

Approach Paper World Bank Support to Early Childhood Development March 31, 2014

Background and Context

1. Breaking the intergenerational transmission of poverty requires building children’s human capacity, which is molded during the early years of life, starting in pregnancy. Young children’s development (i.e. health, hygiene, nutrition, early learning and stimulation)¹ plays a major role in shaping their subsequent school attainment, performance and future earnings (Heckman 2013; evidence summarized in Naudeau et al 2011; Duncan et al 2007). This has led many in the international development community, including the World Bank, to promote early childhood development (ECD), as attention to children during the early years are critical to achieving sustainable poverty reduction and helping client government’s meet the Millennium Development Goals (MDGs).

2. Early childhood development is the first step in a sequenced strategy to build the skills needed for productivity and economic growth (STEP Framework in World Bank 2010). As the new World Bank Group’s strategy points out, progress in “ending extreme poverty and promoting shared prosperity...depends on building the human capital and expanding access to social services to produce a healthy, well educated, and productive labor force, as well as on the provision and access to infrastructure” (World Bank 2013a p. 28). Narayan, Saavedra-Chanduvi, Tiwari (2013) have made the point: “improving opportunities for children- by improving coverage and reducing inequality of opportunity- is not just about building a ‘just society’, important as that is, but also about realizing a society’s aspirations of economic prosperity.”

3. The international donor community has provided significant support towards early childhood development. There are several Global Programs, which separately support particular aspects of child development. The GAVI Alliance provides support for immunization; the Global Partnership Program for Education aims to enroll children in quality education programs; the Global Fund for AIDS, Tuberculosis and Malaria provides financial support in the fight against the three diseases that disproportionately affect women and children; and various development partners also provide assistance. There is no organization, which holds stewardship of the ECD agenda, and coordination is usually done bilaterally.

4. In the post-MDG discussion, some have advocated for the inclusion of ECD indicators (Consultative Group on Early Childhood Care and Development 2012; Sustainable Development Solutions Network 2013). Indicators of child development are included in UNICEF’s Multiple Indicator Cluster Survey (MICS). The World Health Organization (WHO) is leading an effort to develop ECD indicators.

5. Critics argue that the evidence base is weak in low and middle-income countries in comparison to claims made. Others question whether low-income countries can afford

¹ More comprehensive definitions of early childhood development are available such as National Research Council and Institute of Medicine (2000).

implementing a comprehensive range of programs and services. This evaluation seeks to identify lessons from the Bank’s experience and inform its future support for early childhood development.

6. Early childhood development is an integrated concept involving health, nutrition, hygiene, early learning, and stimulation, spanning the period from pregnancy to the transition into primary school². This time period is often called the window of opportunity.

Definition of Terms in the AP:

Integrated ECD interventions: Combination of services from different sectors delivered through one channel, which can be independent of service sectors or delivered via one sector but are provided to the same child. (Armezin and others 2006, WHO 2012).

Multi-sectoral projects are an institutional arrangement of combining interventions from different sectors within the same project, and these interventions may (or may not) be delivered to the same child.

Integrated approach to ECD: An approach that seeks to build cross-sectoral coordination systems, promoting program innovation, overcome gaps in knowledge, services and resources, and building cost-effective programs that are culturally appropriate (Vargas-Baron 2005).

Comprehensive ECD program or interventions: A set of ECD services delivered via integrated or coordinated mechanisms, addressing the full range of needed services for the child across different ECD phases (prenatal, 0-6 months, 6 mos-3 years, and 3 – 6 years) as well different sectors (health, nutrition, child development and education, and protection) (adapted from Vargas-Baron 2005; Naudeau and others 2011).

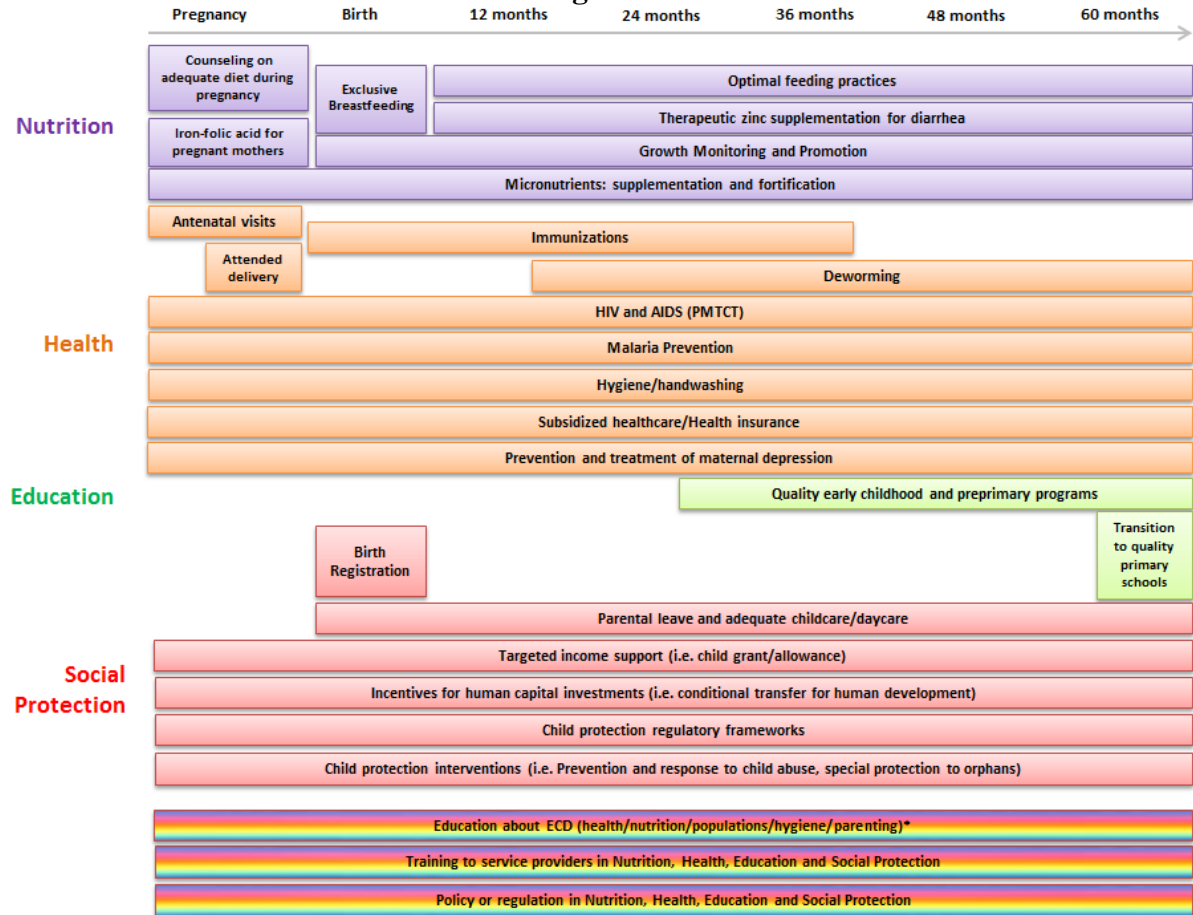
Inter-sectoral coordination: Coordination between different sectors with a purpose to avoid duplication of work and filling existing gaps. Sectoral programs and interventions are not necessarily integrated into one project, and often projects are implemented vertically by a single sector. Coordination between different sectors is expected to deliver better outcomes for the child (Naudeau and others 2011).

7. Interventions are targeted to pregnant/lactating women, infants, toddlers, as well as parents, caregivers, pre-school teachers, healthcare workers. The interventions address child development in areas of cognitive, linguistic, socio-emotional, and physical development (World Bank, forthcoming; Neumann et al 2013; Naudeau et al 2011). The interventions are arranged by sector: health, nutrition, education, and social protection and span a period of the child’s early life. For example, maternal health services such as antenatal care, safe delivery, and treatment of diseases (e.g. malaria, prevention of the mother-to-child transmission of HIV) are important for the health of the baby. Attention to pregnant women reduces the probability of giving birth to a child with low birth-weight, which is important given that low birth-weight children are less

² This definition is used in the World Bank, UNICEF, and World Health Organization. However, UNICEF and WHO use eight years old as the end point, while there has not been a consistent age in Bank documents, ranging from 5-7 years old or transition into formal primary school. Country policies also vary on the starting age for formal primary school. Primary school is not within the scope of this evaluation.

likely to succeed in the labor market when compared to those with normal birth weight (Olds 2002). Participation in preschool can improve children’s cognitive development and school readiness, as well as increase their age-appropriate entry into primary school (Martinez, Naudeau, Pereir 2012; other evidence on pre-primary was summarized by Engle et al 2011). Figure 1 displays the early childhood interventions included in this evaluation, which are how this evaluation defines the Bank’s support.

Figure 1. 25 Essential Interventions for Young Children and Families



Source: Denboba et al. (2014) adapted by IEG.
*Note: can be delivered via home visits or Community Centers.

8. In recent years a fuller understanding has emerged of brain development and its particular sensitivity during the early years to external shocks such as lack of stimulation, nutrition, deprivation, abuse. Cognitive and non-cognitive skills³ that are important for social success are developed during these early years (Heckman 2013). Nutrition deficiencies in early childhood are associated with later cognitive and non-cognitive delays and school progress (Geogieff 2007; McGregor et al 2007; Walker et al 2007; Glewwe, Jacoby & King 2001). As well, prevention of undernutrition and stunting through vitamin supplementation is less costly than addressing the nutrient and medical needs of severely malnourished children (Horton et al 2010).

³ While skills such as self-control and motivation are considered non-cognitive, they are also controlled by cognitive processes.

9. The benefits of early childhood interventions have been well documented in developed countries.⁴ Long-term evaluations of children who have received these interventions in the United States have found positive life outcomes in terms of education, health, fertility, income, and reduction in risky behaviors (Smith 2009; Cunha and Heckman 2009; Schweinhart 2007; Campbell et al 2002). Impact evaluations examining the longer-term effects from early childhood interventions in middle and low-income countries are scarce, and it may be difficult to extend the findings from the United States to developing countries. However, recent research in Turkey, Chile and Jamaica also find improved earnings (Gertler et al 2013) and school achievement from interventions such as parent education and infant health (Bhardwaj, Loken, Neilson 2013; Kagitcibasi, Sunar, & Berkman 2001).

10. Early childhood interventions can help overcome the disadvantages children are born into because of poverty. Heckman (2013) argues that early childhood interventions in the United States result in “positive and lasting effects on children in disadvantaged families.” Quality of the services provided is an important factor in improving child well-being (Britto, Yoshikawa, Boller 2011). The first thousand days of life (conception to two years of age) is a critical window for health, nutrition, and early stimulation interventions to occur. Stunting can be remedied during the first two years, but is less successful when done later (Bhutta et al 2008; Shrimpton et al 2001). Quality interventions that are appropriately timed and targeted are needed across the young child’s life.

11. Yet over 200 million children under five years old in developing countries are particularly vulnerable to poor developmental outcomes (Grantham McGregor et al 2007), due to multiple and complex risk factors related to poverty, lack of stimulation, low levels of parental education, inadequate nutrition and health services, as well as other risk factors such as maternal stress and depression⁵. Stunting is predicative of subsequent lower cognitive and academic achievement (Glewwe, Jacoby, and King 2001), and has become an indicator for child development⁶. Significant socioeconomic gradients appear early in life, so that when the poorest children from Nicaragua, Ecuador, Madagascar, Mozambique, and Cambodia were five, they showed signs of developmental delays (Nadeau, Martinez, Premand & Filmer 2011; Paxson & Shady 2007).

12. Poor parents face multiple challenges, which negatively impact child development. Barriers such as lack of clean water source, insufficient money to buy nutritious food, particularly after seasonal home production ends, inadequate knowledge on the proper handling of food in households without refrigeration, which contributes to food safety problems, limited

⁴ In developing countries preschool participation contributed to an increase in lifetime earnings by five to ten percent (Engle and others 2007). Belfied and others (2000) computed the benefits of the Perry Preschool Program in the United States to be \$150,000 (in 2000 dollars) per child through age 40, as a result of crime reduction.

⁵ While some estimates have been made of the cost to scale up nutrition interventions (Horton et al 2010), there is an absence of cost data in other areas and so it is not clear how much money it would take to address these risk factors.

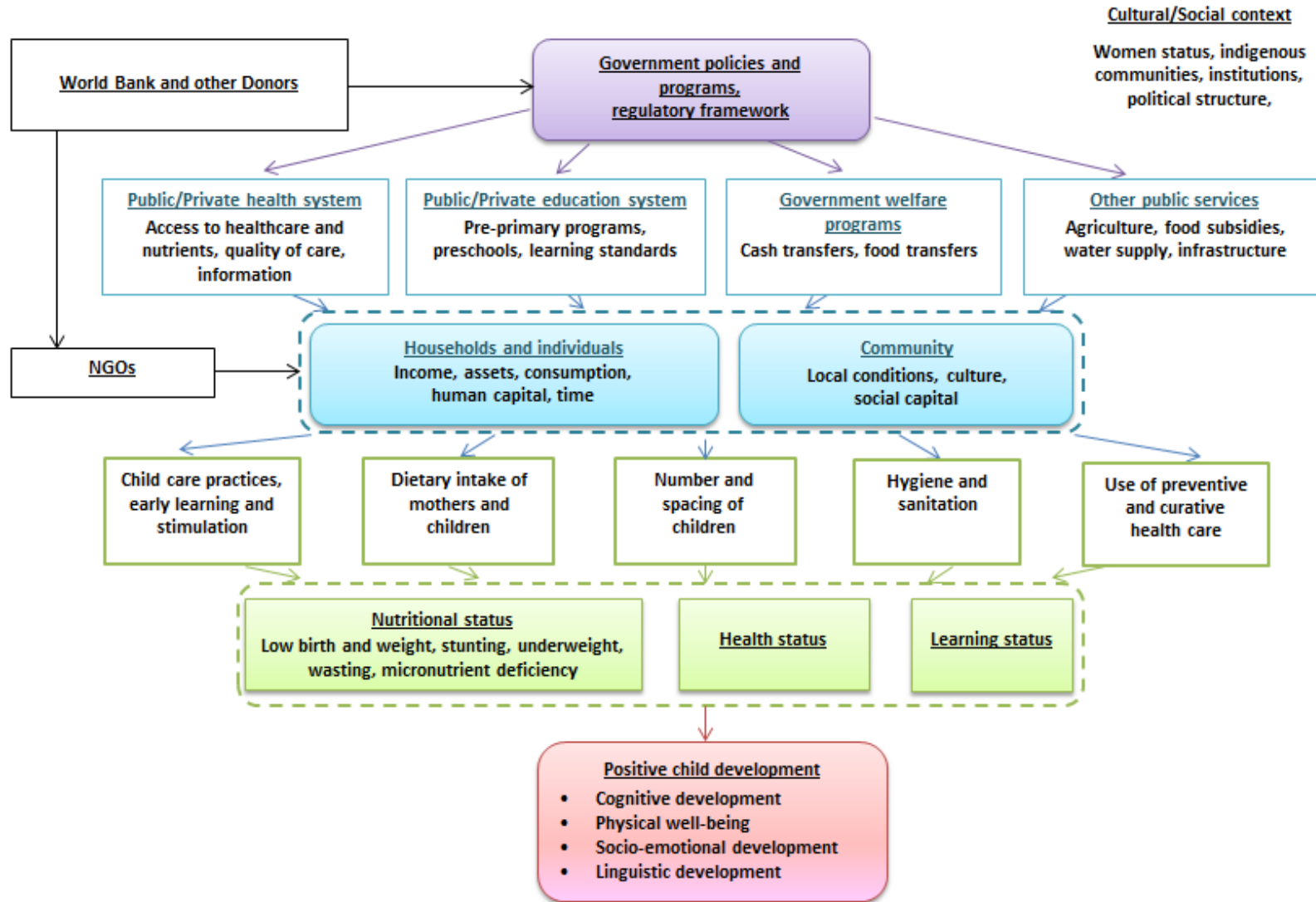
⁶ Grantham McGregor et al 2007 combined stunting and poverty to estimate the number of children worldwide who do not reach their developmental potential.

availability and access to preschools, and multiple demands on time, which reduce the amount and quality of stimulation the child would receive. Female-headed households are at a particular disadvantage, given that they tend to be poor (Pelto, 2013). Low maternal education often reduces their capacity to understand the developmental milestones and complexity of language the child is exposed.

13. Figure 2 outlines the multiple pathways from public policy to outcomes within the early years of the child. Many factors affect children's linguistic, physical well-being, cognitive, and socio-emotional development: availability of programs/services provided by government and private sector⁷, household behavior, exogenous factors, as well as the country's cultural or social context. The Bank and other donors support the Government's ECD programs and services and NGOs, where these programs and their interventions directly impact children and families and try to change the behavior of parents to improve the nutrition, health, and learning status of young children or indirectly by improving the practices of child care providers, health and education workers.

⁷ In ECD, the private sector mainly consists of community organizations, NGOs or faith-based organizations.

Figure 2. Pathways from Public Policy to Child Development



Source: Adapted from IEG 2010.

14. Multiple pathways influence children’s development (see Figure 1). The results attained vary across settings and may not be what was desired (Bouguen, Filmer, Macours, Naudeau 2013). This suggests three important aspects for the work of the Bank and governments. First, the challenges and opportunities of ECD policies and lending, as well as the underlying constraints in a given country, must be well understood during preparation and design. Treating undernutrition due to poor feeding practices or diarrheal disease from poor hygiene and unsafe water is distinct from inadequate access to nutrients. There are also two agents (families and service providers) that directly impact the child, thus their capacity and behavior must be identified. As noted in Figure 2, decisions made at the household level in terms of child care practices, use of preventive health care, and dietary intake of pregnant and lactating mothers and children influence the nutritional, health, and learning status. Similarly, factors outside the household control at the community level are also important (for example, controlling open defecation by Hammer and Spears 2013 and Spears and Lamba 2013).

15. Second, child development requires the co-existence of complementary inputs, but how to deliver them is a question for debate. For example, growth monitoring alone is insufficient to improve undernourishment in children unless combined with nutrition (Bhutta et al 2007). Malnourished children also need stimulation to improve their cognitive abilities (Grantham McGregor 2007). There is a substantial evidence for the effectiveness of individual interventions (as summarized in systematic reviews such as Engle et al 2011, Bhutta et al 2008 etc.); however, the evidence base for integrating early childhood interventions in low and middle-income countries is scarce (Black and Dewey 2014; Engle et al 2011; Nores & Barnett 2010). Few combinations of interventions have been tested together. There is no consensus on the cost-effective way to implement early childhood development in low and middle-income countries and it is not clear whether delivering integrated interventions has larger positive impacts for children.

16. Third, early childhood development requires the work from diverse sectors including but not limited to: health, nutrition, education, social protection, and water and sanitation⁸. The Bank and Ministries are organized in sectors. This means that within the Bank and Ministries formal and informal inter-sectoral coordinating mechanisms are needed, as the responsibility for these interventions are across multiple sectors. The new Bank Group Strategy (World Bank 2013b) calls for changing the way the Bank Group has traditionally done business – focusing more on solutions, more effective use of knowledge and diagnostics and promoting more cross-sectoral cooperation and integration. In recent publications the Bank is emphasizing inter-sectoral coordination related to early nutrition, as addressing undernutrition in children requires the work of many sectors. Other reports recognize that addressing child development requires linkages across multiple sectors.

World Bank and Early Childhood Development

17. A large portion of the Bank’s efforts in ECD relate to maternal and child health, given the international focus on attaining the MDGs, in particular Goals 4 and 5 (Table 1). Of the 402 projects with ECD interventions approved since FY00, 271 of them supported maternal or child

⁸ The Bank’s work within agriculture and poverty reduction also benefits early childhood development.

health (See Attachment 3 for Portfolio Identification Strategy and Portfolio Snapshot). The next most frequent interventions were nutrition (113 projects) and early learning (110 projects) (which could encompass either early childcare or preschool). The regions with the largest number of projects with ECD interventions are Africa (143) and Latin America and Caribbean (117), with fewer in the remaining regions: ECA (46), SAR (41), EAP (30); MNA (25).⁹

Table 1. ECD Intervention Type by Region since 2000

| <i>Intervention Type</i> | <i>AFR</i> | <i>EAP</i> | <i>ECA</i> | <i>LCR</i> | <i>MNA</i> | <i>SAR</i> | <i>Total</i> |
|----------------------------------|------------|------------|------------|------------|------------|------------|--------------|
| Health | 110 | 20 | 25 | 74 | 13 | 29 | 271 |
| Nutrition | 36 | 6 | 8 | 39 | 7 | 17 | 113 |
| Early Learning (Preschool + ECC) | 25 | 10 | 20 | 39 | 9 | 7 | 110 |
| Transfer | 7 | 3 | 7 | 19 | 4 | 1 | 41 |
| Child protection | 4 | 1 | 5 | 6 | 2 | 1 | 19 |
| Total | 143 | 30 | 46 | 117 | 25 | 41 | 402 |

Source: IEG coding of ECD projects.

Note: The definition of interventions is provided in table 1.

18. Almost half of all ECD operations (187 / 402) are managed by the HNP Sector Board, followed by Social Protection and Education who manage 77 and 72 projects respectively. The predominant lending instrument for ECD support (80%) has been through investment lending. The remaining 20% are development policy operations mainly led by the PREM network and the SP Sector Board. One ECD operations in HNP was approved in 2014 using the Program for Results (P4R) instrument.

19. ECD plays a substantial role in the HD lending portfolio, most prominently in HNP. Of all HNP operations approved since FY 2000 41% had at least an ECD sub-component, which compares to 20% of all social protection projects and 16% of all education projects.

20. Early childhood development interventions are frequently a portion of the project, rather than the entire project. As Table 2 shows, of the 402 projects identified by IEG, 305 projects contain interventions at the level of components or subcomponents, as well as prior actions. In contrast, 55 projects comprise ECD interventions exclusively. Thus, early childhood development interventions are typically found as a part of a broader project focusing on other areas.

⁹ It is not possible to quantify the Bank's full financial support to early childhood development, since much of the Bank's support is implemented as an undefined portion of the project (i.e. subcomponent, activity, or prior action) and some interventions benefit others beyond children and mothers. We are able to calculate for 157 out of 402 projects. Of these projects the ECD allocation was US\$ 8.1 billion, based on ICR expenditure information for closed projects and appraisal documents for active ones.

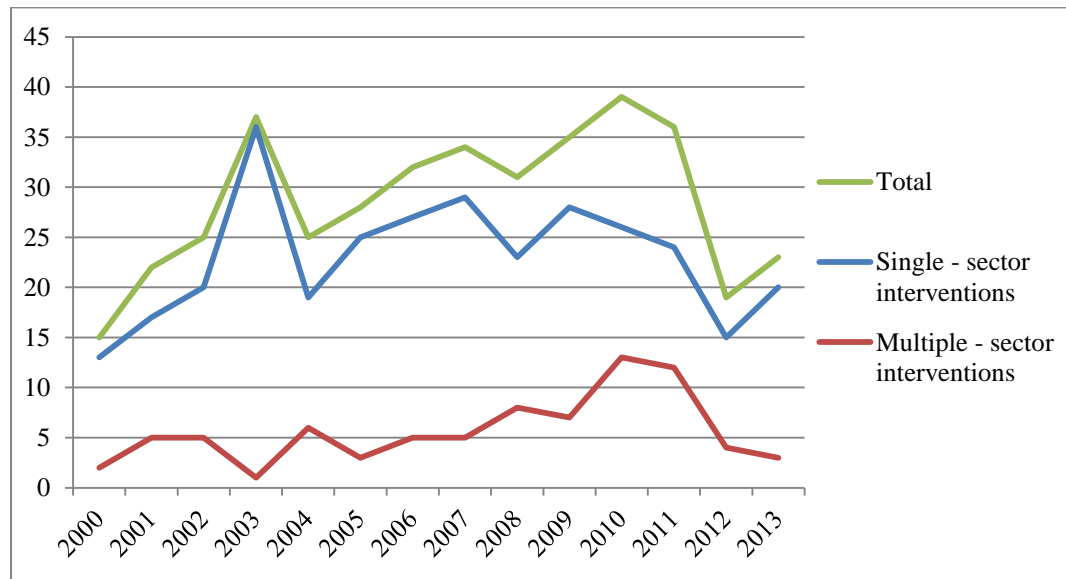
Table 2. ECD Content in Projects by Region since 2000

| <i>ECD content in projects</i> | <i>AFR</i> | <i>EAP</i> | <i>ECA</i> | <i>LCR</i> | <i>MNA</i> | <i>SAR</i> | <i>Total</i> |
|-----------------------------------|------------|------------|------------|------------|------------|------------|--------------|
| Full project | 16 | 5 | 4 | 14 | 7 | 9 | 55 |
| ECD Project Development Objective | 41 | 3 | 7 | 34 | 8 | 7 | 100 |
| ECD component | 41 | 8 | 13 | 34 | 11 | 12 | 119 |
| Subcomponent / activity | 65 | 10 | 19 | 39 | 7 | 15 | 155 |
| ECD Prior Action | 24 | 7 | 13 | 31 | 1 | 5 | 81 |
| Total | 143 | 30 | 46 | 117 | 25 | 41 | 402 |

Source: IEG coding of World Bank ECD projects.

21. As Table 1 illustrates, the Bank has implemented the breadth of early childhood interventions. Most of the Bank’s support for early childhood development is implemented as a single sectoral intervention within a project, rather than interventions from different sectors. The number of projects with multiple sectoral interventions varies from year to year, but has increased since FY2000 from two projects to 13 in 2010 (Figure 3). In recent years (2011-2013) the number of ECD projects has declined, as reflected in the overall Bank trend.

Figure 3. Trend in ECD Projects Single Sector and Multi-Sector (FY00-FY13)



Source: IEG coding of ECD projects.

22. The Bank’s role in early childhood development is not limited to lending, as depicted in Figure 4. The Bank has produced considerable knowledge and technical services in this area. The Bank has funded over 100 impact evaluations examining specific early childhood interventions¹⁰. Since FY00 the Bank has completed over 100 analytic and advisory services (See Attachment for 3 for Identification Process). These knowledge services such as System Approach to Better Education Results (SABER) for Early Childhood Development support

¹⁰ This includes those in the pipeline.

Governments in the development of policies, programs, and regulatory framework to ensure early childhood development interventions more effectively support the child or family.

Purpose, Objectives, and Audience

23. This evaluation seeks to inform the Bank’s future support to early childhood development based on the evidence from its past implementation. It will examine the mix of the Bank’s interventions and results at a country level. It will explore how early childhood development is situated within the Bank, as well as the Bank’s engagement with Global Partnership Programs. There is no consensus on how the Bank should implement interventions that involve multiple sectors, although there is a growing recognition within the Bank of the need to leverage and coordinate the work across sectors to improve outcomes. Thus, the evaluation’s examination of topics such as integrating the work across sectors may help to detect the factors that facilitate better coordinated work within the Bank, as well as within Ministries and other donors. Similarly, the evaluation may help detect the operational challenges and successful examples related to early childhood development. This evaluation will identify trends and lessons, which should be relevant for the post-2015 MDG agenda.

24. The Bank and the international community have increased its interest in the topic of early childhood development. Several sector strategies explicitly focus on some early childhood development interventions (i.e. education, social protection, health/nutrition, and agriculture). Early childhood development, as previously noted, contributes to the advancement of the Bank’s focus on shared prosperity and poverty reduction, by addressing the root causes of disease, health, nutrition, and education inequalities for young children. Hence, this evaluation is timely and relevant for the Bank.

25. The primary audience comprises Bank Group’s shareholders, Board of Executive Directors, management, operational staff working on early childhood development, as well as client governments, bilateral donors, MDG community, and interested non-governmental international organizations.

Links with Previous IEG Evaluations

26. To the extent possible, this evaluation will draw from the lessons and findings of previous IEG evaluations. IEG has examined elements of ECD in several evaluations, in *Improving Effectiveness and Outcomes for the Poor in Health, Nutrition, and Population* (2009), *Maternal and Child Health in Bangladesh* (2005), but none evaluated ECD as an integrated topic. IEG’s evaluation of *Maternal and Child Health Outcomes in Bangladesh* (2005) confirmed the importance of education in reducing infant and child mortality – independent of health programs. IEG’s *Improving Effectiveness and Outcomes for the Poor in Health, Nutrition, and Population* (2009) suggested the Bank recommit to improving nutrition and also that the Bank was well-placed to leverage its work in many sectors for improved performance at the country-level. While the report critiqued the adequacy of the Bank’s multi-sectoral work in health, this evaluation is designed to identify factors that facilitate and hinder coordination within the Bank, its partners, and the Ministries, an aspect not covered by IEG’s previous evaluation.

27. Preprimary education was not part of IEG’s evaluation of *Basic Education* (2006) or the *Education Portfolio Review* (2011). IEG’s *Social Safety Net Evaluation* (2011) examined the Bank’s support to noncontributory transfers targeted to the poor and vulnerable, but did not examine conditional and unconditional transfer programs contribution in building human capital during the early years. The forthcoming Systematic Review of Gender and Social Safety Nets also do not examine cash transfer programs in relation to early childhood development.

28. IEG completed Systematic Reviews of Maternal and Child Mortality (2013), Nutrition (2010), and Early Childhood Development¹¹ (forthcoming) which will be used to inform the evidence-base for this evaluation. These reviews and existing systematic reviews will be synthesized to provide a map of the evidence and areas for future research. Several Project Performance Assessment Reports have examined projects with early childhood development interventions, which will be inputs into this evaluation (See Attachment 5).

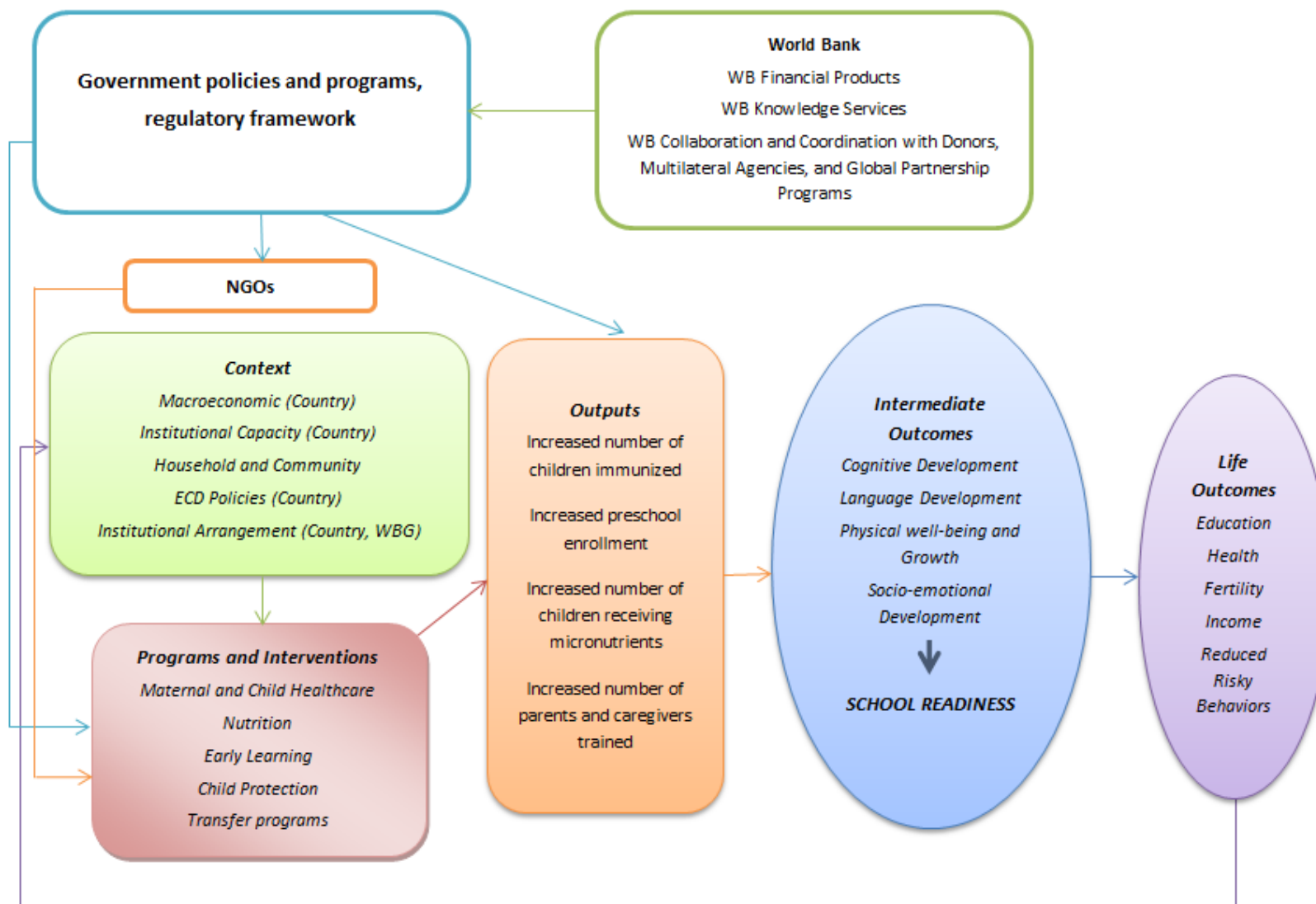
Evaluation Framework

29. Several WB’s sector strategies (i.e. education, health and nutrition, social protection, and agriculture) outline their roles in contributing to early childhood development. This evaluation will assess the Bank’s support to early childhood development through its financial products, knowledge services, and coordination and collaboration with other partners, multilateral agencies, and Global Partnership Programs in client countries¹². As previously depicted in Figure 2, there are many pathways from Government’s public policy to child development outcomes and the Bank’s involvement is indirect, as there are other mediating factors (i.e. availability of services, household behavior) impacting child development outcomes. Thus, Figure 2 provides details that are not depicted in the Evaluation Framework (Figure 4).

¹¹ This forthcoming review will examine the medium and long-term effects of early childhood development interventions. Specifically, outcomes documented after age five or six for interventions occurring before age five. It is expected that many of the studies will discuss the effect of pre-school on primary school enrollment, as well as studies with longer-term outcomes like health, vocation, or crime rates. Previous systematic reviews have examined studies assessing the immediate child development outcomes in the areas of physical, cognitive, language, and socio-emotional development, but have not reviewed the sustainability or longer-term trajectory of these interventions.

¹² The evaluation examines the World Bank, rather than the World Bank Group. Given that the private sector in ECD is comprised mainly of NGOs and community organization (i.e. not for profit), it is expected that the IFC has not had a large role in supporting ECD interventions. The IFC’s investments in both health and education have focused on increasing access to services through expansion of infrastructure (K-12 education). Tertiary education comprises a large share of IFC’s education portfolio.

Figure 4. Evaluation Framework for Early Childhood Development



Source: IEG adapted from Vegas and Santibáñez 2010.

30. 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. Parental behaviors and beliefs have a strong influence on children’s development. Thus, understanding existing practices/constraints of parents and promoting behavior change are needed and included in projects.

31. Middle income countries tend to have a comprehensive range of health, nutrition, early learning, and child protection services. In these countries only a subset of interventions or non-lending services may be needed. While in low-income countries a package of interventions may be needed. The specific mix of interventions that the Bank supports depend on what other donors are already financing related to early childhood development.

32. The framework contains illustrative outputs that are commonly measured in Bank projects, which assist in the development of children in the areas of cognitive, linguistic, socio-emotional, and physical development. School readiness is one of the aims of early childhood development interventions, as children who are prepared are less likely to repeat grades or drop out of school (Naudeau et al 2011). Readiness for school encompasses competencies in cognitive, language, physical, and socio-emotional domains. Other intermediate outcomes that Bank projects may collect include: childhood (under five years old) mortality, stunting, immunization, and preprimary enrollment rates. Outputs that projects may collect are: prevention of mother to child transmission of HIV/AIDs other intermediate outcomes and outputs, infants with low birth weight (under 2500 gram), children severely malnourished, and age-at-entry in first grade.

33. While it is not expected that projects collect long-term outcome data, it is part of the evaluation framework to represent the development impact and illustrate the virtuous cycle that early childhood development interventions can have in reducing the intergenerational transmission of poverty.

Evaluation Questions and Coverage/Scope

34. The key questions are grouped by the two levels of Bank engagement (corporate and country) where this evaluation will focus, and respective sub questions noted below:

35. How is early childhood development conceptualized, prioritized, and implemented at the corporate level in the Bank?

- How does the Bank’s analytic work (i.e economic and sector work (ESW), economic analysis, technical assistance (TA), impact evaluations) address the challenges and opportunities related to early childhood development?
- How has the Bank recognized and incorporated the potential for early childhood development in its corporate and sector strategies?
- What is the composition of the Bank’s ECD portfolio and how has this changed?
- How does the Bank collaborate and coordinate with donors, multilateral agencies, and Global Partnership Programs for early childhood development?

36. How is early childhood development conceptualized, prioritized, and implemented at the country level in the Bank?

- How has the Bank recognized and incorporated the potential for early childhood development in its country partnership strategies?
- How has the Bank used its analytic or diagnostic work, economic analysis, and impact evaluations to inform policy dialogue and design of operations, as well as the mix of interventions supported by the Bank? Are Bank projects designed to maximize child development outcomes?
- Have Bank supported early childhood development interventions been sustained? What factors facilitate this?
- Are early childhood development interventions targeted at poor and disadvantaged mothers and children?
- What hinders or facilitates coordination (i.e. planning and implementation) within Bank, Ministry, donors, and Global Partnership Programs at the country level? Why?
- What have been the intermediate outcomes and outputs of Bank supported early childhood development interventions?
- What are the strengths and weaknesses of monitoring and evaluation related to early childhood development?

Evaluation Design and Evaluability Assessment

DEFINING AN EARLY CHILDHOOD DEVELOPMENT PROJECT

37. Since the Bank has no theme code for early childhood development, there is no straightforward manner to identify the Bank’s financial and analytical support. This evaluation uses interventions as the basis for identifying early childhood development projects and analytic and advisory work (AAA). Given that interventions across several sectors are required to impact the physical, cognitive, linguistic and socio-emotional development of children, this evaluation will examine various interventions from multiple sectors. The evaluation would be remiss if interventions from a single sector only were examined. This evaluation considers interventions which are directly targeted to the pregnant or lactating mother, child, caregiver, education or health worker, or parent during the time of pregnancy until the child transitions to primary school. This definition and list of interventions that this evaluation uses are consistent with the Bank’s SABER for Early Childhood Development. Interventions that are distally connected such as provision of water, poverty alleviation, health system strengthening or reform, are not in the scope of this evaluation.

38. The evaluation does not limit projects to specific sectors, but considers projects across the Bank (See Attachment 3 for Project Identification Strategy) approved since FY2000. The evaluation will assess the early childhood development interventions that the Bank has implemented as a full project or portion of a project (i.e. components, subcomponents/activities, prior actions), as the Bank primarily implements these interventions as a part of a larger project. Restricting the evaluation to solely full projects would not accurately reflect the Bank’s efforts in the area, as they comprise a small portion.

As well, not considering components or activities would miss a substantial portion of the Bank's support (See Table 3). Projects funded by Trust Funds are included, as this source of funding has been a catalyst for subsequent Bank loans.

39. Because this evaluation examines project components or subcomponents as well as full projects, IEG project outcome ratings cannot be used as a measure of effectiveness of the intervention. This evaluation will utilize project monitoring and evaluation data (i.e. intermediate outcomes and outputs), as well as other data collected during case studies such as surveys, impact and program evaluations. The evaluation will not undertake a quantitative estimate of the impact of Bank support or cost-effectiveness of interventions.

40. This evaluation is focused on the World Bank's support to Early Childhood Development, and does not include the IFC. ECD is not included in IFC's strategy documents. A review of IFC's health portfolio was recently undertaken for IEG's Health Finance Evaluation; no ECD investments or Advisory Services were found in IFC's health portfolio, except the Safe motherhood IFC funded Output-Based Aid (OPOBA) project in Yemen, which is included in the evaluation, since it is implemented by the World Bank. Of 78 investments made in education between FY00-13, 22 of these investments were made in elementary and secondary schools with three of them supporting pre-school infrastructure. The remaining 56 investments were focused on tertiary education and other training. Given the nature of the private sector in ECD, it is appropriate and expected that the IFC is not involved. The private sector is included in this evaluation through the Bank's engagement with NGOs..

41. The evaluation methodology will use different sources of evidence (mixed-methods) drawing on both qualitative and quantitative data. Evidence will be triangulated and synthesized to answer the respective evaluation questions (See Attachment 2):

- **Field-based Case Studies** of Bank supported early childhood development interventions will be undertaken in eight countries.
- **Country Reviews** of early childhood project and country documents (and IEG micro evaluations) for eight countries.
- **Early Childhood Portfolio** examines Bank documents and IEG micro evaluations to provide corporate and regional view of the Bank's early childhood interventions for the 402 identified projects.
- **IEG's Systematic Reviews of ECD, Maternal and Child Health, Nutrition, and published Systematic Reviews** will be used to discuss the evidence base in relation to the interventions the Bank has supported.
- **Assessment of the Bank's analytic work**, including technical assistance, sector analyses (such as ECD SABER, as well as others), economic analysis, and impact evaluations.
- **Interviews with Key Informants** such as Task Team Leaders, Country Management Unit staff, and leaders in the field in other international organizations to better understand the Bank's ECD work at the global, corporate and country levels.
- **Review of country partnership, corporate, and sector strategies** to determine how the Bank incorporates and positions early childhood development within its strategies.

- **Background paper** will be commissioned to examine the Bank’s engagement with other donors, multi-lateral agencies, partners, and Global Partnership Programs related to Early Childhood Development.

42. The evaluation will include eight field-based case studies from a purposeful selection of countries. Criteria for country selection include (1) selection of both middle and low-income countries, (2) coverage of a range of countries with varying rates of childhood stunting and preprimary enrollment, (3) countries must have implemented at least two interventions from different sectors, and (4) have four (or more) Bank operations (i.e. investment or policy loans). Since the Bank uses both single and multi-sector projects to implement early childhood development interventions, the evaluation will examine countries that have projects with multi-sectoral interventions and others with only single sectoral interventions. Of special importance will be detecting the underlying factors that facilitate or hinder inter-sectoral coordination within the Bank, Ministries, and donors. One can hypothesize reasons why either arrangement can work, as the advantages and disadvantages are not self-evident.

43. Each case study will be based on multiple sources of data including: project documents/reports, interviews (i.e. staff from Ministry, Bank, and other donors, service providers, champions, and parents), survey data, beneficiary incidence analysis, and geographic information of project interventions and beneficiaries (as available). Results from project monitoring will be supplemented with impact or project evaluation, where available. The case studies will determine how the Bank’s early childhood development interventions are coordinated within the Bank, within the responsible Ministry (and across line Ministries), and with other donors at the country level. The case studies will assess the advantages and disadvantages of integrated or single sector interventions,¹³ but will not be able to establish which approach is more effective. Other topics that will be explored include sustainability of interventions, whether ECD was a priority within the country, how services were delivered, and contextual factors.

44. Case studies will also examine the country-level diagnostics/analyses that the Bank utilized to determine the mix of interventions that it supported. Given that early childhood development has particular importance and effectiveness for the poor, the case studies will examine the targeting of interventions to poor children and mothers through beneficiary incidence analysis. The evaluation will look at the different methods utilized for targeting the poor such as geographic or beneficiary (i.e. pregnant or lactating women or stunted children). The component or subcomponent is the unit of analysis. A quality assurance process will be used via peer reviewers to ensure accuracy and consistency across case studies.

¹³ Case studies will identify other Government and partner supported ECD interventions, but only Bank supported interventions will be evaluated.

45. To supplement the case studies, country reviews¹⁴ of the early childhood projects will be conducted for eight countries to provide additional information about why and how the Bank supported the mix/type of early childhood development interventions within a country, as well as the prioritization, conceptualization and implementation of ECD in the country. The review will not replicate the depth of the case study, as this exercise will be restricted to a subset of topics that can be answered via a desk review of documents such as Aide Memoires, Implementation Supervision Reports, Implementation Completion Reports, and IEG's Reviews of Implementation Completion Reports and Project Performance Assessment Reports (See Attachment 5 for List of Projects Performance Reviews). Country reviews will be reviewed by the TTL to ensure accuracy and consistency across case studies.

46. Systematic Reviews undertaken by IEG and externally will be synthesized to provide a map of what is known related to effectiveness of early childhood interventions and areas for future research. The information from these reviews will be integrated into the analyses of ECD projects and analytic work (AAA).

47. The portfolio will be examined in relation to the evidence-base from IEG and published systematic reviews to assess Bank supported interventions. Of particular importance will be whether the Bank is designing projects to maximize child development and supported by evidence-based practices. Are projects focusing solely on inputs or are they working to improve service quality and service provider skills? Are projects establishing or strengthening quality assurance mechanisms? Results Frameworks will be analyzed to identify strengths and weaknesses and ways project monitoring and evaluation can be enhanced. The type of measures that are included in Results Frameworks will be analyzed to learn whether projects assess service quality or plan for longer-term monitoring. The evaluation will develop good practices and examples for Results Frameworks related to ECD interventions.

48. A review of the Bank's analytic work on ECD and key informant interviews will be undertaken to determine the type of knowledge the Bank has generated and the extent to which it meets the needs of its operational staff and government officials from client countries. Analytic work includes economic and sector work, technical assistance, ECD SABER reports, impact evaluations, working papers. For example, to what extent has analytic work estimated the costs of ECD interventions? Do economic analyses assess the cost effectiveness of interventions? What questions have been more successfully answered by impact evaluations? Which topics need further attention by impact evaluation, sector analytic work, or economic analysis? The review of AAA will result in a typology of the work approved between FY2000-FY2014, as well as the current pipeline of impact evaluations. The analysis of the Bank's AAA will be integrated into the country case studies and the country reviews. This deeper analysis will examine how the Bank's knowledge services contributed to country-level programs.

¹⁴ The criteria for countries included: (1) selection of both middle and low-income countries, (2) coverage of a range of countries with varying rates of childhood stunting and preprimary enrollment, (3) countries must have implemented at least two interventions from different sectors, and (4) have two (or more) Bank operations (i.e. investment or policy loans).

49. Corporate, sector, and country partnership strategies will be examined and structured interviews will be held with key informants (within and outside the Bank) to learn their perceptions of the Bank’s work related to early childhood development. Partnership strategies (covering FY00 to present) will be reviewed for early childhood development interventions. A deeper analysis of the country partnership strategies will be undertaken for the sample of case studies (8) and desk reviews (8) to identify how data and analytic work informed the strategy and lending.

50. Key informants will also be interviewed to learn about the Bank’s regional and global engagement in ECD through the Development Grant Facility. Structured interviews with staff inside and outside the Bank will be held to learn how the Bank’s grants support ECD. For example, in the MENA region the Arab Regional Agenda for Improving Education Quality builds networks, provides training, and disseminates ECD knowledge. Another grant advances ECD on the international agenda.

51. The Evaluation will draw on a background paper which will be based on interviews with key informants in the Bank and other donors, multilateral agencies, partners, and Global Partnership Programs relevant to early childhood development. The background paper will describe the Bank’s global involvement in ECD through working groups and forums such as Investing in Young Children at the Institute of Medicine, as well as its place among different international organizations. The paper will assess areas of the Bank’s comparative advantage and where it could assume a leadership role. It will also identify ways for the Bank to build synergies with international organizations and Global Partnership Programs. Key informants from the Bank will also be interviewed by the evaluation team to learn their perceptions of the Bank’s engagement and positioning on the topic.

Limitations

52. The evaluation will examine projects funded by Trust Funds and Global Programs, but the evaluation will not evaluate Global Programs. The case studies will examine the Bank’s coordination at the country level, including relevant Global Programs.

53. This evaluation will not use project outcome ratings or other ratings, as most of the identified projects are not focused exclusively on early childhood development and only a quarter of them contain ECD related project development objectives. Thus, it is not appropriate for this evaluation to use these ratings as a basis to gauge effectiveness and impact of these interventions. Instead, this evaluation will use the output and outcome data specified in the Results Framework to assess efficacy. Case Studies will also examine relevant and available data such as survey data, impact and project evaluation.

54. Because few projects have ECD related development objectives, the evaluation will have limited project outcome data to evaluate, which restricts the types of questions the evaluation can answer. Thus, the evaluation will not examine impact and cost-effectiveness questions.

Quality Assurance Process

55. The draft report will be reviewed by both internal and external experts in early childhood development to ensure the accuracy in the findings and messages. The report will be prepared under the direction of Mark Sundberg, Sector Manager IEGPS, and follow the IEG quality assurance process.

56. The proposed team is composed of IEG staff and external consultants with no conflict of interest in participating in the evaluation. Peer reviewers include Hirokazu Yoshikawa, Professor New York University, Rie Hiraoka, Kyrgyzstan Country Director for the Asian Development Bank, David Evans, Senior Economist and Impact Evaluation Coordinator, Office of Chief Economist Africa, and Aimee Verdisco, Lead Education Specialist Inter-American Development Bank.

Expected Outputs and Dissemination

57. The primary output of the evaluation will be the report to the Committee on Development Effectiveness (CODE), which will contain findings, lessons, and recommendations.

58. Ongoing consultations with early childhood development operational staff will be sought to enhance the relevance of the evaluation. Focus groups will be held with operational staff across regions and sectors/global practices. These groups will be used to solicit information such as factors that facilitate or hinder inter-sectoral coordination in the Bank, countries, and with other Donors, as well as explore preliminary findings and messages from the evaluation. Consultations were held during the design of the Approach Paper, which were valuable.

59. An outreach plan will be developed while the evaluation is being conducted so that when it is completed it can be widely disseminated at existing forums and events. It is expected that there will be large interest in the dissemination of the findings to internal and external stakeholders. Appropriate forums will be identified such as the Bank's annual meetings, upcoming workshops, conferences related to early childhood development, nutrition, and maternal and child health. Synergies will be explored to jointly present findings from this report, as well as IEG's Systematic Review of Maternal and Child Health and the forthcoming Systematic Review of Early Childhood Development. Dissemination of the findings to Bank staff will be conducted via workshops/learning events and externally through seminars and conferences. IEG will work with relevant global practices to find forums to jointly disseminate findings.

Resources

60. The evaluation will be undertaken in FY14 and reviewed by IEG management and Bank management in FY 15. CODE discussion are expected to take place third quarter of FY15.

61. The evaluation team will be led by Susan Caceres who will be responsible for overseeing the data collection, analysis, and drafting the report. She will be supported by IEG staff members: Erik Bloom (Senior Human Development Economist), Moritz Piatti (Health Economist), Ann Flanagan (Education Economist), and Viktoriya Yevsyeyva (Program Assistant). Short-term consultants will be hired to support the portfolio identification and analysis, country ECD reviews, AAA analysis, and provide background material for the case studies. Consultants include: Marcelo Selowsky, Tomoko Horii, Segen Moges, Sian Williams, and others as needed.

62. The report will be managed under the direction of Mark Sundberg, Public Sector Manager IEG, and Emmanuel Jimenez, Director Public Sector IEG.

Attachment 1

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Attachment 2

Evaluation Design Matrix

| | <i>Field-based Case Studies</i> | <i>Country ECD Review</i> | <i>Analysis of Bank Strategies</i> | <i>AAA Analysis</i> | <i>ECD Portfolio</i> | <i>Interviews</i> | <i>Systematic Reviews</i> | <i>Background Paper</i> |
|--|---------------------------------|---------------------------|------------------------------------|---------------------|----------------------|-------------------|---------------------------|-------------------------|
| How is early childhood development conceptualized, prioritized, and implemented at the corporate level in the Bank? | | | | | | | | |
| How is the Bank’s analytic work (i.e economic and sector work (ESW), economic analysis, technical assistance (TA), impact evaluations) addressing the challenges and opportunities related to early childhood development? | | | | ✓ | | ✓ | ✓ | |
| How has the Bank recognized and incorporated the potential for early childhood development in its corporate and sector strategies? | | | ✓ | | | ✓ | | ✓ |
| What is the composition of the Bank’s ECD portfolio and how has it changed? | | | | | ✓ | ✓ | ✓ | |
| How does the Bank collaborate and coordinate with donors, multilateral agencies, and Global Partnership Programs for early childhood development? | | | | | | ✓ | | ✓ |
| How is early childhood development conceptualized, prioritized, and implemented at the country level in the Bank? | | | | | | | | |

| | <i>Field-based Case Studies</i> | <i>Country ECD Review</i> | <i>Analysis of Bank Strategies</i> | <i>AAA Analysis</i> | <i>ECD Portfolio</i> | <i>Interviews</i> | <i>Systematic Reviews</i> | <i>Background Paper</i> |
|---|---------------------------------|---------------------------|------------------------------------|---------------------|----------------------|-------------------|---------------------------|-------------------------|
| How has the Bank recognized and incorporated the potential for early childhood development in its country partnership strategies? | ✓ | ✓ | ✓ | | | ✓ | | |
| How has the Bank used its analytic or diagnostic work, economic analysis, and impact evaluations to inform policy dialogue and design of operations, as well as the mix of interventions supported by the Bank? | ✓ | ✓ | | ✓ | ✓ | ✓ | | |
| Are Bank projects designed to maximize child development outcomes? | ✓ | ✓ | | | ✓ | ✓ | ✓ | |
| Have Bank supported early childhood development interventions been sustained? What factors facilitate this? | ✓ | | | | | ✓ | | |
| Are early childhood development interventions targeted at poor mothers and children? | ✓ | ✓ | | | | ✓ | | |
| What hinders or facilitates coordination (i.e. planning and implementation) within Bank, Ministry, donors, and Global Partnership Programs at the country level? Why? | ✓ | | | | | ✓ | | |
| What have been the intermediate outcomes and outputs of Bank supported early childhood development interventions? | ✓ | ✓ | | | ✓ | ✓ | | |
| What are the strengths and weaknesses of monitoring and evaluation related to early childhood development? | ✓ | ✓ | | | ✓ | ✓ | | |

Attachment 3

Identification of the ECD lending portfolio and analytical and advisory products

Identification of World Bank lending in ECD

For initial screening the detailed Business Warehouse project theme report 2c.2.1 was downloaded on July 1st 2013 and customized. Projects were identified for inclusion based on the following criteria:

- **Approval years:** FY 2000 – FY 2014
- **Agreement type:** all (IBRD, IDA, and Recipient Executed Trust Funds, and Special Financing)
- All projects from the **Human Development Network**
- **Sector Codes:** Include all projects with Health (JA), Pre-primary 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 funding’ type analyses supplements were included

Based on this selection process, 2,740 projects fit the criteria. An additional 300 projects were identified as potentially ECD relevant supplemental financing. For all 2,740 projects the Project Development Objectives (PDOs) and components / prior actions were extracted. For this multiple data sources were used. For all closed projects with an ICR Review (2,057), the ICR Review database was used. For all projects without an ICR Review (683) PDOs, components, and prior actions were downloaded via 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 pre-school, early child care, child protection and transfer. While DPLs in general were considered as freestanding projects, the subset of PRSCs was analyzed as a series. Of the 2,740 projects identified through Business Warehouse, 382 were classified as projects with at least one ECD intervention. The number of projects at each stage by Sector Board / Network is displayed in table A.1.

Table A.2. Number of Projects Reviewed at Each Stage

| <i>Number of IDA/IBRD Operations</i> | <i>Sector Board / Network</i> | | | | | |
|---|-------------------------------|-----------|-----------|-------------|--------------|--------------|
| | HNP | SP | ED | PREM | Other | Total |
| Total WB operations approved between FY00- FY14 | 577 | 517 | 607 | 1,747 | 5,504 | 8,952 |
| Projects that fit the BW ECD selection criteria | 488 | 392 | 446 | 425 | 989 | 2740 |
| Projects with ECD interventions (PRSC individual) | 187 | 77 | 73 | 76 | 19 | 432 |
| Projects included in ECD portfolio review (PRSC series) | 187 | 77 | 73 | 47 | 19 | 402 |

Source: IEG coding of World Bank ECD projects.

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 multi-sectoral 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. A major limitation is the difficulty to identify the actual project amount spent on ECD activities. Few projects are exclusively devoted to ECD, instead most operations with ECD interventions fund a variety of activities, including infrastructure and other goods and services. The Bank’s operations portal database reports funding estimates by project components, which include several activities; but it does not identify the project amount spent on specific ECD activities within a component. No estimation is made for projects that include ECD as a subcomponent only. No estimation for DPL contributions to ECD was made.

Identification methodology of the ECD ESW and TA Portfolio

ECD relevant ESW and TA between FY 2000 and FY 2014 were identified through a Business Warehouse search on June 31st 2013. The total number of ESWs and TA were 7,745 and 7,285 respectively. The same sector and theme codes were applied. Namely:

- **Sector Codes:** Include all projects with Health (JA), Pre-primary 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).

1,996 ESWs and 1,504 TA operations fit those criteria. The 1,996 ESW were analyzed in detail manually. All documents were uploaded into DocumentCloud and screened for the following keywords: early childhood development; preschool; pre-primary; pre-primary;

child health; maternal and child health; nutrition; breastfeeding; child care; PMTCT; hygiene and sanitation; child allowance; or day care. A study was considered ECD if the keywords were not only contextual, but raised within an analytical context. This left the review with 52 free standing ECD ESWs. (Additional ESWs have been identified where ECD is a portion or chapter of the document.) This can be followed in table A.2.

For TA the title of the operations was screened leaving 324 potentially relevant. These were analyzed in more detail via operations portal. 159 of the 324 remained relevant of which 41 were fully related to ECD and 118 were TA operations with at least some ECD interventions.

Limitations. Not all analytical and advisory work was captured by this methodology. This is in part due to misclassified sector and thematic codes, and in part due to some reports not having received a unique project identification number. An additional ten stand-alone ECD reports were identified using the above ECD keywords in the World Bank project portal.

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

| <i>Number of ESWs</i> | <i>Report / Output Type</i> | | | | | <i>Total</i> |
|---|-----------------------------|---------------------------|---------------------------------------|--------------------------|--------------|--------------|
| | <i>Other Educ. Study</i> | <i>Other Health Study</i> | <i>Sector or Thematic Study/ Note</i> | <i>Other Policy Note</i> | <i>Other</i> | |
| Total WB ESWs approved between FY00- FY14 | 139 | 155 | 825 | 1554 | 5072 | 7745 |
| ESWs that fit the BW ECD selection criteria | 86 | 134 | 281 | 423 | 1072 | 1996 |
| Additional WB ESW not captured on BW | - | - | - | - | 25 | 25 |
| ECD Stand alone | 9 | 19 | 10 | 12 | 51 | 101 |

Source: IEG Coding of Bank ESWs.

Attachment 4

Country Selection Process

The evaluation will include eight field-based case studies from a purposeful selection of countries. As well, as eight desk-based ECD Country Reviews.

Stunting and preprimary enrollment rates were used to group countries into high, medium and low. Countries were classified as integrated if several projects contained interventions from different sectors (i.e. health and education, child protection and nutrition, or health, nutrition, and early learning). Countries were classified non-integrated if each project only contained one intervention. At a minimum, countries must have implemented at least two different interventions for consideration.

The preprimary and stunting rates were regressed on country GDP to find positive and negative outliers or “deviants.” In other words, given GDP, Indonesia and Yemen had higher rates of stunting than expected, while Bulgaria and Nicaragua had higher rates of preprimary education than would be anticipated.

Countries selected had at least four Bank operations¹⁵ (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 reflects 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 ECD interventions. Some countries in the sample were classified integrated, while others were non-integrated to permit a comparison of how these differing arrangements hinder/facilitate coordination and integration.

Countries selected for Field Case Studies include: Jamaica, Nicaragua, Mozambique, Ghana, Kyrgyz Republic, Bangladesh, Nepal, and Vietnam.

Countries selected for ECD Country Review (Desk) include: Peru, Mexico, Malawi, Ethiopia, Bulgaria, Yemen, Jordan, and Indonesia.

¹⁵ The minimum number of operations was two for the desk-based ECD Country Review.

| | | <i>Pre-primary enrollment rate</i> | | |
|---------------|--------|---|--|--|
| | | Low | Medium | High |
| Stunting Rate | Low | Jordan (N), Kyrgyz Republic (I) , Paraguay (N), Senegal (I), Tunisia (N), Uzbekistan (N) | Brazil (I), Colombia (I), Dominican Republic (N), Panama (I), West Bank and Gaza (I) | Argentina (I), Bulgaria (I), Jamaica (I), Mexico (I) , Romania (N), Sri Lanka (N) |
| | Medium | Burkina Faso (N), Indonesia (N) , Kenya (N), Lesotho (N), Mali (I), Nigeria (N), Tajikistan (N) | Armenia (N), Bolivia (N), El Salvador (N), Honduras (I), Liberia (N), Nicaragua (N) | Ecuador (N), Ghana (N), Peru (I), Vietnam (N) |
| | High | Afghanistan(N), Bangladesh (N) , Benin (N), Cambodia (N), Central African Republic(N) Congo, Rep. (N), Djibouti (I), Egypt (N), Eritrea (I), Ethiopia (I) , Gambia (N), Haiti (I), Lao PDR (I), Malawi (N), Mozambique(N) , Niger (N), Sierra Leone (N), Swaziland (N), Uganda (I), Yemen (N) | Guatemala (N), India (N), Nepal (N) , Pakistan (N), Philippines (N) | |

| <i>Threshold</i> | <i>Stunting rate</i> | <i>Pre-primary enrollment</i> |
|------------------|----------------------|-------------------------------|
| High | >35% | >70% |
| Medium | 20-35% | 36%-70% |
| Low | <20% | <35% |

Attachment 5

List of Completed and Current PPARs

EDUCATION

| Project ID | Approval FY | Closed FY | Region | Country | Project title | ECD Relevance |
|------------|-------------|-----------|--------|--------------------|--|--|
| P066571 | 2000 | 2005 | AFR | Nigeria | Primary Education II | One of the components included an activity to provide educational materials for pre-school children |
| P096151 | 2007 | 2011 | AFR | Nigeria | State Education Sector Project | |
| P044614 | 1998 | 2004 | ECA | Romania | School Rehabilitation | Components included rehabilitating and upgrading of kindergartens |
| P054937 | 2003 | 2011 | LCR | Dominican Republic | Early Childhood Development Project | Preprimary education, child health and nutrition |
| P007399 | 1995 | 2002 | LCR | Honduras | Basic Education | 500 preschool libraries were established and 1,923 packages of educational toys for preschool were distributed |
| P041994 | 1999 | 2004 | LCR | Uruguay | Basic Education II | One of the main objectives was to expand coverage and improve quality of preschool and elementary education |
| P075829 | 2003 | 2009 | MNA | Jordan | Education Reform for Knowledge Economy I | One component was to promote readiness for learning through Early Childhood Education (ECE) to low-income areas |
| P008171 | 1994 | 2001 | LCR | Uruguay | Basic Education Quality Improvement | One component aimed to expand preschool education access and improving the quality through construction and rehabilitation of pre-schools, provision of learning materials, teacher training, articulation between pre-school and first grade, and evaluating the effects of pre-school education; |
| P040612 | 1999 | 2005 | SAR | Nepal | Basic and Primary Education Project II | One of the components include deliver Early Childhood Education (ECE) to targeted disadvantaged children |
| P704966 | 2004 | | SAR | Bangladesh | Primary Education Development Project II | One of the components include activity to increase access to preschool and early childcare to promote access to primary school for older siblings |

HEALTH

| Project ID | Approval FY | Closed FY | Region | Country | Project title | ECD Relevance |
|--------------------|-------------|--------------|--------|--------------------|--|---|
| P035601 | 1995 | 2001 | AFR | Chad | Population and AIDS Control | One component includes an activity of providing ORT for children |
| P043124 | 1998 | 2004 | AFR | Eritrea | Health | MCHN, HIV/AIDS, harmful cultural practices |
| P000949 | 1998 | 2002 | AFR | Ghana | Health Sector Support Project | Primary Health Care, Maternal and Child Health |
| P087843 | 2005 | 2009 | AFR | Lesotho | HIV/AIDS Capacity Building | Malaria, PMTCT |
| P004841 | 1996 | 2003 | EAP | Vietnam | Population and Family Health | Family planning, reproductive health (including pre-natal health) |
| P008523 | 1996 | 2002 | ECA | Kyrgyz Republic | Health 2 | Primary Health Care |
| P008814 | 1997 | 2004 | ECA | Russian Federation | Health Reform Pilot | Maternal and Child Health |
| P072637 P071025 | 2004 | 2007 2011 | LCR | Argentina | Provincial Maternal Child Health SAL | Maternal and Child Health |
| P054120 | 1999 | 2003 | LCR | Brazil | AIDS & STD Control II | PMTCT |
| P057665 | 2002 | 2007 | LCR | Brazil | Family Health Extension Project I | Maternal and Child Health |
| P062932 | 2000 | 2006 | LCR | Peru | Health Reform Program | Maternal and Child Health |
| P008048 | 1994 | 2000 | LCR | Peru | Basic Health and Nutrition | Maternal and Child Health and Nutrition |
| P005163 | 1996 | 2005 | MNA | Egypt | Population | Maternal and Child Health |
| P009496 | 1995 | 2002 | SAR | Bangladesh | Integrated Nutrition | Maternal and Child Health and Nutrition |
| P037857 | 1998 | 2005 | SAR | Bangladesh | Health and Population Program | Maternal and Child Health |
| P074841 | 2005 | 2011 | SAR | Bangladesh | Health Nutrition and Population Sector Program | Maternal and Child Health |

SOCIAL PROTECTION

| Project ID | Approval FY | Exit FY | Region | Country | Project title | ECD Relevance |
|------------|-------------|---------|--------|--------------------|----------------------------------|---|
| P074015 | 2006 | 2010 | AFR | Ethiopia | Protection of Basic Services | Block grants for core basic services including primary health, water and sanitation |
| P072356 | 2001 | 2004 | EAP | Timor-Leste | Community Empowerment Project II | Project includes a sub-component on child care provision |
| P038573 | 1997 | 2001 | ECA | Russian Federation | SPAL | Child Allowances |
| P089443 | 2006 | 2008 | LCR | Colombia | Social Safety Net Project | C1. Consolidation and expansion of Familias en Acción. The project financed cash transfers to families, conditional on ensuring that: a) 0-6 year old children had all their requisite vaccinations and growth monitoring check-ups; and b) 7-17 year old children are enrolled in school and regularly attended classes. |
| P037709 | 1996 | 2000 | LCR | Honduras | HN/SOC INV FUND III | US\$1.6 million in facilities, meals, and medical supplies to orphanages, child care and elderly care centers |
| P067774 | 2002 | 2009 | LCR | Jamaica | Social Safety Net Project | Child assistance grants |