4. What Interventions Are Supported by the Bank?

<table>
<thead>
<tr>
<th>Highlights</th>
</tr>
</thead>
<tbody>
<tr>
<td>❖ 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.</td>
</tr>
<tr>
<td>❖ 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.</td>
</tr>
<tr>
<td>❖ The Bank’s interventions in support of children’s development are more concentrated on those who are three years and older.</td>
</tr>
<tr>
<td>❖ 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.</td>
</tr>
<tr>
<td>❖ Bank support is complementary, not duplicative, of other partners.</td>
</tr>
<tr>
<td>❖ 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.</td>
</tr>
</tbody>
</table>

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. 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
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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

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

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.
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.
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.
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.
## Chapter 4

### What Interventions Are Supported by the Bank?

#### Table 4.2. Interventions Implemented by Sector

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

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
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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,
although 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, dropout 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.

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**

<table>
<thead>
<tr>
<th>Year of Impact Evaluation</th>
<th>County and Project ID</th>
<th>Types of Interventions</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004 Bolivia</td>
<td>Integrated ECD program (day care, supplemental feeding, nutrition and health monitoring, stimulation)</td>
<td>Significant positive effects on cognitive and psychosocial outcomes</td>
<td></td>
</tr>
<tr>
<td>2014 Cambodia</td>
<td>Preschool program, parent program</td>
<td>Negative or insignificant impact on cognitive and socioemotional development</td>
<td></td>
</tr>
<tr>
<td>2006 Colombia</td>
<td>CCT (nutrition—monetary supplement; health—vaccination and growth monitoring, information sessions for mothers)</td>
<td>Positive effect on nutritional status and morbidity of young children</td>
<td></td>
</tr>
<tr>
<td>2007 Ecuador</td>
<td>Unconditional cash transfer</td>
<td>Positive effects on physical, cognitive, and socioemotional development</td>
<td></td>
</tr>
<tr>
<td>2014 Indonesia</td>
<td>Early childhood education and development services (awareness raising, community grants, teacher training)</td>
<td>Positive effects on language, cognitive, and socioemotional skills. Reduction of achievement gap between richer and poorer.</td>
<td>Positive effects on long-term nutritional status of children against a worsening trend in stunting in the absence of the program</td>
</tr>
<tr>
<td>2009 Madagascar</td>
<td>Growth monitoring and promotion, exclusive breastfeeding, optimal feeding practices, micronutrient supplementation</td>
<td>Mostly significant positive effects on child cognitive social, motor skills, and language development as well as short-term nutritional status</td>
<td></td>
</tr>
<tr>
<td>2006 Philippines</td>
<td>Integrated ECD program (growth monitoring and promotion, vaccination, parent program, prenatal, natal and postnatal services, breastfeeding, optimal feeding practices, micronutrition supplementation, day care, ECE)</td>
<td>Mostly significant positive effects on child cognitive social, motor skills, and language development as well as short-term nutritional status</td>
<td></td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Year</th>
<th>Country</th>
<th>Intervention Description</th>
<th>Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>Senegal</td>
<td>Growth monitoring and promotion, exclusive breastfeeding, micronutrients supplementation, deworming, optimal feeding practices</td>
<td>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</td>
</tr>
<tr>
<td>2008</td>
<td>Uganda</td>
<td>Growth monitoring and promotion, community grants for food security or ECE, micronutrients supplementation, vaccination, deworming</td>
<td>Significant positive impact on young children's nutrition status</td>
</tr>
<tr>
<td>2004</td>
<td>Colombia</td>
<td>CCT combined with growth monitoring and well-child visit</td>
<td>Significant effects on reducing chronic malnutrition</td>
</tr>
<tr>
<td>2011</td>
<td>Indonesia</td>
<td>Growth monitoring and promotion, micronutrients supplementation, maternal, neonatal, and child health services</td>
<td>Positive impact on nutrition status of children (underweight, stunting)</td>
</tr>
<tr>
<td>2007</td>
<td>Jamaica</td>
<td>CCT for school attendance and health care visits</td>
<td>Positive effect on the preventive health visits for children from 0 to six years old</td>
</tr>
<tr>
<td>2011</td>
<td>Lao PDR</td>
<td>School feeding program for school-age children (onsite feeding, take-home rations)</td>
<td>No consistent impact on nutrition status of younger siblings</td>
</tr>
</tbody>
</table>

**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.*
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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

<table>
<thead>
<tr>
<th>Region</th>
<th>Regional Projects (number)</th>
<th>Projects with Parent Support (number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFR</td>
<td>125</td>
<td>8</td>
</tr>
<tr>
<td>EAP</td>
<td>24</td>
<td>3</td>
</tr>
<tr>
<td>ECA</td>
<td>36</td>
<td>3</td>
</tr>
<tr>
<td>LCR</td>
<td>89</td>
<td>31</td>
</tr>
<tr>
<td>MNA</td>
<td>24</td>
<td>4</td>
</tr>
<tr>
<td>SAR</td>
<td>34</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>332</td>
<td>50</td>
</tr>
</tbody>
</table>

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.

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**

<table>
<thead>
<tr>
<th>Share of Bank Projects (percent)</th>
<th>Interventions</th>
<th>Child Outcome Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Physical development</td>
</tr>
<tr>
<td>11</td>
<td>Counseling on adequate diet during pregnancy</td>
<td>—</td>
</tr>
<tr>
<td>10</td>
<td>Exclusive breastfeeding</td>
<td>—</td>
</tr>
<tr>
<td>18</td>
<td>Micronutrients, vitamins, fortified food</td>
<td>—</td>
</tr>
<tr>
<td>6</td>
<td>Therapeutic zinc supplementation for diarrhea</td>
<td>—</td>
</tr>
<tr>
<td>9</td>
<td>Optimal feeding practices and complementary feeding</td>
<td>—</td>
</tr>
<tr>
<td>7</td>
<td>Supplementary feeding (preschool, center-based, or take-home rations)</td>
<td>—</td>
</tr>
<tr>
<td>17</td>
<td>Growth monitoring and promotion</td>
<td>—</td>
</tr>
<tr>
<td>26</td>
<td>Pregnancy and delivery interventions</td>
<td>—</td>
</tr>
<tr>
<td>13</td>
<td>Malaria prevention (insecticide-treated nets)</td>
<td>—</td>
</tr>
<tr>
<td>26</td>
<td>Immunization</td>
<td>—</td>
</tr>
<tr>
<td>8</td>
<td>Hygiene and hand washing, water and sanitation</td>
<td>—</td>
</tr>
<tr>
<td>4</td>
<td>Deworming</td>
<td>—</td>
</tr>
<tr>
<td>15</td>
<td>Quality early childhood and</td>
<td>—</td>
</tr>
</tbody>
</table>
Each box represents an intervention by outcome pair, and the intensity of the grey color indicates how effective the intervention is at affecting an outcome domain. Dark gray signifies consistent evidence of an effect—positive and significant over the majority of studies. Light gray means that the evidence is mixed—some evaluations may have found an effect while others found a null or negative effect. The dashes indicate that 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
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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

IEG has completed three systematic reviews that have relevance to this evaluation. Below is a
summary of main findings from each review.

Nutrition. The systematic review by the Independent Evaluation group (IEG) 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.

*Source: IEG (2010, 2013, 2015).*

**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).
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.

<table>
<thead>
<tr>
<th>Box 4.5. How Early Childhood Development Is Featured in World Development Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>
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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; Grantha-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. 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.
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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 programming 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 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, 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).

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

<table>
<thead>
<tr>
<th>Type of Intervention</th>
<th>Staff Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture and Rural Development</td>
<td>10%</td>
</tr>
<tr>
<td>Education</td>
<td>5%</td>
</tr>
<tr>
<td>Health, Nutrition and Population</td>
<td>20%</td>
</tr>
<tr>
<td>Human Development</td>
<td>15%</td>
</tr>
<tr>
<td>Social Development</td>
<td>10%</td>
</tr>
<tr>
<td>Social Protection</td>
<td>5%</td>
</tr>
<tr>
<td>Water and Sanitation</td>
<td>5%</td>
</tr>
<tr>
<td>PREM</td>
<td>25%</td>
</tr>
</tbody>
</table>

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

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.

**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 Solution 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**

![Graph showing average staff time per closed project for preparation and supervision. The y-axis represents average weeks staff time, and the x-axis represents fiscal years from FY00 to FY11. The graph shows a decline in staff time between FY00 and FY11.]

*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>
<thead>
<tr>
<th>Country</th>
<th>Health SWAP</th>
<th>Education SWAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Ghana</td>
<td>X</td>
<td>NA</td>
</tr>
<tr>
<td>Jamaica</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Kyrgyz Republic</td>
<td>X</td>
<td>NA</td>
</tr>
<tr>
<td>Mozambique</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Nepal</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Vietnam</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

*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
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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.
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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 Solution 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.

References


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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.