source: IEG coding of Strategic Impact Evaluation Fund proposals.
Note: Index numbers reflect a single, ongoing impact evaluation.

Method to Analyze Impact Evaluations

The full set of completed impact evaluations and proposals were reviewed to ensure the existence of a valid counterfactual and then were classified by broad ECD intervention type: health, nutrition, childcare, preschool, child protection, and transfers.

The review of completed impact evaluations focused heavily on estimated effects, heterogeneity of impact, and interventions. Pipeline impact evaluations assessed the extent to which knowledge gaps are likely to be filled: evidence building on the cost-effective of interventions, especially those which capture synergies between nutrition, health, and stimulation, interventions which can be brought to scale, and effective ways to combat chronic malnutrition for children under two years of age.

A mapping of impact evaluations to detailed intervention type by child development domain (physical, cognitive, language, and/or social) was used to identify areas of saturation or gaps.

Analysis of Human Resources Data

Human Resources (HR) data were received directly from the World Bank's Data and Information Management Group on October 28, 2014, as IEG does not have the required SAP access rights. IEG received HR data for 283 of the 332 ECD investment lending operations and 74 of the 82 ECD development policy operations, comprising data for 86 percent of the relevant ECD projects. HR data included staff time charged during preparation and supervision. Additionally the primary mapping of staff was available, and in cases where it was not, the evaluation team manually looked up the staff profile in World Bank's people's pages and added the information. Only staff of grade level GE—GI were included in the analysis.

Method to Identify and Analyze Country Strategies

Through an advanced search of the IEG datamart, 305 country assistance strategies (CAS) and country partnership strategies (CPS) were identified as well as 69 Interim Strategy Notes (ISN) between the FY05 and FY13. Initial hits were screened for false

positives such as Country Progress Reports, systematic country diagnostics, CAS Completion Reports, CAS Completion Report Reviews, and duplicates leaving 192 CASs and CPSs and 68 ISNs. All 259 strategy documents were downloaded in bulk and systematically reviewed for ECD content using QDA Miner. All documents were auto-coded by the program, and relevant paragraphs were then manually screened for actual content of ECD and/or ECD interventions.

Results Framework Analysis

To identify strengths and weaknesses of project monitoring and evaluation, a sample of 183 Results Frameworks were selected, which consisted of 45 percent of ECD operations.

A purposeful sample was identified comprising every standalone project and DPO, as well as fifty operations that contained ECD interventions at the component and subcomponent level. The criterion for selecting projects at the subcomponent and component level were to ensure an appropriate mixture of ECD interventions. A mapping of the sample was done to ensure that it was consistent with the overall portfolio, thus predominantly maternal and child health interventions, nutrition, and preprimary education, with inclusion of some conditional cash transfer and parent support programs.

Appraisal documents and Implementation Completion Reports were reviewed to identify planned and reported ECD indicators, as well as supported ECD interventions to ensure a logical connection. Indicators were examined to determine if they were outputs or outcomes, and whether outcomes tracked immediate, medium or longer-term measures. The child development domain (i.e., physical, cognitive, socioemotional, and language) and instrument were identified. The information gathered was analyzed to determine the strengths and weakness in the ECD project monitoring and evaluation.

Benefit Incidence Analysis

The Benefit Incidence Analysis focused on early childhood education and immunization services for children under six years of age in Nepal and Nicaragua to address whether ECD programs were targeted to the poorest children (i.e., if socioeconomic-related inequality of ECD service utilization was pro-poor) and the extent to which government subsidies in ECD were progressive with respect to the distribution of wealth in the population. The analysis comprised four steps: (i) selecting a measure of welfare to rank the population according to their living standards; (ii) identifying users of ECD services and estimating the incidence of publicly provided

services for different socioeconomic groups; (iii) calculating the unit cost of publicly provided ECD services; and (iv) combining utilization rates and unit costs to aggregate benefits (subsidies) by socioeconomic groups.

In the case of Nicaragua, the Living Standards Household Survey 2009 (EMNV), implemented by the National Information and Development Institute (INIDE), provides information on household consumption as well as early childhood education services by main provider, covering approximately 30,000 individuals (7,500 households).[2] Household consumption expenditures, rather than income, were used to analyze poverty in Nicaragua since they exhibit lower variability (being particularly relevant for rural economies depending on temporal agriculture), and also tend to be more accurate because respondents usually relate income with tax declaration purposes. Estimation of the consumption aggregate includes both expenditures on food and non-food products and services (e.g., household spending on housing, health and education services, durables goods, and transportation). Therefore, for the purpose of this analysis per capita consumption were used to be consistent with INIDE's poverty estimate.

The third round of Nepal's Living Standards Survey (NLSS-III) was carried out in 2010/2011 by the Central Bureau of Statistics with the assistance from the World Bank. The survey covers 28,670 individuals (7,200 households) from the whole country, including both rural and urban areas, and provides information on early childhood education as well as immunizations. Therefore, unlike Nicaragua, the distributional incidence of public spending for both ECD outputs, using consumption per capita as a welfare measure to rank individuals from poorest to richest was conducted. In estimating government subsidies, the unit cost of a public service was assumed to be equal to total government spending in that particular service divided by the number of users.

Economic Analysis

Economic analyses were assessed to determine the extent to which ECD projects evaluate the cost-effectiveness of various types of interventions and policies in different contexts to identify if economic analysis give due consideration to alternative interventions.

The sample consisted of ECD standalone projects. Out of 56 projects approved between FY00 and FY14 that focus exclusively on ECD interventions, 20 projects lacked an appraisal document and 3 were Emergency Project Papers without a quantitative economic appraisal section. Therefore, this review was based on 33 appraisal documents and 14 Implementation Completion Results Reports.

The analysis was based on recommendations from the World Bank Guidance Note (World Bank 2013) as well as other relevant literature on the economic evaluation of health and education programs (Drummond and others 2005; Karoly 2010; Jimenez and Patrinos 2008). Every economic analysis was coded based on the main dimensions such as: whether the ECD project included an economic analysis of its investments, the type of analysis conducted, methodological elements of the economic analysis such as scope of benefits and costs, sensitivity analysis, and results. Ex-ante and ex-post economic analysis were reviewed.

Synthesis of Systematic Reviews examining ECD Interventions

Systematic reviews covering ECD interventions were searched from sources known for compiling systematic reviews: The Lancet, Campbell Collaboration, 3IE, Cochrane Collaboration, U.K. Department for International Development, and IEG. A few others were located during IEG's search of ECD impact evaluation for its recent systematic review of impacts of interventions during early childhood on later outcomes (IEG 2015). Thirty-six systematic reviews were identified and screened, based on a checklist adapted by Snilstveit and others (2013). The quality review process identified those systematic reviews that conducted a quality review and reported the risk of bias of the evidence and did not mix outcomes to compromise internal validity. This resulted in 26 systematic reviews passing the quality assessment (rated medium to high quality), which were then analyzed to determine whether the evidence base pointed to positive effects across systematic reviews or pooled results found positive and statistically significant effects at 95 percent confidence level. Evidence was also coded for harmful, mixed, or null effects (table A.7).

Table A.7. List of 26 Systematic Reviews Synthesized

Author	Title	Year	Source
Bhutta and others	Prevention of diarrhea and pneumonia by zinc supplementation in children in developing countries: Pooled analysis of randomized controlled trials	1999	*Journal of Pediatrics*
Bhutta and others	Community-based interventions for improving perinatal and neonatal health outcomes in developing countries: a review of the evidence	2005	*Pediatrics*
Gamble and others	Insecticide-Treated Nets for the Prevention of Malaria and Pregnancy: A Systematic Review of Randomized Controlled Trials	2007	*PLoS Medicine*
Arnold and Colford	Treating water with chlorine at point-of-use to improve water quality and reduce child diarrhea in developing countries: a systematic review and meta-analysis.	2007	PubMed: *American Journal of Tropical Medicine and Hygiene*

Author	Title	Year	Source
Dewey and Adu-Ararwuah	Efficacy and effectiveness of complementary feeding interventions in developing countries	2008	PubMed: *Maternal and Child Nutrition*
Bhutta and others	What works? Interventions for maternal and child under nutrition and survival	2008	*The Lancet*
Waddington and others	Effectiveness and sustainability of water, sanitation and hygiene in combating diarrhea	2009	3ie
Indad, Yakoob, and Bhutta	Impact of maternal education about complimentary feeding and provision of complimentary foods on child growth in developing countries	2011	PubMed: *BMC Public Health*
Engle and others	Strategies for reducing inequalities and improving developmental outcomes for young children in low and middle income countries	2011	*The Lancet*
Leroy and others	The impact of day-care programs on child health, nutrition, and development in developing countries: a systematic review.	2011	3ie
Sguassero and others	Community-based supplementary feeding for promoting the growth of children under five years of age in low and middle income countries (Updated SR - older version published in 2005)	2012	Cochrane Library
Lassi, Heider, and Bhutta	Community-based intervention packages for reducing maternal and neonatal morbidity and mortality and improving neonatal outcomes	2010	Cochrane Library
Ainsworth	What Can We Learn from Nutrition Impact Evaluations?: Lessons from a Review of Interventions to Reduce Child Malnutrition in Developing Countries	2010	IEG
Iannotti and others	Iron supplementation in early childhood: health benefits and risks	2006	PubMed: *American Journal of Clinical Nutrition*
Manley and others	How effective are cash transfer programs at improving nutritional status? A rapid evidence assessment of programs' effect on anthropometric outcomes	2012	DFID
Gunaratna and others	A meta-analysis of community based studies on quality protein maize	2010	3ie
Sachdev, Gera, and Nestel	Effect of iron supplementation on physical growth in children: systematic review of randomized controlled trials	2005	WHO (Public Heath Nutrition)
Lassi and others	Systematic review of complementary feeding strategies amongst children less than two years of age	2013	DFID
Hundley and others	Are birth kits a good idea? A systematic review of the evidence	2011	3ie
Aiello and others	Effects of hand hygiene on infectious disease risk in the community setting: A meta-analysis	2008	3ie

Author	Title	Year	Source
Christian Lengeler	Insecticides-treated bed nets and curtains for preventing malaria	2004	3ie/Cochrane Collaboration
Kramer and Kakuma	Energy and protein intake during pregnancy	2010	3ie/Cochrane Collaboration
Fewtrell and others	Water, sanitation, and hygiene interventions to reduce diarrhea in less developed countries: a systematic review and meta-analysis	2005	*The Lancet*
Tanner and others	Delivering the MDG on Maternal and Child Mortality	2013	IEG
Grantham-McGregor and others	Effects of integrated child development and nutrition interventions on child development and nutritional status	2014	*Annals of the New York Academy of Sciences*
Gaarder and Snilstveit	Conditional and unconditional cash transfers for health and nutritional outcomes in poor families in low and middle income countries: a systematic review	2011	3ie/Campbell Collaboration

Source: IEG's search and screening of ECD systematic reviews.
Note: DFID = U.K. Department for International Development; IEG = Independent Evaluation Group; 3ie = International Initiative for Impact Evaluations; WHO = World Health Organization.

Key Informant Interviews

A consultant who was part of the evaluation team interviewed 20 Bank staff and consultants across units and practices directly working with ECD through lending or analytical work. The purpose of the interviews was to develop an understanding of:

- What the Bank has done to advance the ECD agenda;
- The institutional practices, policies, and structures in the Bank which enhance ECD work and connect staff (and their projects) from different sectors (and across external organizations);
- Advantages and disadvantages of the different conceptualizations of support for ECD within the Bank (i.e., MCH, preprimary, sectorally focused, integrated, comprehensive, etc.) and implications of not having an explicit and stated common understanding within the Bank of what effective support to ECD comprises; and
- Potential recommendations for the Bank to strengthen the design and implementation of projects for supporting the development of the young child.

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[1] The minimum number of operations was two for the desk-based, early childhood development (ECD) country review.

[2] Unlike previous waves, the 2009 survey does not include a module for immunization, and so this Benefit Incidence Analysis will only focus on the first ECD output.

Appendix B. Field- and Desk-Based Case Studies

Summaries of Field-Based Case Studies

BANGLADESH

Maternal and child health (MCH) has been a longstanding, priority of the government and is the core of its health investment. Likewise, the government has long focused on increasing the coverage of basic education, which now includes preprimary through five-year old kindergarten. While immunization rates are high and the prevalence of traditional childhood diseases has decreased, children suffer from significant rates of malnutrition—with stunting at 41 percent in 2011 for children under the age of five. Mortality rates have declined from 88 per 1,000 live births in 2003 to 53 in 2011, and Bangladesh appears to be well on track to meeting most or all of the Millennium Development Goals related to early childhood development (ECD) by 2015.

The government's multisectoral strategies, such as the National Children Policy (2011), typically summarize existing objectives and ongoing programs rather than provide a framework for developing new policy or approaches. In practice, the focus on children is addressed on a sector-by-sector basis with little coordination across ministries. As a result, initiatives that should involve more than one sector are often located within a single ministry. Given difficulties in trying to coordinate across ministries, neither the Bank nor other development partners have worked toward breaking down these silos.

The Bank's main instrument to support to ECD is through two large sectorwide approaches (SWAPs), one for health, nutrition, and population and the other for primary education. These SWAPs are large, multi-donor programs that support a sizable percentage of investments in a given sector. Development partners typically agree that most or all of their financing and support will operate through these programs. As a result, coordination among development partners within a specific sector is high, and there few areas of overlap.

In generally, both SWAPs and other Bank-supported interventions tend to rely on geographic targeting. This follows the government's long-standing focus on rural areas. While Bank support is generally for a national program, rural areas generally receive investment first, such as the community clinics and the expansion of preprimary education.

The first SWAP, which covers the health, nutrition, and population sector, was established in 1998 and is now implementing its third program, the Health Sector Development Program (2011–2016). It provides financing to most aspects of the sector

and is supported by 16 development partners. Virtually all donor support to the health sector is organized through the SWAP.

Under the current model, the World Bank coordinates most of the SWAP's development financing and plays a significant role in most knowledge work in the health sector and MCH. A recent Project Performance Evaluation Report by the Independent Evaluation Group (IEG 2014a) of the SWAP from 2005 to 2011 shows that the program, with substantial Bank support, made an important contribution to reducing both the child mortality and the maternal mortality rates. Among other interventions, the SWAP promoted the use of maternal vouchers to increase access to antenatal care and deliveries attended by health care workers. More recently, the SWAP has increased support for community clinics, which aim to increase the access to basic health services at the local level.

While the Bank has provided substantial support to address nutrition since the 1990s, its approach has changed over the past two decades. While successive country assistance strategies (CASs) have identified childhood nutrition as a challenge, the sector ownership has gradually changed. Earlier CASs have made references to nutrition as a health issue (with the domain of the health sector) that requires support from other sectors. The current CAS views it more as a multisectoral issue requiring a broader approach. Most support to improve child nutrition has been channeled through the Ministry of Health and Family Welfare, and the ministry is attempting to end self-standing nutrition programs and to mainstream nutrition interventions through the public health system. There has been little improvement in the nutritional status during this period, and IEG evaluations of both stand-alone projects and the health sector SWAP (2004–2011) argue that the World Bank has made little or no contribution to reducing child malnutrition (IEG 2014b). Recent analysis has suggested that the high rates of malnutrition in Bangladesh and other South Asian countries are associated with factors that are outside the traditional purview of the health sector, such as limited access to clean water, poor introduction of complementary foods to infants, and a lack of dietary diversity.

While the Bank has supported a good deal of analytical work in the health sector, most of it has focused on health system issues with little directly focusing on child health and nutrition issues. More recently, the social protection and labor sector has carried out pilots and evaluation of cash transfer systems that improved the nutritional status of children (World Bank 2012a).

The CAS does not make any explicit mention of early childhood education, either as an issue or as part of the program. Overall, Bangladesh has had a strong focus on improving access to primary education sector, which includes preschool education. As

the primary enrollment rate has increased to a point where virtually all children enter primary school, the government has increased its focus on expanding preprimary school. Prior to this initiative, the government, nongovernmental organizations (NGOs), and the private sector offered a patchwork of preprimary education with coverage that was believed to be low.

Both on its own and through the SWAP, the World Bank played a major role in supporting the expansion of preprimary education. The primary education SWAP is providing financing to support the production of material and teacher training; it is also supporting the construction of new preprimary classrooms. Development partners have agreed with the government that priority should be given to poorer areas with the greatest deficit in coverage. In addition to its role within the SWAP, the Bank has been quite active as an advocate for early childhood education. This includes working with the government and NGOs to develop a common approach to preprimary school that incorporates lessons from both types of providers. The Bank produced a number of policy notes discussing options for preprimary education and has remained quite active in the implementation of the preprimary expansion.

The government's ownership of a particular policy initiative is the main determinant of sustainability and scaling up pilot initiatives. This happened both with preprimary education and the expansion of community clinics, which have strong government support. Since most development support is provided through SWAPs focusing on large government programs, development partners tend to facilitate this and generally put the government in the driver's seat.

GHANA

Despite substantial progress over the last 10 years, children in Ghana face considerable threats and perform poorly across a number of indicators. In 2008 under-five and infant mortality stood at 87.4 per 1,000 live births and 61.7 per 1,000, respectively, with inequities persisting across income quintiles. Though under-five mortality in Ghana is below the regional average, this gap has been narrowing due to below average progress in recent years according to the results of the Demographic and Health Surveys (DHSs) of 2003 and 2008. The predominant cause of death for children under five is malaria (19 percent), followed by prematurity (14 percent) and birth asphyxia (13 percent). Mosquito net use has increased markedly by the poorest quintile of the population. Use of insecticide-treated bed nets by children and pregnant women of the poorest quintile has increased from 6.9 percent and 5.2 percent in 2003 to 30.6 and 37.6 percent in 2008, respectively. Mosquito net use tends to be higher among the poorer quintiles, reflecting a targeted push to underserved regions by development partners (World Bank 2012b. There remains a large gap in the use of skilled birth attendants (SBAs) across income quintiles. In 2003 only 20 percent of the poorest quintiles were assisted by a SBA

compared to 86 percent of the wealthiest quintile. In 2008 the poorest quintile has stayed much the same at 24 percent while the richest quintile has improved significantly to 95 percent according to the 2003 and 2008 DHSs.

Given Ghana's level of economic development the percentage of stunted and underweight children is very high. Inroads of the bottom quintile have been made from 45 percent and 26 percent in 2003 to 33 percent and 18 percent in 2008, respectively. Though the wealthiest quintile performs better at 16 percent and 8 percent in 2003 to 16 percent and 10 percent in 2008, figures remain quite high indicating that malnutrition continues to be a concern even for the wealthiest share of the population.

Enrollment in preschools and kindergartens has increased significantly since the government included it as part of its mandatory basic education program. Gross enrollment has increased from 49 percent in 2003 to 99 percent in 2012. The net enrollment rate increased from 19 percent to 64 percent in 2012. These results, however, are not supported by an increase in the budget for preprimary education. The preprimary share of the budget preprimary was reduced by almost a full percentage point from 3.8 percent in 2008 to 2.9 percent in 2011. Anecdotal evidence suggests that quality has suffered due to lagging capacity and supplies. In 2008 when kindergarten was introduced into basic education, 75 percent of the 37,700 kindergarten teachers found themselves as unqualified. This has improved marginally to 65 percent of 42,417 teachers in 2013, according to sector performance reports from the Ministry of Education.

Registration at birth has increased substantially from 44 percent to 71 percent between 2003 and 2008. In 30 other sub-Saharan African countries with survey data for a similar period, progress in the registration of children younger than five years was slow. In these countries, the average registration rate was 53 percent in 1999–2003 and 49 percent in 2004–2010, with only a few countries making notable progress. In comparison Ghana stands out positively, according to the 2003 and 2008 DHSs.

The government of Ghana was the first to ratify the United Nations convention on the rights of the child and has since developed a comprehensive Early Childhood Care and Development (ECCD) policy and interministerial coordinating committee based on an understanding of internal obligations to ensure the survival, growth, development, and protection of children as envisaged in Ghana's constitution of 1992 and the children's act of 1998. An ECCD coordination body was initially set up under the Office of the President and had very high level support. However, after a change in administration, a Ministry for Children and Women's Affairs was set up, and ECCD was placed therein as a separate department and later migrated to the Ministry of Gender, Children, and Social Protection. This has diminished the visibility and priority given to ECCD. The

World Bank was absent during this transition period. The coordination body appears alienated without access to finance or sufficient political capital to provide stewardship across stakeholders.

The World Bank has supported young children in Ghana through a variety of avenues over the last 10 years. Its recurring health and nutrition portfolio was supplemented by a series of Poverty Reduction Support Credits (PRSCs). The Education sector supported preprimary education since this was incorporated into the government's basic education agenda in 2008.

Bank support in the health sector in the early 2000s was in the form of national budget support where the World Bank channeled its financing through the Ministry of Finance, which transferred it into an earmarked health account that was pooled with funds from other donors to support the Ministry's Program of Work. Though the package of priority health interventions was not targeted explicitly to children, they were intended to be substantial beneficiaries of the program. In addition to the sector budget support operation, the World Bank supported the health sector through a series of PRSCs that contained triggers on child health, immunization, facility deliveries, health insurance enrollment (access to basic health package), and under-five malaria mortality rates. Since 2008 the Bank's support shifted from budget support in health to more direct project investment lending, giving it greater control over project implementation. The two operations approved in 2008 and 2014 finance a community model with community health workers and volunteers providing a platform where essential services are delivered. This includes growth monitoring and promotion; promotion of breastfeeding and complimentary feeding; management of acute malnutrition; promotion of child spacing and contraception; hygiene promotion; promotion of post-natal care; and iron supplementation. Health workers and volunteers provide essential services at the communities where possible. Other donors were able to use this platform to increase reach of malaria nets, immunization, and treatment of severe and acute malnutrition.

Since 2012 the World Bank manages a Global Program for Education Project which has a component on district and school grants for basic education, which includes preprimary facilities. Activities include, the provision of instructional materials and learning inputs, school furniture, mentoring and coaching opportunities for teachers, training based on need, guidance and counseling system for girls, child-centered activities, library materials, equipment or tools (e.g., information and communications technology) to improve teaching and learning, minor works to refurbish classrooms or build latrines, and school-level reading competitions. As support is for the government's Program of Work in general, it was not possible to separate out preprimary from general basic education.

World Bank support in these fields is aligned with the associated country partnership and assistance strategies. Child survival is a common theme across the partnership strategies, which appears to be driven by a focus on the Millennium Development Goals (MDGs). In 2000 child survival indicators such as under-five and neonatal morality rates were included as progress indicators in health. The CAS 2008 has a human development and basic services pillar, with a focus on the health PRSC series that includes prior actions on child survival and health system performance. Access to health services is part of the pillar on "protecting the poor and vulnerable" in the 2014 CAS. Nutrition is discussed alongside child survival and health. In 2000 for example child malnutrition is taken as a performance indicator in health while in 2008 a key health intervention proposed is vitamin A supplementation. The 2013 country partnership strategy (CPS) discusses community health and nutrition interventions to be delivered jointly. Though support to basic education is discussed across the documents, support to early childhood or pre-preprimary primary programs is not. None of the three country partnership strategies discuss or conceptualize the development of the child, and support to young children is treated sectorally and reach different aims. In the 2013 CPS for example basic education and agriculture are mentioned within the context of improved competitiveness and job creation. Nutrition and health on the other hand are part of the pillar focusing on protecting the poor and vulnerable.

The design of projects is largely based on technical, operational, and institutional lessons derived from similar previous projects (e.g., health), projects operating in a similar setting (other community-based projects in Ghana), evidence generated in the Region, and best practice notes. No evidence on ECD was generated in the country, and no regional or international evidence on ECD was drawn on to inform project design. Consequently none of the interventions focus on the process to develop the child. In the early 2000s the Bank provided sector budget support coupled with a series of PRSCs measuring progress against child survival indicators. The 2008 health project is titled "child survival," which is an adequate reflection of the projects objectives. The follow-up project from this, though integrating health and nutrition activities, also focuses in essence on the survival of the child while district and school grants were made available for preprimary education. The World Bank had an active and versatile program to support young children but did not integrate it as was originally envisaged by the country's ECCD policy.

The World Bank's engagement in health and nutrition was well integrated and interventions were delivered to the same child. A community health officer and community volunteers undertake home visits to counsel pregnant women on health and nutrition during pregnancy; teach them to recognize danger signs; encourage them to seek timely antenatal care; adhere to iron and folic acid supplementation and malaria

prophylaxis schemes; ensure enrolment into national health insurance system; prepare the expecting mother for the immediate post-partum issues, including early initiation of breastfeeding, colostrum feeding, and exclusive breastfeeding for the first six months; facilitate facility delivery; and ensure a post-natal visit within seven days of delivery. As part of improved delivery care, community health officers will ensure that new mothers receive a high-dose vitamin A supplement soon after birth, start breastfeeding within the first hour after birth, and facilitate birth registration.

The nature of engagement of Bank staff across sectors was communicative, rather than collaborative. There were no institutional or managerial incentives for task team leaders (TTLs) to work across sectors, and TTLs were already overstretched, which discouraged active engagement with another sector. Additionally, data and most indicators are organized sectorally and are the measure of project success.

The Bank's engagement with other development partners was collaborative, which was achieved through frequent donor group meetings. The Bank's support was seen as highly complementary through its support to community platforms via the health and nutrition projects, which acted as a delivery vehicle through which other donors could provide their services. Vaccines supported by the GAVI Alliance, for example, were delivered at the community level. Similarly the Global Fund to Fight AIDS, Tuberculosis, and Malaria, together with the World Bank, the U.K. Department for International Development (DFID), and the U.S. Agency for International Development (USAID), purchased bed-nets and used the community platform to reach out to the underserved populations.

JAMAICA

The priority given to the development of the young child in Jamaica has been reflected in the Bank's CASs since 2000. The priority relies on robust Jamaican data combined with international evidence linking weak developmental outcomes for children in the poorest quintiles during early childhood to low achievement in primary school, high rates of school attrition and noncompletion, poor psychosocial outcomes, and low labor market participation. The focus on ECD in the 2005 CAS was on the development of innovative programs to support children's development from birth to three years of age (particularly for children at risk), expand access to day care for children from poor families, and improve the quality of and access to preprimary education for children four- to five-years old. This focus shifts in the 2010–2013 CPS reflecting the design of two projects approved in 2008: the Social Protection Project (SPP) which builds on the 2002 Social Safety Net Project 2002 and targets children in poor and vulnerable families for cash assistance conditional on compliance with health surveillance; and the Early Childhood Development Project (ECDP) which is creating monitoring and early intervention systems to support child development, enhance quality in education and

care settings, and strengthen early childhood institutions. The synergies between the two projects provide a framework for the development of integrated ECD interventions: health surveillance of the young child in the SPP provides the opportunity for monitoring of development and screening for risks utilizing the measures and systems being developed in the ECDP. The quality assurance mechanisms being developed for care and education settings will ensure all domains of child development are supported in improved learning environments. The focus of the new CPS 2014–2017 continues that of CPS 2010–2013, noting highly satisfactory results for the ECDP to date.

The government has put in place a national, cross-sectoral coordinating body for support to early childhood development. The Early Childhood Commission (ECC), established by act of parliament in 2003, advises the minister of education on ECD policy, convenes consultations with stakeholders, coordinates and monitors programs, identifies sources of funding for the early childhood sector, regulates care and education settings (which are predominantly in the private sector), conducts research, and provides public information. The board of the ECC is representative of the ministries of finance, education, health, labor and social security, the planning agency, and community and private sector umbrella groups, and draws on specialist areas of expertise in child development such as mental health, nutrition, and special needs. Although an early childhood policy has yet to be developed, the ECC led the development of the first National Strategic Plan (NSP) for ECD 2008–2013 with support from the Bank through a grant (2006–2008) from the Japan Policy and Human Resources Development Fund (PHRD). The plan sets out five processes for effectiveness in the areas of: parenting; preventive health care; early intervention for those at risk; safe, learner-centered, well-maintained care and education settings; and curriculum delivery—all underpinned by processes for collaborative work across sectors and the use of data in decision making. The Bank provides about one-fifth ($15 million) of the funding estimated as required for implementation of the NSP; the recent Bank approval of additional financing in 2014 provides another $12 million. Selected targets in the NSP are linked to loan disbursements 2009–2013, and new targets have been set for the period 2014–2018 to be supported by the additional financing.

The NSP serves as a coordinating framework for support from donors, international development partners, and national organizations ensuring that (since 2009) the support available is focused on the priority processes identified. The plan's targets linked to the Bank's support address the development of tools, systems, and structures. The Bank is the key donor in ECD for both breadth of work supported and quantity of funds committed. This engagement has been built on over two decades of dialogue with the government, support to social policy analysis that included a focus on the conditions affecting young child development, and technical assistance through the Caribbean Early Childhood Education and Development grant of 1996–1999 for

institutional strengthening in ECD led by the University of the West Indies. The outcomes of these areas of engagement have helped raise the profile of ECD in the country. The government undertook a strategic operational review in 2004 (funded by the United Nation's Children Fund [UNICEF]) of the sectors providing support to young child development that generated the recommendation for a single coordinating body for policy and regulation in ECD. In the same period, the Inter-American Development Bank supported longitudinal research on the status of the preschool child in Jamaica and capacity building in ECD in Jamaica together with six countries of the Caribbean, and supports research interventions in Jamaica in parenting of children from birth to three years of age and tracking the status of a cohort of children from birth. UNICEF continues to provide long-term support to training, maternal and child health, development of parenting policy, and the Parenting Support Commission. The Caribbean Development Bank and national funding agencies have supported construction of care and education settings and practitioner training.

The Bank has long experience in working with Jamaica's multisectoral planning agency, the Planning Institute of Jamaica (PIOJ), the body that ensures that all relevant sectors are represented in project planning and that work with the Bank is coordinated. All loans to the government of Jamaica are managed by the PIOJ through the External Cooperation Management Division. The role of the PIOJ in supporting the implementation of multisectoral projects constrains any reinforcement of sector silos or potential sector silos. Where there are areas of common interest within projects, for example, the child support component in the SPP requiring compliance visits to health centers, and the monitoring of child development and screening for risks components in the ECDP also operationalized in health centers, the relevant implementing agencies are brought together by PIOJ to coordinate efforts. The Social Safety Net Planning Committee chaired by the PIOJ is a joint committee of the Ministry of Health, Ministry of Education, and Ministry of Labor and Social Security. The committee ensures attention to all vulnerable groups, including children, and the equitable spending of resources including those from the Bank's support to the SPP (2008–2018).

Despite the significant level of external support, and the coordinated and collaborative effort within the country, there are obstacles to the development of quality interventions for supporting child development. Public health services, free at the point of access, are overwhelmed and have not been able to sustain child development research interventions despite the robust evidence within the country of the effectiveness of parenting support and child stimulation approaches in the first three years of life. Lack of trained, skilled practitioners and stimulating learning environments in day-care centers and community-operated preschools remain obstacles to quality in over 90 percent of settings. The problem of addressing equitable access to quality services and supports to child development in Jamaica is not an issue of

coverage (estimated to be 97 percent); it is an issue of the lack of practitioner skills, specific interventions to support development and resources to establish remuneration levels, and terms and conditions for practitioners to retain them in the services. Direct public financial investment in young child development through supports to public health and education remains disproportionately low relative to investment in the development of older children and young people.

Targeting available assistance is a strategy that has been successfully deployed in the SPP in cash assistance for poor and vulnerable children. The evaluation found there was 38 percent more visits to health care centers for children from birth to six years old directly targeted by the program. The Bank's support to the ECDP is enabling the functional capability to target to be created. An example of one of the innovations supported by the NSP is the Child Health and Development Passport, a parent-held tool with information and basic screening measures for parents to understand, support, and monitor their children's development. Other examples include the school readiness tool to assist practitioners to identify learning and development needs of four-year olds, and the screening system for high-risk households that has the potential for assisting the targeting of interventions in health, protection, and education on an integrated and streamlined basis. The process of the inspection of all care and education settings has provided the community operators with a reality check on their standards in health, safety, care, and learning support, assisting them to prioritize improvements on a phased basis and enabling the ECC and partner training agencies to target future training interventions on an actual needs basis.

The Bank completed a report on the System's Approach to Better Results in Education (SABER) in Jamaica in 2013, noting the considerable strengths in systems building and coverage of services. However, it identified weaknesses in the lack of specific program interventions to support the development of young children from birth to three years old, particularly the poor and vulnerable, and the persistent low quality of care and education programs for children ages three to six. None of the care and education settings had met the standards for registration under the Early Childhood Act of 2005.

The perception of Bank engagement in the design and implementation of the SPP is very positive. The project benefitted historically from Bank support to the social policy analysis project and the social safety net reform process. The step-by-step approach taken to piloting, review, and evaluation generated a confident level of ownership on the ground in the systems and processes being built by the project. Persons involved speak of benefits accrued from capacity built through training, study tours, and high-level engagement with Bank personnel. The perception of Bank engagement in the design and implementation of the ECDP is mixed. The project objective is widely supported, but the design though much admired for its breadth of vision is generally

thought to be not well understood either by the Bank or the country and to be too ambitious for the current resources, capabilities, and capacities of the ECC to implement. A prior assessment of what would work and how it would work was not undertaken for any of the systems and structures being created with project support. Lack of piloting of system components, lack of evaluation of systems during implementation, and lack of capacity of the ECC to manage and coordinate the scale of the project's operations are cited as the main concerns by persons involved in both design and implementation processes for the project. The project has been restructured twice to ensure more realistic end of program targets. Joint management arrangements with the Ministry of Education for the remainder of the project are planned to strengthen operational capacity. The project's design relied on the government maintaining the agreed "protected" level of spending on ECD to trigger loan payments; given challenges in the economy, this has not been possible.

KYRGYZ REPUBLIC

There has been considerable political turmoil in the Kyrgyz Republic during this time period. The political situation deteriorated seriously in 2004, and in March 2005 President Akaev's regime was overthrown. This stemmed from the lack of impact from economic reforms, poor governance, corruption and nepotism, as well as a disputed re-election. In April 2010, President Bakiev was ousted because of authoritarian tendencies, as he had centralized power within the presidency. Protests were fueled by the belief that corruption, nepotism, and misuse of public assets had risen markedly. There was an outbreak of ethnically motivated violence in June 2010. An interim government kept a fragile peace in place and began a process of constitutional reforms. A presidential election was held in October 2011, but then the government was dissolved in August 2012, a new one was formed in September 2012, and political stability began.

Since the country gained its independence, the attention to the health sector and preschool subsector declined because of the general socioeconomic crisis in the country, unemployment, and resource loss from the former Soviet system. The preschool education system shrunk drastically due to the closure of kindergartens owned by collective enterprises and state farms. As a result, there are low preschool enrollment rates in the country. In 2009 enrollment among three- to six-year olds was 12 percent, but this was mainly for the urban population. Only 5.4 percent of the rural population is enrolled in preschool.

Progress has been made in maternal and child health. The rate of infant mortality and under-five mortality have decreased dramatically since 1997. According to the results of the 2012 DHS, the infant mortality rate is 27 deaths per 1,000 live births, while the rate in the past survey were more than twice as high (61 in 1997). Under-five mortality is 31

per 1,000 down from 72 in the last survey period. Nearly all women receive at least four check-ups during pregnancy with institutional deliveries. The main causes of maternal mortality are postpartum hemorrhage, hypertensive disorders, and septic complications. Thus, the main causes of maternal and infant mortality are related to health care quality during pregnancy, childbirth, and post-partum periods.

Water and wastewater service coverage in the Kyrgyz Republic are low by international standards. Only about one-third of the national population of 4.6 million had household connections. Another 40 percent received water from stand posts or water tanks, while the remaining had no organized water service. Because of the poor state of repair of facilities, lack of maintenance, and insufficient resources available for operations, concerns about the reliability and safety of the service are a source of discontent among the population, particularly in secondary and smaller cities and villages. Declining health indicators in the Kyrgyz Republic were linked to deteriorating water supply systems. The incidence of hepatitis A, typhoid, diarrheal diseases, and intestinal infections had significantly increased, particularly in the southern regions of Osh and Jalal-Abad.

The government's development strategies emphasize well-being for the population and social sector measures to build human capital. While the government has focused across the years on reducing poverty, it has not actively linked ECD into this agenda. The country's medium-term development strategy notes the deterioration in the health sector and emphasizes that the government will focus its efforts on fair and equal access for everyone, including the most vulnerable, as well as a minimal list of free-of-charge medical services. The National Sustainable Development Strategy presents a vision of improved governance and reduced corruption as a unifying theme and foundation for social development. There is no early childhood development strategy. There is no vision from the government to integrate its work across sectors.

Similar to the government, the Bank has not emphasized early childhood development as a focal area in all of its CPSs. The strategies focused on governance, as cronyism and political corruption stem from inadequate management of public expenditures and services, which have led to political instability since 2005. The strategic goal in the current partnership strategy is to reduce extreme poverty and promote shared prosperity through support for improved governance. No link between early child development and shared prosperity is made in the Bank's partnership strategy.

The Bank has provided both lending and nonlending support toward MCH, hygiene promotion, and preschool education. In addition, the Bank has conducted country specific analytical work related to family allowances and preschool education, and jointly conducted a study on children's nutrition with UNICEF. However, with the

exception of the preschool work, which has been financed by grants from the Fast Track Initiative (FTI) and the Global Partnership for Education (GPE), the Bank has not been the implementer or technical leader in areas of hygiene promotion, which is financed and implemented by DFID, and MCH, which is led by UNICEF and the World Health Organization (WHO). The Bank has focused on fiduciary management of the health SWAP and only recently participated in the MCH donor subtable, as its results-based financing impact evaluation has begun.

Through the Health Sector SWAP, the Bank has supported MCH through the State Guaranteed Benefit Package. This package includes prenatal care, antenatal visits, attended delivery, well-child check-ups, breastfeeding promotion and counseling, complementary feeding, growth monitoring and promotion, timely diagnosis of anemia and prescription of iron-containing drugs and folic acid, early detection of hypertensive disorders and timely referral to the delivery, proper monitoring of the fetus, prevention of HIV transmission from mother to child, standard package of recommended preventive services for children under five (i.e., assessment of development, immunization, routine micronutrient, diagnosis and treatment of anemia, oral rehydration therapy, therapeutic zinc supplementation for diarrhea, and growth monitoring and promotion).

The Bank is supporting a pilot to assess the impact that performance-based payments and enhanced supervision have on hospital quality and particular aspects of maternal and neonatal care in randomly selected Rayon hospitals. The evaluation is at the baseline data collection stage, and final results will be several years from now.

Representatives from the Ministry of Education noted their increased focus on preschool education, even though there is no constitutional requirement. Two factors that were reported to "push" to the government were: analytical studies and parental pressure. An institute in the Kyrgyz Republic did analysis of its recent participation in the Program for International Student Assessment (PISA). The country fared poorly on the test, which opened a debate on the quality of education in the country. Analysis of PISA results showed that children enter school much older and fewer of them have preschool experience, in comparison to other participating countries. Lack of school readiness was viewed as a contributing factor to the low PISA scores and "opened up the eyes" of the Ministry of Education. One analytic that the Bank provided to stimulate policy dialogue was a costing exercise of various models and implications to preschool coverage. The Bank also conducted a Benefit Incidence Analysis Study of Preprimary, showing that the wealthy predominantly benefitted. Respondents reported that parents are becoming more vocal about the lack of "free" preschool programs and are making demands on politicians and the minister of education.

Within the Bank's work there has been more emphasis on child survival and health interventions than child development. "When there are no strategies in place for early intervention, it is recommended to provide families whose children may be at risk of not developing their full potential[1] with information about interacting with their children to support optimal child development" (Engle 2011). Parental education programs or materials were not part of Bank-supported interventions. The data point to low percentages of parents who read to their children (29 percent) or have books in their homes (58 percent) (Engle 2011). Survey data indicated that television is the most influential communication mode in the country, but the Bank has not tapped into this avenue for programming to increase parental knowledge to stimulate their children, change behavior, or increase knowledge. Aga Khan, UNICEF, and the Asian Development Bank (ADB) have done pilot education programs (similar to Sesame Street).

Getting health workers to focus on child development has been piloted by WHO and UNICEF. These agencies have supported "Care for Child Development," a training module for health care workers to learn how to provide age-appropriate guidance to the caregiver to foster cognitive, language, and socioemotional skills. It stresses cognitive stimulation, caregiver sensitivity and responsiveness to the child, and caregiver affect.

Content related to Care for Child Development has been put into physicians' guidebook and a pilot training project was done with some health care workers. A process evaluation was done of the pilot, and it found training helped health care workers feel more competent in providing advice on child development. Family members reported doing more stimulation activities with their children, and children had higher scores in communication, gross-motor, and personal-social skills. WHO and UNICEF are working with the Ministry of Health to integrate Care for Development into the Health 2020 Strategy.

The Bank's main basis of selecting interventions has been government programs (pre-existing or newly established in the case of preparatory program). In 2006 the Ministry of Education introduced a 100-hour school preparation program, which was changed to a 240-hour school preparation program in 2011 with support from the FTI. The coverage of this program increased to 60 percent of children in 2012. In 2014 this program will provide 480 hours (or a full year of school).

Another important part of the Bank's work has been effectively coordinating and catalyzing the work of other donors. For example, the National Center for Health Promotion conducted health and nutrition work to promote behavior changes, and the Republican Centers were utilized by the DFID to promote hygiene promotion work.

The GPE project has also been informed by the work of the ADB and UNICEF's community-ECD programs (as well as work done by other NGOs such as Aga Khan), which were influential in showing that community-based models were more financially sustainable, than the government's state-run kindergarten.

The first FTI project can be characterized as supporting inputs such as books and furniture while the current GPE project has a more comprehensive focus on quality by working on curriculum, design of in-service training program for new kindergarten teachers, pilot inclusive education program (e.g., classes with children with special needs and those without), assessment of children's readiness to learn, and evaluation of teachers' pedagogical practices. As well, the Bank's support through GPE focuses on those without access to state kindergartens.

All planned interventions were implemented, and nothing was dropped. Interventions were not designed to be integrated, except for the Bank's support to state-run kindergartens as it is an integrated program of learning, nutrition, and health services. The Bank has predominantly operated sectorally in its ECD work. Bank staff from specific sectors support the respective line ministry and sectoral interventions, with limited cross-sectoral collaboration.

Donor alignment and coordination is a strong feature in the Kyrgyz Republic with each ministry effectively leading donor harmonization. There are sector tables and a subtable for maternal and child health, but none for early childhood development. The ministry ensures each donor is supporting the government program and assigns specific oblasts to particular bilateral agencies to avoid duplication.

While MCH has been sustained, there is a serious funding gap in the State Guaranteed Benefit Package, which presents a serious challenge to the financial sustainability in the health sector. The health sector depends on the resources from the SWAP, and donors will continue to fund the sector as the country has limited resources. State-run kindergartens and the preparation program have been sustained by the government, partly through a reduction in secondary teachers' hours.

MOZAMBIQUE

Children in Mozambique are exposed to considerable risks. The most recent data from a Multiple Indicator Cluster Survey (MICS), conducted in 2008, estimates under-five mortality at 157, which compares to 113 for low-income countries (World Development Indicators). Deliveries were assisted by SBAs in only 20 percent of the cases, with a large divide by income quintile (i.e., lowest income quintile were 8 percent and highest 50 percent). Malnutrition is prevalent. A 2010 population survey estimates malnutrition at 45 percent, with a low of 25 percent in the Maputo region and 56 percent in Cabo

Delgado. Sixteen percent of children are born with low birth weight, and breastfeeding rates are poor with only 37 percent of children being breastfed from birth to five months of age, which is the official WHO recommendation. Though registration at birth is mandated by law, only 31 percent of children under five are estimated to be so, with a rural–urban divide of 39 percent and 28 percent, respectively. While 50 percent in the wealthiest quintile are registered, this only holds for 20 percent of the poorest quintile, according to the 2008 MICS. Data on enrollment in preprimary schooling is not available, but based on limited public provision, can be projected to be low. Despite relatively high primary school enrollment rates estimated at 80 percent, only 48 percent of those complete primary school, which suggests poor school readiness.[2]

The World Bank started supporting activities directly relating to children under the age of five in 2009 following the 2007 CPS, which emphasized support to MCH through facility-based services, outreach, and community-based care. To date the health project trained 1,100 community health workers, distributed malaria bed nets in three target provinces, and procured over 8 million rapid diagnostic tests and 5 million doses of artemisinin-based combined therapy.

An effective presentation of dismal child development indicators that surfaced from a baseline survey of a World Bank supported impact evaluation of a Save the Children program was sufficient to generate interest in comprehensive, multisectoral ECD engagement by the government, which subsequently requested support from the Bank for this purpose. After the government had made its commitment clear, the Bank provided technical assistance for the setup of a multisectoral ECD commission, an ECD strategy, and a detailed operational implementation plan outlining the roles and responsibilities of stakeholders across sectors and all levels of decentralization.

In addition the Bank supported the government through lending. Two additional finance operations were approved providing support for nutrition in the above-mentioned health project and an ECD service package through an additional ECD component for a pre-existing education project. Through the nutrition subcomponent the Bank supports growth monitoring; various promotion activities (breastfeeding, appropriate complementary feeding, use of micronutrient powder); mobilization of pregnant women for antenatal care services (iron folic acid, deworming); provision of zinc tablets and oral rehydration salts solution to children with diarrhea; education on water, hygiene, and sanitation; and immunization. The delivery of nutrition services are contracted out to a third-party NGO, with the government playing a supervisory and quality assurance role. Through additional financing in the education project, the Bank provides financing for a basic ECD services package, which is delivered by an NGO through a community based delivery model, similar in design to the nutrition additional financing. NGOs are responsible for activities including community

mobilization and technical assistance to the community in setting up ECD centers as well as upfront and ongoing teacher training, monitoring of the quality of ECD services, and parenting education. The ECD program contains a curriculum that promotes the development of social, emotional, physical, language, and cognitive areas; seeks connections with health services; and involves work with parents, families, the community, and local government. Payment for NGOs follows a results-based model. Disbursement indicators include number of participating communities, number of preschools operating continuously with at least 80 percent attendance and parenting meetings, and number of preschools with a satisfactory quality rating. In addition technical and institutional capacity building support at the central, provincial, and district level is provided, and there is support to assist the Ministry of Education with oversight over the results-based disbursement framework.

Many design features of the small-scale Save the Children program were incorporated into the Bank's ECD program. Adjustments were made to incorporate the stipends of teacher, as requiring communities to contribute toward stipends proved unsustainable after the Save the Children funding ended. Other design aspects were innovative in the context of Mozambique such as contracting out services to third-party providers and using a results-based disbursement mechanism, which bears close resemblance to results-based financing projects from the health sector in the Region.

Bank analytic work was considered critical to the policy dialogue and project design. The health study of 2005 largely informed the 2007 partnership strategy and the design of the associated health project. In addition to the presentation of the baseline survey of evaluation of the Save the Children program, the findings of the actual impact evaluation (with strong internal validity) were important for maintaining the political momentum after a change in leadership in the Ministry of Education. Furthermore the Bank is preparing additional analytical work including an impact evaluation of the nutrition and ECD package looking at both programs separately and in combination, a follow-up study on the long term effects of the Save the Children program, and a study on the provision of ECD services in urban areas. The value of these was widely acknowledged by all stakeholders.

Interventions are closely aligned with area of need as reflected by child development data. The health and nutrition interventions are implemented in the poorest provinces with among the worst health and nutritional outcome indicators. In nutrition a donor mapping exercise allocates different partners to different provinces to avoid overlap. For the ECD additional financing, need is a basic criteria for the selection of intervention districts. ECD activities are also implemented in urban areas like the Maputo district, which does not correspond to the highest areas of need. It is a government priority to

include urban settings to cover various demographics and be more representative of the population to better inform a potential national rollout.

The design of operations has gradually increased emphasis on ECD. While the Bank had a disease specific orientation (i.e., malaria and HIV/AIDS) in the earlier part of the 2000s, this has shifted to health sector support in 2007. It has some focus on the health of children under five and eventually complex ECD program that contains a curriculum to promote the development of social, emotional, physical, language, and cognitive areas; seeks connections with health services and the community; and involves pedagogical training for parents emphasizing behavioral change. While activities are now designed to be integrated, they do not yet reach the same child. Nutrition activities focus on the first 24 months, while the preprimary activities reach children of ages three to five. In the medium term this will converge, and children that benefited from improved nutrition will also receive preprimary education. A planned impact evaluation is looking to capture development outcomes of children that received either the nutrition alone, preprimary education alone, nutrition in combination with preprimary, or none of these. The necessitated that the nutrition and preprimary work be designed together.

While it is too early to judge on the sustainability of the Bank's ECD program, several lessons can be drawn from the experience so far. Requiring communities to contribute toward the stipend of the preprimary teacher proved unsustainable. Stakeholders stressed the importance of the recent approval of an ECD budget for the sustainability of the Bank program. It provides a financing avenue for the government and an opportunity to be strategic about the allocation of funds, and involves the parliament on an annual basis as they approve the budget, which significantly elevates the status of ECD from a donor program to a real national priority.

Mozambique has strengthened interministerial coordination through setting up an ECD commission, committing to an intersectoral ECD strategy, and acknowledging the lead and coordinating role the Ministry of Education is taking as well as managing an ECD specific budget line. Throughout this process, the Bank has played an active role thereby strengthening the government's effort in all of these areas and helping it to break down sector silos. Examples of the Bank's work across silos are: preprimary education and nutrition additional financing components were jointly designed to strengthen ECD outcomes across a number of domains; Bank staff from various sectors contributed to the multisectoral ECD strategy; and an impact evaluation involved both the nutrition and the preprimary education interventions (the choice of treatment and control groups required coordination at the design stage as the evaluation aspires to assess the impact of one intervention in the absence of the other). The coordination across sectors was due to the initiative taken by TTLs, rather than institutional incentives.

Bank support was complimentary to that by other partners, and the Bank is part of all major sectorwide and cross-sector coordination mechanism. While the education financing mechanism focuses predominantly on issues beyond the preprimary level, it served as a coordination and communication platform. In nutrition, donor mapping has been conducted, and there is no duplication of activities, though concerns were raised with implementation arrangements where some partners felt they were insufficiently consulted. The health sector is highly populated, and numerous donors provide assistance in the area of MCH. Even though the Bank does not provide its financing through the joint financing mechanism, it is well aligned with the principles of the International Health Partnership. Donor support for children under five is operating in general through sector silos as they either provide vertical program support or finance sectorally oriented basket funds.

NEPAL

Nepal is a poor country with rugged and remote regions and ethnic and linguistic diversity. Most of the population is concentrated in the Terai (combined 93 percent). The remaining population lives in the remote mountain region. As of 2011, there were 125 castes and 123 mother tongue languages spoken among Nepal's 26.5 million people. Cultural norms and extreme weather (e.g., monsoons) contribute to malnutrition and food insecurity.

Nepal is one of a few fragile and conflict-affected states that are on track to achieve one or more of the MDGs. It is likely to meet the goals of eradicating poverty and extreme hunger, improving maternal health, reducing child mortality, and achieving universal primary education.[3]

These gains were made despite civil conflict between 1996 and 2006 and the enduring political instability in its aftermath. Nepal has experienced more than 25 different governments since the change to a constitutional monarchy (multiparty democracy) in 1990.

Health and education have long been priority concerns for successive governments of Nepal. The government's strategy for 2002–2007 development (the Tenth Plan) emphasized improving basic social services (e.g., education, health, rural drinking water, and sanitation) to reduce poverty and to improve the living conditions in rural areas, as well as to address the root causes of the conflict. These goals have continued into the following three year interim plans.

The Interim Constitution (2007) is based on the vision of an inclusive society and gives all Nepali citizens—regardless of ethnicity, caste, religion, political persuasion, social and economic status, or gender—the right to free basic health services and free

education. Special emphasis was given to mothers and children. Targeting of programs was based on either a high concentration of disadvantaged ethnic minorities or geography. More recently, targeting based on multidimensional poverty, human development, and food security indices was reported.

The People's Movement reinforced the government's commitment to social inclusion and the view that basic health and education service is a fundamental human right as well as a precondition for economic growth. The government has committed to improving children's welfare. It ratified the United Nations Convention on the Right of the Child in 1990 and has put in place policies that should help prioritize and facilitate implementation of early childhood development in the country. The Bank's Early Childhood Development SABER found varied implementation, poor monitoring, and low quality.

Nepal's CASs have been based on client demand, generally to leverage results for global initiatives to which it has committed itself; for example, the MDGs. Early strategies (1999 and 2003) reflected Nepal's understanding that human development was integral for economic development. Health and education goals targeted essential health services and basic education, especially for the poor and disadvantaged. In the CAS for FY14, the Bank broadened its discussion of nutrition activities to those outside the health sector while it narrowed its focus from general education to skills development with no mention of the early childhood education and childcare centers.

The Bank's support for ECD in the country has been sector driven. Given the government's preference for the SWAP mechanism, the Bank's support for early childhood development interventions has largely been on a sector-by-sector basis with limited coordination between sectors. Health and nutrition have been addressed by the health sector and preprimary by the Education sector. An advantage of the SWAP mechanism is that it has helped coordinate donor support in health and education.

The Bank has actively supported government-led reforms in health and education (e.g., Nepal's National Health Strategy Program I and II and Education for All [EFA] Action Plan) through successive health and education SWAPs. The SWAPs represent the lion's share of development assistance in health and education (although only a fraction of the government's total program). The SWAP arrangements have helped build government capacity and harmonize donor support. The major donors participating in the SWAPs include the ADB, Australian Agency for International Development (AusAID), DFID, European Union (EU), the GAVI Alliance, GPE, Japan International Cooperation Agency, United Nations Educational, Scientific, and Cultural Organization (UNESCO), UNICEF, USAID, World Food Programme (WFP), and WHO.

Much of the Bank's support for early childhood development is in the areas of maternal and child health and nutrition. The Bank supported the national health strategy and its implementation through two health sector SWAPs. The Bank supported the government in developing its Second Long-Term Health Plan (1997–2017) and closely collaborated with the government in preparing the action plans for Nepal's Health Sector Programs. Analytical work conducted by the Bank identified maternal and child health and nutrition as an unfinished agenda. Under the National Health Sector Program, the government established a package of essential health care services which focused, in large part, on improving maternal and child health and the nutritional status of children and pregnant women. Health and survival were targeted through government programs such as the Expanded Program on Immunization, the Community-Based Integrated Management of Childhood Illnesses Program, the Community-Based Newborn Care Program, the Infant and Young Child Feeding Program, a micronutrients supplementation program, vitamin A and deworming campaign, and the Community-Based Management of Acute Malnutrition Program.

Trends in child health are improving. Sixty-four percent of Nepalese children under the age of five are fully immunized, but 81 percent of one- to two-year olds are fully immunized.

Nepal committed itself to attaining education for all as a signatory of the Jomtien Declaration on Education for All (1990) and recommitted itself to achieving its goal of universal access to basic and primary education by adopting the six goals that EFA introduced in the Dakar Framework for Action (2000). In 2003, the Ministry of Education in collaboration with UNESCO designed an action plan to achieve each of the EFA goals by 2015. As part of the EFA Action Plan, the Ministry of Education (with the support of UNESCO) issued a strategy paper for early childhood development, which recommended a holistic approach to child development including sensory-motor and social-emotional domains of child development, which are areas not being addressed by the government or donors.

In the Education sector, the Bank has supported the government of Nepal implement its Education for All Action Plan (2004). The expansion early childhood development (ages three to five) was a means to achieve the project's development objective of enhancing the quality and relevance of primary education. In 2010, a follow-on project continued to target the expansion of early childhood education and development centers for children age four. The number of students entering first grade with "early child hood development experience" has reached 60 percent. However, there are weaknesses in the conceptualization, design, and implementation of ECD centers, and government support to ECD centers is minimal. Implementation plans envisioned community-driven partnerships with NGOs, with limited support from the Ministry of Education

for one to two ECD facilitator stipends. As such, the quality of ECD centers is low (on average) and has not focused on child development as envisioned in the EFA's core document.

More recent projects are designed as integrated with activities to support nutrition by taking a life-cycle approach to improving nutritional status. Specifically, Sunaula Hazar Din is a community-driven project that provides a set of goals out of which a community can choose the most relevant. The project targets children during the first 1,000 days of life. It also addresses anemia, delayed pregnancy, girls' school attendance, protein intake, iron and micronutrient supplementation, complementary feeding practices, hygiene, safe drinking water, and sanitation.

The government of Nepal has long recognized the multisector nature of nutrition in its strategic documents. In 2004, the Ministry of Health and Population approved the National Nutrition Policy and Strategy, which recognized the significant role of nutrition sensitive ministries and the benefits of inter- and interministerial coordination in helping to improve nutrition. Yet, little movement toward a multisector solution was made, and health services remained targeted to maternal and child health and survival partly because of the large pockets of poor and under-served mothers and children.

Nepal has been less successful in combating chronic malnutrition. Stunting rates are high—42 percent of the population is stunted with higher rates among children below the age of five and significantly higher rates in remote regions. The largest number of stunted children live in the heavily populated Terai. Food insecurity, poor nutritional diversity, and poor sanitation and hygiene contribute to high wasting rates, especially in the Terai where open defecation is customary.

The World Bank has been heavily involved in country dialogue on nutrition. The donor community is driving the new agenda on nutrition, and the Bank was one of the main donor advocates of a multisectoral approach to nutrition (along with UNICEF, WFP, DFID, and AusAid). Bank analytical work focuses heavily on nutrition. The Bank collaborated in the Nutrition Assessment Gap Analysis (2009), which evaluated the government's 2004 strategy, identified weaknesses in current efforts, and recommended a stronger commitment to attacking malnutrition multisectorally. The government of Nepal has approved the Multi-Sector Nutrition Plan (MSNP), involving the Ministry of Health and Population, the Ministry of Education, the Ministry of Federal Affairs and Local Development, the Ministry of Agricultural Development, and the Ministry of Physical Planning and Works. It created a high level steering committee on food security and nutrition and an interministerial coordinating committee located in the National Planning Commission to help coordinate ministry activities. It is too early to evaluate the MSNP's effectiveness.

NICARAGUA

The government's conceptualization and priority toward ECD has changed over the time period of review (FY00–14), and this has influenced the Bank's partnerships strategies and the priority the Bank has given to ECD. Prior to 2008 the rationale for investing in ECD was boosting human capital to enhance productivity and income. Attaining the MDGs was also a motivating force for investment in young children. As infant mortality has improved, the CPSs have shifted their focus to child and maternal health. The current partnership strategy (FY13–15) has made an even more dramatic shift, as it strongly emphasizes early childhood development as a means to reduce the intergenerational cycle of poverty, reflecting the current government's focus on improving social equity and opportunity. While an integrated concept of child development is noted in the Bank's current CPS, the Bank's support is described sectorally.

In 2010, the government established an ECD Commission to better integrate and coordinate ECD activities among the Social Security Institute, the president's office, and the Ministries of Education, Health, and Family. This commission led the preparation of ECD policy, and since this time, the government has placed great importance on early childhood development. The government's ECD strategy is grounded on the rights of the child as well as a social contract between the state and its citizens for the state to provide health, nutrition, education, child protection and the parents and family to stimulate, nurture, and respect their children. This strategy also emphasizes a coordinated delivery of interventions around the needs of the child and family by the Ministries of Health, Family, and Education and the community. Each ministry has respective responsibilities, but coordination exists at each level (central, department, municipal, and community).

Prior to the government's ECD policy, a wide-range of ECD interventions such as maternal and child health, nutrition, childcare, and preschool were provided and financed by the Bank and other donors in the country. However, coverage for some interventions were low, and they were not coordinated. Programa Amor para los más Chiquitos was launched in 2011 to implement the ECD policy across the country but permitting regional adaptation. One condition that facilitated the rapid implementation was the centralized political structure within the government.

Programa Amor para los más Chiquitos uses existing programs or services implemented by the Ministries of Health, Family, and Education as well as volunteer brigades of women and youth in every community to provide information about the program; deliver messages to the family so that parents stimulate, care, and protect their children; and develop a registry of pregnant women and young children. Families are provided additional support from the municipal cabinet, social workers, health care

workers, or teachers, depending on the particular needs of the family. The goal of the program is to raise early childhood enrollments and improve health, nutrition, and development of the child through the provision of information to change parental behavior to ensure parents send their children for regular health check-ups and attend school and care and nurture their children. The use of community volunteers is part of the Nicaraguan culture and history, as similar efforts were successfully deployed in the 1980s for the literacy campaigns. Thus, the program capitalizes on volunteer efforts to change parental behavior and raise community consciousness around childhood development. This permits multiple entry points to deliver messages to parents, not just health care workers, as well as provide additional support to pregnant women and children.

Sector loans in health, social protection, and education support the Programa Amor para los más Chiquitos. The Bank assisted the government with development of the model for the program. These single sector projects have become integrated in their delivery because of the implementation arrangements in the country. Thus, projects designed to support one sector can in practice become multisectoral.

With funding from the GPE, the Bank is working to improve education quality in both formal and community preschools. A model, curriculum, and training program have been developed, which is a more systematic approach to building preschool quality, but quality assurance mechanism have not been developed. A consistent weakness at the preschool level has been teachers' lack of knowledge and training in early learning and child development. Past Bank support focused on scaling up access through low-cost community preschools and provision of inputs. Difficulties were encountered with community preschool teachers, given their low pay (e.g., one-third of a formal teacher's), which created the need for further recruitment and training of preschool teachers and their replacements, resulting in additional costs.

The Bank's support to the Community Health Model and Maternity Houses has established a package of MCH services, with access improving over the years. For example immunization rates for tuberculosis and hepatitis B have increased from 80 percent in the early 1990s and now are nearly universal. Over the time period, more attention has been devoted to nutrition and its monitoring. Clear protocols for treating undernourished children are established and implemented, but stunting has only modestly declined from 30.5 percent in 1998 to 23 percent in 2006. Health workers understand the importance of focusing not only on child health and survival, but also on the monitoring of child development, screening for development delays, and the provision of information to parents.

Several Bank loans have supported the school feeding program, which provides a hearty, nutritious meal each day to preschoolers. A transfer program helps at-risk families in 26 municipalities in six departments by connecting them to social workers and a small stipend ($20 month), if they participate in Values School. The curriculum for this program incorporates child development but focuses on topics such as violence reduction and financial literacy, and is aimed at families with children from babies to teenagers.

There are limited data related to ECD. Under the current GPE, an ECD monitoring and evaluation system will be created, measuring the development of Nicaraguan children and assessing mastery of children within its curriculum to support the Ministries of Health, Family, and Education.

All of the projects have targeted poor mothers and children and focused on select municipalities and departments by applying geographical criteria and an explicit measure of poverty. Afro descendants and indigenous populations are the poorest groups in the country and heavily concentrated in particular areas. These groups are exposed to more poverty and have worse access to basic social services, which can be partly explained by the large concentration of them in the two Atlantic coast areas, which are geographically isolated. Thus, Bank projects have focused on these areas as well as others.

Country specific analytics (e.g., impact evaluation, economic and sector work [ESW], technical assistance) informed design elements and specific activities included in projects as well as policy dialogue. Analytics, such as a study of constraints to preschool enrollment, identified parental attitudes as a barrier to enrollment. Information from the SABER pilot was used during preparation to design the current project funded by GPE. A study of the maternity houses identified factors that influenced utilization. Analytics did not have a role in selecting the mix of interventions considered or supported as pre-existing government programs were the basis. Analytics have not examined integrated service delivery or interventions.

The interventions have been sustained and scaled up by the government. This seems to be related to the fact that the Bank has supported pre-existing government programs, and the government has had a great commitment toward maternal and child health and child development. Evaluations did not appear to be a motivating factor for scaling-up or sustaining interventions. Donors are likely to sustain their financing of MCH as long as the government can show progress in health indicators, as Nicaragua is a low-income country. Resources constrain scaling-up of preschool, which in 2010 was 55 percent.[4] Preschool access is predominantly focused on urban rather than rural regions, according to Bank analysis.

Before the government's ECD strategy emphasized interministerial coordination, each ministry worked separately. Bank staff within the human development sectors have begun to connect their ECD work, but sector support is predominantly provided by the Bank. Factors that have facilitated Bank staff working across sectors are:

- the sector leader and country manager advocate and push for staff to work together;
- country office staff are expected to work across all sectors of the Human Development Network;
- time is put within the staff work plan for cross sector knowledge sharing and work;
- work plans are formalized between staff in different sectors and networks and a budget code is provided for staff in each sector to bill time (not to the project code)
- natural synergies, such as impact evaluation work, public expenditure review, or social sector analysis, are catalyzed.

Cross-sectoral work can only be emphasized to the extent it fits within the project work scope, as the demands of the project are what fill the time of Bank TTLs. Collaborative work opportunities were limited, even if possible synergies could be beneficial. For example, connecting hygiene activities with health and education sector work has not been pursued.

Nicaragua receives about 30 percent of its budget from overseas development assistance; however, foreign aid in the social sectors has declined from $280 million in 2007 to $30 million in 2011. The country has been spending more on social services by limiting resources devoted to security and justice, and is improving its revenue flows. Even with effective macroeconomic management, the country will need external financial support to fully implement the Programa Amor para los más Chiquitos, as it is a low-income country. The government is currently developing an operational plan and budget to implement the ECD policy. Thus far, the Bank has not had a role in providing technical assistance to develop a medium-term operational plan and budget, identifying financial shortfalls.

The government has recently established an Intersectoral Donor Table related to early childhood development where all three line ministries participate as well as other donors. However, this subtable is not yet functioning, and coordination relies on the sectoral tables. While the government has made strong efforts to align the work of donors to focus on its priorities, it has emphasized bilateral coordination. Even though few donor organizations are present, coordination relates to sharing of information rather than harmonizing and establishing synergistic relationships. In previous years, common work programs had been established. Global partnership programs such as

the GAVI Alliance and GPE focused on funding specific sectoral interventions. Thus, conditions limiting the effectiveness of coordination related to both the government and institutional cultures of each donor organization.

VIETNAM

Vietnam has performed well in raising the living standards of children and is on its way to achieving the MDGs. Specifically the child mortality rate decline from 58 per 1,000 in 1990 to 27 in 2005 and to 23 in 2012. The maternal mortality rate declined from 233 per 100,000 in 1990 to 80 in 2005 and to 64 in 2011. Likewise, child malnutrition (wasting, under age five) declined from 41 percent in 1990 to 24 percent in 2005 and to 17 percent in 2011.

Vietnam has a strong and long-term commitment to children and early childhood development as demonstrated by its long-term focus on MCH interventions. While there is a broad understanding of ECD as an integrated concept, there is little cooperation among ministries. Sector silos are strong in Vietnam, which each ministry and program working on its own. The government has high level strategies, such as the Socioeconomic Development Plan of 2011, that include a focus on children as part of its overall goals (for example, the MDGs). While these goals require intervention from different sectors, there is no attempt at integration. The Bank has not played any role in strengthening interministerial coordination. While the Bank does not presently have any projects that focus specifically on ECD as an integrated concept, several have included child-related themes.

Vietnam is increasingly sophisticated and is in the driver's seat in making policy. The most recent CPS (2012–2016) made no mention of children's issues in the diagnosis of development challenges. The CPS included improving access to ECD as part of its social protection subpillar ("3.1. increased opportunities for the poor and household resilience to shocks"). There was no direct mention of ECD or childhood issues in the pillar related to health and education ("3.2. improved basic infrastructure and public sector delivery issues and access").

Although the Bank is active in the education and health sectors, its support for ECD is primarily in the Education sector through a new project that supports the expansion of the preprimary education system. The Bank's support for health focuses on secondary hospitals, which do not explicitly target children. However the Bank did finance pediatric and maternal units as well as training related to children's health. The Bank is beginning to support nutrition through a rural development program in one of the poorest regions in the country—the Northern Uplands. The Northern Uplands has a high proportion of ethnic minority groups as well as a low level of human development, including a high level of malnutrition. In social protection, the Bank has

focused on improvement of targeting and the poor. The Bank is piloting cash transfers in poor provinces that will support parents with young children among other groups.

The World Bank developed and administered a holistic ECD project (financed by a trust fund from 2005 to 2008) that was implemented by an NGO in several provinces. This project was administered in coordination with local governments. After the trust fund project closed, its lessons proved important for the Ministry of Education and Training. The government proposed a follow-on program to expand the coverage and quality of preprimary education.

However most ECD activity is carried out on a sectoral basis, and the Bank's support in ECD is quite focused. The Bank has generally worked within the context of these sector boundaries and has made no attempt to break down these boundaries. Within the Bank, there is little cross-sectoral collaboration. This largely reflects the government's structure, which leads to little opportunities for cross-sectoral collaboration.

The government's policy, which is supported by the Bank's project, focuses on preparing children for school and developing capabilities (for example, improving nutrition and fine motor skills as well as other capabilities). The government policy has led to near universal coverage at age five and a high level of coverage in earlier years. The Bank reports that coverage for children at five years of age was 99 percent in 2014, with 80 percent enrolled in full-time preschools. Estimates suggest that the overall enrollment for ages three to five was around 90 percent in 2008. The Bank provides budget support to the preprimary program by reimbursing certain budget lines. The government program focuses on improving pedagogy and the quality of facilities and equipment. It uses a revised curriculum that is designed to be child centered.

Because of government policy, there is little or no collaboration among development partners in financing projects in most sectors. Donor support is fractured with little coordination or collaboration among donors. Only the World Bank, UNICEF, and NZAid are involved in preprimary education, along with some international NGOs (notably Save the Children and World Concerns for preschool children with hearing impairments). In the health sector, most donors have a similar program as the Bank's, with a focus on hospital and higher level training (for example, the ADB) or on specific diseases (e.g., USAID with HIV/AIDS). Several NGOs directly support efforts to promote child nutrition.

The Bank has not carried out any analytical work focusing exclusively on ECD. Some analytic and advisory activities have included aspects of it. The Bank has worked closely with different partners on analytical work. This included several technical documents that included some discussion on child development, including the poverty

assessment (supported by the United Kingdom, Ireland, the European Commission, and several UN agencies) and the education report (financed by Belgium and the United Kingdom).

Summaries of Desk-Based Case Studies

BULGARIA

Bulgaria is an upper middle-income country in southeastern Europe. It has a population of 7.3 million and a gross domestic product (GDP) per capita of $7,283 (2011). Bulgaria is ranked 57 in the United Nations Human Development Index (2012), with an infant mortality rate of 8.5 deaths per 1,000 live births and a child mortality rate of 10 deaths per 1,000 live births—both of which are more than double the rates of Western European countries but lower than similar Eastern European such as Romania. Despite steady economic growth in the last decade, persistent pockets of poverty and uneven living standards remain particularly for disadvantaged groups.

Poverty and social exclusion have been associated with low levels of education and large household size, and is heavily concentrated among ethnic minorities, particularly the Roma. Although a wide range of early childhood development services are available in the education, health, nutrition, and social protection sectors for pregnant mothers and children from birth to seven years of age, there are significant disparities in access. Data indicate a poverty rate of 47.5 percent for Roma households compared to 4.9 percent for ethnic Bulgarian households (2007); 55 percent of Roma have completed eight years of schooling compared to 95 percent of ethnic Bulgarians (2007); 20 percent of Roma children under seven attend preschool compared to 60 percent of ethnic Bulgarians (2003). The Roma population is estimated at 800,000, which is about 10 percent of the total population.

The public childcare and child protection system in Bulgaria was dominated by the practice of institutionalization with the highest rate in all of Europe in 2001. This has been partly due to lack of early interventions (for children with special needs or families in crisis) and inadequate diagnosis of needs. The institutions themselves have been marked by poor conditions, leaving children unable to integrate effectively in society upon reaching the age of 18.

As part of its preparation for European Union (EU) membership (achieved in 2007), Bulgaria undertook concerted efforts to reform the child welfare system and address social inclusion challenges for the poor and Roma populations. These efforts focused on policy and legislative reforms as well as delivery of social services that aim to equalize starting conditions for all children. The government took steps to establish a solid legal

framework for the protection of children's rights and the continued provision of early childhood development services.

It is against this backdrop that the World Bank partnered with the government to implement a Child Welfare Reform Project (CWP) in 2001. The project's objective was to improve child welfare and protect children's rights. The intent was to change the existing practice of institutionalizing children by developing community-based alternatives including day-care and preschool programs. The project also helped to establish the government institutions responsible for implementing the new child welfare reform strategy. The project design drew heavily from background reports, including a social assessment in which over 1,000 children, 1,000 mothers or caregivers from disadvantaged families, and 500 institution staff were interviewed. The project design reflected the need for a targeted approach to ensure disadvantaged populations could access social services. There was extensive collaboration with development partners including the United Nations Development Programme, UNICEF, and the EU. The EU, in particular, was a key partner in co-financing the policy development and capacity building aspects of the project. The overall approach was marked by the promotion of human capital development among disadvantaged children so that they could become future productive members of society.

The project activities were mostly implemented, including the establishment of the State Agency for Child Protection and the operations of community support centers (which provided basic services and counseling). However, there were significant implementation delays from political changes in the government and shortfalls in the provision of counterpart funding. The project period was extended by two years and closed in 2006. Although project data showed a 27 percent decrease in the number of new children being institutionalized and an 18.2 percent decrease in the total number of institutionalized children in project areas, outcomes with regards to actual improvements in child welfare and protection were not reported.

Following on the Child Welfare Project, the Bank partnered with the government to implement a Social Inclusion Project (SIP). The objective of this project was to promote social inclusion through increasing the school readiness of children below the age of seven. The project aimed to develop integrated preschool programs in targeted communities in order to provide poor and minority children with an opportunity to have an "equal" start in primary school. The project design was highly consistent with government strategies for social inclusion of the Roma. It again reflected extensive collaboration with the EU, this time directly leveraging EU financing for subsequent phases of the program. The overall approach was marked by the improvement of school readiness among disadvantaged children so that they could overcome social exclusion challenges and become fully integrated into society.

However, similar to the CWP, the project experienced significant implementation delays and was restructured and extended for two years until 2015. To date, the project has completed civil works for the service facilities, but service delivery has not yet been initiated. The results framework was significantly revised partly due to methodological constraints in collecting data on "cognitive development," "malnutrition," and "quality of parent-child interactions." Instead of comprehensive surveys measuring these indicators, a simplified school readiness diagnostic test was given to a sample of the project population as the baseline evaluation in 2012.

Bank support has been highly consistent with the government reform policies, and the lending activities have provided important short-term support to the government in solidifying its child welfare reform and social inclusion agendas. This is noted as an institutional outcome for the CWP at the local level, as "the municipalities' willingness to effectively collaborate has increased significantly during the project implementation (as acknowledged also by representatives of the NGO sector) which made possible the completion of the community support centers." The Bank's country partnership strategies over the review period and ESW have addressed ECD only to a limited extent; however they have provided consistent messages on the importance of investing in early childhood interventions for targeted disadvantaged groups as a means of social protection. Overall, the Bank's support to the government has been narrowly focused on a social protection approach, but it has been consistently delivered through both lending and analytic and advisory activities as well as in the country partnership strategies. There have been strong collaborative relationships developed with donor partners, namely the EU.

The project interventions have incorporated integrated approaches to a limited extent, primarily through preschool education programs that provide basic health screening, supplemental meals, and targeted income support to poor families (i.e., kindergarten fee reduction, free transportation). As noted in the SABER-ECD report for Bulgaria, "the relevant government institutions engaged in policy making do not yet fully recognize the concept or the need for a comprehensive and integrated ECD system" and thereby, the government has no explicit ECD strategy or intersectoral collaboration mechanism.

A notable shortcoming is the limited data on the effectiveness of the Bank's early childhood interventions for Bulgaria's disadvantaged populations. Although the Bank project designs have drawn heavily from background assessments and reports (both Bank and non-Bank) as well as from international evidence on the effectiveness of early childhood interventions on lifelong outcomes, there has been no comprehensive, formal analytic work produced by the Bank with country-specific ECD data or evidence. The one completed CWP project did not provide adequate outcome data. The ongoing SIP project had initial shortcomings in the results framework, the indicators of which were

revised in a project restructuring; meanwhile, the service delivery component of the project is scheduled to begin in September 2014 and will provide only one year of services before the project closes. Attention to ensuring service quality is also inadequate; while the Bank has helped to develop training and service delivery standards, there have been a lack of indicators to monitor quality assurance or project interventions to enforce adherence to standards.

ETHIOPIA

Ethiopia has shown significant progress in human development indicators since the late 1990s. Child mortality declined in half, the number of people with access to clean water has doubled, and primary school enrollment has quadrupled. The poverty headcount has declined from 46 in 1995–1996 to 29.6 in 2010–2011. Overall, Ethiopia has attained high economic growth at 10.7 percent per year and is projected to reach middle income status by 2025 (World Bank 2013). Its overall economic growth is dominated by agriculture, but only 10,556 hectares are under cultivation, and about 45 percent of its landmass is arable. Ethiopia continues to depend on external donor funds to sustain progress and stabilize imbalances.

Ethiopia achieved decentralization of its governance system by delegating authority and responsibilities to regional state, woreda (district), and kebele (village) governments. Politically, since the aftermath of the 2005 election, Ethiopia has stabilized. However, border tension with Eritrea, the continuing political instability between Sudan and South Sudan, and Islamic fundamentalists in Somalia make Ethiopia prone to outbreaks of conflict. The regional political instabilities contribute to localized conflicts and affect delivery of basic services in the most vulnerable parts of the country. As well, Ethiopia's public health expenditure has fluctuated throughout the last decade; from 8.9 percent in 2000 to 13.1 percent in 2007 to 11.1 percent in 2012, coming short of the target set during the 2001 Abuja declaration to allocate at least 15 percent of the government's annual budget to the health sector.

Three CASs and CPSs have been produced during the period under review. The Bank's support for early childhood development is in close alignment with government's Health Service Development Plan (HSDP I–IV). Some of the ECD interventions that are noted in partnership strategies are counseling on adequate diet during pregnancy, micronutrients and fortification, parent support programs, antenatal visits, malaria prevention, immunization, supplemental feeding, growth monitoring and promotion, and training for service providers. The Bank's support is sectorally based with the intent of attaining the MDGs. In the early 2000s, the Bank mainly supported HIV/AIDS and nutrition interventions. Recently, the Bank has shifted its focus to MCH. A similar pattern is also observed in the Bank's analytical work.

Project interventions focused on maternal and child survival rather than child development; beneficiaries included mothers and children under the age of 16. Given Ethiopia's severe vulnerability to chronic food insecurity, high food price inflation rates, prevalence of HIV/AIDS, and high maternal and child mortality rates, interventions are relevant. The Multisectoral HIV/AIDS Project (MAP) Project used the Strategic Framework for the National Response to HIV/AIDS in Ethiopia (2000–2004), developed by the Ministry of Health to draw lessons and highlight priority areas of action. Prevention, care, and support were emphasized in the strategy and were expected to benefit mothers and children through the Prevention of Mother-to-Child Transmission (PMTCT) Program intervention. The Protection of Basic Services operation included activities to promote the MDGs that aim to accelerate and sustain malaria control, reduce infant mortality through vaccines, and improve the delivery of primary health services.

In the early 2000s, nutrition-related projects, such as the Food Security Program (FSP) and drought recovery, were developed. An IEG Project Performance Audit Report and lessons from previous Bank emergency operations were used in designing the Emergency Drought Recovery Project. The report emphasized that projects aimed at reducing chronic malnutrition required a combined approach of production, income generation, and education of childcare providers.

Since the inception of the Health Extension Program in the late 1990s, health and nutrition related interventions were designed to be delivered at a community level through health extension workers. Thus, these workers provide not only primary health care services to the local community, but also integrated nutrition-related interventions to pregnant and lactating women.

In terms of the preprimary education, the government of Ethiopia is focused on achieving universal primary education (MDG 2), as is the Bank's support. It has not been until the Third Education Sector Development Plan (20052006 to 2010–2011) where challenges in quality of preprimary education development were noted. In recent years, the government has shown increased interest in preprimary education, and it has recognized early learning is an essential step toward achieving educational goals. The government's current educational strategy, Education Sector Development Program IV (2010–2015), includes plans for at least one preprimary class in all rural and urban primary schools. Thus far, the Bank has not supported preprimary since other donor partners, such as UNICEF, government of Canada, Czech Republic, Germany, and Finland, have been implementing preprimary and early childhood care related projects.

Targeting techniques are geographical and projects are designed mainly to benefit women and children in the most vulnerable woredas. As for the nutritional projects,

regional districts were selected based on their proneness to drought and chronic food insecurity. For example, woredas in four regions were selected in accordance with the federal government's relative vulnerability criteria. The Health MDG Support Project targeted children between the ages of 12 and 23 months and pregnant women, nationally supporting subnational activities under the MDG Performance Fund. As well, the rationale for the target area in the drought recovery project was to fill the gap in recovery efforts.

Analysis from Aide Memoire and Interim Status Reports revealed a mixed picture on implementation performance, where weaknesses were related to lack of institutional and procurement capacity and regular supervision. All planned interventions were implemented. Nevertheless, in the FSP case, a vital entry point criteria—weighing of children—was dropped. Measures taken to ensure service quality were not noted in project documents, except in one project where supervision of service providers was conducted to monitor the number of kebeles reached and whether children were gaining weight.

INDONESIA

Indonesia is a lower-middle-income country that has experienced steady economic growth since undergoing an economic crisis in 1997. Although it has made progress in reducing poverty overall, significant inequality persists, with half of all households clustered around the poverty line. These households have seen only modest gains in health and education in the past two decades. Nutrition outcomes among children under five-years old have remained poor, as prevalence rates for stunting and wasting have improved little over time because of suboptimal breastfeeding, poor complementary feeding practices in children under two, high levels of diarrhea, and, to some extent, food insecurity. Health indicators provide a more mixed picture. Child and infant mortality rates have decreased steadily, as antenatal care coverage and skilled birth attendance rates have improved. However, the maternal mortality rate remains one of the highest in the Region, as the majority of women in rural areas have limited access to emergency obstetric services. In education, Indonesia has achieved nearly universal primary school enrollment for both boys and girls at all income levels. However, education performance remains poor, and moreover, children from poorer households and from rural areas have more difficulty progressing from primary to secondary levels and have poorer learning outcomes. Participation in preprimary education for children up to age six is growing and stands at about 50 percent, although there are significant disparities between the richest and poorest segments of the population.

Since 2000, the government has increased its focus on providing early childhood education. According to the Bank's analytic work, the government of Indonesia has

been influenced by the condition of poor children within its own country and by the pattern of international evidence about the value of early childhood education and development. In 2001, a new directorate dedicated to early childhood education was established within the Ministry of Education and key education policy documents have included early childhood education programs. In 2008, a more comprehensive National Policy and Strategy Design on Holistic and Integrated Early Childhood Development were developed. This strategy conceptualizes early childhood development as an integrated system to meet the needs of children in the areas of health, nutrition, education, and social protection.

The Bank's country partnership strategies have reflected the emphasis on early childhood development through Education sector interventions. Although there is recognition that ECD overlaps across other sectors such as health as well as water and sanitation, the Bank's approach to ECD is primarily sectoral and not integrated across the different sectors.

The Bank has provided significant support to the government's expanding early childhood education program, through lending, analytic work, and policy dialogue. The Bank has supported lending for ECD interventions in multiple sectors. Three of the four Bank projects in the review period included ECD subcomponents in each of the sectors of water and sanitation, health, and social protection. The fourth project, the Early Childhood Education and Development Project, was a full stand-alone ECD project. Its objective was to improve poor children's overall development and readiness for further education within a sustainable quality system. Activities included: training of management staff and teachers and child development workers; provision of block grants to communities to establish early childhood education centers in local communities (which provided playgroup and preschool programs for families with children from birth to six years of age); development of service standards; and development of a monitoring and evaluation (M&E) system and an impact evaluation. This project clearly articulates a comprehensive development process for the child as the primary rationale for the project, while the other three projects are more focused on child survival objectives. However, the project design is focused primarily on interventions in the Education sector, although these interventions may include learning activities on the promotion of breastfeeding, clean water, hygiene promotion, and child raising.

All four projects had geographically defined target populations, the selection of which was based criteria of high incidence of poverty and low coverage of services. None of the projects had explicit mechanisms to target poor households or individuals, namely poor mothers and children. Instead, interventions were targeted to poor communities and villages. Three of the four projects utilized a community-driven development

(CDD) approach. These three projects targeted provinces based on poverty-related criteria.

The stand-alone ECD project was mostly implemented as planned. The component on service delivery was largely implemented, establishing early childhood education programs in poor communities. An impact evaluation, included in the project design as a subcomponent, was carried out, with data from the first two rounds of the impact evaluation reported and analyzed in the Bank's recent analytic work (Hasan, Hyson, and Chang 2013). The final round was completed as part of project completion and results showed improvements in the physical development, language, and cognitive development of children who participated in the programs at one year old (2009) and completed it four years later (2013). However, the component on quality assurance was only partially implemented, as national standards for early childhood education were issued through ministerial decree but are yet to be enforced, and therefore the project's impact on quality is unknown.

The Bank has also produced a major report on early childhood education and development, based on its experience with the recently closed Early Childhood Education and Development Project (2006–2013) (Hasan, Hyson, and Chang 2013; Jung and Hasan 2014). This report provides rigorous data analysis of child development measures and educational outcomes among poor children based on baseline assessment of two cohorts of children and families that participated in the project. It provides a well-articulated argument on the importance of investing in ECD for holistic child development and overall poverty reduction efforts, covering multiple sectors such as nutrition and health. However, this approach has not yet translated into lending activities, where there is limited engagement of sectors beyond education. As noted in project documents, early childhood education was a new priority for the government and thus the Bank's support—in lending, analytic work, and policy dialogue—was timely and effective in helping the government establish its early childhood education priorities.

JORDAN

The government's conceptualization and priority toward ECD has been well articulated throughout the time period under this review (FY00–14). As a middle-income country with near-universal achievement on most of the key maternal and child health indicators, the focus within ECD has been more prominent within the Education sector, namely early childhood education which entails access to kindergartens and quality of preprimary education institutions and services. There is very little inequality for access to maternal and child health services regardless of circumstances, but a substantial gap remains in the area of school readiness between the lowest and highest quintiles as well as lowest and highest levels of maternal education. Therefore, Jordan's ECD

interventions are not necessarily driven by focus on MDGs, but rather on selected EFA goals.

The main focus of Jordan's national development agenda is growth with equity, which runs through all of CASs within the period under review. The focus on ECD increases more in recent CASs as well with number of policy instruments and projects developed and implemented by the donor community, including the World Bank. The first CAS in this review (FY00–02) highlights the importance of human development in general and quality education services in particular, but there is no mention of children below the ages of primary grades. During the implementation of the subsequent CAS (FY03–05), the government developed the Accelerated Social and Economic Development Plan, which recognized the importance of investing in children's early years and placed human resource development at the center of the plan. As a result, the government asked the Bank to undertake a situation analysis of ECD in Jordan to inform the design of the Education Reform for Knowledge Economy Project, which placed a high priority on public provision of early childhood education. The following CAS (FY06–10) explicitly states that one of the government's objectives is to expand access to preprimary education and to improve quality and regulatory framework to ensure performance level of the service providers and the governance of the education system as a whole. Having established substantive framework under the previous CASs, the early childhood education (ECE) interventions highlighted in the current CAS (FY12–15) focus on equity, quality, and relevance.

At the policy level specific to ECD, the government has had a comprehensive vision of early childhood years. The National ECD Strategy (2000) was developed under the leadership of the National Council for Family Affairs (NCFA) with support from UNICEF (later revised in 2009). It defined early childhood to include the period extending from pregnancy up to nine years of age. The strategy is comprehensive, taking into account health, nutrition, education, child protection, social welfare, and the role of media in promoting holistic development of the child. On the administrative and institutional issues, it sets out roles and responsibilities of the government in establishing effective systems for human resource development and performance management, planning and supervision, and monitoring and assessing the ECD outcomes. Jordan has a national council that is the coordinating body for ECD programs to promote collaboration and cooperation between national and local levels to create synergies between sectors. Additionally, the Vision Forum for the Future Education and Jordan Vision 2020 contributed to the policy directions for education reform, which placed a significant emphasis on kindergartens and its foundational role in lifelong learning and Jordan's economic prosperity, which was necessary to increase Jordan's competitiveness in the knowledge-based economy.

The Bank-supported ECD interventions are found in the two education projects, namely, Education Reform for Knowledge Economy (ERfKE) I/II, with implementation spanning over a period of 10 years. The first project has a component dedicated to kindergarten and preschool education, which sets a strong foundation in policy reform and capacity building. Specific interventions included developing ECE curricula for both pedagogical training as well as classroom instruction; establishing a minimum standard of operation for ECE classrooms; revising licensing requirements for kindergartens; and classroom construction as well as provision of equipment and learning materials. The second phase has a subcomponent dedicated to ECE, which built on the work implemented under the first one, and critically reviewed established policies and guidelines in order to improve and modernize the preprimary education system in Jordan while expanding its reach.

There has been a strong evidence base for the design of ERfKE I/II, drawn from various sources. Combined with available evidence on the high returns on investment during the early years of life, the project established a mandate for the Ministry of Education to be directly involved in ECE by developing publicly-funded kindergartens and regulatory frameworks for ECE in general. Subsequently, the analytic work titled "Support to Jordan Early Childhood Development" undertook a situation analysis of ECE in Jordan and produced the *Project Operational Manual for ECE in Jordan for ERFKE I*, which was reviewed and refined before the designing of ERfKE II. It contained an extensive list of criteria to provide ECE with optimal quality: institutional development (licensing, curriculum, and professional development and staff accreditation); learning materials; physical facility (classroom size, amenities, safety standards); performance monitoring standards (quality standards, instruments); use of mass media; and parent education. For every criteria, a wide range successful programs were drawn from the United States, Europe, and Central America and adapted to Jordan's context.

Based on the findings from these analytic works on ECD as well as several others in regional scope, both ERfKE I/II reflects the recommendations, which were translated into some of the strengths of the project design. For example, the situation analysis found that the access rate was low with high inequality among the wealth quintiles and 99 percent of ECE services were provided by the private sector in urban areas. The private sector was already using curricula for both teacher training and classroom pedagogy that was in line with the current global theory and practice. Therefore, instead of investing heavily in developing the in-house capacity of the Ministry of Education and reinventing the wheel in developing pre- and in-service teacher training and didactic curriculums, the ministry adopted the curriculum used by the private sector providers. This public-private partnership also set the ground for streamlining licensing requirements and facilitating collaboration from the private sector. Also, the

decision to target remote and rural areas where no private entity would invest was informed by the findings of the cost-effectiveness study.

Another intervention that was implemented with thorough consultations with donors and leading scientific evidence is the parenting program. The pilot program called Better Parenting Program (BPP) was already in place supported by UNICEF since 1996, and supported under ERfKE I. The main objective of BPP is to reach out to the majority of young children who have no access to organized group care during the day within their homes and informal community settings. It is designed to utilize existing community structures, covering topics of health, nutrition, early stimulation, and social welfare. The content of BPP was aimed at empowering parents and caregivers to provide a stimulating, loving and protective environment at home through increasing knowledge and parenting skills in the areas of health, nutrition, and the cognitive and social development patterns of their children from birth to age eight. Particularly, BPP is recognized for its strong M&E framework with effective enforcement. One of the documented successes of BPP is that parents, especially fathers—who traditionally delegate most of the child-rearing duties to mothers—have learned about the importance of play and quality leisure time with their children. The design of BPP was evaluated at the time of designing ERfKE II as having an impact on parental involvement, including fathers, on household knowledge and understanding of the importance and key principles of early childhood care in home and the community.

The two ERfKE projects also consider the importance of the process of child development. For example, the training of ECE service provider is accompanied by a rigorous performance monitoring and assessment systems to ensure quality and relevance, while drawing lessons from successful international examples. Within the design of BPP, three Integrated ECD committees were established at each pilot governorate to closely monitor parent education and outreach activities. Efforts to ensure quality of services was evident in the rigorous pre-service and in-service training programs for ECE service providers, which was linked to and eventually institutionalized within national universities to ensure sustainability.

Monitoring and tracking of ECE interventions and outcomes are also priorities, especially evident in ERfKE II, where Bank's resources have been supporting the expansion and piloting of quality kindergartens and alternative childcare throughout the country, with gross enrolment rate slightly increasing from 52.3 percent in 2009–2010 to 58.9 percent in 2014. Jordan has established an overall M&E framework within the Education Information Management System, where preprimary indicators are systematically collected. There has not been an impact evaluation or a tracer study. Given the region's volatile political context and the influx of refugees from neighboring countries into Jordan, the government's ECE services are considered to be one of the

most egalitarian and inclusive model. The country has been affected significantly by the ongoing conflicts in the Region, some spanning over five decades. Refugees from Iraq, Palestine, and most recently Syria have put a strain on the government's ability to provide comprehensive quality social services to all that are eligible. Yet, the government decided to extend the public ECE services (where available) to refugee children at no cost. Although many refugees are being supported by the United Nations Relief and Works Agency for Palestine Refugees in the Near East (for Palestinians) and UNICEF and other organizations for basic services, the Jordanian government also bears the brunt for providing for them with its own resources.

One of the continuing struggles for Jordan is the development of a workforce for the knowledge-based economy would be to keep the relevance of skills that young people acquire throughout the process of life-long learning, as the market needs constantly evolves with time. However, the government has demonstrated its commitment to preparing young children at a very early age starting in their homes to foster a favorable environment for such a workforce. The government's commitment is also demonstrated by its financial contribution toward the Bank-supported projects. For ERfKE II, the government pledged as much as the Bank's contribution toward the project, ensuring ownership and sustainability.

MALAWI

The Malawi government's conceptualization and prioritization of ECD has evolved over the time period under this review (FY00–14), and consequently the shift has also influenced the Bank's CASs and its emphasis placed on ECD. General observations from the CAS analysis indicate that ECD interventions are not necessarily driven by focus on MDGs, as the visibility of ECD was rather low throughout the review period except in the two most recent CASs where selective human development issues began to emerge.

The first CAS in this review (FY98–00) contained the main priorities of democratic and macroeconomic reforms and did not mention human development issues. In the subsequent CAS (FY04–06), the devastating effects of HIV/AIDS on economic and social issues necessitated the shift in priorities to address the epidemic, as Malawi had one of the highest prevalence in the Region in 2000, which remained the same for the next several years (15.8 percent of adult population), but it did not have an explicit strategy to reach HIV-positive pregnant women or young children living with HIV/AIDS. The subsequent CAS (FY04–06) signified the beginning of priority shift in the government's development strategy. For example, the Malawi Growth and Development Strategy (2006–2011) is the first national development strategy that included child health indicators as a mid-term outcome. For the CAS (FY07–12), the Bank also addressed the ECD issues with relevant projects and ESW, while clearly

recognizing that mitigating HIV/AIDS leads to better economic prosperity. The current CAS (FY13–16) addressed the ECD issues affecting the country recognizing that reduction in malnutrition and new HIV infection are the key actions to managing the stunting and the HIV/AIDS epidemic. In 2011, almost half (47 percent) of the children under age five in Malawi were short for their age from the long-term effects of malnutrition, and 20 percent were severely stunted.

The CAS discusses the need for an integrated approach to nutrition, which appears clearly in its results framework, and it is supported by the ongoing projects and the Bank's Africa Regional Strategy.

At the policy level, the government has made strides in conceptualizing ECD in a holistic manner, taking into account various sectors (health, nutrition, education, and social and child protection) that play a role in child development. Integrated ECD Policy (2008, revised from the National ECD policy of 2003) recognizes the multisectoral nature of ECD while emphasizing the importance of providing a protective environment for a child to grow holistically. Building on this momentum, the government developed an ECD Strategic Plan (2009–2014) with four key criteria across all involved sectors: access, quality, governance, and relevance. The strategic plan had a costed implementation plan as well as a resource mobilization plan. In 2012, the government developed early learning and development standards in consultation with major donors, including the Bank. The strategies outline a comprehensive program for all relevant sectors to work together by adopting an integrated approach to ECD, whether through integrated or sectoral interventions. The ECD Strategic Plan identifies policies and programs relevant to ECD from each sector, and brings them together to illustrate the importance of cross-sectoral coordination and knowledge sharing. This is intended to facilitate a better understanding of how nutrition and feeding policy affects preschool attendance, or the effects of breastfeeding promotion on child health outcomes, and so on. Although scaling up effective interventions remains a constant challenge due to limited resources and capacities, the government has a clear vision of how to reach young children and those who care for them.

Of the areas of ECD interventions the Bank supports, the largest investments are made in nutrition and HIV/AIDS. Considering the prevalence of malnutrition and HIV/AIDS for all people in Malawi, but especially for women and children, the Bank strategically allocates its resources to important areas. In 2003, at the time when the Multisectoral HIV/AIDS Project (P073821) had commenced, the PMTCT Program was a new small-scale intervention. However, by the end of the project, the number of antenatal care clinics providing the minimum treatment package for PMTCT increased from 60 in 2006 to 573 in 2011. The subsequent Nutrition and HIV/AIDS Project (P125237) took the PMTCT component to scale, combined with various awareness raising activities, and

the Bank remains committed to support this area. Although often it is difficult to isolate one donor's contribution because of the nature of pooled funding, the Bank's contribution was reserved for PMTCT and voluntary male medical circumcision which included circumcision of 140,000 newborn males in the five years of the project cycle. By 2013, 92 percent of infants born to HIV-infected women were provided with antiretroviral (ARV) prophylaxis to reduce the risk of early mother-to-child transmission in the first six weeks after birth.

The Nutrition and HIV/AIDS Project was the only project that the effort to integrate interventions was evident. For the nutrition component, the maternal and child nutrition service delivery at the community level is designed to fully utilize the primary health care facilities and clinics to reach and educate the pregnant and lactating mothers with information on care for their newborns and young children. Early infant diagnosis is also done in collaboration with the primary health facilities, making the referrals to labs and essential services more efficient (e.g., therapeutic feeding programs, access to ARVs, counseling). The Directorate of Nutrition is positioned within the Office of the President and Cabinet and not with the Ministry of Health. Coordination is facilitated through Technical Working Groups (TWGs) on Accelerated Child Survival and Development, HIV/AIDS, Family Planning, and Reproductive Health. Each TWG has subcommittees to address specific issues, such as PMTCT and Child Nutrition. Therefore, two disparate ministries and governing structures working to reach the same target population require conscious effort to integrate service delivery.

Early childcare and preschool interventions also received support from the Bank during this review period. The project was designed with an impact evaluation to investigate the cost-effectiveness of community-based childcare interventions, in the form of a randomized control trial. A total of 199 community-based childcare centers were randomly selected from four districts, each district representing a different region of Malawi. The interventions consisted of varied combinations of: provision of play and learning materials, nominal cash incentives for caregivers, caregiver training, and parenting education. The evaluation measures the incremental effects of different interventions on children's cognitive, linguistic, physical, and socioemotional development. In designing the impact evaluation, significant efforts were made in consultation and coordination with the Ministry of Gender, Children and Social Welfare, UNICEF, and the implementing NGO while ensuring the project's contribution to the overall outcomes of the ECD Strategic Plan (2009–2014) and the National Action Plan for Orphans and other Vulnerable Children (2009–2012).

Considering Malawi's poverty level ($320 per capita) and the poor ranking on the Gender Inequality Index (124 out of 182 countries), targeting techniques of the projects in this review are mainly based on geography and climate issues (prone to drought and

floods) rather than poverty rate. Although a handful of districts are more developed with better access to services and infrastructure, most districts are rural and have high poverty rates for all people including women and children. For the ECD impact evaluation, one district from each of four regions was selected to ensure regional, cultural, and linguistic representation. To analyze the scalability of the interventions, it was important to sample from different geographical, cultural, and linguistic backgrounds. Also, the nutrition component of the Nutrition and HIV/AIDS Project was strategic in its targeting method. The government had expresses its full commitment to support the Scaling Up Nutrition initiative, and the Bank supported the remaining 15 districts that were not financed by other donors. By doing so, the government provided the minimum nutrition package to all 28 districts, which was designed after taking into account findings and recommendations from relevant ESW.

Country-specific analytics (e.g., impact evaluation, ESW, and TAs) were used to inform project designs. For example, the infant and young child feeding study (P107544) shed light on the causes of persistent malnutrition in Malawi, and the subsequent Nutrition and HIV/AIDS Project incorporated advocacy and behavior change activities in the project design. The impact evaluation of the Protecting Early Childhood Development Project can be considered particularly relevant to the context of Malawi. It measures changes in child development, taking a close look at interventions' effects on child development with specific indicators and internationally recognized assessment tools adapted to the Malawian context.[5]

One of the major challenges in tracking ECD outcomes in a regular and systematic fashion is the lack of mainstreamed M&E system across the relevant sectors. For example, individual ministries collect indicators that they are responsible for, but yet there is no established system to regularly share and update indicators in collaboration with other sectors. The ECD Strategic Plan envisages such a M&E system under the leadership of the Ministry of Gender, Children, and Social Welfare. However, because the strategic plan involves different sectors, each with competing priorities other than ECD issues, there is reluctance to invest in a shared M&E system in addition to the sectoral ECD priorities. The Protecting Early Childhood Development Project had a component dedicated to establishing a foundation for such a M&E system, but the activity was not completed by the close of the project.

Another key challenge of the Bank's projects in Malawi generally is the issue of sustainability. With the training and capacity building, the Bank is cognizant of potential effects on sustainability with such interventions in addition to provision of material inputs and technical assistance. However, considering the level of poverty Malawi is faced with, the Bank commits to sustain its support in the areas of health,

nutrition, and preprimary education, as the government would not be able to continue the implementation without Bank or other donors' financial support.

MEXICO

Mexico has one of the highest preschool enrollment rates in Latin America, with mandatory preschool starting at the age of three years. While the preschool coverage among four-year olds is almost universal, it is still below 70 percent among three-year olds. The government's support for ECD interventions is based on international evidence that investing early in children's development, particularly among the economically disadvantaged, constitutes one of the most effective and cost-effective means of improving student learning and mitigating inequality of opportunity through improved labor productivity. ECD is also supported under the Mexican constitution.[6] Access to early care and preschool is still lower in rural and indigenous communities, and the country's quality of education is inadequate. This may explain the low readiness for learning among children, especially the poor as reflected in later grades by high dropout rates in addition to low achievement as shown in the 2012 PISA results in math, reading, and science.

The Bank's technical and financial support for ECD programs in Mexico started over two decades ago. In 1992, Mexico's Ministry of Education launched a five-year Initial Education Project to improve parents' child rearing practices, focusing on the poorest children under the age of three. It became the first time a comprehensive and free-standing ECD project was proposed for Bank's assistance. In the project, community educators were expected to instruct parents about child development; positive parenting practices including stimulation, nutrition, basic health and hygiene; and family planning (Young 1996). At the same time, the Bank produced an Initial Education Strategy for Mexico that highlighted the issues of the country's Initial Education Program and included recommendations to address them, which were incorporated into the Initial Education Project (World Bank 1992).

Several knowledge products were produced by the Bank that contributed to improve access to ECD services such as a comparative analysis of the childcare program under the Secretariat of Social Development to support working mothers in terms of the quality of similar international programs, and an impact evaluation to measure the impact of empowering parental participation in the Quality Schools Program (Programa Escuelas de Calidad, or PEC). Further, extensive technical support was provided under the programmatic Social Protection Technical Assistance, which included a strategic review of the Oportunidades program, the nutrition program, and the state coordination model.

In terms of ECD related policies, the Mexican government has implemented three important ECD initiatives between 2000 and 2006: preschool expansion, quality improvement, and curricula reform. The preschool expansion included a mandate for all parents in Mexico to send their preschool-aged children (three-, four-, and five-years old) to preschool, with target dates of 2004, 2005, and 2008 for 100 percent coverage of five-year olds, four-year olds, and three-year olds, respectively. The quality improvement initiative was part of a larger program providing supplemental funds to select preschools and schools in Mexico's public education system. Finally, the curricula reform instituted a new preschool curriculum to be implemented nationwide for all programs across the three- to five-year-old age range (Yoshikawa and others 2007).

ECD activities supported by the Bank have been aligned with all CPS priorities to improve the quality of basic education aiming at major improvements in equity, service quality, and institutional capacity for efficient delivery of education services. The Bank has supported the government's education reform to provide high quality preschool as well as fulfill its mandate that children complete three years of mandatory preschool education. For the time of the review (FY00–14), the majority of Bank supported ECD interventions were designed and implemented within established government compensatory educational programs under Consejo Nacional de Fomento Educativo (CONAFE)[7] and fell under the Education sector, with the exception of the Support to Oportunidades Project. Selected ECD interventions in the Basic Education and School Management projects are under one of CONAFE's administered programs—the PEC program—which was intended to empower school communities (including teachers, parents, and principals) and promote school autonomy by providing school improvement grants. School communities, including preschools, are expected to establish participatory school management practices by designing and overseeing a Strategic School Transformation Plan (Plan Estrategico de Transformacion Escolar) that responded to the needs of the school and its students. The inclusion of school-based management in project design drew on extensive sector work and a comprehensive social assessment as well as lessons from similar school-based management programs in Latin America and in other Regions.

CONAFE's Initial Education Program (Programa Educación Inicial, or PEI) provides out-of-school training for parents, relatives, and caregivers of children from birth to age four to improve their competencies and practices in caring for children and contribute to their comprehensive development and school readiness. It is a community-based program providing important services to poor children in remote communities throughout Mexico.

ECD interventions supported under the Oportunidades program are integrated within Education and Health, Nutrition, and Population sectors and reach across several age

groups, benefiting young children and their parents as well as pregnant women. Prenatal and postpartum care visits, growth monitoring, immunization, and management of diarrhea and antiparasitic treatments are provided to mothers and young children. The bimonthly delivery of food supplements to vulnerable groups and food-nutrition education aims to reinforce infant and pregnant and lactating women's nutrition. Coordinating efforts to link families and their young children to PEI have been piloted and further coordination between both programs may be included in the design of future Bank support in this area.

All projects under this review included in their components or subcomponents behavior change activities for parents, caretakers, or service providers in the form of training, home visits, and parent and caregivers support programs, including parents' participation in school management (preschool) and or awareness campaigns. Training of parents in the preschool component of the Basic Education II project was reported to produce important modifications in practices of rural families benefiting young children.

The ECD interventions that supported physical and other aspects of child development were implemented under the parents' support programs and included stimulation. The rationale for these interventions in projects from the Education sector is to prepare children for preschool and primary. The Support to Oportunidades Project included ECD interventions in the area of health and nutrition focusing on physical development. Project activities aimed not only at increasing program coverage but also improving service quality via training, beneficiary surveys, impact evaluations, and technical assistance. The Compensatory Education Project addressed inclusion of culturally appropriate ECD interventions in the areas of training, with materials developed in local languages

The reviewed Bank projects target beneficiaries geographically from the poorest communities across the country. The World Bank is also working closely with the government of Oaxaca, one of the poorest states in Mexico, through a memorandum of understanding that includes financial, knowledge, and coordination services in multiple sectors, tailored to the specific needs of Oaxaca.

PERU

From the time period of this review (FY00–14), the government of Peru has emphasized early childhood development through interventions aimed to reduce chronic malnutrition and improve MCH. The rationale for the country to support ECD was within the CAS objective of poverty reduction and human capital development as well as to attain the MDGs by guaranteeing access of the poor to a wide range of health, education, and basic services. Aligned with priorities outlined by the government and

country partnerships, the bulk of the World Bank supported ECD interventions focused on mechanisms to increase access to maternal and child health services by the poorest populations, define standards that families could expect from social services, develop monitoring systems, and provide individualized data for parents on the learning, health, and nutrition status of their children. In the longer term, the government is committed to reducing the country's social gaps through a vision of ensuring continuous growth but with greater emphasis on social inclusion. This commitment is reflected in the government's social targets established for the end of 2016 which include the elimination of chronic malnutrition and the implementation of universal access to preschool education. Over the period of this review (FY00–14), the Bank's support for ECD has been under four investment loans, development policy operations, technical assistance loans, and nonlending technical assistance.

While indicators related to maternal health have been steadily improving since 2000, with an increase in institutional births and prenatal visits from improved access to health care services, chronic malnutrition rates continue to be high, especially in rural areas and among indigenous communities. Cognizant of the problem, in 2007 the new government committed to decrease chronic malnutrition by 5 percentage points in five years. In 2007 the government introduced the Programa de Crecimiento y Desarollo (CRED), a child growth and development protocol that helps mothers to understand their children's growth and identify practices that could improve it. CRED is under the government's subsidized health insurance (Seguro Integral de Salud) norms.

Aligned with the country's strategy, the Bank provided technical and analytical support for the reforms of the government's social programs to increase demand and improve quality and coverage of the health and nutrition services for pregnant women and young children living in rural areas. Prior to 2009, Bank operations supported the majority of ECD interventions under the health sector; however, as improving children's nutrition status has been prioritized, most of the Bank ECD interventions are within the nutrition sector, in some cases integrated with health and transfer. One of the Bank's strengths in project design in Peru to lower the barriers for the most disadvantaged to use the health, nutrition, education, and social services was the inclusion in most projects of culturally appropriated ECD interventions adapted to the indigenous population and to people living in remote areas well as to multilingual context following recommendations from the Indigenous People's Plan and other consultations

Important gains have been achieved for MCH in the last decade in Peru. Access to prenatal care is almost universal: 96 percent of pregnant women had at least four prenatal visits in 2012 and over 86 percent of births were attended by a skilled staff, a stark increase from 59.3 percent in 2002. Immunization coverage for measles and

diphtheria, pertussis, and tetanus of children ages 12–23 months has remained above 90 percent since 2007 and was at 94 percent in 2012. The Bank has supported the government to increase quality in the provision of health services by improving family care practices for women (during pregnancy, delivery, and breastfeeding) and children under the age of three; strengthen health services networks with capacity to solve obstetric, neonatal, and infant emergencies and to provide comprehensive health services; and support the Ministry of Health's governance functions of regulation, quality, efficiency, and equity for improving the new health delivery model of maternal and child health care in a decentralized environment.

The inclusion of behavior change activities in project design was based on the Bank's analytical work in the Andean region that showed the lack of awareness of many mothers about their child's nutritional failure—the lack of easily understood standards was an important obstacle to changing outcomes. Behavior change activities were targeted to mothers and other caregivers with respect to child health, hygiene, care, and feeding practices through campaigns and parent support programs that helped change families' knowledge and practices. Chronic malnutrition has been sharply reduced from 31.3 percent in 2000 to 18.1 percent in 2012. However, chronic malnutrition rates persist in rural areas and among indigenous communities. In 2010, for example, in regions where more than 25 percent of the population is indigenous, the child chronic malnutrition rate was above 20 percent, and in remote communities (Huancavelica) it reached 43 percent.

The Bank's support to improve maternal and child health and nutrition also comes from the Results and Accountability Development Policy Loan series (FY07–11) and through the Juntos for Nutrition Nonlending Technical Assistance (FY10–present) by assisting the government to put in place more comprehensive health registration systems, the dissemination of nutritional indicators through social marketing, support for nutrition counseling by health workers, stronger integration of nutrition initiatives through the Contabilidad y Responsabilidad para el Crecimiento Económico Regional strategy (child growth monitoring combined with nutrition counseling to parents), and the creation of the Articulated Nutrition Program, a strategic program of result-based budgeting which aims at concentrating efforts (budgetary, logistical, and organizational) in those regions with the highest malnutrition rates.

The Bank's analytical work and technical assistance have supported reforms of the government's previously inefficient food-based programs and efforts are now directed to the new school feeding Qali Warma (serving preschool students ages three and over in participating public schools, starting in school year 2013). The program aims to provide the children with quality nutrition throughout the school year based on their living situation and other factors, improve their attention spans in class, encourage

children's attendance and retention, and promote better eating habits among them. The program introduced new elements such as implementation through Comités de Alimentación Escolar (School Feeding Committees), a decentralized procurement system at the school level, and alternative modalities of service provision depending on school size, cultural or geographical characteristics, local food availability, and a clear monitoring and evaluation system, among others. These strategies are supposed to improve program efficiency, avoid leakages, and help expand program benefits to areas with higher levels of poverty, therefore reaching the children with the most need.

In support to the government's social inclusion strategy, ECD interventions in the areas of health and nutrition continue to be prioritized under the latest CPS (FY12-16) and supported by Bank's operations in a more integrated approach under social protection frameworks—more specifically through the expansion of Juntos, a conditional cash transfer program—to improve the coverage and quality of the provision of basic preventive health and nutrition services in the 14 poorest regions of the country where Juntos operates. The intervention foresees increasing the number of children under the age of three who receive comprehensive health check-ups in a timely manner. At the same time, the Social Inclusion Development Policy Loan Series and the Technical Assistance Loan for example have exploited important synergies with a number of existing operations and instruments that enhance both the access and the quality of social services in Peru, especially in rural areas. The vision for the upgraded system is to cover the whole life-cycle, from prenatal and early child development to old-age and retirement.

There has been progress also in the area of preschool education services. Over the period of 2007–2012, net preprimary school enrollment increased from 65 percent to 78 percent. Despite high overall participation rates, 29 percent of children from the poorest quintile had no early education experience, while only 4 percent of children from the highest quintile did not participate in preschool (Woodhead and others 2009). Banks' operations in early care and preschool have been limited in the country. Early interventions supported by the Rural Education Project to increase preschool and childcare coverage for those under the age of five who are living in rural areas have fallen short of the intended goals. Validated pedagogical models for preschool in a pilot were not scaled up and original coverage targets were not met. Currently, the Bank is supporting preschool assessment to measure preschool learning and the quality of preschool services in four dimensions: adult-child interaction, quality of facilities, stimulation, and child development and needs.

The Juntos program supported by the Bank also played an important role in unveiling coverage gaps in the provision of health and nutrition services. One of the main strengths of the program is its capacity to encourage the demand for services together

with efficient targeting mechanisms that prioritize attention to poor and extremely poor rural households. One of the implementation challenges of the Juntos is its weak beneficiaries' affiliation capacities with respect to young children because of the limited incentive that families have to "declare" the birth of a new child, given that the amount of the cash transfer is independent of the number of children. This limitation is expected to be overcome as part of the restructuring of the program to include differentiated transfers. In addition, it was found that more information is needed by mothers to understand the objectives of the program and the health and nutrition co-responsibilities.

REPUBLIC OF YEMEN

The Republic of Yemen is a low-income country with a population of about 25 million people. It has one of the lowest GDP per capita rates in the world as well as the highest poverty rates in the Middle East and North Africa Region—54 percent of the population lives on less than $2 per day, and half the population is considered food-insecure (2012). Yemen ranks low on the United Nations' Human Development Index (number 154 out of 187) and is unlikely to meet any of the MDGs. The country has been undergoing a political and social transition, which has been accompanied by a volatile security situation. The government is largely unable to provide adequate basic services, particularly for children and youth, which represent the majority of the population. In addition, three-quarters of the population is highly dispersed in rural areas in small, isolated settlements, which adds to the difficulty in providing services, either by the government or the private sector.

Key indicators of MCH reflect overall poor outcomes. Despite a declining trend since 1990, maternal, infant, and child mortality rates remain high. Childhood immunization coverage has improved to around 80 percent and, while coverage of antenatal care and skilled birth attendance have also improved, these rates still remain inadequate. Yemen also has one of the highest rates of chronic malnutrition among children in the world—58 percent of children under five-years old are stunted, and 15 percent suffer from moderate or severe wasting, based on 2012 data. Primary school enrollment is far from universal (76.4 percent in 2008–2011), and preprimary school enrollment is extremely low at less than 2 percent (2012). Although government legislation provides for free preprimary education starting at age three, the existence of preschool programs or early childhood care (public or private), particularly outside of urban areas, is extremely rare.

Since 2000, the Bank has provided support to the government on early childhood development through lending, analytic work, and policy development. The Bank's analytic work has emphasized an integrated approach to ECD, whereby multiple sectors are engaged in addressing ECD as well as a child development process whereby early interventions aim not just for child survival, but also for cognitive, social, and

emotional development. In particular, the impact of the Bank's technical assistance and policy dialogue is reflected in the government's 2006 National Children and Youth Strategy. Similarly, the Bank's integrated ECD approach is more often than not reflected in the various country partnership strategies over the review period.

The Bank's project design has been highly relevant to and consistent with the poor ECD outcomes in the country. The project designs are also highlighted by realistic targeting approaches to ensure services reach poor mothers and children. Interventions are designed according to widely accepted evidence of the most cost-effective interventions for improving MCH; however, there is limited data on the use integrated approaches in Yemen, and Bank projects using integrated ECD approaches are rarely based on rigorous analytic work or clear evidence of the effectiveness of those integrated approaches.

Despite the broader strategic approach articulated in national and Bank strategies, actual Bank lending has shifted over time from the integrated ECD approach to a more sector-specific one. This likely reflects the Bank's project implementation experience, in which local capacity was overestimated and thus implementation fell significantly short of the planned design. In particular, the capacity of sector ministries to coordinate interventions with other sector ministries was very limited. Also, the government had recently adopted a decentralized health system approach, but the capacity to deliver services at the decentralized level was extremely low.

Project designs in the latter part of the review period emphasized sector-specific approaches with more narrowly focused interventions (i.e., disease-specific). Most projects include health and nutrition interventions only. There are no projects with preprimary education interventions. The most recent projects have incorporated social protection interventions. This has led to more effective project implementation and some successes in improving ECD outcomes (i.e., increased coverage of childhood immunizations). Bank project design is also primarily focused on a short-term child survival approach, given the reality of high mortality and morbidity rates in the country. There has also been limited emphasis on quality of service provision or longer-term financial sustainability. Although M&E frameworks feature relevant and measurable ECD-related intermediate outcome indicators (i.e., proportion of births attended by skilled health workers), there is still a lack of measures for changes in the development of the child.

The Bank's work has been relevant to and consistent with country needs, according to ECD-related indicators. Although, at a country level, the Bank has helped to conceptualize ECD as an integrated approach with a focus on child development, it has been less effective translating this approach into project design that reflects reality on

the ground. However, the Bank has gained a better understanding of underlying constraints (i.e., country conditions, weak capacity) over time and has adjusted its engagement in the country according.

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[1] As defined by Grantham-McGregor and others (2007).

[2] Data are dated and have likely improved since 2008 because of intensified efforts by the government and development partners. Data for the 2013 Demographic and Health Survey have already been collected but were not available at the time of writing.

[3] For more information, visit http://www.np.undp.org/content/nepal/en/home/mdgoverview.

[4] The percentage is based on community and formal preschools.

[5] The project interventions were a mix of provision of inputs as well as capacity building. The control group received the play and learning materials only; the three treatment groups were designed to test the effects of combining caregivers training, parenting education and cash incentives for caregivers. This impact evaluation examines the incremental effects of positive parenting, physical learning environment, and teacher-child interactions on child development. Child development outcome areas include: receptive vocabulary, executive function (sustained attention or persistence), fine motor and language skills, morbidity, and nutritional status.

[6] The Mexican government's policy on initial education stems from its constitution and is spelled out in several official documents. Article 4 of the constitution establishes priority to meet children's "physical and mental needs" and provides them with support through parents and public institutions. The main objective of the policy is "to provide children under four, especially in the rural, indigenous and marginal urban areas, with equal opportunities of educational services" and "to foster the development of young children's physical, cognitive, affective and social capacities, stimulating their active participation in the educational process "(World Bank 1992).

[7] The Bank has been supporting the Consejo Nacional de Fomento Educativo for over 20 years in the design and implementation of education programs for Mexico's most disadvantaged communities. Early childhood development interventions have been designed and implemented under two compensatory programs: the Quality Schools Program (Programa Escuelas de Calidad) and the Initial Education Program (Programa Educación Inicial).

Appendix C. Early Childhood Development Portfolio of the World Bank

Table C.1. List of Investment Lending Supporting Interventions

FY	Project ID	Project Name	Region	Country	Sector Board	Calculable Commitment (US$ millions)
00	P047319	Quality Education for All	AFR	Senegal	Education	0.0
	P050483	Child Development	MNA	Yemen, Rep.	Education	0.0
	P050613	Second Basic Education Project	LCR	Nicaragua	Education	0.0
	P050751	National Nutrition Program	SAR	Bangladesh	Health, Nutrition, and Population	70.3
	P051741	Health Sector Support II	AFR	Madagascar	Health, Nutrition, and Population	0.0
	P055122	Health Sector Support Project	AFR	Chad	Health, Nutrition, and Population	25.5
	P058358	Health Sector Development Project	EAP	Solomon Islands	Health, Nutrition, and Population	0.0
	P058627	Health Sector Development Program	AFR	Tanzania	Health, Nutrition, and Population	0.0
	P059477	Second Water and Sanitation for Low Income Communities Project	EAP	Indonesia	Health, Nutrition, and Population	0.0
	P062932	Health Reform Program	LCR	Peru	Health, Nutrition, and Population	17.4
	P064510	Social Action II (BURSAP)	AFR	Burundi	Social Protection	0.0
	P067330	Immunization Strengthening Project	SAR	India	Health, Nutrition, and Population	333.1
	P069943	2nd Primary Health Care and Nutrition	MNA	Iran, Islamic Rep.	Health, Nutrition, and Population	48.8
01	P007397	Community-based Education Project	LCR	Honduras	Education	0.0
	P040650	Education Sector Expenditure Program	AFR	Mali	Education	0.0
	P050495	Caracas Metropolitan Health	LCR	Venezuela	Health, Nutrition, and Population	0.0
	P052021	Basic Education II	LCR	Panama	Education	8.1
	P055455	Rajasthan DPEP II	SAR	India	Education	0.0
	P059566	Ceara Basic Education	LCR	Brazil	Education	0.0
	P064536	Child Welfare Reform Project	ECA	Bulgaria	Social Protection	0.0
	P065713	AIDS, Mal, STD, TB Control	AFR	Eritrea	Health, Nutrition, and Population	0.0
	P066486	Decentr Reprod Health and	AFR	Kenya	Health, Nutrition,	7.5

FY	Project ID	Project Name	Region	Country	Sector Board	Calculable Commitment (US$ millions)
		HIV/AIDS			and Population	
	P068463	Integrated Early Childhood SIL	AFR	Eritrea	Education	41.6
	P069886	Multisectoral HIV/AIDS Project	AFR	Ethiopia	Health, Nutrition, and Population	0.0
	P069964	Human Capital Prot.- Cash Transfers	LCR	Colombia	Social Protection	61.4
	P071505	HIV/AIDS Prevention and Control Project	LCR	Dominican Republic	Health, Nutrition, and Population	3.2
	P072356	TP-SECOND COMMUNITY EMPOWERMENT PROJECT	EAP	Timor-Leste	Social Protection	0.0
	P074212	Health Sector Reform APL II	LCR	Bolivia	Health, Nutrition, and Population	13.1
	P075220	Caribbean HIV/AIDS I	LCR	Barbados	Health, Nutrition, and Population	0.0
02	P036977	Rural Water and Sanitation Project	ECA	Kyrgyz Republic	Rural Water Supply and Sanitation	0.0
	P043254	Health Reform Support Project (HRSP)	MNA	Yemen, Rep.	Health, Nutrition, and Population	26.0
	P050046	Education for All APL	AFR	Guinea	Education	1.6
	P050383	Food Security SIL	AFR	Ethiopia	Agriculture and Rural Development	0.0
	P057531	Basic Education APL II	LCR	Mexico	Education	0.0
	P057665	Family Health Extension Project I	LCR	Brazil	Health, Nutrition, and Population	0.0
	P067774	Social Safety Net Project	LCR	Jamaica	Social Protection	33.6
	P067986	Earthquake Emergency Recovery and Health	LCR	El Salvador	Health, Nutrition, and Population	15.9
	P069269	Pilot Community Development Project	LCR	Paraguay	Social Development	0.0
	P070290	Health System Development II	AFR	Nigeria	Health, Nutrition, and Population	17.7
	P070291	HIV/AIDS Program Development	AFR	Nigeria	Health, Nutrition, and Population	0.0
	P070374	ProFam: Family Strengthening and Social Capital Promotion	LCR	Argentina	Social Development	3.5
	P070541	Nutrition Enhancement Program	AFR	Senegal	Health, Nutrition, and Population	14.4
	P070937	Basic Education 3	LCR	Uruguay	Education	0.0
	P071062	Health Sector Development Project	MNA	Djibouti	Health, Nutrition, and Population	14.1
	P071308	Education Sector Development APL- (PNDSE)	AFR	Mauritania	Education	0.0

FY	Project ID	Project Name	Region	Country	Sector Board	Calculable Commitment (US$ millions)
	P071371	MultiSec HIV/AIDS and Orphan APL	AFR	Burundi	Health, Nutrition, and Population	0.0
	P071433	HIV/AIDS Disaster Response APL	AFR	Burkina Faso	Health, Nutrition, and Population	0.0
	P072226	Second Population and AIDS Project	AFR	Chad	Health, Nutrition, and Population	3.8
	P073525	Multisectoral HIV/AIDS	AFR	Central African Republic	Health, Nutrition, and Population	0.0
	P073883	HIV/AIDS Response	AFR	Sierra Leone	Health, Nutrition, and Population	0.0
	P074059	HIV/AIDS Prevention and Control APL	AFR	Senegal	Health, Nutrition, and Population	0.0
	P074249	HIV/AIDS APL	AFR	Cape Verde	Health, Nutrition, and Population	0.0
	P074408	SRMP	ECA	Turkey	Social Protection	0.0
	P074641	First HIV/AIDS Project (APL III)	LCR	Jamaica	Health, Nutrition, and Population	0.0
03	P003248	Zanara HIV/AIDS APL	AFR	Zambia	Health, Nutrition, and Population	0.0
	P044803	Primary Education for Disadvantaged Children	EAP	Vietnam	Education	5.2
	P054119	Bahia Development (Health)	LCR	Brazil	Health, Nutrition, and Population	0.0
	P054937	Early Childhood Education Project	LCR	Dominican Republic	Education	42.0
	P055232	Rural Education	LCR	Peru	Education	0.0
	P059872	Basic Education 2 (APL #2)	ECA	Turkey	Education	0.0
	P064237	TB/AIDS Control	ECA	Russian Federation	Health, Nutrition, and Population	0.0
	P069857	TB/AIDS Control	ECA	Ukraine	Health, Nutrition, and Population	0.0
	P070542	Health Sector Support Project	EAP	Cambodia	Health, Nutrition, and Population	0.0
	P071374	MultiSec HIV/AIDS (FY03)	AFR	Rwanda	Health, Nutrition, and Population	0.0
	P071612	Multi-Sectoral STI/HIV/AIDS 2 (FY03)	AFR	Niger	Health, Nutrition, and Population	0.0
	P073378	Multi-Sectoral AIDS SIL (FY03)	AFR	Guinea	Health, Nutrition, and Population	0.0
	P073649	Health Sector Program Support 2 (FY03)	AFR	Ghana	Health, Nutrition, and Population	0.0
	P073772	Health Workforce and Services (PHP 3)	EAP	Indonesia	Health, Nutrition, and Population	0.0
	P074122	AIDS Control	ECA	Moldova	Health, Nutrition,	0.0

FY	Project ID	Project Name	Region	Country	Sector Board	Calculable Commitment (US$ millions)
					and Population	
	P074128	Health Sec Reconstruction and Development (FY03)	AFR	Sierra Leone	Health, Nutrition, and Population	0.0
	P074730	National HIV/AIDS Prevention	SAR	Sri Lanka	Health, Nutrition, and Population	0.0
	P075528	HIV/AIDS Prevention and Control Project	LCR	Trinidad and Tobago	Health, Nutrition, and Population	0.0
	P075829	Education Reform for Knowledge	MNA	Jordan	Education	0.1
	P075911	Third Social Action Fund (MASAF III)	AFR	Malawi	Social Protection	0.0
	P076715	2nd Phase APL HIV/AIDS Prevention and Control Project	LCR	Grenada	Health, Nutrition, and Population	0.0
	P076798	HIV/AIDS Prevention and Control Project	LCR	St. Kitts and Nevis	Health, Nutrition, and Population	0.0
	P076802	Health Reform Support (APL)	LCR	Dominican Republic	Health, Nutrition, and Population	0.0
	P078324	Afghanistan Health Sector Emergency Reha	SAR	Afghanistan	Health, Nutrition, and Population	109.6
	P079335	Natl Soc Action (FY03)	AFR	Sierra Leone	Social Protection	0.0
	P080295	Polio Eradication (FY03)	AFR	Nigeria	Health, Nutrition, and Population	190.4
	P080400	AIDS and STD Control 3	LCR	Brazil	Health, Nutrition, and Population	0.0
	P081773	Emerg Drought Recovery ERL (FY03)	AFR	Ethiopia	Agriculture and Rural Development	0.0
	P081909	Partnership for Polio Eradication	SAR	Pakistan	Health, Nutrition, and Population	23.9
04	P050740	Health Sector Development	SAR	Sri Lanka	Health, Nutrition, and Population	0.0
	P071025	Provincial Maternal-Child Health	LCR	Argentina	Health, Nutrition, and Population	113.9
	P073442	HIV/AIDS Global Mitigation Sup (FY04)	AFR	Guinea-Bissau	Health, Nutrition, and Population	0.0
	P073821	Multi-sectoral AIDS - MAP (FY04)	AFR	Malawi	Health, Nutrition, and Population	0.0
	P074053	Health Transition Project)	ECA	Turkey	Health, Nutrition, and Population	0.0
	P074966	Primary Educ. Develop. Program II	SAR	Bangladesh	Education	0.0
	P075979	Social Sector Support (FY04)	AFR	Sáo Tomé and Principe	Health, Nutrition, and Population	0.0
	P076722	HIV/AIDS Prevention and Control	LCR	Guyana	Health, Nutrition, and Population	0.0
	P077513	HIV/AIDS and Health SIL (FY04)	AFR	Congo, Rep.	Health, Nutrition,	0.0

FY	Project ID	Project Name	Region	Country	Sector Board	Calculable Commitment (US$ millions)
					and Population	
	P078368	Multisector HIV/AIDS Control (FY04)	AFR	Mauritania	Health, Nutrition, and Population	0.0
	P081269	Second Education Sector Development Project (Phase 2)	AFR	Lesotho	Education	0.7
	P081477	Social Safety Net Reform Project	MNA	West Bank and Gaza	Social Protection	0.0
	P082335	Health Sector Development II (FY04)	AFR	Tanzania	Health, Nutrition, and Population	1.0
	P082516	Multisectoral HIV/AIDS (FY04)	AFR	Congo, Rep.	Health, Nutrition, and Population	0.0
	P083013	Disease Surveillance and Control APL 2	LCR	Brazil	Health, Nutrition, and Population	0.0
	P083169	HIV/AIDS, STI Prevention and Control	SAR	Bhutan	Health, Nutrition, and Population	0.0
05	P040613	Nepal Health Sector Program Project	SAR	Nepal	Health, Nutrition, and Population	0.0
	P043412	Basic Education Reform Support Program	MNA	Morocco	Education	0.0
	P051370	Health 2 Project	ECA	Uzbekistan	Health, Nutrition, and Population	35.0
	P065126	Health Sec Supt SIL (FY05)	AFR	Guinea	Health, Nutrition, and Population	19.0
	P071094	Poor Rural Communities Development	EAP	China	Agriculture and Rural Development	1.5
	P074633	Education for All Project	SAR	Nepal	Education	11.1
	P074841	Health, Nutrition, and Population Sector Program	SAR	Bangladesh	Health, Nutrition, and Population	0.0
	P075058	Tamil Nadu Health Systems Project	SAR	India	Health, Nutrition, and Population	28.5
	P076795	HIV/AIDS Prevention and Control	LCR	St. Lucia	Health, Nutrition, and Population	0.0
	P076799	HIV/AIDS Prevention and Control	LCR	St. Vincent and the Grenadines	Health, Nutrition, and Population	0.0
	P078523	Integrated Human Development Project	SAR	Maldives	Social Protection	0.0
	P078971	Health Sector Reform 2 Project (APL #2)	ECA	Romania	Health, Nutrition, and Population	40.6
	P078991	Health Services Extension and Modernization (2nd APL)	LCR	Nicaragua	Health, Nutrition, and Population	5.2
	P079628	Second Women's Health and Safe Motherhood	EAP	Philippines	Health, Nutrition, and Population	16.0
	P082952	Early Childhood Education Enhancement	MNA	Egypt, Arab Rep.	Education	20.0

FY	Project ID	Project Name	Region	Country	Sector Board	Calculable Commitment (US$ millions)
	P083180	HIV/AIDS, Malaria and TB Control Project (HAMSET)	AFR	Angola	Health, Nutrition, and Population	0.0
	P085851	Basic Education Dev Phase III	LCR	Mexico	Education	47.7
	P088728	Mexico Education Quality	LCR	Mexico	Education	0.0
	P088857	(CRL2) TAL to support the 2nd PSAL	LCR	Colombia	Social Protection	0.0
	P094694	HIV/AIDS/STI/TB/Malaria/RH SIL (FY05)	AFR	Eritrea	Health, Nutrition, and Population	0.0
06	P070963	Rural Education Improvement Project	LCR	Argentina	Education	0.0
	P074015	Protection of Basic Services (FY06)	AFR	Ethiopia	Social Protection	1.8
	P074027	Health Services Improvement Project	EAP	Lao PDR	Health, Nutrition, and Population	9.0
	P076658	Health Sector Reform Phase 2 APL (FY06)	AFR	Lesotho	Health, Nutrition, and Population	2.9
	P077756	Maternal and Infant Health and Nutrition	LCR	Guatemala	Health, Nutrition, and Population	49.0
	P078978	Community and Basic Health Project	ECA	Tajikistan	Health, Nutrition, and Population	14.6
	P082056	Mother and Child Basic Health Insurance	LCR	Paraguay	Health, Nutrition, and Population	22.0
	P082142	Ceara Multi-sector Social Inclusion Development	LCR	Brazil	Public Sector Governance	0.0
	P082242	Nutrition and Social Protection	LCR	Honduras	Social Protection	20.0
	P082814	Health System Modernization Project	ECA	Albania	Health, Nutrition, and Population	9.5
	P083350	Institutional Strengthening and Health Sector Support Program	AFR	Niger	Health, Nutrition, and Population	20.0
	P084977	Health and Social Protection Project	ECA	Kyrgyz Republic	Health, Nutrition, and Population	37.7
	P088751	Health Sector Rehab Support (FY06)	AFR	Congo, Rep.	Health, Nutrition, and Population	134.0
	P089443	Social Safety Net Project	LCR	Colombia	Social Protection	0.0
	P089479	Early Childhood Education and Development	EAP	Indonesia	Education	67.5
	P090615	Multi Sectoral STI/HIV/AIDS Prevention II (FY06)	AFR	Madagascar	Health, Nutrition, and Population	0.0
	P093096	Social Inclusion Program (CRL)	ECA	Romania	Social Protection	7.6
	P093987	Health Sector Support. and AIDS Project (FY06)	AFR	Burkina Faso	Health, Nutrition, and Population	26.7
	P094278	Health and Nutrition Support (FY06)	AFR	Mauritania	Health, Nutrition and Population	3.9
	P096131	Malaria Health Booster SIL	AFR	Zambia	Health, Nutrition,	3.0

FY	Project ID	Project Name	Region	Country	Sector Board	Calculable Commitment (US$ millions)
		(FY06)			and Population	
	P096482	Malaria Cntrl Booster Prgm SIL (FY06)	AFR	Benin	Health, Nutrition, and Population	20.0
	P097402	Second Partnership for Polio Eradication	SAR	Pakistan	Health, Nutrition, and Population	67.8
	P101439	Education for All, Fast Track Initiative Catalytic Fund	ECA	Moldova	Education	0.0
07	P075060	Reproductive and Child Health Second Phase	SAR	India	Health, Nutrition, and Population	370.0
	P083979	Urban Infrastructure Project	LCR	Bolivia	Urban Development	0.0
	P087479	Education Sector Support Project (FY07)	AFR	Kenya	Education	32.0
	P087831	Inclusion and Quality Education	LCR	Ecuador	Education	0.0
	P094042	Basic Education Project	ECA	Uzbekistan	Education	0.0
	P094225	Social Investment Fund III	ECA	Armenia	Social Protection	0.0
	P095250	Health Services and Social Assistance	ECA	Moldova	Health, Nutrition, and Population	7.0
	P095515	Prov Maternal-Child Health (APL2)	LCR	Argentina	Health, Nutrition, and Population	300.0
	P096056	Multi Sectoral HIV/AIDS SIL 2 (FY07)	AFR	Benin	Agriculture and Rural Development	0.0
	P096151	State Education Sector Project	AFR	Nigeria	Education	0.5
	P096198	Multi Sectoral Demographic SIL (FY07)	AFR	Niger	Health, Nutrition, and Population	1.8
	P096777	Palestinian NGO Project III	MNA	West Bank and Gaza	Social Development	16.7
	P097181	Nutrition Enhancement Program II - APL (FY07)	AFR	Senegal	Health, Nutrition, and Population	10.4
	P097921	Malaria Control Booster Project (FY07)	AFR	Nigeria	Health, Nutrition, and Population	109.4
	P098483	Northern-MDTF Health (FY07)	AFR	Sudan	Health, Nutrition, and Population	0.0
	P103606	Sust. Health System Development (FY07)	AFR	Madagascar	Health, Nutrition, and Population	0.0
	P103712	Reproductive and Child Health (FY07)	AFR	Sierra Leone	Health, Nutrition, and Population	0.0
	P104993	Emergency Services Support Prog MDTF	MNA	West Bank and Gaza	Social Protection	0.0
	P105282	Health Systems Reconstruction (FY07)	AFR	Liberia	Health, Nutrition, and Population	0.0
	P106451	Education for All - FTI-CF-KG	ECA	Kyrgyz Republic	Education	0.0

FY	Project ID	Project Name	Region	Country	Sector Board	Calculable Commitment (US$ millions)
	P108776	Education for All EFA-FTI (TF058043)	EAP	Mongolia	Education	0.0
	P110576	Education for All - FTI Program (FY08)	AFR	Benin	Education	0.0
08	P082908	Rural Education APL II	LCR	Colombia	Education	34.8
	P086313	Second Health Sector Management Program Support Project	EAP	Samoa	Health, Nutrition, and Population	2.5
	P090010	Social Sectors Investment Program	LCR	Dominican Republic	Social Protection	8.4
	P095673	Early Childhood Develop Project SWAP	LCR	Jamaica	Education	15.0
	P096823	Local Services Delivery	ECA	Serbia	Social Protection	0.0
	P098328	Social Protection project	LCR	Panama	Social Protection	10.0
	P101084	Investing in Children and Youth	LCR	Bolivia	Social Protection	12.4
	P101206	Expanding Access to Reduce Health Inequities Project (APL III)-Former Health Sector Reform - Third Phase (APL III)	LCR	Bolivia	Health, Nutrition, and Population	10.5
	P101218	Education Quality, Governance and Institutional Strengthening	LCR	Honduras	Education	0.0
	P102117	Second Education Sector Development Project	ECA	Azerbaijan	Education	0.9
	P104525	Health Sector Support SWAP SIL (FY08)	AFR	Cameroon	Health, Nutrition, and Population	20.0
	P104527	Reproductive Health Vouchers in Western Uganda	AFR	Uganda	Health, Nutrition, and Population	0.0
	P104794	Health Sector Strategic Plan Support	EAP	Timor-Leste	Health, Nutrition, and Population	0.6
	P104946	GPOBA W3 - Yemen Health-Safe Motherhood	MNA	Yemen, Rep.	Health, Nutrition, and Population	0.0
	P105002	National Program for Community Empower	EAP	Indonesia	Social Development	0.0
	P105024	Social Protection	LCR	Jamaica	Social Protection	32.0
	P105092	Nutrition and Malaria Control for Child Survival	AFR	Ghana	Health, Nutrition, and Population	25.0
	P106228	Nutrition (FY08)	AFR	Ethiopia	Health, Nutrition, and Population	30.0
	P106622	Second HIV/AIDS Project	LCR	Jamaica	Health, Nutrition, and Population	0.0
	P106851	Health Sector Service Development Project (FY08)	AFR	Congo, Rep.	Health, Nutrition, and Population	0.0
	P106927	MDTF HIV/AIDS Project (FY08)	AFR	South Sudan	Health, Nutrition, and Population	0.0

FY	Project ID	Project Name	Region	Country	Sector Board	Calculable Commitment (US$ millions)
	P109575	Hurricane Dean ERL	LCR	Jamaica	Urban Development	0.0
	P109925	Education for All Fast Track Initiative Catalytic Trust Fund	EAP	Cambodia	Education	0.0
	P109964	Second Multisectoral HIV/AIDS	AFR	Burundi	Health, Nutrition, and Population	0.0
	P110251	Health care support to the poor of the Northern Upland and Central Highlands	EAP	Vietnam	Health, Nutrition, and Population	0.0
	P112107	Emergency Food Support for Vulnerable Women and Children	AFR	Liberia	Agriculture and Rural Development	0.0
09	P094360	National Vector Borne Disease Control and Polio Eradication Support Project	SAR	India	Health, Nutrition, and Population	271.0
	P095563	Health Reform Program	LCR	Peru	Health, Nutrition, and Population	27.4
	P099930	Health Service Delivery (FY09)	AFR	Mozambique	Health, Nutrition, and Population	29.0
	P100657	Social Inclusion Project	ECA	Bulgaria	Social Protection	59.0
	P101160	Health Project (FY09)	AFR	Burundi	Health, Nutrition, and Population	20.0
	P101211	Second Social Safety Net Project	LCR	Colombia	Social Protection	0.0
	P102119	HIV/AIDS Program Development II (FY09)	AFR	Nigeria	Social Protection	0.0
	P105036	Second Education Reform for the Knowledge Economy	MNA	Jordan	Education	0.0
	P106332	Disability and Children at Risk	SAR	Bangladesh	Social Protection	0.0
	P106445	Health Equity and Performance Improvement	LCR	Panama	Health, Nutrition, and Population	32.0
	P107146	Acre Social and Economic Inclusion and Sustainable Development Project - PROACRE	LCR	Brazil	Agriculture and Rural Development	74.8
	P107772	Second Education Quality and Relevance (APL 2)	ECA	Armenia	Education	2.5
	P107843	Federal District Multisector Management Project	LCR	Brazil	Health, Nutrition, and Population	0.0
	P107845	Second Basic Education	ECA	Uzbekistan	Education	1.0
	P110267	2nd Rural Water Supply and Sanitation project	ECA	Kyrgyz Republic	Rural Water Supply and Sanitation	0.4
	P111545	Cash Transfer for Orphans and Vulnerable Children	AFR	Kenya	Social Protection	40.0
	P112446	Strengthening Health Activities	SAR	Afghanistan	Health, Nutrition,	19.0

FY	Project ID	Project Name	Region	Country	Sector Board	Calculable Commitment (US$ millions)
					and Population	
	P113221	Food Response Project	AFR	Central African Republic	Agriculture and Rural Development	0.0
	P114441	Emergency Food Price Response Project	LCR	Nicaragua	Social Protection	0.0
	P114508	Third Partnership for Polio Eradication Project	SAR	Pakistan	Health, Nutrition, and Population	74.7
	P115067	Support to Oportunidades Project	LCR	Mexico	Social Protection	0.0
	P115183	Basic Protection Project	LCR	Argentina	Social Protection	0.0
	P115938	Nutrition/Cash Transfer Project (FY09)	AFR	Senegal	Health, Nutrition, and Population	10.0
	P131548	Delivering Maternal Child Health Care to Vulnerable Populations	AFR	Swaziland	Health, Nutrition, and Population	0.0
10	P074091	Health SWAP (FY10)	AFR	Kenya	Health, Nutrition, and Population	34.0
	P082144	Social Welfare and Development Reform	EAP	Philippines	Social Protection	0.0
	P101369	Compensatory Education	LCR	Mexico	Education	30.0
	P106619	Health Reform II	LCR	Dominican Republic	Health, Nutrition, and Population	14.5
	P107416	Expanding Opport. Vulnerable Groups	LCR	Guatemala	Social Protection	0.0
	P110535	Reproduction and Child Health - Phase 2 (FY10)	AFR	Sierra Leone	Health, Nutrition, and Population	0.0
	P111840	Municipal Health Service Strength (FY10)	AFR	Angola	Health, Nutrition, and Population	57.1
	P113202	Health System Performance Project (FY10)	AFR	Benin	Health, Nutrition, and Population	21.5
	P113220	Productive Safety Nets (APL III)	AFR	Ethiopia	Social Protection	0.0
	P113441	School Sector Reform Program	SAR	Nepal	Education	59.0
	P113896	San Juan SWAP	LCR	Argentina	Health, Nutrition, and Population	12.8
	P114863	Community Nutrition Project	EAP	Lao PDR	Health, Nutrition, and Population	0.0
	P115052	Third National Program for Community Empowerment in Rural Areas (PNPM-Rural)	EAP	Indonesia	Social Development	0.0
	P115347	School Based Management	LCR	Mexico	Education	0.0
	P115563	Health System Strengthening Project (FY10)	AFR	Uganda	Health, Nutrition, and Population	30.0
	P115592	Social Protection	LCR	Honduras	Social Protection	40.0
	P116110	Healthy Motherhood JSDF	MNA	Yemen,	Health, Nutrition,	0.0

FY	Project ID	Project Name	Region	Country	Sector Board	Calculable Commitment (US$ millions)
				Rep.	and Population	
	P116426	Basic Education Fast Track Initiative Grant	AFR	Lesotho	Education	0.0
	P117417	Second HNP and HIV/AIDS Project	SAR	Nepal	Health, Nutrition, and Population	0.0
	P120464	Phase II - Umbrella Health System	AFR	South Sudan	Health, Nutrition, and Population	0.0
	P120565	Support Basic Package Health Services	SAR	Afghanistan	Health, Nutrition, and Population	0.0
	P120588	Employment and Human Capital Social Safety Net	MNA	Djibouti	Social Protection	0.0
	P120888	Participatory Model for Nutrition	LCR	Peru	Social Protection	0.0
	P121571	Local Level Nutrition Interventions	SAR	Sri Lanka	Health, Nutrition, and Population	0.0
	P122244	Nutrition Pilot	ECA	Tajikistan	Health, Nutrition, and Population	0.0
11	P094755	Health and Population	MNA	Yemen, Rep.	Health, Nutrition, and Population	30.5
	P095171	Bahia Health and Water Management (SWAP)	LCR	Brazil	Health, Nutrition, and Population	48.6
	P101504	Second Bolsa Família	LCR	Brazil	Social Protection	0.0
	P106870	Comm. and Family Health Care Services	LCR	Nicaragua	Health, Nutrition, and Population	9.0
	P110156	Health, HIV/AIDS and TB Project (FY11)	AFR	Swaziland	Health, Nutrition, and Population	0.0
	P113349	Health System Improvement Project	ECA	Uzbekistan	Health, Nutrition, and Population	0.0
	P114609	Catalytic Fund EFA/FTI	EAP	Lao PDR	Education	0.0
	P117310	Results Nutrition for Juntos SWAp	LCR	Peru	Social Protection	25.0
	P117662	Education GPE Program (FY11)	AFR	Liberia	Education	0.0
	P118187	Education Development Project II	MNA	Lebanon	Education	14.7
	P118423	Fast Track Initiative Catalytic Grant Fund -2	ECA	Kyrgyz Republic	Education	0.0
	P118708	Health Sector Development Program	SAR	Bangladesh	Health, Nutrition, and Population	0.0
	P120349	Improving Children's Health	LCR	Belize	Health, Nutrition, and Population	0.0
	P121496	Protecting Early Childhood Development	AFR	Malawi	Social Protection	0.0
	P121509	Nutrition Security Project	AFR	Gambia, The	Health, Nutrition, and Population	0.0
	P121690	Household Development Agent Pilot	LCR	Haiti	Social Protection	0.0

FY	Project ID	Project Name	Region	Country	Sector Board	Calculable Commitment (US$ millions)
	P121779	Social Protection	LCR	Nicaragua	Social Protection	0.0
	P122370	Emergency Support for Social Services	LCR	Guatemala	Economic Policy	0.0
	P123689	Second Emergency Assistance Program for Primary Health Care	MNA	Iraq	Health, Nutrition, and Population	0.0
	P124191	Community Nutrition Project	AFR	Benin	Health, Nutrition, and Population	0.0
	P124612	Piloting Effective Early Childhood Development Services	AFR	Mali	Education	0.0
	P125127	Education Sector Support Program	AFR	Mozambique	Education	40.0
	P125602	JSDF: Growing with our GUAGUAS (Children)	LCR	Ecuador	Social Protection	0.0
	P125657	Community Health Collaborative JSDF	MNA	Tunisia	Health, Nutrition, and Population	0.0
12	P113435	Primary Education Development Program III	SAR	Bangladesh	Education	0.0
	P119815	Health System Support Project (FY12)	AFR	Central African Republic	Health, Nutrition, and Population	17.0
	P119917	Reproductive Health Project (FY12)	AFR	Burkina Faso	Health, Nutrition, and Population	28.9
	P120798	Nigeria States Health Investment Project	AFR	Nigeria	Health, Nutrition, and Population	57.3
	P124045	Productive Social Safety Net	AFR	Tanzania	Social Protection	0.0
	P125229	Health Sector Development Project (FY12)	AFR	Zimbabwe	Health, Nutrition, and Population	0.0
	P125237	Nutrition and HIV/AIDS Project (FY12)	AFR	Malawi	Health, Nutrition, and Population	40.0
	P125359	Community Action for Nutrition Project	SAR	Nepal	Health, Nutrition, and Population	40.0
	P125445	Global Partnership for Education Early Childhood Education Project	EAP	Mongolia	Education	0.0
	P125760	Human Capital of Urban Poor Children	LCR	El Salvador	Health, Nutrition, and Population	0.0
	P126339	Emergency Labor Intensive Investment	MNA	Egypt, Arab Rep.	Social Protection	0.0
	P126372	Recife Swap Education and Public Management	LCR	Brazil	Education	100.0
	P127187	Health Rapid Results Project (FY12)	AFR	South Sudan	Health, Nutrition, and Population	0.0
	P130328	Crisis Response-SSN project	MNA	Djibouti	Social Protection	1.2
	P130580	JSDF Early Childhood Care and Development	LCR	Bolivia	Education	0.0

FY	Project ID	Project Name	Region	Country	Sector Board	Calculable Commitment (US$ millions)
13	P114859	Maternal and Newborn Health PBF	AFR	Lesotho	Health, Nutrition, and Population	12.0
	P117393	School Readiness Promotion Project	EAP	Vietnam	Education	100.0
	P118806	Second Health Sector Development	SAR	Sri Lanka	Health, Nutrition, and Population	0.0
	P120435	Health Results Based Financing	ECA	Kyrgyz Republic	Health, Nutrition, and Population	0.0
	P121731	ICDS Systems Strengthening and Nutrition Improvement Program (ISSNIP)	SAR	India	Health, Nutrition, and Population	106.0
	P123151	Basic Education	LCR	Peru	Education	0.0
	P123394	Punjab Health Sector Reform Project	SAR	Pakistan	Health, Nutrition, and Population	23.8
	P123531	Health MDG Support Operation (FY13)	AFR	Ethiopia	Health, Nutrition, and Population	100.0
	P123706	Improving Maternal and Child Health	LCR	Haiti	Health, Nutrition, and Population	70.0
	P126278	Health and Social Protection Project	ECA	Kyrgyz Republic	Health, Nutrition, and Population	13.5
	P127245	Rio de Janeiro Mun. Strengthening PSM	LCR	Brazil	Public Sector Governance	0.0
	P127328	Emergency Safety Nets project	AFR	Mali	Social Protection	0.0
	P128442	Disease Prevention and Control Project	ECA	Armenia	Health, Nutrition, and Population	4.3
	P128905	Nepal Agriculture and Food Security Proj	SAR	Nepal	Agriculture and Rural Development	0.0
	P128909	Health Systems Strengthening (FY13)	AFR	Liberia	Health, Nutrition, and Population	0.0
	P129381	Global Partnership for Education (FY12)	AFR	Ghana	Education	0.0
	P129663	System Enhancement for Health (SEHAT)	SAR	Afghanistan	Health, Nutrition, and Population	0.0
	P131029	Social Inclusion Technical Assistance Project	LCR	Peru	Social Protection	0.0
	P131236	Emrg Targeted Nutrition Intervention	MNA	Yemen, Rep.	Health, Nutrition, and Population	0.0
	P131945	Emergency Support to Critical Education, Health, and Nutrition Services Project	AFR	Madagascar	Education	35.5
	P133557	Education Sector Strategy Support	LCR	Nicaragua	Education	0.0
14	P123960	Social Assistance System Strengthening	EAP	Vietnam	Social Protection	0.0

FY	Project ID	Project Name	Region	Country	Sector Board	Calculable Commitment (US$ millions)
	P124015	Social Safety Net project	AFR	Burkina Faso	Social Protection	0.0
	P126130	Health Services Improvement Project	ECA	Tajikistan	Health, Nutrition, and Population	15.0
	P127226	Disaster Vulnerability Reduction Project	LCR	Saint Lucia	Urban Development	2.2
	P127463	Strengthening Service Delivery for Growth, Poverty Reduction and Environmental Sustainability in the State of Ceará PforR	LCR	Brazil	Competitive Industries Practice	3.0
	P128048	Afghanistan Access to Finance	SAR	Afghanistan	Financial Inclusion Practice	15.0
	P129267	Investment Promotion and Competitiveness	AFR	Gabon	Investment Climate Practice	1.0
	P129472	Health and Social Financing (FY14)	AFR	Senegal	Health, Nutrition, and Population	26.0
	P130182	Education Improvement Project	ECA	Armenia	Education	0.0
	P131441	Global Partnership for Education (GPE)-4	ECA	Tajikistan	Education	0.0
	P132490	Kyrgyz Global Partnership for Education (GPE)	ECA	Kyrgyz Republic	Education	0.0
	P132667	Youth Employment (FY14)	AFR	Benin	Social Protection	0.5
	P133079	Results for Education Achievement and Development Project	AFR	Gambia, The	Education	0.8
	P133597	Safety Net	AFR	Senegal	Social Protection	0.0
	P133620	Strengthening Safety Nets Systems	AFR	Malawi	Social Protection	0.0
	P143588	Safety Nets Project	AFR	Sierra Leone	Social Protection	0.0
	P143650	Maternal and Child Nutr and Hlth Results	AFR	Gambia, The	Health, Nutrition, and Population	8.7
	P143652	Food, Health, and Nutrition Project	AFR	Benin	Health, Nutrition, and Population	28.0
	P143843	Maternal and Child Health Support	AFR	Togo	Health, Nutrition, and Population	14.0
	P143849	Health Sector Project	AFR	Congo, Rep.	Health, Nutrition, and Population	7.3
	P143995	Improving Employability	LCR	Bolivia	Social Protection	10.6
	P144134	Youth Micro-Entrepreneurship	MNA	Morocco	Social Development	0.0
	P144522	Maternal and Newborn Voucher Project	MNA	Yemen, Rep.	Health, Nutrition, and Population	13.7
	P145263	Lisungi - Safety Nets Project	AFR	Congo, Rep.	Social Protection	0.0
	P145335	Health Services Improvement	AFR	Zambia	Health, Nutrition,	52.0

FY	Project ID	Project Name	Region	Country	Sector Board	Calculable Commitment (US$ millions)
		Project			and Population	
	P145544	Early Childhood Education Project	EAP	Lao PDR	Education	28.0
	P145792	Maternal, Child Health, and Nutrition (FY14)	AFR	Ghana	Health, Nutrition, and Population	59.5
	P145865	Mitigating Impact of Syrian Displacement	MNA	Jordan	Social Protection	50.0
	P146653	Uttarakhand Disaster Recovery Project	SAR	India	Environment	0.0
	P147402	Kosovo Health Project	ECA	Kosovo	Health, Nutrition, and Population	0.0
	P147514	Emergency Food Security and Social Protection	AFR	Madagascar	Agriculture and Rural Development	0.0
	P148052	Mother and Child Health Services Strengthening	AFR	Chad	Health, Nutrition, and Population	0.0
	P149512	Emergency Food Crisis and Agriculture Relaunch	AFR	Central African Republic	Agriculture and Rural Development	0.0
Grand Total:						5,251.2

Note: AFR = Africa; EAP = East Asia and Pacific; ECA = Europe and Central Asia; LCR= Latin America and the Caribbean; MCH = maternal and child health; MNA = Middle East and North Africa; SAR = South Asia.

Table C.2. List of Development Policy Operations Supporting interventions

FY	Project ID	Project Name	Region	Country	Sector Board
01	P071463	Structural Adjustment Credit	SAR	Pakistan	Economic Policy
03	P075378	Poverty Reduction Support Credit (2)	AFR	Burkina Faso	Poverty Reduction
	P077172	Structural Adjustment Loan	LCR	Uruguay	Public Sector Governance
	P078390	Social Sector Adjustment Credit (SOSAC) (Serbia)	ECA	Serbia	Social Protection
	P082700	Social Safety Net SAC	LCR	Bolivia	Social Protection
04	P072003	Poverty Reduction Strategy Credit - 1st PRSC	AFR	Benin	Economic Policy
	P072637	Provincial Maternal-Child Hlth Sector Adjustment Loan	LCR	Argentina	Health, Nutrition, and Population
	P078088	Social Protection Adjustment Loan DDO	LCR	Chile	Social Protection
	P078951	Programmatic Social Reform III	LCR	Peru	Social Protection
	P078994	Poverty Reduction Support Credit (4)	AFR	Burkina Faso	Poverty Reduction
	P079060	Programmatic Labor Reform and Social Structural Adjustment Loan	LCR	Colombia	Social Protection
	P082759	Poverty Reduction Support Credit III	EAP	Vietnam	Economic Policy
	P085433	Social Crisis Response Adjustment	LCR	Dominican	Social Protection

FY	Project ID	Project Name	Region	Country	Sector Board
		Loan		Republic	
05	P074065	Poverty Reduction Support Credit 1 Development Policy Loan (FY05)	AFR	Senegal	Economic Policy
	P074313	Poverty Reduction Support Credit II	AFR	Benin	Public Sector Governance
	P078995	Poverty Reduction Support Credit 5 Development Policy Loan (FY05)	AFR	Burkina Faso	Poverty Reduction
	P082018	Kazan Municipal Development Project	ECA	Russian Federation	Urban Development
	P082865	2nd Program Labor and Social Sector Reform	LCR	Colombia	Social Protection
	P083894	Third Transition Support Program	EAP	Timor-Leste	Public Sector Governance
	P083968	Programmatic Social Reform Loan IV	LCR	Peru	Social Protection
	P091365	Social Sector Programmatic Credit II	LCR	Bolivia	Health, Nutrition, and Population
	P095028	Uruguay Social Program Support Development Policy Loan	LCR	Uruguay	Social Protection
06	P078807	Development Policy Grant I	SAR	Bhutan	Economic Policy
	P078996	Poverty Reduction Support Credit 6	AFR	Burkina Faso	Poverty Reduction
	P083326	Poverty Reduction Support Credit 2 Development Policy Loan (FY06)	AFR	Madagascar	Education
	P090689	First Development Policy Credit	SAR	Pakistan	Poverty Reduction
	P090881	Poverty Reduction Support Credit 5	AFR	Uganda	Poverty Reduction
	P091051	Poverty Reduction Support Credit 2 (FY06)	AFR	Senegal	Public Sector Governance
	P096411	Rural and Social Policy Reform I (FY06)	AFR	Niger	Social Protection
	P096635	Second Poverty Reduction Support Operation	EAP	Lao PDR	Poverty Reduction
	P100965	Debt Relief Grant Development Policy Loan (FY06)	AFR	Cameroon	Economic Policy
07	P083313	Poverty Reduction Support Credit 3	AFR	Benin	Poverty Reduction
	P086875	Education and Training Development Policy Loan (FY07)	AFR	Namibia	Education
	P090219	Uganda Poverty Reduction Support Credit 6	AFR	Uganda	Poverty Reduction
	P094097	3rd Program Labor and Social Sector	LCR	Colombia	Social Protection
	P096710	Third Poverty Reduction Support Operation Grant	EAP	Lao PDR	Poverty Reduction
	P097471	NWFP Second Development Policy Credit	SAR	Pakistan	Education
	P098964	Poverty Reduction Strategy Credit III Development Policy Loan (FY07)	AFR	Senegal	Poverty Reduction
	P101086	Results and Accountability (REACT) Development Policy Loan	LCR	Peru	Social Protection

FY	Project ID	Project Name	Region	Country	Sector Board
	P104931	Second Development Policy Grant	SAR	Bhutan	Economic Policy
08	P099420	Poverty Reduction Strategy Credit 4 - 1st of New Series (FY08)	AFR	Madagascar	Economic Policy
	P101231	Seventh Poverty Reduction Support Credit (PRSC7)	AFR	Uganda	Public Sector Governance
	P103631	Sixth Poverty Reduction Support Credit	AFR	Ghana	Economic Policy
09	P101177	Second Results and Accountability (REACT) Development Policy Loan-Deferred Drawdown Option	LCR	Peru	Social Protection
	P106502	Poverty Reduction Support Credit 4 - Development Policy Loan	AFR	Cape Verde	Economic Policy
	P106747	Development Policy Credit	LCR	Nicaragua	Public Sector Governance
	P106834	1st Comm Living Standards (FY09)	AFR	Rwanda	Social Protection
	P113219	DPL-Food Crisis Response	AFR	Sierra Leone	Social Protection
	P113492	Philippines GFRP Development Policy Operation ICR	EAP	Philippines	Social Protection
	P115177	Protect Poor Under Glob Uncert Development Policy Loan	LCR	Panama	Economic Policy
	P115264	Education Fast Track Initiative Program	AFR	Burkina Faso	Education
	P115626	Armenia Development Policy Operation 1	ECA	Armenia	Economic Policy
	P116125	Empl. Entrepreneurship and HCDP Development Policy Loan	ECA	Poland	Social Protection
10	P106708	Social Development Policy Loan	LCR	Colombia	Social Protection
	P106720	Third Programmatic Fiscal Management and Competitiveness Development Policy Loan	LCR	Peru	Economic Policy
	P112495	Restoring Equitable Growth and Empolyment Programmatic Development Policy Loan	ECA	Turkey	Economic Policy
	P112625	Economic Recovery Development Policy Operation	ECA	Moldova	Economic Policy
	P115732	Safety Net and Social Sector Reform Program	ECA	Latvia	Social Protection
	P116972	First Performance and Accountability of Social Sectors Development Policy Loan	LCR	Dominican Republic	Social Protection
	P117244	Rio State Development Policy Loan	LCR	Brazil	Education
	P117270	Fourth Poverty Reduction Support Credit	AFR	Mali	Economic Policy
	P117666	Third Development Policy Loan	ECA	Poland	Economic Policy
	P117758	Second Community Living Standards Grant	AFR	Rwanda	Social Protection
	P118036	Sustaining Social Gains	LCR	El Salvador	Economic Policy

APPENDIX C
EARLY CHILDHOOD DEVELOPMENT PORTFOLIO OF THE WORLD BANK

FY	Project ID	Project Name	Region	Country	Sector Board
11	P111665	Rio de Janeiro Municipality Fiscal Consolidation for Efficiency and Growth Development Policy Loan	LCR	Brazil	Economic Policy
	P116264	Third Results and Accountability (REACT) Programmatic Development Policy Loan	LCR	Peru	Social Protection
	P116451	Second Development Policy Operation	ECA	Armenia	Economic Policy
	P117161	Employment Development Policy Loan	MNA	Tunisia	Social Protection
	P117667	Second Development Policy Loan	ECA	Romania	Economic Policy
	P121778	Second Performance and Accountability of Social Sectors Development Policy Loan	LCR	Dominican Republic	Social Protection
	P122157	Third Community Living Standards Grant	AFR	Rwanda	Social Protection
	P122783	Third Poverty Reduction Support Credit	AFR	Lesotho	Economic Policy
	P123073	Second Restoring Equitable Growth and Employment Programmatic Development Policy Loan	ECA	Turkey	Economic Policy
12	P125425	Economic Recovery Support Operation	ECA	Kyrgyz Republic	Economic Policy
	P125806	Third Development Policy Loan on Performance and Accountability of Social Sectors	LCR	Dominican Republic	Social Protection
	P126351	Bahia Development Policy Loan	LCR	Brazil	Economic Policy
13	P125298	Eight Poverty Reduction Support	EAP	Lao PDR	Economic Policy
	P129597	Development Policy Operation I	ECA	Georgia	Economic Policy
	P129652	Sergipe Development Policy Loan	LCR	Brazil	Health, Nutrition, and Population
	P131028	Social Inclusion Development Policy Loan	LCR	Peru	Social Protection
	P131763	First Programmatic Development Policy Loan	LCR	Guatemala	Economic Policy
14	P143025	Lao PDR Ninth Poverty Reduction Support Operation	EAP	Lao PDR	Economic Policy

Note: AFR = Africa; EAP = East Asia and Pacific; ECA = Europe and Central Asia; LCR = Latin America and the Caribbean; MCH = maternal and child health; MNA = Middle East and North Africa; SAR = South Asia.

Appendix D. Analytic and Advisory Services Projects on Early Childhood Development

Table D.1. List of Analytic and Advisory Services Projects on Early Childhood Development

Project ID	Project Title	FY	Country or Region	Type
P127278	Africa - Enhancing institutional capacity for nutrition security programs	2014	Africa	ESW
	Africa's Future, Africa's Challenge - Early Childhood Care and Development in Sub-Saharan Africa	2008	Africa	ESW
P071025	Argentina - Provincial Maternal - Child Health Investment Project	2004	Argentina	ESW
P090154	Benchmarking Immuniz. Performance (TF)	2005	Africa	ESW
P057683	Early Childhood	2000	Brazil	ESW
P117588	Early Childhood	2011	Brazil	ESW
	Bridging the Knowledge Gap for Results in Maternal, Newborn, Child Health	2010	World	ESW
P130715	Nutrition Assessment	2014	Bhutan	ESW
P091098	Central Asia MDGs	2005	Central Asia	ESW
P068170	Child Development	2004	India	ESW
P078941	Child Welfare Note	2004	Georgia	ESW
P069334	Children Initiatives	2002	Russian Federation	ESW
P113762	Early Childhood Development	2011	China	ESW
P107032	DSF II Focal Area 3 - National Program for Community Empowerment	2008	Indonesia	ESW
	Early Child Development - From Measurement to Action	2007	World	ESW
P133742	Early Childhood Care and Education	2014	Sri Lanka	ESW
P077850	Early Childhood Development in Africa: Can We Do More for Less? A Look at Impact and Implications of Preschools in Cape Verde and Guinea	2002	Africa	ESW
P103081	Early Childhood Development in LAC	2008	Latin America and the Caribbean	ESW
P087089	Early Childhood Development	2004	Europe and Central Asia	ESW
	Early Childhood Education and Development in Poor Villages of Indonesia	2013	Indonesia	ESW
P095541	Nutrition Review	2006	Ecuador	ESW
P090738	Economics of Vaccination	2005	World	ESW
P072053	Early Childhood Development	2002	Egypt, Arab Rep.	ESW
P080624	Egypt Early Childhood Education Policy	2003	Egypt, Arab Rep.	ESW

P096362	ET-Costing of Nutrition Programs (FY07)	2007	Ethiopia	ESW
	Examining Early Child Development in Low-Income Countries: A toolkit for the Assessment of Children in the First Five Years of Life	2009	World	ESW
P087045	Family Medicine	2005	Europe and Central Asia	ESW
P129248	Family Medicine Study	2013	Turkey	ESW
	From Early Child Development to Human Development	2002	World	ESW
P093916	ID-ECED Situation Analysis	2006	Indonesia	ESW
	Improving early childhood development through community mobilization and integrated planning for children: results from the evaluation of Bachpan program, Ratlam district, Madhya Pradesh, India	2013	India	ESW
P129586	Improving Early Childhood Education	2013	Uzbekistan	ESW
P126055	Inst Arrgmts for Nutrition	2014	India	ESW
P128773	Inequality of Opportunity in Access to Basic Services among Egyptian Children	2012	Egypt, Arab Rep.	ESW
P116849	Institutional Framework for Early Childhood Development in Chile	2010	Chile	ESW
	Malnutrition in Afghanistan Scale, Scope, Causes, and Potential Response	2011	Afghanistan	ESW
P099662	Malnutrition in Sri Lanka	2008	Sri Lanka	ESW
P081233	Maternal and Child Health: Reaching the Poor	2004	World	ESW
P130995	Multisectoral Guidance for Nutrition	2012	World	ESW
P107544	Infant and Child Feeding Study (FY10)	2010	Malawi	ESW
P073541	National Nutrition Action plan	2002	Yemen, Rep.	ESW
P106706	Com-Based Health and Nutrition (FY10)	2011	Nigeria	ESW
P100396	No Small Matter	2009	World	ESW
P086532	Nutrition and Institutional Capacity Assessment	2004	Caucasus	ESW
P090810	Nutrition Sub-Sector Review	2005	Bangladesh	ESW
P143433	Out-of-Pocket Expenditures on Maternity and Child Health	2014	Lao PDR	ESW
P079628	Second Women's Health and Safe Motherhood Project	2005	Philippines	ESW
P117441	PMTCT Cambodia	2010	Cambodia	ESW
P083605	Investing in Maternal Health	2003	World	ESW
P108760	Policy Report	2011	World	ESW
P115883	Preparation for Nutrition Situation Asset	2010	Afghanistan	ESW
P107035	Qualitative baseline study for PNPM Generasi and PKH: the availability and use of the maternal and child health services and basic education services in the provinces of West Java and East Nusa Tenggara	2008	Indonesia	ESW
	Reaching out to the child: an integrated approach to child development	2004	India	ESW
P119415	Regional Early Childhood Dev	2011	Middle East and North Africa	ESW

P073550	Regional Nutrition Strategic Plan	2002	Middle East and North Africa	ESW
P094568	Repositioning Nutrition as Central to Development: A Strategy to Large-Scale Action	2005	World	ESW
	Serbia and Montenegro - Serbia social assistance and child protection note	2006	Serbia	ESW
P115535	Children role in climate change	2011	Senegal	ESW
	The Promise of Preschool in Africa: A Randomized Impact Evaluation of ECD in Rural Mozambique	2012	Mozambique	ESW
P098336	Nutrition Study (FY07)	2007	Tanzania	ESW
	Water, Sanitation and Hygiene: Interventions and Diarrhea- A Systematic Review and Meta-analysis	2004	World	ESW
P085738	Women's Reproductive Health - South Asia	2007	South Asia	ESW
P125229	Strengthening frontline health service delivery : performance-based subsidies for clinics to provide free maternal and child care	2011	Zimbabwe	ESW
	Global Early Child Development: Breaking Poverty	2007	World	GPP
	Scaling-Up Nutrition Investments	2009	World	GPP
	A randomized, controlled study of a rural sanitation behavior change program in Madhya Pradesh, India	2012	India	IE
	Addressing Chronic Malnutrition in Madagascar	2014	Madagascar	IE
	AIDS Treatment and Intrahousehold Resource Allocations: Children's Nutrition and Schooling in Kenya	2013	Kenya	IE
	Almost Random: Evaluating a Large-Scale Randomized Nutrition Program in the Presence of Crossover	1997	Senegal	IE
	An impact and process evaluation of the use of women's self-help groups to catalyze and strengthen convergence of health, nutrition, sanitation and food security programs in rural Bihar, India	2014	India	IE
	Building Parental Capacity to Help Child Nutrition and Health: A Randomized Controlled Trial	2014	Bangladesh	IE
	Cash transfers, behavioral changes, and cognitive development in early childhood: evidence from a randomized experiment	2012	Nicaragua	IE
	Cash Transfers, Parenting Training and Holistic Early Childhood Development in Niger	2014	Niger	IE
	Closing the Early Learning Gap between Roma and Non-Roma Children in Bulgaria through Pre-School Participation: Inclusive Outreach and (Un)conditional Support Approaches	2014	Bulgaria	IE
	Comparing approaches to preprimary school provision in Sierra Leone	2014	Sierra Leone	IE
	Does a home visiting program in early childhood have sustained effects on development 2 years after it ends? Evidence from Colombia	2014	Colombia	IE
	Does Money Matter? The Effects of Cash Transfers on Child Health and Development in Rural Ecuador	2011	Ecuador	IE
	Early childhood development for the poor: Evaluating the impacts	2014	India	IE
	Early Childhood Development through an Integrated Program:	2009	Philippines	IE

Evidence from the Philippines			
Early Childhood Education and Development	2014	Indonesia	IE
Early Childhood Nutrition, Availability of Health Service Providers and Life Outcomes as Young Adults: Evidence from Indonesia	2014	Indonesia	IE
Effect on weight gain of routinely giving albendazole to preschool children during child health days in Uganda: cluster randomized controlled trial	2007	Uganda	IE
Effectiveness of a community-based intervention to improve nutrition in young children in Senegal: a difference in difference analysis	2013	Senegal	IE
Effects of early childhood supplementation with and without stimulation on later development in stunted Jamaican children	2009	Jamaica	IE
Effects of Quality Improvement Strategies on Early Childhood Development in Community-Based Childcare Centers in Malawi: A Randomized Trial	2014	Malawi	IE
Encouraging multi-lingual early reading as the groundwork for education (EMERGE): A multilingual storybook evaluation	2014	Kenya	IE
Evaluating Preschool Programs when Length of Exposure to the Program Varies: A Nonparametric Approach	2013	Bolivia	IE
Evaluating the Impact of Information and "Framed" Unconditional Cash Transfer on Nutritional Outcomes	2014	Nepal	IE
Giving children a better start: preschool attendance and school-age profiles	2012	Uruguay	IE
Early Childhood Development Impact Evaluation	2007	Mozambique	IE
IE of Pilots on Early Childhood Stimulation and Social Accountability Mechanisms in India's Integrated Child Development Services (ICDS) Scheme	2014	India	IE
Impact and cost effectiveness of an integrated parenting, nutrition and malaria prevention package to improve nutrition and early child development in infants and pre-school children (aged zero to six years): A randomized controlled trial in southern Mali	2014	Mali	IE
Impact Evaluation of Cost-Benefit Analysis of 3 types of Early Childhood Development activities	2013	Cambodia	IE
Impact Evaluation of Scaling Up Hand Washing Project in Peru	2006	Peru	IE
Impact Evaluation of Scaling Up Hand Washing Project in Senegal	2014	Senegal	IE
Impact Evaluation of a Conditional Cash Transfer Program: The Nicaraguan Red de Proteccion Social	2013	Nicaragua	IE
Impact evaluation of the ECD and nutrition component of Burkina Faso's safety net project	2014	Burkina Faso	IE
Impact of Low-Cost In-Line Chlorination Systems in Urban Dhaka on Water Quality and Child Health	2014	Bangladesh	IE
Impact of Social Accountability Interventions on Health Care Delivery and Health Outcomes in Uttar Pradesh, India	2014	India	IE
Impact of Subsidized Day Care on Mother's Labor Supply in Mexico	2009	Mexico	IE
Improving Health Service Delivery through Community	2014	Sierra Leone	IE

	Monitoring and Nonfinancial Awards			
	Improving nutritional status through behavioral change : lessons from Madagascar	2008	Madagascar	IE
	Incentivizing sanitation uptake and sustainable usage through micro health insurance	2014	India	IE
	Jalanidhi II (Second Rural Water Supply and Sanitation Project)	2014	India	IE
	Longitudinal Evaluation of Uganda Nutrition and Early Child Development Program	2006	Uganda	IE
	Long-term Follow-Up of beneficiaries of a Stimulation Program	2012	Jamaica	IE
	Nicaragua - Innovative service delivery mechanisms for sustainable water and sanitation services	2014	Nicaragua	IE
	Nigeria -Subsidy Reinvestment and Empowerment Programme (SURE-P) Maternal and Child Health Initiative	2014	Nigeria	IE
	Nutrition and SP Project	2014	Honduras	IE
	Nutritional Gains from Extended Exposure to a Large-scale Nutrition Programme	2004	Madagascar	IE
	Piloting the First Integrated Nutrition/Workfare Social Safety Net	2014	Djibouti	IE
	Plan Nacer	2014	Argentina	IE
	Scaling Up Hand Washing with Soap Behavior	2014	Vietnam	IE
	Scaling Up the Provision of ECD and Early Nutrition	2014	Mozambique	IE
	School Canteen (SC) and Take Home Ration (THR)	2012	Burkina Faso	IE
	SPRING: linking implementation strength, outcomes and lessons learned to inform scale up.	2014	India and Pakistan	IE
	The impact of early childhood education on early achievement gaps : evidence from the Indonesia early childhood education and development (ECED) project	2006	Indonesia	IE
	The Impact of Early Childhood Nutritional Status on Cognitive Development: Does the Timing of Malnutrition Matter?	2007	Philippines	IE
	The Short-Term Impact of a Conditional Cash Subsidy on Child Health and Nutrition in Colombia	2014	Colombia	IE
	Village sanitation and children's human capital: evidence from a randomized experiment by the Maharashtra government	2005	India	IE
	Micro-Level Estimation of Child Undernutrition Indicators in Cambodia	2005	Cambodia	Journal
	Reducing the Incidence of Low Birth Weight in Low-Income Countries Has Substantial Economic Benefits	2004	World	Journal
	The Impact of Early Childhood Nutritional Status on Cognitive Development: Does the Timing of Malnutrition Matter?	2002	World	Journal
	ECD and ECE Policy	2013	World	KMP
P132048	What Matters Most for Early Childhood Development: A Framework Paper	2013	World	KMP
	Africa Early Learning Partnership	2015	World	PA
	Combating Malnutrition: A Time to Act	2003	World	Publication
	Early Childhood Counts: Programming Resources on Early Childhood Care and Development (ECCD)	2000	World	Publication
	India’s Undernourished Children A Call for Reform and Action	2005	India	Publication
	Investing in Young Children An Early Childhood Development	2011	World	Publication

	Guide for Policy Dialogue and Project Preparation			
	Life Chances in Turkey Expanding Opportunities for the Next Generation	2010	Turkey	Publication
	Nutritional Failure in Ecuador: Causes, Consequences, and Solutions	2007	Ecuador	Publication
	Poverty and Nutrition in Bolivia	2003	Bolivia	Publication
	Prospects for Improving Nutrition in Eastern Europe and Central Asia	2002	Europe and Central Asia	Publication
	Scaling Up Nutrition What Will It Cost?	2010	World	Publication
	Strengthening Country Commitment to Human Development Lessons from Nutrition	2005	World	Publication
	The Millennium Development Goals for Health Rising to the Challenges	2004	World	Publication
P111691	3A Early Childhood Development Regional Programme	2013	Africa	TA
P124019	Africa Population and Reproductive Health Policy Note	2012	Africa	TA
P115569	Early Childhood Development Conference	2009	Brazil	TA
P123497	Early Childhood Development Technical Assistance	2012	Brazil	TA
	Building Operational Capacities for Scaling-Up Nutrition	2008	World	TA
P088731	Child Welfare Advisory Services Technical Assistance	2004	Russian Federation	TA
P129208	China Early Child Development	2014	China	TA
P130885	Conditional Cash Transfers and HD NL Technical Assistance	2013	Belize	TA
P132719	Early Childhood Development Technical Assistance	2014	Russian Federation	TA
P077895	Early Childhood Development Post-Conflict Technical Assistance	2005	Albania	TA
P111223	Child Development	2010	Ecuador	TA
P119019	Child Development II	2011	Ecuador	TA
P127922	Safety Nets III	2014	Ecuador	TA
P117850	FBS Improvement of Early Childhood Development and PSE in Khanty-Mansiysk AO	2010	Russian Federation	TA
P125083	FBS-Yakutiya Concept for Early Childhood Development	2012	Russian Federation	TA
P111566	FFS Preschool and Early Childhood Development Khanty-Mansiysk AO	2010	Russian Federation	TA
P148684	Final Push for MDGs 4 and 5 in Africa	2014	Africa	TA
P091820	Health and Nutrition	2005	Indonesia	TA
P090989	Financial Sustainability Plans for Immunization/Vaccination Technical Assistance	2006	Europe and Central Asia	TA
P109754	Preventing Maternal Mortality	2009	World	TA
P075882	Early Childhood Development	2003	Jordan	TA
P132905	Early Childhood Development Support	2014	Middle East and North Africa	TA
P131755	MENA Regional Work on ECD	2013	Middle East and North	TA

			Africa	
P130762	Multisectoral Nutrition Action in Bihar	2014	India	TA
P132917	Multisectoral Simulation Tool Nutrition	2014	Bangladesh	TA
P118546	Sedesol Child Care for FLFP	2010	Mexico	TA
P101909	Nutrition Technical Assistance	2010	Nicaragua	TA
P127709	Nutrition Policy Dialogue II	2014	Nepal	TA
P126311	Nutrition Country Profiles	2011	World	TA
P111717	Juntos for Nutrition Technical Assistance	2010	Peru	TA
P123441	Multi Sectoral Nutr. Dialogue and Technical Assistance	2014	Pakistan	TA
P129498	Protecting access to Maternity and Child Health Services	2013	Tajikistan	TA
P144229	ECD system development for Khanty-Mansiysk region	2014	Russian Federation	TA
P115881	Expanding SAR Resp to Malnutrition	2014	South Asia	TA
P127237	Gender and Nutrition in South Asia	2013	South Asia	TA
P110504	Repositioning Nutrition	2010	India	TA
P126479	Stunting Reduction and PNPM-Generasi Technical Assistance	2014	Indonesia	TA
P115983	Technical Assistance for East Asia and Pacific, Nutrition	2010	East Asia and Pacific	TA
P110546	Repositioning Nutrition (FY10)	2010	Tanzania	TA
P090645	Early Childhood Care and Development	2008	Vietnam	TA
P116857	Early Childhood Develop. Initiative	2010	Zambia	TA
	A better start in life: the early childhood development program in the Philippines	2004	Philippines	Working Paper
	A closer look at child mortality among Adivasis in India	2010	India	Working Paper
	A cost analysis of the Honduras community-based integrated child care program (Atencion Integral a la Ninez-Comunitaria, AIN-C)	2003	Honduras	Working Paper
	Can conditional cash transfer programs play a greater role in reducing child undernutrition?	2009	World	Working Paper
	Child nutrition, economic growth, and the provision of health care services in Vietnam in the 1990s	2002	Vietnam	Working Paper
	Early Childhood Development System Assessment and Benchmarking for Education Results - Armenia	2013	Armenia	Working Paper
	Early Childhood Development System Assessment and Benchmarking for Education Results - Belize	2013	Belize	Working Paper
	Early Childhood Development System Assessment and Benchmarking for Education Results - Bulgaria	2013	Bulgaria	Working Paper
	Early Childhood Development System Assessment and Benchmarking for Education Results - Colombia	2013	Colombia	Working Paper
	Early Childhood Development System Assessment and Benchmarking for Education Results - Guinea	2013	Guinea	Working Paper
	Early Childhood Development System Assessment and Benchmarking for Education Results - Jamaica	2013	Jamaica	Working Paper
	Early Childhood Development System Assessment and Benchmarking for Education Results – Kyrgyz Republic	2013	Kyrgyz Republic	Working Paper

Early Childhood Development System Assessment and Benchmarking for Education Results - Liberia	2012	Liberia	Working Paper
Early Childhood Development System Assessment and Benchmarking for Education Results - Mauritius	2013	Mauritius	Working Paper
Early Childhood Development System Assessment and Benchmarking for Education Results - Nepal	2014	Nepal	Working Paper
Early Childhood Development System Assessment and Benchmarking for Education Results - Nigeria	2013	Nigeria	Working Paper
Early Childhood Development System Assessment and Benchmarking for Education Results - Samoa	2013	Samoa	Working Paper
Early Childhood Development System Assessment and Benchmarking for Education Results - Seychelles	2013	Seychelles	Working Paper
Early Childhood Development System Assessment and Benchmarking for Education Results - Sierra Leone	2013	Sierra Leone	Working Paper
Early Childhood Development System Assessment and Benchmarking for Education Results - Tanzania	2012	Tanzania	Working Paper
Early Childhood Development System Assessment and Benchmarking for Education Results - Tonga	2013	Tonga	Working Paper
Early Childhood Development System Assessment and Benchmarking for Education Results - Tuvalu	2013	Tuvalu	Working Paper
Early Childhood Development System Assessment and Benchmarking for Education Results - Uganda	2013	Uganda	Working Paper
Early Childhood Development System Assessment and Benchmarking for Education Results - Vanuatu	2013	Vanuatu	Working Paper
Early Childhood Development System Assessment and Benchmarking for Education Results - Yemen	2013	Yemen, Rep.	Working Paper
Education sector strategy 2020: background paper on Early Child Development (ECD)	2011	World	Working Paper
Environmental factors and children's malnutrition in Ethiopia	2005	Ethiopia	Working Paper
Excluding the rural population: the impact of public expenditure on child malnutrition in Peru	2014	Peru	Working Paper
How to protect and promote the nutrition of mothers and children: case studies in Latin America and the Caribbean	2013	Latin America and the Caribbean	Working Paper
Improving child health in post-conflict countries: can the World Bank Contribute?	2005	World	Working Paper
Mainstreaming nutrition in poverty reduction strategy papers: What does it take? A review of the early experience	2007	World	Working Paper
Malnutrition and poverty in Guatemala	2003	Guatemala	Working Paper
Operational guidelines for supporting early child development in multisectoral HIV/AIDS programs in Africa	2003	Africa	Working Paper
Proposal: assessment of multisector approaches to improving child health and development	2008	Mexico	Working Paper
Strengthening ICDS for reduction of child malnutrition: report of the national consultation on child under nutrition and ICDS in India	2006	India	Working Paper
The double burden of malnutrition in Indonesia	2014	Indonesia	Working Paper

The economic benefits of investing in child health	2003	World	Working Paper
The living conditions of children	2007	World	Working Paper
Using results-based financing to achieve maternal and child health: progress report	2013	World	Working Paper

Note: EC = early childhood; ECD = early childhood development; ECE = early childhood education; MDG = Millennium Development Goal; TA = technical assistance.