



A Global Directory of
**Early Child Development
Projects**

Supported by the World Bank



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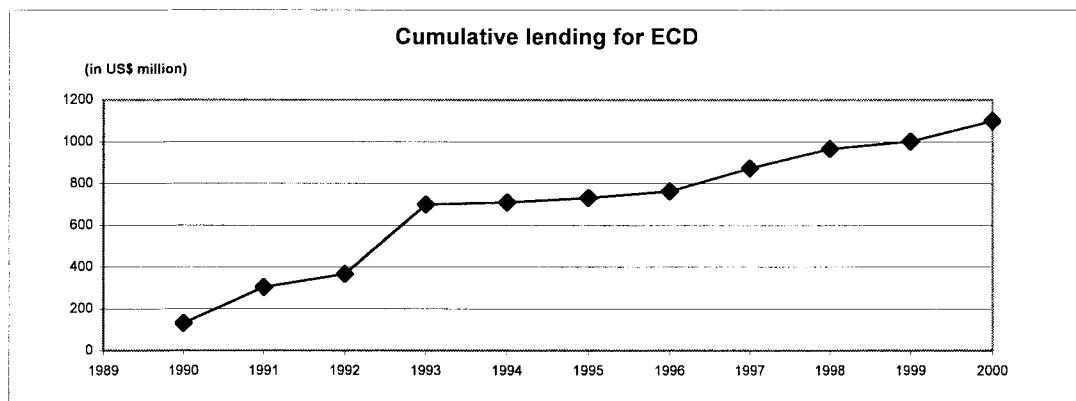
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Preface

Early Child Development (ECD) remains one of the most powerful levers for accelerating Education for All (EFA) and the International Development Goals on poverty reduction. Children who are well nurtured during their first years of life tend to do better in school and stand a better chance of developing the skills required to contribute productively to social and economic growth. Thus investing in young children is a steppingstone in a nation's process of human and economic development that has a considerable multiplier effect for society.

In recent years the World Bank—currently the largest single funding source for education and health programs in the developing countries—has put additional emphasis on reaching children in the years before they enter school. The needs of young children are addressed through health, nutrition, education and other social sector projects. In addition, the World Bank supports lending for integrated approaches of ECD—linking health, nutritional, and educational needs through appropriately designed multifaceted freestanding projects. Various options—including educating and supporting parents, delivering services to children, developing capacities of caregivers and teachers, and using mass communications—are available to enhance people's knowledge and practices.

By 2000, the World Bank had lent US\$1.1 billion to ECD projects (figure below). The lending portfolio has shifted from projects mainly in South Asia and Latin America and the Caribbean during 1990 to 1995 to more diversified lending across all regions over 1995–2000 (Latin America and the Caribbean: 33 percent; Africa: 35 percent; Middle East and North Africa: 13 percent; Europe and Central Asia: 2 percent; South Asia: 6 percent; East Asia and the Pacific: 11 percent).



This directory provides an overview of these projects in all regions listed in alphabetical order and categorized by freestanding ECD projects and projects in which ECD forms a part of other social sector programs. Each project description provides information on the:

- Overall project objectives
- Basic data (dates, cost, region, target population, participating agencies, project manager)
- Policy context
- Interim goals and strategies to achieve them
- Expected and documented benefits.

I would like to thank Wendy Janssens, who reviewed, updated, and prepared each project summary, and Simone Kirpal and Amber Surrency who edited and coordinated the publication of this directory. The directory also benefited from the contributions of project task managers and Nandita Tanan (HDNVP), who provides ongoing data on project lending.

For further online information, please consult the World Bank's ECD web-site at <http://www.worldbank.org/children>. Your comments and suggestions are important to us. Please send them to Myoung3@worldbank.org.

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Abbreviations and Acronyms

ADEA	Association for the Development of Education in Africa
AFTHD	Africa Technical Families Human Development
AMREF	African Medical and Research Foundation
BKB	<i>Bina Keluarga Balita</i> (parent-child education program, Indonesia)
CEAPS	Experimental Resource Center for Preschool Activities (Rwanda)
CEBINFA	<i>Centros de Bienestar de la Infancia y la Familia</i> (Integrated Family and Early Child Development Centers, Paraguay)
CEFACEI	<i>Centros de Orientacion Infantil y Familiar</i> (Family and Community Education Centers for Initial Education, Panama)
CONAFE	<i>Consejo National de Fomento Educativo</i> (Mexico)
DICECE	District Centers for Early Childhood Education (Kenya)
ECCE	Early childhood care and education
ECD	Early child development
ECE	Early childhood education
EDUCO	Community-run preschools (El Salvador)
EFA	Education for all
FAO	Food and Agriculture Organization of the United Nations
FISE	Emergency Social Investment Fund (Ecuador)
HBI	<i>Hogares de Bienestar Infantil</i> program (Colombia)
HD	Human development
HDNED	Human Development Network, Education Sector (World Bank)
HDNVP	Office of the Vice President and Head of the Human Development Network
ICBF	Colombian Institute of Family Welfare
ICDS	Integrated Child Development Services (India)
IDA	International Development Association
IEC	Information, education, and communications
IMCI	Integrated management of childhood illnesses
LDCs	Local Development Committees (Yemen)
KIE	Kenya Institute for Education
MIS	Management information system
MOEC	Ministry of Education and Culture (Indonesia)
NACECE	National Center for Early Childhood Education (Kenya)
NCECCE	National Council on Early Childhood Care and Education (Trinidad and Tobago)
NGO	Nongovernmental organization
NTA	Nigeria Television Authority
ORS	Oral rehydration solution
QEFA	Quality Education for All Project (Senegal)
PAN	<i>Programa de Atención a Niñas y Niños Menores de Seis Años</i> (Bolivia)
PIDI	<i>Proyecto Integral de Desarrollo Infantil</i> (Bolivia)
PRODEC	Education Sector Project (Mali)
PROMIN	Maternal and Child Health and Nutrition Project (Argentina)
SEP	Secretariat of Public Education (national level, Mexico)
SIMAP	Social Impact Amelioration Program and Agency (Guyana)
SPES	Public Education Secretariats (state level, Mexico)

TBD	To be determined
TINP	Tamil Nadu Integrated Nutrition Project (India)
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Program
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNICEF	United Nations Children's Fund
WFP	World Food Program of the United Nations
WHO	World Health Organization

I. Freestanding ECD Projects

BOLIVIA

Integrated Child Development Project *Proyecto Integral de Desarrollo Infantil (PIDI)*

 To expand coverage and improve the quality of child development programs in poor urban areas

Status	Closed
Duration	1994–2000
Borrower	Republic of Bolivia
Total project cost	US\$140.2 million
World Bank funding for ECD	US\$50.7 million
Target population	Poor children ages 6 months to 6 years in Bolivia's 34 largest urban areas
Partner agency	Programa de Atención a Niñas y Niños Menores de Seis Años (PAN)
World Bank project manager	John Newman, Program Coordinator (LCSHD)

In line with the Government of Bolivia's Social Strategy Statement and its 10-year action plan to improve the lives of women and children, the *Proyecto Integral de Desarrollo Infantil (PIDI)* supported the establishment of a national system for delivering comprehensive health, nutrition, and education services to children ages 6 months to 6 years. It sought to achieve this objective by improving the ability of public officials to plan and manage ECD programs, service delivery systems, and systems for program monitoring and evaluation.

Strategy

Policy Formulation and Program Management

- Support studies to form a factual basis for evaluating programs and formulating social policies.
- Provide technical assistance in the areas of food security and nutrition, ECD interventions, and the extension of coverage.
- Train project staff on ECD and provide training for regional government staff.
- Supply computers and office equipment and provide training for PAN.

Strategy

Service Delivery

- Set up non-formal, home-based, and center-based day-care centers, with two or three caregivers providing integrated child development services to 15 poor children (ages 6 months to 6 years) each.
- Upgrade furniture, equipment, supplies, and home rehabilitation for day-care centers.
- Fund stipends, training, and supervision for caregivers.
- Provide technical assistance in ECD techniques, program management, and supervision.
- Purchase vehicles, equipment, and supplies for project administration.
- Establish a health fund (to operate on a declining basis) to support diagnostic and treatment services for malnourished children from very poor families.

Monitoring and Evaluation

- Develop and conduct a household survey to measure project impact every 2 years.
- Set up a management information system (MIS).

Benefits

- Creation and support of non-formal, home-based, and center-based day-care centers, fully equipped and prepared to provide a package of high-quality child development services to 45,000 of the country's poorest children.
- Improved physical, intellectual, and social development of more than 100,000 children, ages 6 months to 6 years, reached by the program.
- 21,000 trained ECD caregivers (mostly women).
- 4,000 upgraded home-based ECD centers supported by credit schemes.
- Enhanced parenting skills through provision of ECD training and counseling for over 10,000 parents.

Source: World Bank, June 1993. Staff Appraisal Report, *Bolivia Integrated Child Development Project*. Contact: World Bank, Human Resources Operations Division, Country Department II, Latin American and Caribbean Regional Office, Washington, D.C.

COLOMBIA

Community Child Care and Nutrition Project

 To strengthen an on-going program of home-based child care

Status	Closed
Duration	1990–97
Borrower	Republic of Colombia
Total project cost	US\$40.20 million
World Bank funding for ECD	US\$24.00 million
Target population	1 million or more of the country's poorest children, ages 2–6 years
Partner agency	Colombian Institute of Family Welfare (ICBF)
World Bank project manager	Martha Laverde, Senior Education Specialist (LCSHE)

The 7-year Community Child Care and Nutrition Project aimed to strengthen an ongoing program of home-based childcare centers, the *Hogares de Bienestar Infantil* (HBIs). This national program caters to the nutrition, health, and developmental needs of children ages 2 through 6 in low-income urban communities. It hires, trains, and supervises “Community Mothers” chosen by parents to provide basic ECD services to groups of around 15 children each in their homes. The national Colombian Institute of Family Welfare (ICBF) oversees the program.

The project enhanced the quality and effectiveness of the HBI program and formed a key part of the government’s poverty reduction program. The project focused activities in three areas to reach its objectives: (a) improving the quality of services provided to children in the HBIs—mainly through training care providers and upgrading home support (service support); (b) strengthening the technical support given to home caregivers and the planning, management, monitoring, and evaluation capacities of the ICBF (institutional development); and (c) improving the cost-effectiveness of ICBF operations (policy development).

Strategy

ECD Services and Training

- Provide regular training to Community Mothers on the management of food, nutrition, health registers, child growth, and households.
- Provide training to other community HBI participants and ICBF staff on management issues.
- Provide loans to Community Mothers for upgrading of their homes to ensure quality standards for day-care environments.

Strategy

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| Institutional Development | <ul style="list-style-type: none">▪ Identify and effect necessary organizational and staffing changes to strengthen the management capacity of the ICBF and to meet new decentralization and constitutional requirements.▪ Establish a management information system (MIS) for the planning, programming, budgeting, and monitoring of ICBF programs.▪ Introduce monitoring and impact evaluation systems for the HBI program nationwide. |
| Policy Development | <ul style="list-style-type: none">▪ Improve the efficiency of production of <i>Bienestarina</i> (a nutritional supplement).▪ Establish new arrangements for the ICBF's center-based ECD program, which predates the home-based HBI, is more costly, and is not sufficiently targeted to the poor. |

Benefits

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| <ul style="list-style-type: none">▪ Expanded HBI nutrition, health, and educational services for 1 million or more of the country's poorest children ages 2–6 years.▪ Enhanced ability of disadvantaged children to succeed in school and become productive adults.▪ Increased opportunities for mothers to seek work outside the home by using childcare services.▪ Modest income opportunities and home improvements for mothers running HBI programs.▪ Catalyzed community participation in preschool care programs.▪ Increased community support for other self-help health, education, and slum improvement initiatives. |
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Sources: World Bank, May 2, 1990. Staff Appraisal Report, *Colombia Community Child Care and Nutrition Project*, and World Bank, Implementation Completion Report, July 1997, *Colombia Community Child Care and Nutrition Project*. Contact: World Bank, Human Resources Division and Human Development (Education, Nutrition and Social Protection) Sector Management Unit, Country Department III, Latin American and Caribbean Regional Office, Washington, D.C.

ERITREA

Integrated Early Childhood Development Project

 *To provide health care, nutrition, protection, and cognitive stimulation to children under age 6, children in primary schools, and orphans*

Status	Active
Duration	2000–05
Borrower	Government of the State of Eritrea
Total project cost	US\$49.0 million
World Bank funding for ECD	US\$40.0 million
Target population	560,000 children under the age of 6; 32,000 orphans; 310,000 primary school children
Partner agencies	Ministry of Local Governments, Ministry of Health, Ministry of Education, Ministry of Agriculture, Ministry of Fisheries, Ministry of Labor and Human Welfare, Ministry of Information
World Bank project manager	Marito Garcia, Senior Economist (AFTH1)

Despite difficult periods of political instability and struggle for independence, Eritrea has shown a high level of commitment to address the needs of young children through community initiatives. Because of ongoing border conflicts after independence, however, public investments in services for children have not reached a level that could satisfy the increasing demand. For instance, 38 percent of children less than 3 years old in Eritrea are still chronically malnourished, 44 percent are underweight, many suffer from acute respiratory infections, diarrheal diseases, and malaria, and both food security and health care are inadequate.

The Eritrea Integrated Early Childhood Development project will increase access to and improve the quality of services that address young children's care, health, nutrition, social protection, and psychosocial and cognitive developmental needs. The five key project components aim at (a) improving child health; (b) improving child and maternal nutrition; (c) improving early childhood care and education (ECCE) and ; (d) supporting children in need of special care and protection; and (e) strengthening project management, supervision, and strategic communications. The program will reach out to 560,000 children under 6 years of age, 310,000 primary school-age children, and 32,000 children who have been orphaned or separated from their families because of the war. A Central Policy Committee provides advice and guidance on project activities. This committee is chaired by the Ministry of Local Governments and includes members from the Ministries of Health, Education, Labor and Human Welfare, Agriculture, Fisheries, Finance, and Information.

Proposed Strategy

Early Childhood Care and Education (ECCE)	<ul style="list-style-type: none">▪ Establish 105 preschool resource centers in rural areas.▪ Train and provide support for rural caregivers and preschool teachers.▪ Provide learning materials and supplies.▪ Institute school health and sanitation programs.▪ Mobilize community support for preschools.▪ Build ECCE resource centers to train communities in early childhood care and education techniques.▪ Train local officials in the technical supervision and monitoring of ECCE programs.
Child and Maternal Nutrition	<ul style="list-style-type: none">▪ Institute vitamin A and iron supplementation programs.▪ Provide therapeutic food supplements for a limited period to correct faltering growth.▪ Set up a community-based system for monitoring young children's growth.▪ Educate parents and childcare providers about child nutrition.▪ Train adults in targeted households in income-generating activities (linked to the Ministry of Agriculture program supported by other donors).▪ Promote increased fish consumption (Ministry of Fisheries).▪ Train ministry officials in the technical supervision and monitoring of nutrition interventions.
Child Health and Hygiene	<ul style="list-style-type: none">▪ Introduce the Integrated Management of Childhood Illness (IMCI) into health facilities and communities.▪ Provide health facilities with essential drugs, medical equipment, and supplies for child health.▪ Protect water quality during use and at the source.▪ Promote the use and maintenance of safe latrines.▪ Introduce health interventions into schools.▪ Improve IEC and communications to promote hygienic behaviors (such as hand washing) and food safety.▪ Improve supervision, support, monitoring, evaluation, and research for child health care services.

<i>Proposed Strategy</i>	
Care for Orphans	<ul style="list-style-type: none"> ▪ Reunite some 32,000 orphans with their extended families. ▪ Support income-generating schemes for 15,000 foster families caring for orphans. ▪ Establish 10 community group homes for orphans not reunited with relatives. ▪ Institute programs for the adoption of 500 orphans. ▪ Train local staff in IEC/communications and other areas needed to carry out these activities. ▪ Supervise, monitor, and evaluate child safety net programs (Ministry of Labor and Human Welfare).
Project Management, Supervision, and Strategic Communications	<ul style="list-style-type: none"> ▪ Coordinate ECD activities of different ministries and local governments. ▪ Strengthen capacity within ministries for implementation of ECD programs. ▪ Develop and implement a strategy for advocating for ECD interventions country-wide. ▪ Support public education campaigns by local authorities, women's and youth groups, employer and worker groups, schools, health facilities, and agricultural extension to improve awareness of and increase demand for ECD services.

<i>Expected Benefits</i>	
Improved Child Health	<ul style="list-style-type: none"> ▪ Reduced childhood morbidity and mortality from five major childhood diseases. ▪ Improved case management, disease prevention skills, and health care practices of both health personnel and caregivers.
Improved Child and Maternal Nutrition	<ul style="list-style-type: none"> ▪ Increased general understanding of child nutrition and improved nutritional status for children younger than 5 years and pregnant and nursing women. ▪ Reduced incidence of micronutrient deficiency. ▪ Reduced incidence of severe and moderate malnutrition among children less than 6 years of age. ▪ Improved overall access to nutritious food.

Expected Benefits

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| Enhanced Early Childhood Care and Education | <ul style="list-style-type: none">▪ Increased capacity for delivering services to preschool-age children.▪ Increased access to high-quality early education programs.▪ Effective monitoring to improve ECCE services.▪ Increased capacity to provide high-quality childcare at the community level. |
| Support for Orphans | <ul style="list-style-type: none">▪ Increased capacity of communities to provide care and protection for orphans.▪ 32,000 orphans reunited with relatives.▪ 500 orphans adopted by foster parents. |
| Project Management, Supervision, and Strategic Communications | <ul style="list-style-type: none">▪ Increased capacity to manage a multi-sector program of early childhood services.▪ Increased ability to mount multi-media education campaigns to increase public awareness of ECD-related issues. |

Source: World Bank, January 10, 2000. Project Information Document, Project Appraisal Document, and Environmental Data Sheet for the *Eritrea Early Childhood Development Project*.

INDIA

Integrated Child Development Services Project I (ICDS I)

 *To improve the nutrition and health status of poor pregnant and nursing women and young children*

Status	Closed
Duration	1991–97
Borrower	Government of India
Total project cost	US\$157.5 million
World Bank funding for ECD	US\$106.0 million
Target population	Disadvantaged children ages 0–6 years, pregnant and nursing women
Partner agencies	Governments of Andhra Pradesh and Orissa States
World Bank project manager	Anthony Measham, Consultant (AFTH2)

The Integrated Child Development Services (ICDS) scheme is India's most important national child nutrition intervention—and the largest early child development program in the world. It has four main objectives:

- To provide supplementary food 300 days per year to improve the health and nutritional status of children ages 0–6 years.
- To introduce early stimulation and educational activities to promote preschool children's psychological, intellectual, and social development.
- To educate mothers on ways to improve their children's health care and nutrition and stimulate their intellectual growth.
- To coordinate policy and implementation among the various agencies and departments that deliver services to young children.

This ICDS Project supports the states of Andhra Pradesh and Orissa to improve the nutritional and health status of the states' most disadvantaged citizens: children younger than 6 years old, with special emphasis on those ages 0–3 years, and pregnant and nursing women. Specific objectives of the project include:

- Reduce by 50 percent the number of young children suffering from severe malnutrition in both states.
 - Upgrade 35 percent of the 50 percent of children now suffering from moderate malnutrition to the status of normal or only mild (Grade I) malnutrition in Andhra Pradesh.
 - Upgrade 25 percent of the 40 percent of children now suffering from severe malnutrition to the status of normal or only mild (Grade I) malnutrition in Orissa.
 - Reduce the infant mortality rate from 79 to 60 per 1,000 live births in Andhra Pradesh and from 129 to 100 per 1,000 live births in Orissa.
 - Reduce the incidence of low birth weight by 30 percent in Andhra Pradesh and by 20 percent in Orissa.
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Strategy

ECD Service Delivery and Training

- Extend ICDS to all development blocks not yet covered and build 3,750 new village-based nutrition centers.
- Set up training programs for local health and nutrition workers and enhance their collaboration.
- Increase the number of supervisors of local village workers and the quality of supervision.
- Provide basic drugs, equipment, and food supplements to mothers and young children.
- Provide and replenish educational play material to preschool education centers.
- Improve the design and use of health management software systems.

Pregnant and Nursing Women

- Educate pregnant and nursing women about nutrition and health.
- Provide prenatal monitoring and care.
- Provide food supplements for women at risk of delivering low birth-weight babies.
- Refer potential high-risk cases to facilities with more sophisticated obstetrical services.
- Provide postnatal care and promote breastfeeding.
- Provide nutrition supplements for malnourished expectant mothers.

Child Health

- Conduct regular health checkups and monitor young children's growth.
- Provide de-worming and immunization.
- Provide nutrition supplements for malnourished infants and toddlers.
- Institute comprehensive preschool education and health programs for children ages 3–6 years.

Community Support

- Conduct a media-based education campaign to stimulate demand for project services and improve child-feeding practices and care.
- Activate *mahila mandals* (women's groups), strengthen their involvement in the health center activities, and encourage income-generating activities among their members.
- Introduce non-formal courses for local women on functional literacy, child development, and child-rearing practices.
- Provide training to adolescent girls in nutrition, health, and childcare.

Benefits

- Improved nutrition and health for tribal, drought-prone, and otherwise disadvantaged population groups in the states of Andhra Pradesh and Orissa.
- Improved nutrition and health services for some 5 million children and 3 million pregnant and lactating women.
- Training and part-time employment (as workers, helpers, and supervisors) for some 45,600 women in the project area.
- Formation of community-based women's groups to enable some 600,000 women to receive training in basic nutrition, health care, and effective ways to pass on information to their communities.
- Participation of around 5,600 women's groups in income-generating activities.
- Apprenticeship training in the field of health and nutrition for 150,000 adolescent girls.

Source: World Bank, June 1990. Staff Appraisal Report, *India Integrated Child Development Services Project*. Contact: World Bank, Population, Human Resources, Urban and Water Operations Division, Asia Country Department IV (India), Washington, D.C.

INDIA

Second Integrated Child Development Services Project (ICDS II)

 *To improve the nutrition and health status of poor pregnant and nursing women and young children*

Status	Active
Duration	1993–2002
Borrower	Government of India
Total project cost	US\$248.8 million
World Bank funding for ECD	US\$194.0 million
Target population	Children ages 0–6 years and pregnant and nursing women in poor rural areas
Partner agencies	Governments of Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, and Andhra Pradesh States
World Bank project manager	Meera Priyadarshi, Senior Nutrition Specialist (SASHP)

This project supports the efforts of the Integrated Child Development Services (ICDS) to improve the nutrition and health status of young children throughout India (for a more detailed description, see also the first Integrated Child Development Services Project).

It focuses on meeting the nutritional needs of pregnant and lactating women and children ages 0–6 years in Bihar, Jharkhand, Madhya Pradesh, and Chhattisgarh, four of India's poorest states. The project was restructured and extended for 2 years in October 2000, and the state of Andhra Pradesh was added. The ICDS II includes measures to monitor and evaluate project activities with the aim of improving the project's design as it progresses. It also includes measures designed to strengthen ICDS programs among ethnic minority populations.

Proposed Strategy

ECD Service Delivery and Training	<ul style="list-style-type: none">▪ Introduce ICDS to new development blocks in the target states and strengthen existing ICDS village centers.▪ Support infrastructure for village centers (civil works, drinking water sources, other supplies).▪ Provide and improve the quality of pre- and in-service training for local health and nutrition workers and improve health-nutrition coordination.▪ Improve the quality of supervision of local village workers.▪ Support high-quality preschool education through training and upgrading of facilities.
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<i>Proposed Strategy</i>	
ECD Service Delivery and Training	<ul style="list-style-type: none"> ▪ Supply the nutrition centers with basic drugs and equipment. ▪ Improve the delivery of food supplements to mothers and children (storage, distribution, monitoring). ▪ Strengthen operational research (work routines, services delivery for scattered populations, tests for therapeutic food supplementation).
Pregnant and Nursing Women	<ul style="list-style-type: none"> ▪ Educate pregnant women and mothers about nutrition and health. ▪ Provide prenatal monitoring and care. ▪ Provide food supplements for women at risk of delivering low birth-weight babies. ▪ Refer potential high-risk cases to facilities with more sophisticated obstetrical services. ▪ Provide postnatal care and promote breastfeeding. ▪ Provide nutrition supplements for malnourished pregnant and nursing women.
Adolescent Girls	<ul style="list-style-type: none"> ▪ Educate adolescent girls about health and nutrition. ▪ Provide iron-folate supplementation and de-worming drugs for adolescent girls.
Child Health	<ul style="list-style-type: none"> ▪ Conduct regular health checkups, monitor young children's growth, and provide referral services. ▪ Provide de-worming and immunization. ▪ Provide nutrition supplements for malnourished infants and toddlers. ▪ Promote home-based infant feeding practices (complementary feeding, feeding during illness). ▪ Institute comprehensive preschool education and health programs for children ages 3–6 years.
Community Support	<ul style="list-style-type: none"> ▪ Conduct a media-based education campaign to generate demand for project services and improved child-feeding practices and care. ▪ Encourage community ownership and participation in the delivery of ICDS services. ▪ Encourage individual and community self-reliance and develop local income-generating activities related to the delivery of project services. ▪ Introduce non-formal courses for local women on child development and child-rearing practices.

Expected Benefits

- Improved nutritional status of young children within the project area and for some 4 million women and 12 million preschool-age children in the last year of the project alone.
- Reduced infant and child mortality rates.

Source: World Bank, January 22, 1993. Staff Appraisal Report, *India Second Integrated Child Development Services Project*. Contact: World Bank, Population and Human Resources Operations Division, Country Department II (India), South Asia Regional Office, Washington, D.C.

INDIA

Second Tamil Nadu—Integrated Nutrition Project (TINP II)

 *To improve the nutrition and health status of poor women and young children*

Status	Closed
Duration	1990–98
Borrower	Government of India
Total project cost	US\$139.1 million
World Bank funding for ECD	US\$95.8 million
Target population	Disadvantaged children ages 0–6 years, pregnant and nursing women
Partner agencies	Government of Tamil Nadu
World Bank project manager	Anthony Measham, Consultant (AFTH2)

The Second Tamil Nadu Integrated Nutrition Project (TINP II) supported the central and state governments' goal of improving the nutrition and health status of very young children and pregnant and nursing women. The project covered a total of 316 development blocks of Tamil Nadu's 385 rural blocks. It did so by strengthening activities in 122 blocks where the first Nutrition Project (TINP I, set up with World Bank support as well) already operated and by expanding services to 194 additional blocks. The remaining rural blocks are covered by the ICDS scheme. While the ICDS projects cover children of up to 6 years of age, addressing the older age group through a preschool education component, the TINP I exclusively provided basic nutrition and health services for children up to 36 months. The Second Tamil Nadu Nutrition Project combined elements of both by retaining the emphasis on health and nutrition through the village nutrition centers and adding preschool activities for children ages 3–6 years.

The specific objectives of the project were to:

- Cut the incidence of severe malnutrition in children ages 6–36 months in half in those areas where new services were introduced and by a quarter where TINP I services were enhanced.
 - Increase the proportion of young children with normal nutrition by 50 percent in the new service blocks and by 35 percent in the TINP I blocks.
 - Reduce infant mortality rates from 84 to 55 per 1,000 live births.
 - Cut in half the incidence of low birth-weight newborns.
 - Increase access to preschool education.
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Strategy

ECD Service Delivery	<ul style="list-style-type: none">▪ Build new and upgrade existing village-based nutrition centers.▪ Set up training programs for local health and nutrition workers, for the traditional birth attendants and for managerial TINP staff.▪ Improve the coordination between health and nutrition services after a revision of current work organization and supervision.▪ Provide food supplements to mothers and young children.▪ Strengthen the referral system.▪ Provide preschool education to children ages 3–6 years.▪ Improve the design and use of health management software systems.
Pregnant and Nursing Women	<ul style="list-style-type: none">▪ Educate pregnant women and mothers about nutrition and health.▪ Provide prenatal monitoring and care.▪ Provide food supplements for women at risk of delivering low birth-weight babies.▪ Refer potential high-risk cases to facilities with more sophisticated obstetrical services.▪ Provide postnatal care and promote breastfeeding.▪ Provide nutrition supplements for malnourished pregnant and nursing women.
Child Health	<ul style="list-style-type: none">▪ Conduct regular health checkups and monitor young children's growth.▪ Provide de-worming and immunization.▪ Provide nutrition supplements for malnourished infants and toddlers.▪ Institute comprehensive preschool education and health programs for children ages 3–6 years.
Community Support	<ul style="list-style-type: none">▪ Strengthen village workers' counseling skills to generate demand for project services and improved child-feeding practices and care.▪ Encourage community involvement and ownership.▪ Support local women's groups in developing income-generating activities.▪ Introduce non-formal courses for local women on child development and child-rearing practices.

Benefits

- Improved nutrition and health status of some 5 million children less than 6 years old and 2 million women.
- 18,000 women trained and employed as Community Nutrition Workers.
- 20,000 women trained as traditional birth attendants.

Source: World Bank, May 10, 1990. Staff Appraisal Report, *India Second Tamil Nadu Nutrition Project*. Contact: World Bank, Population, Human Resources, Urban and Water Operations Division, Asia Country Department IV (India), Washington, D.C.

INDONESIA

Early Child Development Project

- To decrease infant mortality and stunted development caused by malnutrition
- To increase poor children's access to quality early child development services
- To increase local institutions' capacity to plan, manage, and supervise quality ECD programs

Status	Active
Duration	1998–2004
Borrower	Government of Indonesia
Total project cost	US\$25.5 million
World Bank funding for ECD	US\$21.5 million
Target population	Children ages 0–6 years from very poor families
Partner agencies	Ministry of Education and Culture (MOEC)
World Bank project manager	Susiana Iskandar, Operations Officer (EACIF)

The Indonesia Early Child Development Project aims to introduce ECD stimulation techniques into poor communities to prepare poor children better for school and enhance the efficacy of government basic education programs. For this purpose, the project will build and equip new ECD centers and rehabilitate existing ones within the target provinces to enhance the quality of ECD services. The project will also train existing teachers, and hire new ones to staff the new centers. To make sure that poor children receive an integrated package of services, the project will also integrate the voluntary village health post (*Posyandu*) program—a monthly health and nutrition service run by local mothers for the community—and the parent-child education (*Bina Keluarga Balita* - BKB) program.

Proposed Strategy

ECD Services

- Build 340 multi-purpose ECD centers (*Posyandu* and BKB) and 230 kindergartens in Inpresda Desa Tertinggal (IDT) villages, or “villages left behind”.
- Rehabilitate 50 existing multi-purpose ECD centers and 110 existing kindergartens in IDT villages.
- Provide educational material, toys, and equipment to target ECD centers.
- Hire up to 460 new teachers to staff newly constructed kindergartens.
- Integrate *Posyandu* and BKB activities to expand coverage while reducing service delivery costs.

<i>Proposed Strategy</i>	
Training	<ul style="list-style-type: none"> ▪ Review and simplify the BKB modules of program activities and test the proposed changes. ▪ Promote the development of an enhanced pre- and in-service training program for preschool teachers. ▪ Design and implement an integrated training program for <i>Posyandu</i> and BKB volunteers. ▪ Provide additional training to current kindergarten teachers to upgrade their diploma's to required qualifications. ▪ Review and evaluate the Kindergarten (TK) curriculum.
Capacity Building and Research	<ul style="list-style-type: none"> ▪ Provide fellowships and training for project staff in developmental psychology, early childhood education, education planning, statistics, community health, nutrition, and project management. ▪ Carry out an impact evaluation study of TK education and of <i>Posyandu</i> and BKB interventions. ▪ Conduct studies of program initiatives that address early child development needs.
Communications	<ul style="list-style-type: none"> ▪ Develop an information, education, and communication (IEC) program including IEC strategies, plans, and messages. ▪ Produce and distribute IEC materials and prototypes for local adaptation.

<i>Expected Benefits</i>	
	<ul style="list-style-type: none"> ▪ Increased enrollment in early childhood education programs (expanded to reach 44 percent of the 4–6 years old children in the project districts), to reduce late school enrollment, grade repetition, and drop-out rates in primary school. ▪ Enhanced school readiness of children, including cognitive, motor, and psychosocial skills. ▪ Increased number of children attending <i>Posyandus</i>, resulting in improved health status. ▪ Improved parenting and caregiving skills. ▪ Enhanced management capacity of district and provincial government agencies to plan, implement, and monitor integrated ECD services.

Source: World Bank, July 7, 1998. Project Appraisal Document, *Indonesia—Early Child Development Project*. Contact: World Bank, Education Sector Unit, East Asia and Pacific Regional Office, Washington, D.C.

KENYA

Early Childhood Development Project

 To improve the quality and access to early childhood services in poor neighborhoods in order to promote the intellectual, physical, and social development of Kenya's neediest preschool children

Status	Active
Duration	1997–2002
Borrower	Republic of Kenya
Total project cost	US\$35.1 million
World Bank funding for ECD	US\$27.8 million
Target population	1.2 million poor children ages 0–6 years
Partner agencies	Ministries of Education, Science and Technology; National Center for Early Childhood Education (NACECE) under the Kenya Institute of Education (KIE). Five NGOs are implementing pilot components: Action Aid, the Aga Khan Foundation/Madrassa Resource Center, the Africa Medical and Research Foundation (AMREF), CARE Kenya, and Catholic Relief Services Kenya
World Bank project managers	Marito Garcia, Senior Economist (AFTH1) James Kamunge, Education Specialist (AFTH1)

Kenya has a three-decade history of parent-supported Early Childhood Centers. For these centers, the Kenya Government has been providing teacher training with cost sharing from the trainees. The National Center for Early Childhood Education (NACECE), established in 1984 at the Kenya Institute of Education (KIE) with the assistance of the Bernard van Leer Foundation, is responsible for curriculum development and training of trainers. At the district level, District Centers for Early Childhood Education (DICECE) are staffed with a program officer and trainers who train the ECD teachers.

The Kenya Early Childhood Development Project seeks to improve the quality of the ECD centers run by parents and communities, which have been in rapidly increasing demand. In 2000, 26,350 ECD centers employed more than 40,000 teachers and caregivers. The project seeks to (a) improve children's cognitive and psychosocial development; (b) improve children's health and nutritional status; (c) increase the number of children of appropriate age who enroll and succeed in school; and (d) decrease the number of early primary school students who repeat grades and drop out. Three pilot components are developing cost-effective, replicable models for financing of ECD services in poor communities through providing community grants, raising nutrition and health standards of preschool students and children ages 0–3, and supporting a smooth transition from preschool to primary school. At the district level, the project is implemented through the District Centers for Early Childhood Education.

<i>Proposed Strategy</i>	
Training of Trainers and Preschool Teachers	<ul style="list-style-type: none"> ▪ Bridge gap in staffing of DICECEs. ▪ Revise curriculum for teachers and teaching learning support materials. ▪ Provide 9-month induction courses for trainers and 2-year courses to train preschool teachers. ▪ Train 17,000 preschool teachers over the 5-year project cycle. ▪ Train DICECE (district) staff in the supervision of ECD centers. ▪ Provide short courses to trainers and ECD teachers.
Capacity Building at the Community Level	<ul style="list-style-type: none"> ▪ Develop, produce, and disseminate training modules and materials. ▪ Train parents and caregivers in child development, health, nutrition, and sanitation. ▪ Train ECD management committee members in financial management, community mobilization, leadership, and ECD issues. ▪ Create awareness and sensitize communities about ECD.
Health and Nutrition Pilot	<ul style="list-style-type: none"> ▪ Identify and form ECD center management committees, conduct needs assessment, and train the committees' members. ▪ Conduct needs assessment of VHCs, location committees, community-level resource persons, mothers, and caregivers. Each group will receive adequate training. ▪ Identify key messages to address high-priority health and nutrition problems. ▪ Develop and adopt IEC materials. ▪ Support community initiatives in improving ECD center facilities.
Community Support Grants Pilot	<ul style="list-style-type: none"> ▪ After community sensitization, mobilization, and training, communities in 17 pilot districts will be identified to receive grants to support ECD activities. ▪ Facilitate identification, planning, and development of IGAs.
Transition Pilot	<ul style="list-style-type: none"> ▪ Produce transition guidelines and materials to support learning and teaching. ▪ Revise curriculum. ▪ Train preschool and lower primary school teachers, head teachers, and inspectors on transition issues.

<i>Expected Benefits</i>	
Quality of and Access to ECD Centers	<ul style="list-style-type: none"> ▪ Improved quality of 20,000 ECD centers, benefiting some 1.2 million children. ▪ 5,000 new ECD centers established. ▪ 17,000 preschool teachers trained (85 percent of whom are women) to manage ECD centers. ▪ 8,000 preschool teachers trained through refresher courses to improve their teaching methods and skills. ▪ Direct access to ECD services for 200,000 of the poorest children through community support grants. ▪ Improved health and nutrition outcomes for children.
Basic Education	<ul style="list-style-type: none"> ▪ Reduction in grade repetition and improvements in completion rates in primary schools. ▪ Increased school participation of young girls who could be released from childcare responsibilities.
Increased Local Capacity for ECD Programs	<ul style="list-style-type: none"> ▪ Empowerment of 1,480 communities to implement sustainable ECD interventions. ▪ Incremental earnings for trained teachers in the program. ▪ Incremental earnings for mothers as a result of time released for economic activities.

Source: World Bank, March 1997. Staff Appraisal Report, *Kenya Early Childhood Development Project*. Contact: World Bank, Africa Technical Human Development Department, Eastern and Southern Africa Regional Office, Washington, D.C.

MEXICO

Initial Education Project

 To extend Mexico's Non-Formal Initial Education Program to 10 of the country's poorest states

Status	Closed
Duration	1993–96 (originally 1993–98)
Borrower	Government of Mexico
Total project cost	US\$139.1 million
World Bank funding for ECD	US\$80.0 million
Target population	Children ages 0–3 years and their mothers
Partner agencies	National-level Secretariat of Public Education (SEP), state-level Public Education Secretariats (SPES) in 10 states; UNICEF, UNDP, and UNESCO
World Bank project manager	Fernando Reimers, Senior Education Specialist

This project aimed to improve efficiency and quality of the non-formal Initial Education Program in the 10 poorest Mexican states and to increase coverage. The non-formal Initial Education Program focuses on educating parents—especially mothers—in the use of appropriate childcare and parenting practices in the home. It centers on the training of parents through periodic group meetings and home visits, with the help of comprehensive illustrated guidebooks and other educational materials, to teach them how to foster a child's cognitive, psychological, and social development. Parental knowledge about early stimulation activities in the home is a critical factor to help prepare young children of low-income families to timely enroll in school and improve their future primary school attendance and performance.

To achieve these objectives, the project considerably improved the design and operation of the existing non-formal Initial Education Program, strengthened the institutional capacity of central and state Initial Education units, expanded its coverage in the 10 poorest states, refined its targeting criteria, promoted community participation, and developed linkages with complementary social-sector programs.

In March 1996, the Government of Mexico requested the consolidation of activities from three educating projects, including the Initial Education Project, into one, to make more efficient use of administrative resources and simplify financial flows. In 1997, the Second Primary Education Project was restructured to include the consolidated activities, and the Initial Education Project was cancelled. However, project activities will continue until December 31, 2001, under the restructured Second Primary Education Project.

Strategy

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| Training of Program Staff and Institutional Capacity Building | <ul style="list-style-type: none">▪ Train SEP and SPES technical staff in the planning, management, supervision, coordination, and evaluation of ECD programs.▪ Purchase computers and software to be used in project planning and implementation.▪ Provide technical assistance to SEP and SPES to design an Educational Management Information System (EMIS).▪ Train community educators to work effectively with parents, children, and communities.▪ Train module supervisors and zone coordinators to improve their supervision and coordinating skills. |
| Development of Educational Materials | <ul style="list-style-type: none">▪ Expand instructional materials (including <i>Parents' Guidebook</i>, <i>Community Educator's Handbook</i>, <i>Zone Coordinator's Handbook</i>) to cover new areas such as health, nutrition, family-planning, and environment.▪ Develop educational games and audiovisual aids to support and reinforce training activities.▪ Develop radio educational programs to promote ECD and healthy childcare practices throughout the community.▪ Develop illustrated guidebooks and other educational materials to convey practices that promote physical, cognitive, and social growth. |
| Parent Education | <ul style="list-style-type: none">▪ Hold periodic group meetings, led by community educators, to train parents in the health and nutritional needs of young children.▪ Set up periodic home visits by community educators to reinforce effective child development practices.▪ Give parents a set of educational activities they can use at home to stimulate the development of basic capabilities in young children. |

Benefits

- 900,000 parents (mostly mothers) reached (rural, 50 percent; urban, 33 percent) to enhance their child-rearing practices.
- Enhanced school readiness of 1.2 million children.
- 760 zone coordinators, 4,500 module supervisors, and 45,000 community educators (mostly women) trained.
- Program models developed and tested for similar projects nationwide.

Source: World Bank, October 1997. Staff Appraisal Report, *Mexico Initial Education Project*. Contact: World Bank, Human Resources Operations Division, Country Department II, Latin American and the Caribbean Regional Office, Washington, D.C.

NIGERIA

Development Communication Pilot Project

To use television and video programs to enhance the intellectual and social development of preschool-age children

Status	Closed
Duration	1993–97
Borrower	Federal Republic of Nigeria
Total project cost	US\$10.2 million
World Bank funding for ECD	US\$8.03 million
Target population (Phase I)	4 million Nigerian preschool-age children
Partner agencies	Nigeria Television Authority (NTA)
World Bank project manager	Eileen Nkwanga, Education Specialist (AFTH3)

The Nigeria Development Communication Pilot Project supported the Nigeria Television Authority's (NTA) plan to enhance the cognitive and social development of preschool-age children with a series of educational programs based on the *Sesame Street* model and adapted to suit local culture. The project capitalized on the concept that children learn best while being entertained.

In using the mass media, the pilot project sought to:

- Reach a large number of young children in poor rural and urban areas, many of whom are out of reach of educational programs.
- Educate parents and other caregivers along with its preschool audience.
- Train NTA staff in educational programming and increase its capacity and competence to produce similar programs.
- Introduce mechanisms for measuring the educational impact of the series.

Strategy

Pilot Educational Television Programs for Preschool-age Children	<ul style="list-style-type: none">▪ Support the NTA's production and dissemination of a series of <i>Sesame Street</i>-style educational programs.▪ Finance the construction and equipping of a state-of-the-art television studio for the production of the series.▪ Train and integrate NTA staff into all stages of program development and production.▪ Identify 10 ECD Centers and preschools across the country to use as pilot sites.▪ Finance the production and acquisition of videos and printed support materials.
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Strategy

Pilot Educational Television Programs for Preschool-age Children

- Distribute materials to remote areas through network transmission, videos-on-wheels, and local video centers.
- Finance the production of videos to train mothers and other caregivers about young children's developmental needs.
- Conduct on-the-job training for ECD teachers.
- Set up and finance mechanisms to monitor and evaluate the project.

Benefits

New Educational Materials Widely Disseminated Through the Mass Media

- Production of 130 educational television hours of programming for children less than 6 years old.
- Improved communication skills and school preparedness for children less than age 6.
- Creation of care centers in private preschools and homes in 10 states.
- Greater NTA competence to produce and disseminate children's TV and distance education programs.
- Financial solvency for the NTA through the sale of educational videos, the training of staff from other TV stations in production of children's programs, and the creation and sale of products based on characters from the programs.
- Use of models developed under the pilot program to produce, distribute, and evaluate multi-media educational programs by other countries in the region.

Source: World Bank, February 1993. Staff Appraisal Report, *Federal Republic of Nigeria Development Communication Pilot Project*. Contact: World Bank, Population and Human Resources Division, West Africa Department, Africa Regional Office, Washington, D.C.

PHILIPPINES

Early Childhood Development Project

 To ensure the survival and healthy physical and mental development of young children

Status	Active
Duration	1998–2004
Borrower	Republic of the Philippines
Total project cost	US\$58.8 million
World Bank funding for ECD	US\$19.0 million
Target population	Disadvantaged children ages 0–6 years in three of the country's poorest regions
Partner agencies	Department of Social Welfare and Development, Department of Health, and Department of Education, Culture and Sports
World Bank project manager	Teresa Ho, Lead Public Health Specialist (EASHD)

The Philippines' objective to reduce poverty and promote sustainable development is pursued through the development of the country's human capital by upgrading social services available to the poor. Recognizing that good-quality health, nutrition, and early education services are essential for optimal physical and intellectual development of young children, and hence to maximize their intellectual achievement, earning power, and general welfare over the long term, the Bank has joined with the Asian Development Bank in financing an Early Childhood Development Project as part of the country's Ten-Year National Early Childhood Development Program.

The project supports the provincial and local governments of three regions in the design and implementation of improved health, nutrition, and early education programs targeted to poor children ages 0–6 years. These programs provide (a) basic health care for young children, (b) micro-nutrient supplementation, (c) monitoring of growth and nutritional status with short-term supplementary feeding interventions for malnourished children ages 6–18 months, (d) education of parents in home-based psychosocial and cognitive stimulation of children younger than 3 years, (e) quality community-based childcare for working mothers, (f) preschool services for children ages 3–5 years, and (g) an enriched curriculum for grade 1 primary school entrants. The project builds upon existing ECD programs in the Philippines, delivered through rural health care facilities, preschools, and community-based outreach workers. It will upgrade and extend well-established programs, improve less-qualified programs, and try out new interventions.

Proposed Strategy

Child Survival	<p><i>Provide basic health care services to young children, mainly by the rural health midwife:</i></p> <ul style="list-style-type: none"> ▪ Expanded Program of Immunization (EPI): Immunize young children against tuberculosis, typhoid, polio, measles, and other childhood diseases. ▪ Control of Acute Respiratory Infections (CARI): Screen for and treat pneumonia. ▪ Control of Diarrheal Diseases Program (CDD): Promote and provide oral rehydration therapy as a palliative treatment for diarrhea. ▪ Micronutrient Initiative: Provide iron, iodine, and vitamin A supplements to mothers and children. ▪ Management of Childhood Illnesses Initiative: Integrate and improve treatment of sick children.
Child Health and Nutrition	<p><i>Provide nutrition services, mainly by the new Child Development Worker in partnership with the rural health midwife:</i></p> <p><u>Protein-Energy Malnutrition Program:</u></p> <ul style="list-style-type: none"> ▪ Child Development Workers screen all children ages 6–24 months for malnutrition and stunted growth. ▪ Child Development Workers educate families on proper feeding practices. ▪ Provision of food supplements to malnourished children for a limited period. <p><u>Food Fortification Program:</u></p> <ul style="list-style-type: none"> ▪ Screen young children for deficiencies in iron, iodine, vitamin A, and other essential micronutrients. ▪ Provide supplements directly to affected children. ▪ Introduce industry-financed program to fortify staple foods with essential micronutrients.
Child Development Programs	<p><u>Parent Effectiveness Service:</u></p> <ul style="list-style-type: none"> ▪ Train Child Development Workers to teach parents how to provide effective social and intellectual stimulation for their young children. ▪ Design, produce, and distribute a <i>Mother and Child Book</i> to record the child's growth and development from birth to the 6th birthday. ▪ Update and distribute the <i>Parent's Manual on Early Child Development</i>.

Proposed Strategy

<p>Child Development Programs</p> <ul style="list-style-type: none"> ■ <u>Day-Care Center Program:</u> <ul style="list-style-type: none"> ▪ Train new and existing day-care providers in preschool education and learning techniques. ▪ Supply day-care centers with appropriate equipment, books, play, and learning materials. ■ <u>Day-Care Mothers:</u> <ul style="list-style-type: none"> ▪ Pilot a new experimental program that provides day care for young children of working mothers, including psychosocial stimulation. ■ <u>Grade 1 Early Childhood Education/ECD Package:</u> <ul style="list-style-type: none"> ▪ Introduce tested and enriched curriculum for grade 1 across the project region (an 8-week preschool module at the start of 1st grade to ease transition). ▪ Train teacher trainers in the new curriculum. ▪ Reproduce and distribute training materials. 	<p>Social Service Delivery</p> <ul style="list-style-type: none"> ■ Provide support to Local Government Units in implementing the programs in the areas of communications; planning, managing, and monitoring (MIS); and training local workers. <p>Research and Development</p> <ul style="list-style-type: none"> ■ Pilot test the new project interventions mentioned above. ■ Support monitoring and evaluation of the project. ■ Support program innovation and policy development.
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Expected Benefits

<p>ECD Health and Education Program Package</p>	<ul style="list-style-type: none"> ■ <i>Alleviate poverty.</i> By improving poor children's mental, physical, and emotional health, the program will increase their chances to live a productive, and healthy life. ■ <i>Increase personal and national economic gain.</i> By improving young children's readiness for elementary school, the program will increase their chance for success in school and work, increase the capacity of the workforce, and increase human capital in the Philippines. With the Early Childhood Education/ECD project components that include the Day Care Worker and Child Development Worker inputs, the likelihood that a child will complete elementary school is expected to increase to 69 percent, with an increase of 43 percent in the likelihood of completing high school.
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Expected Benefits

Social Service Delivery

- ***Reduce social costs.*** Reduce personal and social damage caused by high rates of childhood disease and death.
- ***Improved social services.*** House visits will allow trained Child Development Workers to interact more effectively with parents and children.
- ***Lower costs of service provisions.*** Cost-effective results through the home-visiting model.

Source: World Bank, February 1998. Project Appraisal Document, *Republic of The Philippines—Early Childhood Development Project*. Contact: East Asia and Pacific Region, Population, Health and Nutrition Sector, the World Bank, Washington, D.C.

UGANDA

Nutrition and Early Childhood Development Project

- To raise awareness of families and communities for children's health, nutrition, and psychosocial development
- To increase capacity of women and communities to mobilize savings and resources for better care for their children
- To reduce moderate and severe malnutrition among children younger than 6 years of age
- To increase community resources and abilities to manage and provide good-quality ECD services

Status	Active
Duration	1998–2003
Borrower	Government of Uganda
Total project cost	US\$40.0 million
World Bank funding	US\$34.0 million
Target population	Children less than 6 years of age and their families, especially mothers and other caregivers, in 100 subcounties spread over 25 of the 40 districts in the country
Partner agencies	Ministry of Health, Ministry of Education and Culture; Ministry of Gender, Labor and Community Development and its National Council for Children; Ministry of Agriculture; NGOs at the national, district, and subcounty level
World Bank project managers	Marito Garcia, Senior Economist (AFTH1) Harriet Nannyonjo, Operations Officer (AFMUG)

Uganda has seen rapid economic growth in the last decade, yet many social development indicators such as malnutrition among young children have remained high. A 1995 survey indicated that 38 percent of children less than 6 years of age are stunted. Only a few children, especially in the rural areas, have access to ECD services. In recent years, the Ugandan Government has moved gradually to a decentralized administrative structure, allowing district and subcounty administrations to play a more active role in the development process. The project covers some 4,250 communities in 100 subcounties spread over 25 of the 40 districts in Uganda, selected by government-established criteria such as child malnutrition and infant mortality rates at the district level.

The Uganda Nutrition and Early Childhood Development Project, in Uganda referred to as the c.h.i.l.d. (Community and Home Initiatives for Long-term Development) project, seeks to improve the health and nutritional status of children ages 0–6 years as well as their psychosocial and cognitive development.

The project consists of three main components:

- An Integrated Community Childcare Package is geared toward education and training of parents and caregivers, promotion of growth for young children, and the formation of savings groups and training for income-generating activities.
- Community support grants provide financial support that communities must match with a contribution of 25 percent of the grant, acceptable as cash, in-kind services, or labor to help implement ECD interventions. The communities identify and set priorities for these interventions. Additionally, innovations grants for ECD interventions address children in need of special care, for example, orphans or children with disabilities.
- Support to national-level ECD programs includes funding to the Ministry of Health for training in micronutrients; to the Ministry of Gender, Labor, and Community Development and the National Council for Children for advocacy for children's rights; and to the Ministry of Education for the development of an ECD policy, curriculum, and materials.

This is the first ECD project to benefit from a private-public partnership initiative between the World Bank and Glaxo Smith Kline. The objective of bringing in private-sector experience in social marketing is to maximize the benefits of strategic communication in social-sector projects. Glaxo Smith Kline has sponsored a communications advisor to the project for planning and implementing the project's advocacy and communications strategy. This project element facilitates awareness raising, development and production of training materials, and capacity-building efforts among the project's stakeholders to plan and carry out communications activities effectively.

<i>Proposed Strategy</i>	
Awareness of Children's Rights and Needs	<ul style="list-style-type: none">▪ Support the Ministry of Gender and Community Development and the National Council for Children in their advocacy efforts to educate the public about children's needs and rights.▪ Increase commitment of district and local governments to address children's issues and adequately allocate resources for meeting children's developmental needs.▪ Increase the capacity of NGOs and government representatives to advocate more effectively for behavioral change.
Strengthen Capacity of Local Communities to Implement ECD Interventions	<ul style="list-style-type: none">▪ Facilitate community assessment, analysis, and actions for addressing development issues of children in 100 subcounties in 25 selected districts.▪ Increase communities' abilities to mobilize resources for ECD interventions by providing grants, training, and technical assistance. These interventions include setting up semi-formal or formal ECD centers, addressing food security and nutrition, and improving referral services for children.▪ Increase access to ECD services by establishing new programs in two-thirds of all communities in the 25 project districts.

<i>Proposed Strategy</i>	
Strengthen Capacity of Local Communities to Implement ECD Interventions	<ul style="list-style-type: none"> ▪ Provide innovations grants to communities to establish programs for children in need of special care and protection, such as children affected by HIV/AIDS, orphans, severely malnourished children, and children with disabilities. ▪ Facilitate provision of integrated services to children through special activities such as “child’s days” at the parish level. ▪ Facilitate cross-fertilization of ideas by encouraging communities to learn from each other.
Increase Resources and Capacities of Families	<ul style="list-style-type: none"> ▪ Help parents and other caregivers in the household to identify and adopt childcare practices that enhance children’s cognitive, physical, emotional, and psychosocial development. ▪ Increase families’ financial resources to meet children’s developmental needs. ▪ Help parents and caregivers to monitor and promote the growth of young children to prevent malnutrition.
Support National Programs Addressing Children	<ul style="list-style-type: none"> ▪ Facilitate the development of an ECD policy, curriculum, and materials. ▪ Support training for prevention of micronutrient deficiencies.

<i>Expected Benefits</i>	
Child Health	<ul style="list-style-type: none"> ▪ A 20 percent reduction in infant mortality rate from the level of 97 percent at the start of the project. ▪ A one-third reduction from baseline levels in the prevalence of underweight (% <2 SD weight for age).
Advocacy and Communications	<ul style="list-style-type: none"> ▪ Increased awareness of the needs and rights of children ages 0–6.
Early Childhood Services	<ul style="list-style-type: none"> ▪ Increased access to ECD facilities including home-based semi-formal or formal care and services. ▪ Improved quality of care and services for children, reflected in improvements in their physical, psychosocial, and cognitive status.

Expected Benefits

Capacity Building

- Increased capacity of some 4,000 communities to plan and implement ECD interventions at the community level.
- Increased financial resources for childcare at the household and community levels through establishment of savings and credit groups in communities.

Sources: World Bank, September 30, 1997. Project Implementation Manual, *Uganda Nutrition and Early Childhood Development Project*; December 1997. Project Appraisal Document, *Proposed Credit for a Nutrition and Early Childhood Development Project, Republic of Uganda*.

YEMEN

Child Development Project

- *To improve the health and nutritional status of children less than 5 years old*
- *To improve the educational status of girls in primary schools*

Status	Active
Duration	2000–05
Borrower	Republic of Yemen
Total project cost	US\$45.3 million
World Bank funding for ECD	US\$28.9 million
Target population	Children under age 5, girls in primary schools, disadvantaged families in the targeted districts
Partner agencies	Higher Council for Motherhood and Childhood; Ministry of Public Health, Ministry of Education, General Authority for Rural Electrification and Water Supply (GAREWS)], UNICEF
World Bank project manager	Ousmane Diagana, Senior Operations Officer (MNSHD)

Yemen shows among the lowest child well-being indicators of all Middle East and North African countries. Infant and child mortality rates are high (83 and 110 per 1,000 live births, respectively). The coverage rate of the Expanded Immunization Program has fallen from 75 percent in 1990 to 57 percent in 1996 and to only 28 percent in 1997. At least 30 percent of Yemeni children suffer from protein-energy malnutrition. In education, enrollment and retention rates and quality are poor at the basic education level, particularly for girls. Only 40 percent of all girls ages 6 to 15 are in school, compared with 80 percent of boys. In addition, young children's educability is likely to be low, given the high levels of malnutrition and the low fostering of cognitive and language development.

To address these urgent issues, the Yemen Child Development Project will assist the government improving the health and nutritional status of children less than 5 years old and the educational status of girls in primary schools. The project will provide coordinated, community-based services in health, nutrition, education, water, and pilot ECD operations through an area-based program (ABP) in nine disadvantaged governorates (in about 30 districts). Because communities will vary in their demand for various services, the scope of the project inputs in each district cannot be ascertained a priori. These will be determined through social and other assessments and participatory community planning on an ongoing basis.

<i>Proposed Strategy</i>	
Community Mobilization	<ul style="list-style-type: none"> ▪ Identify and establish Local Development Committees (LDCs) composed of community members. ▪ Provide training to the LDCs in assessing needs and capacities and in community planning in health, nutrition, education, and water issues.
Health and Sanitation	<ul style="list-style-type: none"> ▪ Strengthen the district-level health system by rehabilitating and equipping referral facilities and health centers, training district and governorate health staff in management, and providing technical assistance on information and monitoring systems. ▪ Provide training in the Integrated Management of Childhood Illnesses to health workers (a holistic approach targeted to the main causes of child mortality: acute respiratory infections, diarrheal diseases, malaria, measles, and malnutrition) and supply medical goods, drugs, oral rehydration solution (ORS), etc. ▪ Support the Expanded Immunization Program with the supply of vaccines, technical assistance, and training, to reach a coverage rate (of the six main vaccines) of 90 percent by 2004. ▪ Improve maternal and reproductive health through the training of outreach workers and midwives, the supply of midwifery kits, and provision of ambulance and communication equipment for referral facilities. ▪ Design and construct drinking water and sanitation services and provide training to local communities on management and cost sharing.
Child Nutrition	<ul style="list-style-type: none"> ▪ Improve child nutrition through the successfully implemented “Community Triple-A” approach of UNICEF: Assessment (community-based monitoring), Analysis (outlining the causes of malnutrition), Action (at the community level). ▪ Dispense iron and vitamin A to mothers and children, respectively. ▪ Promote good nutrition during pregnancy.

Proposed Strategy

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| ECD Pilot Component | <ul style="list-style-type: none"> ▪ Conduct a study on child-rearing practices, current childcare needs, and the availability of childcare services. ▪ Implement and evaluate pilot ECD programs that are community-based, effective, and financially sustainable. ▪ Develop a comprehensive policy framework for ECD programs in the Yemen based on findings from the study and pilot programs. |
| Education Activities | <ul style="list-style-type: none"> ▪ Construct, rehabilitate, and equip schools and classrooms, especially in areas with low enrollment levels for girls. ▪ Establish and train Cluster Education Committees for every 15 schools that will provide in-service teacher training, support schools in problem-solving, etc. ▪ Increase the proportion of women teachers and provide them with training. ▪ Design and develop a more efficient and effective distribution and storage system for textbooks: construct and rehabilitate warehouses, design computerized inventory systems and finance text book transportation. |

Expected Benefits

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| <ul style="list-style-type: none"> ▪ Improved health and nutritional status of approximately 560,000 children under the age of 5 years. ▪ Immunization and provision of ORS targeted to 1,880,000 children. ▪ Improved reproductive health and safe motherhood for 600,000 women of childbearing age. ▪ Increased number and proportion of girls enrolled and successfully competing in grade 6 (direct benefits to approximately 90,000 girls ages 6–11 annually). ▪ Increased capacity of the government health and education systems and of NGOs and communities. |
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Source: World Bank, February 2000. Project Appraisal Document, *Yemen—Child Development Project*. Contact: World Bank, Human Development Sector, Middle East and North Africa Regional Office, Washington, D.C.

II. ECD Project Components

ARGENTINA

First Maternal and Child Health and Nutrition Project (PROMIN I)

 *To improve the health and nutrition of poor mothers and children*

Status	Closed
Duration	1994–2000
Borrower	Argentine Republic
Total project cost	US\$160.0 million
World Bank funding	US\$100.0 million (ECD component: US\$10.5 million)
Target population	Children ages 2–5 and pregnant and nursing women in low-income urban neighborhoods
Partner agencies	Ministry of Health
World Bank project manager	Donald Winkler, Sector Lead Specialist (LCSHD)

To improve the cognitive and social development of children ages 2–5, the project added food supplements, nutritious meals, and intellectually stimulating activities to existing preschool feeding programs and kindergartens. With these additions, the project sought to transform custodial care services into “Child Development Centers,” which offer a variety of services designed to stimulate children’s physical, mental, and social growth.

The project trained and paid local “promoters” a small stipend to take over, under the supervision of staff, some childcare duties at the centers. In many cases, this division of labor allowed teachers to develop new educational activities while mothers cared for the children and promoted the new program within the community. The project also trained staff, teachers, and mothers in charge of childcare centers in the management and implementation of social programs. For every 10 child development centers, the municipality provided one education technician, who distributed the educational materials and toys as needed.

To improve maternal and child health, the project set up mechanisms to convey information to low-income mothers about prenatal care, breastfeeding, infant feeding, diet, hygiene, and sexually transmitted disease. These efforts were reinforced by training of health personnel, the development of printed materials on nutrition and health, and the launching of information campaigns in the mass media. Health care facilities were also upgraded and expanded and health officials at the provincial and municipal levels received special training in the planning and long-term management of ECD programs. The project further strengthened health institutions through the creation of communication systems and databases needed to conduct studies of child development services and to establish and maintain the social network and technical assistance resources required to convert school feeding programs into Child Development Centers.

Strategy

ECD Services

- Work with the central Argentine Government to institute comprehensive care for preschoolers in municipalities in six participating provinces.
- Promote the quality and efficiency of services delivered under existing maternal, child health, nutrition, and ECD programs.
- Establish criteria for evaluating ECD programs.
- Support government efforts to decentralize by shifting the management and financing of social services from provinces to municipalities.

Maternal and Child Health

- On the basis of evaluation criteria, fund operating expenses associated with the delivery of health care, nutrition, and ECD services to poor mothers and very young children.
- Strengthen and upgrade health care facilities and train health personnel.
- Provide information to low-income mothers about prenatal care, breastfeeding, infant feeding, diet, hygiene, and sexually transmitted disease and launch a mass media campaign.

Benefits

- Increased infant and child survival rates.
- Improved maternal and child health.
- Reduced prevalence and severity of most common diseases.
- Increased number of childcare facilities that fosters intellectual and psychosocial as well as physical development.
- Improved management and operation of provincial and municipal health, nutrition, and education services for mothers and preschool-age children.

Source: World Bank, July 1993. Staff Appraisal Report, *Argentina Maternal and Child Health and Nutrition Project*. Contact: World Bank, Human Resources Operations Division, Country Department IV, Latin American and Caribbean Regional Office, Washington, D.C.

ARGENTINA

Maternal and Child Health and Nutrition Project II (PROMIN II)

 *To improve the health and nutrition status of pregnant women, newborns, mothers, and young children in low-income areas*

Status	Active
Duration	1997–2003
Borrower	Argentine Republic
Total project cost	US\$171.0 million
World Bank funding	US\$100.0 (ECD component: US\$81.3 million)
Target population	Children ages 0–5 years and pregnant and nursing women in low-income urban neighborhoods
Partner agencies	Ministry of Health
World Bank project manager	Ruth Levine, Senior Economist (LCSHH)

Argentina's Ministry of Health has enlisted World Bank support to capitalize on advances made under the PROMIN I project. The first project achieved significant improvements in health care and nutrition services for women and young children and introduced successfully elements that address the integral development of the child into low-quality childcare services. The second Maternal and Child Health and Nutrition Project (PROMIN II) has the objective of strengthening and expanding upon these gains by (a) increasing coverage of maternal and prenatal care services, (b) increasing coverage of child health and nutrition services, (c) transforming an increased proportion of child-feeding centers and kindergartens into early child development centers, and (d) decentralizing and strengthening social service management.

PROMIN II has the same demand-driven nature as PROMIN I: provinces request subprojects, and those that implement a subproject efficiently will have access to more funds out of a common unallocated pool. Unlike PROMIN I, a mid-term review of all projects is introduced. Disbursements for the second part of the program are contingent on evaluated performance. Undisbursed amounts that result from unsatisfactory performance of provinces will go to a common fund to which better-performing provinces will have access.

Proposed Strategy

ECD Services

- Introduce effective ECD techniques into existing preschool feeding programs and reorganize existing kindergartens and childcare centers into child development centers that provide a comprehensive package of services to mothers and young children.
- Increase women's participation in the labor force through expansion of child care services.
- Train child development center staff (including mothers in charge of local children's groups) to manage a comprehensive ECD program and develop stimulating activities for young children.

Proposed Strategy

ECD Services

- Provide educational materials and toys for child development centers.
- Introduce program activities that address domestic violence.
- Improve better coordination with health care centers to make sure young children are monitored regularly for growth, nutrition, immunizations, safety, and psychosocial well-being.
- Encourage participating mothers to promote ECD services and programs within the community.

Maternal and Child Health

- Provide food supplements for malnourished pregnant women, lactating mothers, and children less than 6 years.
- Set up a women's reproductive health care program to monitor pregnant women for nutrition status; detect complications with gestation and delivery; provide post-partum care; provide mechanisms for birth spacing and control; promote breastfeeding; and treat sexually transmitted diseases.
- Refurbish, equip, and expand health care facilities and laboratories.
- Train and supervise maternal and child health care staff.
- Launch information campaigns on women and children's nutrition and health to increase awareness and change behavior.

Expected Benefits

- Reach approximately 1,790,000 women and children in Argentina's poorest municipalities (including 55,000 children younger than age 1, 250,000 children younger than age 5, and 70,000 pregnant women).
- Increased maternal and prenatal health service coverage to 60 percent of the eligible population supported by the Government of Argentina.
- Extended pediatric coverage to 60 percent of children ages 0–6.
- Transformation of 40 percent of existing child-feeding centers and kindergartens into early child development centers offering a comprehensive package of services.
- Decentralized and more efficient social service management.

Source: World Bank, September 1997. Project Appraisal Document, *Argentina Maternal and Child Health and Nutrition Project II (PROMIN II)*. Contact: World Bank, Human Development Department, Latin American and Caribbean Regional Office, Washington, D.C.

BRAZIL

Innovations in Basic Education Project

 To improve learning outcomes for poor preschool and primary school students in Greater São Paulo

 To improve the health status of preschool and primary school children

Status	Closed
Duration	1991–98
Borrower	State of São Paulo
Total project cost	US\$600.0 million
World Bank funding (originally)	US\$245.0 million (ECD component: US\$41.5 million)
Target population	Children in preschool and in the first 2 years of primary school
Partner agencies	Secretariat for Education in the State of São Paulo (SEE), Department of School Food Programs, Schools Basic Health Unit
World Bank project manager	Robin Horn, Senior Education Economist (LCSHE)

Although almost all Brazilian children enter primary school, only 38 percent make it to the eighth or final grade of primary school. A major reason for the high drop-out rates are high failure rates during the early years of primary school. Only 14 percent of students complete all primary school grades without repeating at least once (1991 data). The main objective of the “Innovations in Basic Education” (IEB) project was to improve primary school learning and retention among children of poor and migrant families in Greater São Paulo and to develop a model that could eventually be adapted to other Brazilian states.

The project supported the implementation of two education reforms in Greater São Paulo. The first, *el ciclo básico*, introduced a responsive pedagogical approach to the teaching of literacy and numeracy skills, reorganized the curriculum, retrained teachers on a massive scale, and provided new educational materials. The second, the *jornada única*, extended the school day to 6 hours for students in the first two grades of primary schools. In addition, the project supported the construction and refurbishment of schools and classrooms to alleviate the problem of severe overcrowding and to expand and improve the access to preschools for poor children. To strengthen school health programs and to address the priority health needs of preschool and early primary school children, the project introduced a new, decentralized health system. At the beginning of the project, up to 30 percent of the children ages 4–5 in the municipality of São Paulo, were anemic and only half had completed their diphtheria and tetanus immunizations.

The program was shaped by two principles: (a) Decentralization – public responsibility should be concentrated at the municipal rather than the state level; (b) Community support – to achieve the maximum possible expansion of preschool coverage in an era of limited budgetary resources, municipalities must develop ways of mobilizing support for these schools from the communities in which they are located. When the project was restructured in 1995, the preschool component was

substantially scaled back. At project closure in 1998, only a very small amount of proposed loans for preschool activities had been disbursed.

<i>Strategy (Preschool Component)</i>	
Preschool Education	<p><i>Increase preschool enrollments for poor children ages 4–6 years:</i></p> <ul style="list-style-type: none">▪ Introduce low-cost ways to build preschools, especially in poor neighborhoods.▪ Mobilize parents and communities to support municipal preschools.▪ Encourage the private and public sectors to collaborate in supporting preschool programs. <p><i>Improve quality of preschool education:</i></p> <ul style="list-style-type: none">▪ Provide in-service training for preschool teachers in active learning techniques and implementation of the new curriculum.▪ Produce, distribute, and stimulate the intensive use of books, educational toys, and other learning materials.▪ Set up a system for monitoring teaching quality in preschools.
Child Health	<ul style="list-style-type: none">▪ Improve health status of preschool and primary school students (1+ million children in state-run preschools and first and second grades).▪ Train the Schools' Basic Health Unit personnel in the health problems of preschool- and primary school-age children and train teachers in health education.▪ Undertake health screening and education activities in the preschools and primary schools.▪ Develop and produce health education materials.

<i>Benefits</i>
<ul style="list-style-type: none">▪ Construction of 53 new preschools yielding 241 new classrooms creating nearly 16,000 new preschool vacancies.▪ 3,387 primary school new classrooms built, and 695 primary schools remodeled or renovated.

Benefits

- 1.7 million children in the project areas benefited from activities in oral health; 20,000 children received auditory screening.
- Introduction of the *jornada única* in 94 percent of all schools for all students.
- Decreased drop-out and repetition rates in primary schools.

Sources: World Bank, June 1991. Staff Appraisal Report, *Brazil—Innovations in Basic Education Project*. Contact: World Bank, Human Resources Operations Division, Country Department I, Latin American and Caribbean Regional Office, Washington, D.C.; and World Bank, June 1999. Implementation Completion Report, *Brazil—Innovations in Basic Education Project*, Washington, D.C.

BRAZIL

Municipal Development in the State of Paraná

 Increase poor children's access to childcare services and primary schooling

Status	Closed
Duration	1990–95
Borrower	State of Paraná
Total project cost	US\$400.0 million
World Bank funding	US\$100.0 million (ECD component: US\$1.9 million)
Target population	Poor children ages 3 months to 6 years and primary school students in grades 1–4
Partner agencies	Participating municipalities, Paraná State Water Company (SANEPAR), Paraná State Low Income Housing Company (COHAPAR)
World Bank project manager	Braz Menezes, Principal Operations Manager

Although the demand for childcare in low-income areas in the State of Paraná is high, only 11.3 percent of children ages 3 months to 6 years were enrolled in childcare centers in 1989. In addition, most primary schools in Paraná suffered from overcrowding.

The Municipal Development Project gave municipalities of Paraná the opportunity to address the needs for childcare by supporting a state-wide program that provided subloans to municipalities for investments in infrastructure such as street paving, basic sanitation, community day-care centers, school extensions, and health posts. To become eligible for these loans, municipalities had to demonstrate their ability to finance, manage, and sustain investments. The project therefore supported activities to improve the functioning of Paraná's social service institutions while supporting investments in infrastructure. The subcomponent designed to address the needs for childcare helped municipalities construct and rehabilitate 60 childcare centers for about 2,400 children.

Strategy

Investment in Social Infrastructure

- Construct nine new day-care centers and rehabilitate 42 existing ones.
- Build and equip 47 health care units in various Paraná cities.
- Build additional classrooms and sanitary facilities in primary schools.
- Provide equipment for municipal primary schools.

Strategy

Institutional and Human Resource Development

- Provide technical assistance, training, and equipment to municipalities to strengthen their financial management and overall administration.

Benefits

- Construction and rehabilitation of 60 day-care centers for more than 2,400 children from low-income communities with a high percentage of seasonal farm workers.
- Increased access to health care for poor children.
- Upgraded primary schools that will serve some 500,000 students in grades 1-4.
- Strengthened institutional and management capacity of municipalities.

Source: World Bank, May 22 1989. Staff Appraisal Report, *Brazil Municipal Development Project in the State of Paraná*. Contact: World Bank, Human Resources Operations Division, Country Department I, Latin American and Caribbean Regional Office, Washington, D.C.

BRAZIL

Municipal Development in the State of Rio Grande do Sul

- *Expand access to child care services in poor areas*
- *Increase capacity and quality of municipal primary schools' serving poor areas*

Status	Closed
Duration	1990–95
Borrower	State Development Bank of Rio Grande do Sul
Total project cost	US\$227.0 million
World Bank funding	US\$100.0 million (ECD component: US\$9.8 million)
Target population	Children ages 0–6, preschool students, and children in primary grades 1–4 in low-income areas
Partner agency	State Development Bank of Rio Grande do Sul (BADESUL)
World Bank project manager	Braz Menezes, Principal Operations Officer

According to state agency studies, day care and preschool services in low-income areas of Rio Grande do Sul were some 17,000 places short of demand in 1989 and primary schools suffered from poor facilities and chronic overcrowding.

The Municipal Development Project gave municipalities the opportunity to build day-care centers and school extensions to serve 11,050 low-income children ages 0–6 and to cover more than 85 percent of the existing demand for places in childcare centers in poor urban areas of the State of Rio Grande do Sul. This was achieved through a state-wide program that provided subloans to municipalities for investments in infrastructure such as street paving, lighting, solid waste disposal systems, basic sanitation, community day-care centers, and health posts. To become eligible for the loan, municipalities had to demonstrate their ability to finance, manage, and sustain investments. The project therefore supported activities designed to improve the functioning of social service institutions and strengthening capacity of municipalities to become eligible for subloans.

<i>Strategy</i>	
Childcare Services	<ul style="list-style-type: none">■ Remodel and rehabilitate 67 existing childcare centers.■ Build 77 new childcare centers in low-income areas.■ Design a state policy for the childcare sector.■ Test different institutional arrangements for the delivery of childcare services.■ Arrange for cooperative public-private ventures to increase childcare coverage.

Strategy

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| Municipal Primary Schools | <ul style="list-style-type: none">▪ Provide sanitary facilities in municipal primary schools.▪ Build and renovate classrooms. |
| Institutional and Human Resource Development | <ul style="list-style-type: none">▪ Provide technical assistance, training, and equipment to municipalities to strengthen their financial management and overall administration. |

Benefits

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| <ul style="list-style-type: none">▪ Established 76 additional childcare facilities in low-income areas.▪ Constructed 262 new lower-primary classrooms in low-income areas, serving some 18,000 students in grades 1–4.▪ Provided Sanitation facilities in primary schools.▪ Strengthened financial and institutional management capacity of participating municipalities. |
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Sources: World Bank, October 1989. Staff Appraisal Report, *Brazil Municipal Development Project in the State of Rio Grande do Sul*; and April 1997. Implementation Completion Report, *Brazil Municipal Development Project in the State of Rio Grande do Sul*. Contact: World Bank, Public Sector Modernization and Private Sector Development Division, Country Department I, Latin American and Caribbean Regional Office, Washington, D.C.

BULGARIA

Child Welfare Reform Project

- To improve child welfare and protect children's rights through promoting community-based child welfare programs
- To reduce the flow of children into institutions
- To improve the quality of care for institutionalized children
- To reintegrate street children into society
- To support community-based preschool programs for disadvantaged children of ethnic minorities (especially Roma)

Status	Active
Duration	2001–04
Borrower	Government of Bulgaria
Total project cost	US\$19.6 million
World Bank funding	US\$8.0 million (ECD component: US\$2.0 million)
Target population	Families at risk, including young single mothers, their children, children that are institutionalized, children in difficult circumstances (especially street children)
Partner agencies	Ministry of Labor and Social Protection; National Police Department; selected municipal governments
World Bank project manager	John Innes, Principal Operations Officer (ECSHD)

At present, more than 35,000 Bulgarian children are in public institutional care and some 3,000 to 5,000 children are living or working in the streets. Reasons for institutionalization, the phenomenon of street children, and a growing number of school drop-outs include social exclusion, economic hardship, unemployment, family break-down, alcoholism, and domestic violence. However, social services, community-based preventive resources such as counseling and family support centers, and foster family care options are limited and cannot be offered sufficiently for families in economic or social distress.

In the institutions, conditions vary widely but are predominantly of low quality because they lack staff, standards, criteria for child welfare, and capacity for monitoring and assessment. Most importantly, the institutionalization system suffers from an acute shortage of experienced and well-trained professionals with the necessary knowledge and skills relevant to the specific needs of the child and childcare requirements. Children brought up under poor conditions in these institutions, without adequate preparation for independent living, are particularly vulnerable to crime, prostitution, drugs and exploitation, mental disability, unemployment, and homelessness, and many find it difficult to integrate into society when they have to leave the system at age 18.

The Child Welfare Reform Project will address these issues and support the Bulgarian Government in reforming the child protection system. The project aims to reduce institutionalization, improve the quality of care in state institutions, and develop alternative community-based care systems and services at the municipal level. It will also assist older institutionalized children to integrate into the community as productive citizens and focus on street children and Roma children, who are

particularly at risk of poverty and social deprivation. The project will do so by building upon existing smaller-scale initiatives of NGOs and other donors.

<i>Proposed Strategy</i>	
Capacity Building	<ul style="list-style-type: none">▪ Provide training and technical assistance for the implementation of a coordinated national policy for child protection and strengthening of partnerships with NGOs and other service providers.▪ Develop and implement three inter-related Management Information Systems for municipal social assistance targeting, child monitoring and tracking at all levels, and project monitoring and evaluation.▪ Implement a strong public awareness campaign to make families aware of alternatives to institutionalization; to change public attitudes toward institutionalized children, foster care, and adoption; and to change attitudes of professionals working in the sector toward children in institutions.
Early Childhood Education	<ul style="list-style-type: none">▪ Strengthen early child development and preschool education by providing grants to disadvantaged communities to establish and expand preschool and kindergarten programs, to prepare children for school and to provide basic health care and nutritious meals.
De-institutionalization Initiatives	<ul style="list-style-type: none">▪ Provide day care for children at risk such as children with both parents working and children with special needs.▪ Provide advice, counseling, and support to families at risk, to prevent child abandonment and institutionalization.▪ Teach young parents how to cope with their children and encourage parent—child bonding to prevent child abandonment and institutionalization.▪ Provide temporary shelter, including counseling, for young single mothers and their babies.▪ Provide temporary community-integrated alternative residential care facilities through small group homes.▪ Select, train, and assess future foster parents.▪ Restructure and rehabilitate facilities.

Proposed Strategy

Child Protection

- Provide training to the police to improve their interaction with children in high-risk communities to reduce abandonment and child delinquency.
- Provide local services for street children and their families such as round-the-clock shelters.
- Develop local strategies and train teams for outreach work with street children.
- Support information exchange with NGOs that have experiences in working on similar issues.
- Train Roma facilitators in social work, child issues, and vocational training to support employment-generating subprojects for Roma communities to reduce the social exclusion of Roma in mainstream Bulgarian society by.

Expected Benefits

- Decreased abandonment and institutionalization of children and increased quality of care.
- Identified and tested sustainable approaches to child welfare that can be brought to scale.
- Increased public awareness of child protection issues.
- Enhanced participation of local communities in supporting families and children at risk.
- Improved community organization and implementing capacity at the municipal level.
- Enhanced coordination of a wider network of partners in support of child welfare reform programs.
- Models of cost-effective and socially sustainable alternatives to large state institutions developed and tested.

Source: World Bank, February 2001. Project Appraisal Document, *Bulgaria—Child Welfare Reform Project*. Contact: World Bank, Human Development Unit, Europe and Central Asia Region Regional Office, Washington, D.C.

BURUNDI

Social Action Project II

- To improve health, nutrition, and cognitive and psychosocial development of children under age 6 in the poorest communities
- To build the skills of mothers and community groups to improve the living conditions of those children
- To incorporate ECD into Community Action Plans for development
- To provide non-formal early stimulation programs among the poor
- To help young children gain access to essential services in the health and education sectors

Status	Active
Duration	1999–2003
Borrower	Republic of Burundi
Total project cost	US\$13.2 million
World Bank funding	US\$12.0 million (ECD component: US\$3.0 million)
Target population	Children under age 6 and their mothers from Burundi's poorest and most vulnerable groups
Partner agencies	Ministry of Planning, Development, and Reconstruction, Twitezimbere (local NGO), and Commune Development Committees; Ministry of Education, Ministry of Health, Ministry of Agriculture, Ministry of Social Action, Ministry of Community Development, UNICEF, WHO, FAO, UNDP, Action Aid, <i>Oeuvre Humanitaire pour la Protection et le Développement de l'Enfant en Difficulté</i> , University of Burundi
World Bank project manager	Menahem Prywes, Senior Human Resources Economist (AFTH4)
ECD component manager	Susan Opper, Senior Education Specialist (AFTH4)

After the military coup in 1996, government funds were redirected to the military budget, World Bank and other donor funding was suspended, and conditions in the country deteriorated sharply. Burundi today is one of the poorest countries in Africa. Between 1992–93 and 1996, infant mortality rose from 110 to 136 deaths per 1,000 live births, and immunization rates fell from 83 to 54 percent. In children under age 5, severe malnutrition has increased from 6 to 20 percent. Primary school enrollments have fallen on average from 70 to 40 percent. In areas most stricken by war, only 9 percent of young children attend primary school. Orphan and internal refugee problems are acute.

This is the first ECD program in Sub-Saharan Africa to be incorporated into a Social Fund. It is designed to (a) counteract malaria, acute respiratory infections, diarrhea, and severe malnutrition—the leading causes of illness and death among children ages 6 years and younger, (b) provide nutritious food for children on an ongoing basis, and (c) respond to children's needs for security, social development, learning, and self-sufficiency. The ECD component therefore groups a

minimum package of interventions in the areas of health and nutrition that communes can incorporate into their Action Plans to strengthen households' abilities to prevent childhood illnesses and to increase food security. To promote children's psychosocial development and acquisition of pre-numeracy and pre-literacy skills, communities are encouraged to set up non-formal, community-managed ECD centers.

The ECD activities are integral to the participatory approach of the Social Action Project II, through which Commune Development Committees identify their highest priorities for development and reconstruction to help poor communities recover, through a combination of job creation in rural areas, restoration of community infrastructure (e.g., schools, health centers), and provision of essential social services. The Social Action Project II is part of the Bank's interim support for Burundi during its progress toward peace.

The Social Action Project II also finances small-scale, low-cost surveys that can be repeated to provide up-to-date follow-up information that is necessary for planning reconstruction programs such as conditions of roads, water supply, health and education services, and local institutions. The project management will establish a monitoring and evaluation procedure that focuses on the key performance indicators for ECD: incidence of wasting, stunting, underweight among preschool-age children, and quality of child-adult interaction.

<i>Proposed Strategy</i>	
Community Participation and Management	<ul style="list-style-type: none">▪ Target the poorest communities and those needing to integrate large numbers of refugees.▪ Improve community participation in the selection, financing, and management of infrastructure subprojects and in the delivery of services that benefit health, nutrition, and psychosocial and cognitive development of young children.▪ Mobilize groups at colline and zonal levels to integrate ECD into the Commune Action Plans.▪ Starting in four communes, develop a minimum package of ECD interventions that can be extended to other communes.▪ Systematically link program interventions with services in the education, health, and other sectors to encourage sustainability.▪ Finance construction of health centers, primary and secondary schools, and rural water supply systems.▪ Increase community participation by choosing the infrastructure project and contributing 10 percent of the costs.

<i>Proposed Strategy</i>	
Community Capacity Building for ECD	<ul style="list-style-type: none"> ▪ Community mobilization and awareness-raising for ECD at the colline zone and commune levels. ▪ Organize mothers' groups to maintain essential services for child health, nutrition, psychosocial development, and children's learning. ▪ Train NGOs as community agents to help implement ECD activities. ▪ Organize capacity-building workshops on ECD for development partners at the national level and for the communes.
Child Health	<ul style="list-style-type: none"> ▪ Focus IEC and preventive illness interventions on the leading causes of child mortality and morbidity. ▪ Improve communications to promote the use and maintenance of hygienic behavior and food safety. ▪ Set up de-worming programs. ▪ Distribute mosquito nets to combat malaria. ▪ Provide low-cost medicines for acute respiratory infection. ▪ Provide and train in the use of oral rehydration therapy (ORT) against diarrhea. ▪ Improve child health care monitoring by mobilizing and training women's groups. ▪ Set up community-based mechanisms to monitor children's growth. ▪ Recommend action to render effective public health care services for young children.
Child Nutrition	<ul style="list-style-type: none"> ▪ Strengthen household food security through distribution of seeds for kitchen gardens. ▪ Distribute grinding mills for households to make low-cost weaning foods. ▪ Provide micronutrient supplements (vitamin A, iron, iodine) when needed and where there is no local supply. ▪ Educate parents and childcare providers about child nutrition.
Early Child Development	<ul style="list-style-type: none"> ▪ Assist women's groups to set up non-formal ECD centers at the colline level. ▪ Fund training for community-selected caregivers. ▪ Assist communities in creating low-cost learning materials and supplies. ▪ Train local officials and NGOs in the technical supervision of ECD programs.

<i>Proposed Strategy</i>	
Early Child Development	<ul style="list-style-type: none"> ▪ Promote consistency between non-formal ECD programs and government policies on preschool education.
Children in Especially Difficult Circumstances	<ul style="list-style-type: none"> ▪ Identify children who are in need of special care and protection (orphaned, traumatized, and physically disabled children) and set up an appropriate referral system.
<i>Expected Benefits</i>	
Community Participation	<ul style="list-style-type: none"> ▪ Increased understanding and awareness of practices for child health, nutrition, psychosocial development, and children in difficult circumstances. ▪ Mobilization of communities for decision making, delivery, and monitoring of basic services for young children. ▪ Increased number of trained ECD workers and caregivers.
Child Health and Nutrition	<ul style="list-style-type: none"> ▪ Reduced child morbidity and mortality from the major causes of childhood illness in the targeted communes. ▪ Improved overall access of young children to nutritious food. ▪ Reduced incidence of micronutrient deficiency ▪ Improved nutrition status of young children and their mothers.
Psychosocial Development and Learning	<ul style="list-style-type: none"> ▪ Increased community capacity for encouraging children's cognitive and psychosocial development. ▪ Improved overall conditions for children who are refugees and orphans. ▪ Protection for young children and mothers against poverty through information and education programs that promote ECD. ▪ Increased social stability deriving from more jobs and cooperative community efforts.

Source: World Bank, July 7, 1999. Project Appraisal Document, *Proposed Credit in the Amount of SDR 9 Million (US\$12 Million Equivalent) to the Republic of Burundi for the Second Social Action Project*. Contact: World Bank, Human Development 4, Africa Regional Office, Washington, D.C.

CHAD

Quality Education Sector Project

- To improve the quality of and access to early childhood programs for poor families promoting the integral development of children 3–6 years old
- To develop local capacity for delivery and management of ECD services
- To develop, test, and expand ECD community-based models
- To develop a monitoring and evaluation system that will enable expansion of the pilot experience and help formulate a national ECD policy

Status	Project under preparation
Duration	10 years (Phase I: 2001–05, Phase II: 2006–10)
Borrower	Government of the Republic of Chad
Total project cost	US\$115.0 million
World Bank funding	US\$30.0 million (ECD component: Phase I: US\$1.5 million; Phase II: TBD)
Target population	Children ages 3–6 years and their families and caregivers
Partner agencies	Ministry of Education, Ministry of Health, Ministry of Social Action, UNICEF, <i>Ecole Nationale des Agents Sanitaires et Sociaux</i> , NGOs
World Bank project manager	Mourad Ezzine, Senior Human Resources Specialist (AFTH2)
ECD component managers	Adriana Jaramillo, Education Specialist (AFTH2) Tatiana Romero, ECD Specialist (AFTH2)

The Government of Chad is in the process of preparing an education-sector project to improve access to quality basic education in order to develop human resources and to alleviate poverty.

The project has four key components: (a) expand access through a strong support of community initiatives and school infrastructure; (b) increase equity through targeting specific geographical areas and disadvantaged social groups; (c) improve the efficiency of literacy programs; and (d) improve the quality and efficiency of education through renovating curricula, strengthening initial and continuous training of trainers, using distance training modules, improving quality and availability of textbooks, improving school health, and strengthening initiatives conducive to early child development.

The major objective of the ECD intervention in Chad is to better prepare young children for primary school. ECD will have the provision of services that target young children's basic needs: cognitive stimulation, affection and early learning, nutrition, and basic health care. These activities are considered an important initial leg of a child's social and educational development.

Proposed Strategy

Community Participation and Management	<ul style="list-style-type: none"> ▪ Set up an ECD network, to support, study and improve local ECD initiatives. ▪ Strengthen the ability of <i>Centres d'Education Communautaires</i> (CECR/U) to promote new ECD models. ▪ Develop, test, and disseminate a national ECD program. ▪ Develop a program to educate parents and communities about benefits of early interventions and alternatives for local ECD activities. ▪ Develop an ECD training program for community caregivers. ▪ Provide matching innovations grants to build and operate community-based ECD programs.
Community-based Child Health Programs	<ul style="list-style-type: none"> ▪ Build wellsprings. ▪ Provide and promote the use and maintenance of safe latrines. ▪ Provide health facilities with essential drugs, medical equipment, and supplies for children's health. ▪ Develop a preventive and child health service delivery.
Child Nutrition	<ul style="list-style-type: none"> ▪ Set up a community-based growth monitoring system. ▪ Educate parents, communities, and childcare providers about child nutrition. ▪ Provide nutritional support for children attending ECD programs.
Psychosocial Development and Learning	<ul style="list-style-type: none"> ▪ Design and develop an ECD program with the participation of NGOs, ministries, and communities. ▪ Train community caregivers in the psychosocial development of children. ▪ Train community caregivers in the design and dissemination of learning and play materials.
Management, Monitoring, and Evaluation	<ul style="list-style-type: none"> ▪ Train local officials and NGOs in the supervision of ECD programs. ▪ Establish a protocol clarifying the respective roles of the different line ministries in carrying out a comprehensive ECD program, including activities that take place at local and community level.

Proposed Strategy

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|---|---|
| Management, Monitoring, and Evaluation | <ul style="list-style-type: none"> ▪ Strengthen community participation in the selection, co-financing, and management of ECD centers and in the delivery of services that benefit the integral development of the child. ▪ Evaluate the pilot ECD intervention for extension to other communities and regions. |
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Expected Benefits

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| Community Participation and Management | <ul style="list-style-type: none"> ▪ Communities mobilized and empowered for decision making and the delivery and monitoring of basic services for young children. ▪ Increased local capacity of communities to manage ECD programs. |
| Child Health and Nutrition | <ul style="list-style-type: none"> ▪ Improved disease prevention skills and health care practices of parents, other caregivers, and ECD workers. ▪ Promotion of ECD programs and nutrition- and hygiene-related practices in the communities. ▪ Increased participation of parents to foster their children's healthy physical and psychosocial development. |
| Psychosocial Development and Learning | <ul style="list-style-type: none"> ▪ Increased access to good-quality ECD programs. ▪ Improved overall school readiness of young children. ▪ Designed and nationally implemented ECD learning program. ▪ Developed and designed courses for ECD caregivers. ▪ Increased number of community caregivers trained. |
| Management, Monitoring, and Evaluation of ECD Subcomponent | <ul style="list-style-type: none"> ▪ Increased local capacity to manage integrated and multi-sector ECD programs. |

Source: Document de préparation du Projet d'Appui à l'Enseignement de Base (IDA VI) – sous composante Développement de la petite Enfance. Contact: World Bank, Human Development 2, Africa Regional Office, Washington, D.C.

CHILE

Primary Education Improvement Project

- To help improve the efficiency, quality, and equity of primary education in selected schools
- To increase the school preparedness of 5-year-olds from poor households and thereby reduce rates of late entry to primary school, grade repetition, and drop-out

Status	Closed
Duration	1992–98
Borrower	Republic of Chile
Total project cost	US\$242.0 million
World Bank funding	US\$170.0 million (ECD component: US\$32.4 million)
Target population	Primary school and preschool children
Partner agency	Ministry of Education
World Bank project manager	Alain Colliou, Regional Quality Adviser (LCOQE)

The Primary Education Improvement Project assisted the government of Chile in enhancing the efficiency, quality, and equity of primary education in selected schools in urban and rural areas (74 percent of project costs). A project component was dedicated to expand the coverage and enhance the quality of preschool education to increase primary school readiness and reduce late school entry, repetition and drop-out rates, especially for children living in extreme poverty.

To effectively direct and manage a decentralized education system and improve the managerial skills of the municipal and privately subsidized preschool and primary school administrators, the project strengthened the institutional capacity of the Ministry of Education central, regional, and provincial offices, as well as that of the education departments of the municipalities. It also assessed alternative cost-effective approaches to meet the secondary education needs of graduates of the primary education system.

Strategy	
Preschool Education in Urban Areas	<p><i>Expand preschool education for about 16,000 urban 5-year-old children from low-income families, by piloting models that:</i></p> <ul style="list-style-type: none">▪ Hire 140 municipal preschool teachers and 490 paraprofessionals.▪ Construct 100 new municipal classrooms and make better use of existing (unused) capacity.

Strategy

Preschool Education in Urban Areas	<ul style="list-style-type: none">▪ Develop and distribute 11,300 sets of teaching materials.▪ Implement a school feeding program to provide 16,000 daily rations to deprived preschool students.
Preschool Education in Rural Areas	<p><i>Provide preschool education for about 30,000 additional children less than 6 years old in rural areas through two different models:</i></p> <ul style="list-style-type: none">▪ Model A hires 52 supervisors and 615 paraprofessionals to train 23,400 parents in 3,000 local workshops to actively participate in project implementation.▪ Model B hires 15 supervisors and 150 paraprofessionals, refurbishes 75 small rural childcare centers, and provides 2,000 daily food rations.▪ Both models provide 29,000 sets of teaching materials and continuously train supervisors, principals, teachers, and paraprofessionals.
Evaluation Studies	<ul style="list-style-type: none">▪ Conduct an evaluation study of the impact of preschool education on children's future academic achievement, behavior, and skills.▪ Conduct a cost-effectiveness study comparing the three urban and two rural preschool models.
Primary Education	<ul style="list-style-type: none">▪ Support the decentralization of teacher and school authorities by financing projects that improve the quality of education.▪ Provide in-service training for teachers, school principals, and supervisors.▪ Provide 870,000 sets of reading and teaching materials.▪ Upgrade and refurbish classrooms in 2,500 (mostly rural) primary schools.▪ Establish an educational communications computer network in 66 (mostly rural) primary schools.▪ Provide health screening and referrals to 250,000 first-grade students every year.
Institutional Development	<ul style="list-style-type: none">▪ Provide management training to more than 2,600 preschool and primary school administrators at the Ministry of Education.▪ Produce manuals for education administration.▪ Establish an educational information system for administration, budgeting, and monitoring.

Benefits
(Preschool Component)

- Increased coverage from 21 percent of children ages 0–6 years in 1990 to 29.8 percent in 1996.
- Enhanced social skills and school readiness to enter first grade, especially for rural children and children with cognitive and emotional deficiencies.
- Positive impact on parenting practices of mothers, benefiting the development and learning capabilities of young children.
- Increased labor force participation of women through the provision of childcare services.

Sources: World Bank, September 1991. Staff Appraisal Report, *Chile—Primary Education Improvement Project*; World Bank, May 1999. Implementation Completion Report, *Chile—Primary Education Improvement Project*. Contact: World Bank, Country Operations Department IV, Latin American and Caribbean Regional Office, Washington, D.C.

CHINA

Health Nine Project

 To improve the health and nutrition of pregnant women, newborns, mothers, and young children in low-income areas

Status	Active
Duration	1999–2005
Borrower	China
Total project cost	US\$93.9 million
World Bank funding	US\$60.0 million (ECD component: US\$0.5 million)
Target population	About 1 million mothers and their newborns each year in 113 of China's poorest counties
Partner agency	Ministry of Health
World Bank project manager	Jagadish Upadhyay, Lead Project Officer (EASHD)

After fast and steady progress until the mid 1980s in the health status of China's population, the rate of improvement has slowed down. This slowdown is attributed mainly to reduced access to health services among poorer families after the collapse of the cooperative medical system in the late 1970s and to inadequate resources allocated for public and preventive health. One result has been serious disparities in health indicators between rich and poor regions. Access to health care is also significantly inequitable, with deep divisions between urban and rural populations.

The Health Nine Project is one of the government's strategies to improve this situation by (a) reducing maternal and child mortality and morbidity rates and improve child survival and development in the poorest areas of China, and (b) improving prevention and control of the spread of HIV/AIDS and other sexually transmitted diseases and blood-borne infections.

The maternal health and child development activities will involve health workers, families, and communities as equal partners and apply participatory methods to gather information for the development of health education materials and strategies. The activities will be targeted to removing the resource, knowledge, and cultural barriers to appropriate use of services by poor women and children, communities, groups, and individuals at greatest risk.

Proposed Strategy

Basic Maternal and Child Health

- Provide systematic prenatal care, appropriate obstetric care, and labor and delivery care.
- Promote early detection, management, and timely referral of high-risk pregnancies, complications, and other emergencies.

Proposed Strategy

(Maternal Health and Child Development Component)

Basic Maternal and Child Health

- Improve newborn care systematically through monitoring of growth and promotion of breastfeeding.
- Integrate childcare for priority childhood illnesses, malnutrition, and newborn care.
- Rehabilitate health facilities and provide equipment.
- Provide regular refresher training to improve the health services skills of health workers.

Management of Maternal and Child Health Services

- Improve mechanisms and skills for better planning and coordination of services through management training and development of training materials.
- Improve quantity and quality of supervisory support through training, and the development, printing, and distribution of supervision and training manuals in various ethnic languages.
- Improve function and use of the existing management information systems.

Family and Community Participation and Education

- Promote premarital counseling, involvement in self-care, and timely use of appropriate health services.
- Adapt health educational materials and home-based maternal and child records to be understandable and action-oriented for families.
- Address basic health issues such as prevention and treatment of anemia, worm infestation, etc.
- Promote and monitor nutrition through counseling on breastfeeding, weaning, supplemental foods, and nutrition surveillance.
- Promote parenting skills to foster children's cognitive and psychosocial development through the use of simple, culturally appropriate health and stimulation materials and methods covering the needs of children at different ages.
- Design and produce child and maternal health information, education, and communication materials using methods that facilitate understanding by the target audience.

Poverty Relief Fund

- Set up poverty relief funds for the very poor to provide medical financial assistance in each project county to increase access to maternal and child health services: identify eligible populations; determine the basic package of services to be covered; and define subsidies, co-payments, reimbursement procedures, etc.

Expected Benefits

- Reduced infant mortality rate, under age 5 mortality rate, and maternal mortality rate in low-income communities to levels approaching national averages.
- Higher economic productivity of low-income families through a better health status of adult women.
- Reduced medical care costs for maternal and child health-related services for the most impoverished families via the poverty relief funds.

Source: World Bank, April 1999. Project Appraisal Document, *China—Health Nine Project*. Contact: World Bank, Human Development Sector Unit, East Asia and Pacific Regional Office, Washington, D.C.

COLOMBIA

Antioquia—Basic Education Project

-  To improve access to and achievements in primary education of children from poor or at-risk-of-violence communities
-  To strengthen the decentralization of the education sector

Status	Active
Duration	1998–2003
Borrower	Government of the Department of Antioquia, Colombia
Total project cost	US\$80 million
World Bank funding	US\$40 million (ECD component: US\$1.8 million)
Target population	Preschool and basic education students, their parents, teachers, and schools
Partner agency	Departmental Secretariat of Education
World Bank project manager	Joel Reyes, Institutional Development Specialist (LCSHE)

Antioquia is one of Colombia's provinces that is most afflicted by poverty and violence. The deteriorating social fabric has severely affected the education system. Compared with national averages, Antioquia students are generally underachieving on scores, enrollment, school completion, grade repetition, and drop-out rates.

The project has two main objectives: to contribute to the Department's goal of improving student's learning, access, and school retention among the rural and urban poor and at-risk-of-violence communities, and to build the capacity of municipalities to manage the education sector more effectively and to run schools with the autonomy and capacity to plan, implement, and evaluate their own education development efforts. The project will be a pilot operation to test mechanisms of decentralization and provide lessons for a nationwide decentralization strategy.

The project consists of three components: (a) a school and community strengthening component that will finance the development and implementation of school improvement plans; (b) a municipal education management strengthening and investment development component; and (c) a departmental education services component.

Proposed Strategy

Strengthening of Schools and Communities	<ul style="list-style-type: none"> ▪ Provide grants for school improvement subprojects such as investments in the school infrastructure, pedagogical environment, instructional materials, and education technology. ▪ Stimulate participatory management such as training, promotion of community participation, and support of parent associations. ▪ Finance municipal investments in new and existing schools.
Capacity Building at Municipal Level	<ul style="list-style-type: none"> ▪ Contract NGOs to provide high-quality education to children presently out of the school system, with an emphasis on preschool education. ▪ Support the successful Rural Education Access Strategy. ▪ Finance municipal education and cultural services such as libraries, children museums, etc. ▪ Refurbish, equip, and modernize education offices and secretariats. ▪ Provide training and technical assistance to municipalities on management issues.
Strengthening of Departmental Education Services	<ul style="list-style-type: none"> ▪ Provide management training to the Departmental Secretariat of Education. ▪ Finance a communication and information system, a technical (education) information system, and a monitoring and impact evaluation system. ▪ Develop a strategic Information, Education, and Communications Strategy.

Expected Benefits

- Increased access to preschool, primary, and lower secondary education.
- Enhanced learning achievements of children 5–13 years old.
- Higher motivation of parents, teachers, and students.
- Reduced violent behavior and illicit activities among children and youth.

Source: World Bank, October 1997. Project Appraisal Document, *Colombia—Antioquia Basic Education Project*. Contact: World Bank, Education Sector Unit, Latin America and the Caribbean Regional Office, Washington, D.C.

COLOMBIA

Rural Education Project

 *To improve access to preschool and quality basic education services*

 *To strengthen the decentralization of the education sector*

Status	Active
Duration	2000–04
Borrower	Republic of Colombia
Total project cost	US\$40 million
World Bank funding	US\$20 million (ECD component: US\$1.9 million)
Target population	Children ages 5–15 living in rural areas
Partner agency	Ministerio de Educación Nacional
World Bank project manager	Carlos A. Rojas, Senior Education Specialist (LCSHE)

According to education indicators in Colombia, children living in rural areas are disproportionately disadvantaged: the net enrollment rate for rural areas is 30 percent compared with 65 percent in urban areas; drop-out rates are 10.9 percent and 2.5 percent, respectively; and participation in preschool programs is less than 4 percent for rural children compared with 23 percent nationally. To address these inequalities, a National Rural Education Strategy has been formulated. This strategy aims to increase access to high-quality basic education in rural areas up to grade 9; strengthen the delivery of preschool education for children 0–5 years old; reorganize technical and vocational education in rural areas; and support the development of social capital.

The Rural Education Program is Colombia's principal program for realizing this strategy. It will be implemented over a period of 9–12 years through a series of phased 3-year projects. The current Rural Education Project is the first phase of the program. It is highly innovative and demand-driven, and the design of subsequent phases will incorporate the lessons learned and changing needs.

The development objectives of this project (Phase I) are to increase the coverage and quality in grades 0 (preschool)–9 in rural areas by (a) improving access to high-quality basic education services; (b) strengthening the government's capacity to manage the implementation of education projects in rural areas; (c) supporting the development of social capital through school-community activities and classroom methodology, thereby helping to prevent and resolve conflict; and (d) strengthening the government's capacity to implement reforms of technical education in rural areas. Particular attention will be given to improving access to the preschool class for grade 0 (children 3–5 years old) and grades 6–9.

Proposed Strategy

Access and Quality of Basic Education	<ul style="list-style-type: none">▪ Finance 40–70 demand-driven municipal sub-projects to train teachers and upgrade curriculum, equipment and materials.▪ Evaluate, adapt, and upgrade various innovative educational models such as the preschool model, which can be used in the subprojects.
Institutional Strengthening	<ul style="list-style-type: none">▪ Provide technical assistance and training to the project implementing units on financial management, monitoring, and information systems.▪ Provide technical assistance on the design of baseline indicators and the impact evaluation of the project.▪ Provide technical assistance on the operation, preparation, and implementation of the municipal subprojects.
Education for Peaceful Coexistence	<ul style="list-style-type: none">▪ Finance the execution of study programs, study tours, and investigations on school and community practices promoting peaceful coexistence.▪ Finance municipal subprojects that promote peaceful coexistence in the class and in the community and encourage democratic and participative practices of school management.
Reform of Technical Education	<ul style="list-style-type: none">▪ Assess the characteristics of supply and demand of rural technical education, cost-effectiveness, and legal framework.▪ Finance 30 pilot projects implementing revised institutional curricula.

Expected Benefits

- Increased access to basic education for rural populations.
- Increased quality of the basic education cycle.
- Increased learning and achievement of around 176,000 children ages 5–15.
- Higher level of equality of educational opportunities between rural and urban areas.
- Increased motivation of teachers, students, and parents.
- Improved civic attitudes at the community level.
- Strengthened management, commitment, and efficiency of the education sector at all levels.

Source: World Bank, March 2000. Project Appraisal Document, *Colombia—Rural Education Project*. Contact: World Bank, Human Development Management Unit, Latin America and the Caribbean Regional Office, Washington, D.C.

ECUADOR

First Social Development Project: Education and Training

-  To increase primary school student's learning achievements from low-income families
-  To raise the basic skills level of poorly educated adults
-  To improve mechanisms for designing educational programs and allocating resources

Status	Closed
Duration	1992–2000
Borrower	Republic of Ecuador
Total project cost	US\$118.7 million
World Bank funding	US\$89.0 million (ECD component: US\$21.4 million)
Target population	Poor primary school-age children in urban areas, poorly educated adults
Partner agencies	Ministry of Education, Vocational Training Service, Department of Special Education
World Bank project manager	Constance Corbett, Sector Leader (LCSHD)

Investments in basic education and training for the poor is a cornerstone of the Government of Ecuador's 1991 strategy for planned development. The first Social Development Project had two main objectives: (a) to improve the quality and effective delivery of basic education services for young children and vocational training for adults, both targeted at the poorest population; and (b) to strengthen decision making and management of public institutions involved in the delivery of basic vocational education and training programs.

The project component related to basic education was divided into four subcomponents:

Networks for Quality Improvement, in which 55 hub schools were established in urban areas to function as centers for a network of 15–25 surrounding schools each. The schools in each network received in-service teacher training, materials, advice from teams of special education specialists, etc.

Preschool Education Development sought to reorganize the administration of preschool education to expand access to high-quality ECD services for poor urban children in a cost-effective manner.

Special Education responded to the research finding that up to 20 percent of Ecuadorian primary school students from low-income households experience some form of learning difficulty.

Textbooks and Educational Materials responded to the fact that, at the project's inception, the great majority of poor primary school students in Ecuador had no access to educational materials of any kind.

<i>Strategy</i>	
Preschool Education	<ul style="list-style-type: none"> ▪ Decentralize preschool administration in poor urban areas by forming networks of 15–25 schools organized around a model hub school. ▪ Add preschool classes to each hub school to increase poor children's access to ECD services. ▪ Provide in-service teacher training programs.
Special Education	<ul style="list-style-type: none"> ▪ Set up teams of specialists, based in hub schools, to screen students for learning difficulties. ▪ Fund 9 months of assistance from international experts in special education to help the Department of Special Education develop a program for training teachers and specialist teams. ▪ Train teachers to deal with children who have special needs.
Textbooks and Educational Materials	<ul style="list-style-type: none"> ▪ Develop, produce, and distribute 567,000 new series textbooks to all students in project schools on a limited cost-recovery basis. ▪ Develop, produce, and distribute 1,520,000 workbooks and 60,000 teachers' guides.

<i>Benefits</i>	
	<ul style="list-style-type: none"> ▪ 5,800 students a year enrolled in preschools at each hub school. ▪ 37,000 children in existing preschools in project area benefited from teacher training and technical assistance extended by hub schools. ▪ 70,000 students benefited from special needs screening and teachers professionally trained to work with them. ▪ More than a half-million poor students received new textbooks. ▪ 1.5 million poor students received new workbooks. ▪ New teachers' guides distributed to 60,000 teachers.

Source: World Bank, November 1991. Staff Appraisal Report, *Ecuador First Social Development Project*. Contact: World Bank, Human Resources Operations Division, Country Department IV, Latin American and Caribbean Regional Office, Washington, D.C.

ECUADOR

Third Social Development Project: Social Investment Fund

 *To improve the health, nutrition, and education of poor mothers and children*

Status	Closed
Duration	1994–98
Borrower	Republic of Ecuador
Total project cost	US\$120.0 million
World Bank funding	US\$30.0 million (ECD component: US\$0.6 million)
Target population	Social services component: poor mothers and children
Partner agency	Emergency Social Investment Fund
World Bank project manager	Evelyn Pesantez, Operations Officer (LHSCC)

Ecuador's Emergency Social Investment Fund (FISE) provided a new mechanism to alleviate the effects of poverty and safeguard vulnerable groups not previously covered by more traditional agencies for relief. The project supported the government in establishing an efficient, complementary, and demand-driven mechanism for delivering basic services and infrastructure to the poor.

Under FISE, NGOs, community organizations, and local decentralized agencies could apply for funding for social subprojects. This mechanism channeled additional resources to social assistance, basic infrastructure, and small-scale productive activities while strengthening the institutional capacity of NGOs and grassroots organizations. FISE demonstrated transparent and efficient approaches to project selection, management, and administration for the organizations that implemented the subprojects. It also stimulated participation of the benefiting communities in their efforts to alleviate poverty. Subprojects focused on social infrastructure, socioeconomic infrastructure, social services, institutional development, and productive community investments.

Strategy

Nutrition and Health

- Purchase equipment and materials, training services, and other inputs for health care programs, vaccination campaigns, and micronutrient supplementation and improved nutrition programs.
- Support community pharmacies.
- Deliver training programs for health promoters, midwives, and community health and hygiene workers.
- Establish school greenhouses and garden plots.

Strategy

Education	<ul style="list-style-type: none">▪ Improve access to preschool education through construction and rehabilitation of preschool centers to expand non-formal preschool programs.▪ Support the provision of early childhood and primary school educational materials other than textbooks.▪ Publish, print, and distribute primary school textbooks.▪ Decentralize administration of public primary and secondary schools.▪ Rehabilitate or replace inadequate primary school buildings and install basic sanitary services in all primary schools.
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Benefits

- Improved access to and quality of basic social and physical infrastructure and social services.
- Increased training and investments in productive community activities along with short-term employment generation for low-skill workers.
- Strengthened capacity of NGOs, grassroots organizations, and decentralized agencies to prepare and implement projects.
- Higher level of participation of beneficiaries in the design and implementation of programs oriented to their expressed needs.

Source: World Bank, January 1994. Staff Appraisal Report, *Ecuador Third Social Development Project: Social Investment Fund*. Contact: World Bank, Human Resources Operations Division, Country Department II, Latin America and Caribbean Regional Office, Washington, D.C.

EL SALVADOR

Basic Education and Modernization Project

 To increase poor children's access to high-quality basic education

Status	Active
Duration	1996–2001
Borrower	Government of El Salvador
Total project cost	US\$80.2 million
World Bank funding	US\$34.0 million (ECD component: US\$6.5 million)
Target population	Children in El Salvador's 135 poorest municipalities
Partner agency	Ministry of Education
World Bank project manager	Joel Reyes, Institutional Development Specialist (LCSHE)

After the peace accords were signed in 1992, the Government of El Salvador made a commitment to reconstruct the country. In carrying out this mandate, it focused on education to ensure social equity and economic growth in an increasingly competitive global market. The Basic Education and Modernization Project is therefore integral to El Salvador's strategy for fighting poverty.

Strategy

Preschool and Primary Education

Increase access to preschool and basic education in 135 poor areas:

- Establish 3,000 new community-run preschool facilities (EDUCO) and primary education schools in selected municipalities.
- Gradually replace the existing 3,000 traditional schools with the EDUCO model.
- Rehabilitate the infrastructure in rural schools.
- Provide technical assistance to the Community-Managed Schools Program.

Improve the quality of preschool and basic education nationwide:

- Provide technical assistance for developing curricula for preschool and primary education.
- Provide educational materials (textbooks, classroom paraphernalia, school libraries) as part of the government's program to improve education.
- Train preschool and primary school teachers, program administrators, and supervisors.
- Develop a school health and nutrition program, targeting the 135 poorest municipalities.

Strategy

Strengthen Educational Institutions

- Provide technical assistance to the Ministry of Education to increase the efficiency of its management of human and financial resources, planning, evaluation, monitoring, supervision, and communications.
- Set up a staff development program to increase the capability of administrators and technical personnel.

Benefits

- Improved equity, quality, and efficiency of the school system.
- Improved learning achievements of children from the poorest and most vulnerable groups.
- Increased community participation in education programs.
- Higher responsiveness and accountability of teachers and administrators through decentralization and community participation.
- Strengthened institutional capacity of the Ministry of Education.

Source: World Bank, September 1995. Staff Appraisal Report, *El Salvador Basic Education Modernization Project*.
Contact: World Bank, Human Resources Operation Division, Country Department II, Latin America and Caribbean Regional Office, Washington, D.C.

EL SALVADOR

Education Reform Project

- Improve access to initial, preschool, and primary education
- Improve the quality of preschool and primary education

Status	Active
Duration	1998–2002
Borrower	Republic of El Salvador
Total project cost	US\$119.1 million
World Bank funding	US\$88 million (ECD component: US\$9.5 million)
Target population	Children in preschool and basic education
Partner agency	Ministry of Education
World Bank Project Manager	Joel Reyes, Institutional Development Specialist (LCSHE)

The El Salvador Education Reform Project builds on the successful experiences of the Social Sector Rehabilitation Project and the Basic Education Modernization Project. It is the next phase in a 10-year Education Reform Program that seeks to achieve the overall goal of having at least 90 percent of the children from the poorest rural and marginal urban areas in El Salvador successfully complete basic education (grades 1–9) by the year 2005.

Specifically, the project seeks to (a) expand access to initial, preschool, and basic education, especially for low-income students in rural and marginal urban areas; (b) improve the quality of basic education in both achievement (output) and learning environment (education inputs); and (c) promote continued institutional strengthening and modernization.

Proposed Strategy

Preschool and Primary Education

- Construct 534 new classrooms and expand 1,531 existing sections.
- Establish a participative Initial Education program aimed at parents of children ages 0–3 years, to be launched in 525 pilot communities.
- Provide training to parents through parent schools on physical care, health, nutrition, early stimulation, and motor and cognitive skills.
- Design, print, and distribute educational and teaching material for students, and teachers.
- Introduce 390 pilot accelerated classrooms for over-age students.
- Implement and assess training programs for teachers and parents.

Proposed Strategy

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| Quality of Education | <ul style="list-style-type: none">▪ Improve the curriculum and implementation of the Initial Education program.▪ Improve curriculum and textbooks for accelerated and multi-grade programs.▪ Provide grants for activities defined by students to improve learning and student participation at school.▪ Evaluate and strengthen teacher training programs.▪ Design and establish a national student evaluation system.▪ Evaluate and improve the current school health and nutrition programs.▪ Finance the expansion, replacement, rehabilitation, and equipment of schools. |
| Institutional Strengthening and Modernization | <ul style="list-style-type: none">▪ Support managerial capacity building of departments and districts.▪ Design a Financial Planning and Monitoring System for the education sector.▪ Provide grants and technical assistance to foster school autonomy.▪ Support an educational awareness campaign to encourage teacher and community participation and commitment to the education reform process. |

Expected Benefits

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| <ul style="list-style-type: none">▪ Extend basic education to remote areas so that all primary school-age children will have gained access to the education system by 2002.▪ 2,065 new classrooms (preschool and primary education) established to enroll approximately 17,088 new students ages 4–15 by the year 2001.▪ Improved the home environment of children ages 0–3 in 525 communities.▪ 390 pilot accelerated classrooms for over-age students to increase their school achievements.▪ Quality improvements to benefit all basic education students, teachers, and schools. Average achievement level of students is expected to increase by 5 percent or more. |
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Source: World Bank, April 1998. Project Appraisal Document, *El Salvador—Education Reform Project*. Contact: World Bank, Human Development Sector Group, Central America Department, Latin America and the Caribbean Regional Office, Washington, D.C.

EL SALVADOR

Social Sector Rehabilitation Project

- To extend educational services to young children in poor rural areas
- To decrease the rate of maternal deaths and improve young children's health

Status	Closed
Duration	1991–97
Borrower	Government of El Salvador
Total project cost	US\$40.0 million
World Bank funding	US\$26.0 million (ECD component: US\$4.4 million)
Target population	Children in the first 2 years of primary school
Partner agencies	Ministries of Health, Education, and Planning
World Bank project manager	Maria Madalena Dos Santos, Sector Leader (LCC5C)

In fulfilling its goal of increasing the efficacy of social service delivery in El Salvador, particularly to the poor, this project contained several measures that improved the situation of preschool-age children:

Maternal Health. A sample of the 26 medical facilities assisted by the project showed a reduction in hospital maternal mortality from 14 per 10,000 live births in 1990 to 10 in 1995.

Early Childhood Education. This project allowed the Ministry of Education to use new administrative models to extend preschool and primary education services in poor rural areas. Provided with financial assistance, advice, new materials, teacher training programs, and some 3,800 new teachers, community leaders and parents in 1,700 communities established and administered preschool and primary school classes for nearly 170,000 children. The program, which benefited from lessons learned from earlier Bank-financed education projects, resulted in expanded educational services for young children in El Salvador. In addition, it brought government education authorities in close contact with the communities they serve.

School Health Program. In collaboration with the Ministries of Health and Education, the project completed health assessments on 225,000 basic education students, or 3 percent of the total cohort, and provided vaccinations and micronutrient supplementation.

Strategy

- Establish community-run ECD and Primary Classes in Poor Rural Areas
- Strengthen Maternal Health
- Develop School Health Programs

Benefits

In 1,700 communities (reaching roughly 170,000 children), the project:

- Set up ECD and primary classes and provided advice on their management.
- Hired 3,800 new teachers and provided teacher training courses.
- Provided new teaching materials.

In 26 maternity hospitals:

- Purchased state-of-the-art equipment.
- Hired medical specialists and trained staff in ways to enhance quality of care.
- Kept facilities open 24 hours a day.

In health care centers in the targeted district:

- Hired additional supervisory staff and provided equipment and vehicles for supervision.

For 225,000 basic education students:

- Provided vaccinations and supplementary micronutrients.
- Conducted health assessments.

Source: World Bank, June 1997. Implementation Completion Report, *El Salvador Social Sector Rehabilitation Project*. Contact: World Bank, Human and Social Capital Development Group, Central America Department, Latin America and Caribbean Regional Office, Washington, D.C.

GUINEA

Basic Education for All Project

- To develop an integrated, multi-sector approach toward child development and increase awareness among families
- To strengthen local capacity for delivery and management of ECD services
- To develop, test, and expand ECD community-based models
- To develop a monitoring and evaluation system for child development programs

Status	Project under preparation
Duration	10 years (Phase I: 2001–03, Phase II: 2004–10)
Borrower	Government of the Republic of Guinea
Total project cost	US\$498 million
World Bank funding	US\$70 million (ECD component: Phase I: US\$2.5 million; Phase II: TBD)
Target population	80 percent of all children in the poorest communities ages 3–7 years
Partner agencies	Ministry of Basic Education; Ministry of Health; Ministry of Social Affairs
World Bank project manager	Robert S. Prouty, Lead Education Specialist (AFTH2)
ECD component managers	Adriana Jaramillo, Education Specialist (AFTH2) Tatiana Romero, ECD Specialist (AFTH2)

In Guinea today there are approximately 1.6 million children under the age of 6 years, representing 22.5 percent of the total population. The latest UNICEF 2000 report identified the following indicators: the under age 5 mortality rate is at 197, and the infant mortality rate under age 1 is about 124 per 1,000 live births. The total adult literacy rate is 36 percent, malnutrition is 29 percent, and stunting is 12 percent. In Guinea, only one child in five completes primary school; for girls the figure is only one in eight. Primary school repetition rates now average 28 percent, and primary school enrollment, 48 percent.

The early childhood intervention in the framework of the Basic Education for All Project seeks to prepare young children for primary school and to provide services that target young children's basic needs, such as adequate cognitive and emotional stimulation, nutrition, and basic health care. The intervention will phase its goals throughout the 10-year project cycle. During the first 3 years, a pilot program will be implemented and tested in three geographical areas and at least three prefectures per region, to shape an integrated community-based ECD approach that can successfully respond to the different cultural, geographical, institutional, and infrastructure conditions and needs in Guinea.

During the first 3 years, a second objective will be to build capacity at the central level, as well as in each of the prefectures, to prepare for the expansion phase. The second phase will expand the

program nationwide, on the basis of lessons learned during the first 3 years. The expansion phase is expected to take 4 years. The last phase will focus on increasing quality and consolidating the program.

<i>Proposed Strategy (Phase I: ECD component)</i>	
Community-based Centers	<ul style="list-style-type: none">▪ Identify and select community centers based on proven commitment of communities to ECD and functional community organization.▪ Upgrade centers depending on needs.▪ Develop a comprehensive training program and training delivery schemes for caregivers and community educators.▪ Develop curriculum for caregivers and community centers.▪ Identify children and families to attend the centers.▪ Define and establish compensation mechanisms for caregivers, leaders, educators, and the community contributions helping to run the centers.
Parent Education Through Community Leaders	<ul style="list-style-type: none">▪ Develop a program of parental education to be delivered via community leaders and educators.▪ Develop a curriculum for parental education, working with parent groups and home visiting models to reach out to community members with less access to community centers.▪ Select community caregivers, leaders, and educators and apply training delivery schemes.▪ Develop compensatory mechanisms for caregivers, community leaders, and educators.
Media and Communications	<ul style="list-style-type: none">▪ Deliver an interactive radio program to educate parents and caregivers based on a communications strategy.
Monitoring and Evaluation	<ul style="list-style-type: none">▪ Define data collection schemes and consolidate a database for baseline data on children and families.▪ Train caregivers, community leaders, and educators in application of the monitoring and evaluation system.▪ Provide technical assistance for data processing and analysis.

Expected Benefits

Educating Parents and Training Caregivers	<ul style="list-style-type: none">▪ Increased number of identified and trained community leaders and educators who have acquired care-giving skills and who are able to deliver the parental education program.▪ Clearly defined incentive schemes for community leaders and educators to deliver services.▪ Comprehensive training for implementation teams, at both the national and the decentralized level (ministries), on the delivery of integrated ECD services combining health care, nutrition, and active learning.
Child Health	<ul style="list-style-type: none">▪ Have a child growth and development monitoring system in place that will be implemented at the center level and in each of the prefectures.
Early Childhood Education	<ul style="list-style-type: none">▪ Several initiatives to facilitate smooth transition to primary school for children 6–7 years of age such as the expanded “The First Day at School” initiative, which has been piloted in the School Equity Project, or the use of national languages, which will be tested in 100 schools.
Capacity Building	<ul style="list-style-type: none">▪ Increased awareness and capacity among policy makers regarding the management, planning, and evaluation of comprehensive ECD programs.▪ Improved service delivery structure of integrated ECD services managed by different sectors such as the Ministry of Social Protection, Ministry of Health, and the Ministry of Education, at both the centralized and decentralized levels.
ECD Monitoring and Evaluation System	<ul style="list-style-type: none">▪ Improved database and collecting mechanism for baseline data on children and families nationwide.▪ Increased capacity of caregivers, community leaders, and educators to handle monitoring and evaluation systems.▪ Establishment of a clear definition of a data collection scheme nationwide.▪ Improved data processing and analysis.

Source: Document de préparation du Projet Education de Base pour Tous—sous composante Développement de la petite Enfance. Contact: World Bank, Human Development 2, Africa Regional Office, Washington, D.C.

GUYANA

SIMAP—Health, Nutrition, Water, and Sanitation

- To improve the country's ability to design, run, and monitor projects that improve health, nutrition, and sanitation services, particularly in low-income areas
- To set up mechanisms local communities can use to initiate their own health, nutrition, and ECD projects

Status	Closed
Duration	1993–97
Borrower	Government of Guyana
Total project cost	US\$14.4 million
World Bank funding	US\$10.3 million (ECD component: US\$8.1 million)
Target population	All pregnant and lactating women, all children ages 6–12 months, malnourished children under age 5 in selected low-income areas
Partner agencies	Social Impact Amelioration Program and Agency (SIMAP) and the Ministry of Health
World Bank project manager	Charles Szymanski, Consultant

The SIMAP project enabled the government to cushion the social costs of the adjustment process initiated under the Economic Recovery program, a response to the country's economic crises between 1975–1987. SIMAP was intended to establish a mechanism to address the basic needs of the population in a decentralized manner, such as through NGOs, community groups, and local government agencies.

Carried out under the auspices of SIMAP and the Ministry of Health, the project aimed to bring about immediate improvements in nutrition and health status, in particular of young children and pregnant and lactating women, by (a) financing food supplementation programs, (b) rehabilitating and equipping health and day-care centers, and (c) rehabilitating water supply, sanitation, and drainage structures.

Strategy *(Targeted to Children and Women)*

Primary Health Care

- Set up, expand, and rehabilitate outpatient services for maternal and child health in district hospitals, health care centers, and health posts.
- Purchase furniture, equipment, and supplies for district hospitals and health care centers.
- Provide medical supplies and seed stocks of essential drugs for primary health care facilities.

Strategy

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| Nutrition | <ul style="list-style-type: none">▪ Provide monthly, take-home food supplement packets for all children ages 6 months to 2 years, malnourished children ages 2–5 years, and all pregnant and lactating women at health clinics.▪ Conduct nutrition education activities.▪ Promote breast-feeding. |
| Child Day Care | <ul style="list-style-type: none">▪ Construct, rehabilitate, and expand day-care centers and provide growth-monitoring equipment.▪ Build, rehabilitate, expand, and equip center kitchens, dining rooms, and food storage areas.▪ Provide food supplements for all attendees under 5.▪ Educate parents about nutrition.▪ Introduce activities that stimulate young children's cognitive development.▪ Introduce educational activities for health care workers and mothers. |

Benefits

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| <ul style="list-style-type: none">▪ Improved nutrition for 150,000 women of child-bearing age.▪ Improved nutrition for 80,000 children under age 5.▪ Substantially increased clinic attendance.▪ Increased immunization rates for DPT and oral polio vaccine by roughly 6 percent.▪ 8 day-care centers, 40 health care centers, 22 water systems, 13 storm-water drainage systems, and 34 sanitation projects built or improved.▪ 11 day-care centers and 57 health centers equipped.▪ Training for Guyana's officials in the preparation of sustainable, cost-effective health and nutrition programs.▪ SIMAP staff trained in preparing and administering contracts and using financial database systems. |
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Sources: World Bank, April 30, 1998. Implementation completion report, *Guyana SIMAP—Health, Nutrition, Water, and Sanitation Project*; World Bank, April 1992. Pre-project staff appraisal report, *Guyana SIMAP—Health, Nutrition, Water, and Sanitation Project*. Contact: World Bank, Human Resources Operations Division, Country Department III, Latin American and Caribbean Regional Office, Washington, D.C.

INDIA

Rajasthan District Primary Education Project

- To increase access to quality primary education for disadvantaged children
- To increase school readiness of young children through early childhood education programs

Status	Active
Duration	1999–2004
Borrower	Government of India
Total project cost	US\$101.3 million
World Bank funding	US\$85.7 million (ECD component: US\$5.6 million)
Target population	Children ages 3–10 years
Partner agencies	Ministry of Human Resource Development (Government of India) and Government of Rajasthan
World Bank project manager	N.K. Jangira, Consultant (SASED)

In 1997, the state of Rajasthan had an overall literacy rate of 55 percent and a female literacy rate of only 35 percent. Achievement levels in the state's primary schools are generally low. Moreover, social stratification and poverty have resulted in severe disparities in primary school access and learning opportunities for girls, children from the lowest castes and most marginalized tribes ("scheduled" castes and tribes), children with disabilities, and other disadvantaged groups.

The District Primary Education Project is assisting the Government of Rajasthan to build and strengthen capacity at state, district, and subdistrict levels to accelerate progress toward universal primary education in 10 districts with low literacy levels. The project aims to ensure quality primary education for all primary school-age children, especially from disadvantaged groups. The project will support activities designed to (a) increase access to primary education, especially for disadvantaged groups, (b) increase retention and improve learning achievements, and (c) strengthen the capacity of institutions at the state and district levels to manage primary education.

Proposed Strategy

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| Early Childhood and Primary Education | <ul style="list-style-type: none">▪ Establish 2,998 early childhood education centers in new Integrated Childhood Development Scheme (ICDS) districts.▪ Establish 700 early childhood education centers attached to primary schools in districts not eligible for ICDS. |
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Proposed Strategy

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| Early Childhood and Primary Education | <ul style="list-style-type: none">▪ Provide training, preschool kits, and remuneration to ECD workers.▪ Construct 3,626 new primary schools and 1,058 additional classrooms.▪ Recruit 7,250 additional paraprofessional teachers.▪ Provide training and continuous support to teachers for improving teaching and learning.▪ Develop, print, and distribute an appropriate curriculum and textbooks. |
| School Infrastructure and Management Capacity | <ul style="list-style-type: none">▪ Mobilize communities to actively support and monitor the provision of education services in their communities.▪ Set up a School Management Committee for each school to manage and monitor teaching quality, major and minor civil works, motivation of teachers, and student absenteeism.▪ Make drinking water available by installing hand pumps and drinking water taps.▪ Construct 6,000 toilets, especially for girls.▪ Establish new offices at the state, district, and subdistrict levels for project management and the professional development of teachers.▪ Strengthen the capacity of existing institutions.▪ Establish a system of monitoring and evaluation. |

Expected Benefits

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| <ul style="list-style-type: none">▪ Increased access to primary education for an additional 600,000 children ages 6–10 years, of whom an estimated two-thirds will be girls and one-third children from scheduled castes and tribes.▪ Improved quality of primary education for another 2.2 million already enrolled students.▪ Improved school readiness of children enrolled in the 3,698 additional early childhood education centers.▪ Increased self-esteem, motivation, and accountability of teachers.▪ Higher achievement levels and retention of students. |
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Source: World Bank, March 1999. Project Appraisal Document, *India—Rajasthan District Primary Education Project*. Contact: World Bank, Education Sector Unit, South Asia Regional Office, Washington, D.C.

INDIA

Woman and Child Development Project

-  To improve the nutrition and health of women and preschool-age children
-  To strengthen the Integrated Child Development Services (ICDS) Program by improving the quality of training for social workers

Status	Active
Duration	1998–2003
Borrower	Government of India
Total project cost	US\$422.3 million
World Bank funding	US\$300.0 million (ECD component: US\$11.2 million)
Target population	Children ages 0–6, their mothers, and adolescent girls in the five focus states
Partner agencies	Union Ministry of Human Resource Development; Department of Women and Child Development; State and Union Territory-Departments of Social Welfare/ Women and Child Development
World Bank project manager	Peter Heywood, Lead Health Specialist (SASHP)

Since 1975, India has run one of the world's most successful programs for the prevention of malnutrition. In addition to supplementary food for needy mothers and young children, its ICDS Program, administered by the Department of Women and Child Development, has also provided preschool education and basic health care services to the most disadvantaged groups.

The Women and Child Development Project supports the Government of India's efforts to improve services targeted to mothers, adolescent girls, and young children in order to speed the pace of social development. The project will help to (a) target the ICDS' supplementary feeding program so that it reaches the poorest and most vulnerable children ages 0–3 years, (b) increase the quality of services provided under ICDS, (c) improve the training and supervision of ICDS staff, (d) increase community involvement, and (e) initiate projects similar to the successful Tamil Nadu Integrated Nutrition Project in other Indian states.

<i>Proposed Strategy</i>	
Child Health and Nutrition	<ul style="list-style-type: none">▪ Strengthen service delivery and improve quality.▪ Provide food supplements for all poorly nourished children ages 0–6, with particular emphasis on those ages 3 and under and give severely malnourished children a double dose of food supplements.

<i>Proposed Strategy</i>	
Child Health and Nutrition	<ul style="list-style-type: none"> ▪ Set up a mechanism to monitor young children for malnutrition regularly. ▪ Provide food supplements and iron supplements for pregnant and lactating women. ▪ Improve immunization of young children against the most common childhood diseases. ▪ Upgrade health care services and set up a system for post-natal check-ups for mothers and newborns. ▪ Provide iron supplements and de-worming drugs for adolescent girls' groups and educate them about nutrition and health.
Early Childhood Education	<ul style="list-style-type: none"> ▪ Educate parents how to stimulate the cognitive and psychosocial development of young children. ▪ Introduce activities and materials to prepare preschool children ages 3–6 for entry into primary school. ▪ Equip preschools adequately. ▪ Construct childcare centers at the village level, install hand pumps, procure equipment and supplies.
Support the Existing ICDS Program regarding: - Management - Institutional Development - Capacity Building - Communications	<ul style="list-style-type: none"> ▪ Construct block-level Child Development Project Offices, provide vehicles and incremental operating costs at the district, state, and national level. ▪ Create central project management and set up monitoring and evaluation mechanisms for output and outcome monitoring on physical and financial targets. ▪ Develop a national ICDS training program for ICDS service providers and set up new training centers. ▪ Develop, produce, and distribute training curriculum and materials. ▪ Strengthen ICDS district training teams to train ICDS workers and adolescent girls. ▪ Train other functionaries such as from the Health Department or local government agencies (<i>Panchayats</i>). ▪ Support study tours, workshops, training in quality control, and preparation of new projects. ▪ Support communication campaigns, training, and the production of materials.

Expected Benefits

- Reduced malnutrition in children ages 0–6, particularly those ages 3 and under.
- Improved nutrition, health, and social skills in children from disadvantaged groups ages 6 and younger.
- Improved nutrition and health, particularly for pregnant and lactating women, mothers of young children, and adolescent girls.
- Strengthened community capacity to participate in the ICDS Program.
- Strengthened central, state, and block-level capacity to provide support and training to ICDS service providers and clients.

Source: World Bank, May 1998. Project Appraisal Document, *India—Woman and Child Development Project*. Contact: World Bank, Health, Nutrition, and Population Sector Unit, South Asia Region, Washington, D.C.

KAZAKHSTAN

Social Protection Project

 Upgrade kindergartens and basic health services for young children

Status	Active (on hold since 1999)
Duration	1995–2002
Borrower	Government of Kazakhstan
Total project cost	US\$54.7 million
World Bank funding	US\$41.1 million (ECD component: US\$15.6 million)
Target population	Kindergarten-age children in five cities of Pavlodar and East Kazakhstan regions
Partner agencies	Regional and city administrations
World Bank project manager	Alan Thompson, Senior Social Protection Specialist (ECSHD)

The newly independent Republic of Kazakhstan is instituting radical structural changes in its institutions and policies with the aim of moving the country toward a market economy. To preserve essential social services, local governments are assessing which services must continue to be supported by the state and which must be suspended or moved to private providers.

The kindergarten component constituted an important part of the Kazakhstan's Social Protection Project. Under Communism, early childhood services were fully subsidized, and about 60 percent of all eligible Kazakhi children attended kindergarten. By the end of 1997—when these services were no longer totally state-supported and free of charge to families who enrolled their children—national kindergarten enrollment rates had fallen to about 11 percent. The project's objective was to increase the level of coverage in selected project areas. Already in 1997, two years after the project started, project cities compared favorably with the nationwide coverage level of 11 percent with increments of about 28 percent in Pavlodar and Shymkent, 50 percent in Lenger, 70 percent in Aksu, and more than 95 percent in Kentau.

With regard to cost-recovery efforts and implementing cost-reduction measures, the project achieved substantial results. In one of the cities supported by the project, for example, out of 47 kindergartens operating, six are now private and recover full costs, 11 are partially financed by the budget, and fees provide significant revenue for the other 30 kindergartens. This development shows that the overall purchasing power of a segment of the population has increased and continued to ensure high coverage of children. In Pavlodar for example, water and heating meters have been installed in all 42 kindergartens operating in the city, saving more than 30 percent in energy costs. One of the cities has begun a flexible program that children attend in the morning just for breakfast, and classes are at a reduced rate. In addition, parents are contributing for special services or in kind through donation of paint, washing detergents, food commodities, and their time.

In sum, the project offered the opportunity for enterprises to divest kindergartens and transfer them to municipal control in an orderly manner, a process that is used effectively and ensures access to

preschool education with coverage rates well above the national average in each of the project cities. The responsibility of operating the kindergartens has been devolved to the local government authorities (*akimats*).

In 1999, the Government of Kazakhstan changed its social policies and requested the restructuring of the Social Protection Project. That project is on hold and will probably be closed as soon as possible. The project met its original objective of facilitating the rehabilitation of kindergartens. Under the proposed restructuring of the project, the kindergarten component will be excluded, having met its original development objectives.

<i>Proposed Strategy (Kindergarten Component)</i>	
Kindergarten Services	<ul style="list-style-type: none">▪ Rehabilitate and upgrade selected kindergarten facilities.▪ Co-finance, on a declining basis, the costs of operating divested facilities that are now privately run.▪ Maintain at least a critical minimum of kindergartens in each project city.
<i>Expected Benefits</i>	
<ul style="list-style-type: none">▪ Maintenance of minimal kindergarten coverage within the project area.▪ Increased access to high-quality kindergarten services over a wide area.	

Sources: World Bank, May 1995. Project Appraisal Report, *Republic of Kazakhstan Social Protection Project*; Mary Eming Young, 1996. *Early Child Development: Investing in the Future, Directions in Development*, World Bank, Washington, D.C. Contact: World Bank, Human Resources, Country Department III, Europe and Central Asia Division, Washington, D.C.

LESOTHO

Second Education Sector Development Project

- To extend ECD coverage to half of all Basotho children ages 3–5 by 2011
- To develop and implement a national ECD policy that strengthens links with primary education
- To train teachers and caregivers in ECD practices and techniques

Status	Active
Duration	6 years (1999–2005)
Borrower	Kingdom of Lesotho
Total project cost	US\$46.2 million
World Bank Funding	US\$21.0 million (ECD component: US\$0.4 million)
Target population (Phase I)	Children age 3–5 years, especially those living in poor rural areas
Partner agency	Early Childhood Care and Development (ECCD) Unit, Ministry of Education
World Bank project manager	Xiaoyan Liang, Education Specialist (AFTH1)
ECD component manager	Xiaoyan Liang, Education Specialist (AFTH1)

Lesotho is a small country of 2 million people surrounded by the Republic of South Africa. Its major assets are human capital and water, and many Basothos, especially in rural areas, have long depended on miners' remittances. At one time money sent home by laborers abroad accounted for 30 percent of GNP. The recent decline in demand for outside labor in South Africa has dealt a harsh blow to the economy of its tiny neighbor. Through the Highland Water Project, however, Lesotho has started harnessing its other major resource—water—for export to South Africa's densely populated industrial heartland.

Lesotho's mountainous terrain isolates communities and hinders the delivery of basic social services, yet in the early 1990s, the country boasted 75 percent net primary school attendance, down to 68 percent in 1996 but still above average for Sub-Saharan Africa. Despite these figures, however, an estimated one-third of the adult population remains illiterate. The Second Education Sector Development Project (ESDP II) is a 12-year program to improve education in Lesotho by focusing on four major areas: early child development; primary and secondary education; technical and vocational education and training; and non-formal education.

In 1992, Lesotho had some 800 childcare centers serving 10,000 children—significantly up from the 4,000 children served by 200 centers in 1985—yet the quality of these centers varies widely, and the majority of Basotho children, especially in poor rural and mountainous areas, have no access to early stimulation programs. Improved quality of pre-primary programs is therefore needed to enhance children's school performance and to lower drop-out rates.

Since 1985, the Ministry of Education's ECCD Unit has identified its role as a regulator for training and ECD program monitoring, and one of the project's goals is to strengthen the ministry's limited capacities and resources to fulfill its commitments and clearly define its role in the provision of ECCD services. The Government of Lesotho has introduced Free Primary Education and has been eliminating fees for Standard One as of January 2000.

<i>Proposed Strategy</i>	
<i>Phase I:</i> (June 1999–December 2002)	<ul style="list-style-type: none"> ▪ Set up Steering Group on ECD (government staff, ECD providers) to establish age-appropriate ECD curriculum. ▪ Establish project staffing levels and complete recruitment. ▪ Complete needs assessment for ECD teachers and trainers. ▪ Develop ECD teacher training manual. ▪ Government to approve policy memo and new ECD curriculum. ▪ Put in place ECD teacher training program. ▪ Initiate advocacy campaign to increase public awareness of the new ECD curriculum. ▪ Government to approve national ECD policy framework. ▪ Approve action plan for expansion of ECD services to poor communities. ▪ Pilot test low-cost, community-based programs in two of Lesotho's poorest districts and analyze results. ▪ Put in place staffing and institutional support for ECD training program.
<i>Phase II</i> (July 2002–December 2006)	<ul style="list-style-type: none"> ▪ Map out a comprehensive program of ECD services with clearly defined roles for the Government of Lesotho and other providers. ▪ Disseminate age-appropriate curriculum. ▪ Promote community-based programs. ▪ Strengthen standards of health, safety, and nutrition. ▪ Strengthen the Ministry of Education's role in planning, monitoring, and regulation. ▪ Increase coverage to 30 percent of children 3–5 years old by 2006.
<i>Phase III</i> (July 2006–December 2011)	<ul style="list-style-type: none"> ▪ Deliver ECD to half of all children 3–5 years old. ▪ Integrate children with disabilities into regular ECD centers. ▪ Establish a national system of ECD program monitoring and supervision.

Expected Benefits

- Increased access to ECD services (to serve at least half of all Basotho children 3–5 years old).
- Increased on-time primary school enrollment and fewer grade repetitions and drop-outs.
- Increased human capital and reduced poverty.

Source: World Bank, July 7, 1999. Project Appraisal Document, *Proposed Credit in the Amount of SDR 15 Million (US\$21.0 Million Equivalent) to the Kingdom of Lesotho for a Second Education Sector Development Project in Support of the First Phase of the Education Sector Program*. Contact: World Bank, Human Development 1, Country Department 1, Africa Regional Office, Washington, D.C.

MADAGASCAR

Second Community Nutrition Project

- To train teachers and caregivers in ECD practices and techniques
- To reduce vitamin A deficiency among children less than 3 and iron deficiency anemia among enrolled primary school children
- To reduce helminth (parasitic worm) infections among preschool and school-age children

Status	Active
Duration	5 years (2000–05)
Borrower	Government of Madagascar
Total project cost	US\$42.0 million
World Bank funding	US\$27.6 million (ECD component: TBD)
Target population (Phase I)	Children less than 3 years of age, pregnant and lactating women, communities, and parents
Partner agencies (potential)	Ministry of Health, Ministry of Education, Ministry of Agriculture, WFP, and UNICEF
World Bank project manager	Claudia Rokx, Senior Nutrition Specialist (HDNHE)
ECD component manager	Claudia Rokx, Senior Nutrition Specialist (HDNHE)

Poverty became entrenched in Madagascar's social fabric over two decades through 1997. Based on estimates from the 1996 Poverty Assessment, around 59 percent of the total population can be considered extremely poor. The country is experiencing declines in education and nutrition, with health indicators slightly better than averages for Sub-Saharan Africa. In 1992, mortality for children less than 5 years old was estimated at 166 per 1,000 (compared with an average of 181 per 1,000 in Sub-Saharan Africa), maternal mortality at 570–660 per 100,000, and life expectancy at 55 years; 68 percent of the rural population does not have access to potable water, and 65 percent of the population does not have access to latrines.

In the Country Assistance Strategy for Madagascar, priority was given to the development of human capital by improving primary education, basic health care, nutrition, and rural infrastructure. The proposed project will directly support this objective by improving the nutritional status of the most vulnerable groups such as children less than 3 years old, children in primary school, and pregnant and lactating women. It will also have a positive impact on children's future productivity and capacity as a result of interventions during the early years. The project will aim to achieve tangible and sustainable results in combating malnutrition by improving the capacity of village communities to address determinants of malnutrition and increasing the quality and quantity of food intake of children at home. By improving the nutritional status of children and pregnant and lactating women, the project will improve their quality of life, decrease child morbidity and mortality rates, and support primary education.

<i>Proposed Strategy</i>	
Community Nutrition Activities	<ul style="list-style-type: none"> ▪ Growth monitoring and promotion for children less than 3 years old. ▪ Food supplementation for malnourished children less than 3 years old and pregnant women. ▪ Vitamin A supplementation for children less than 3 years old and lactating women. ▪ Rehabilitation of severely malnourished children. ▪ Information, education, and communications (IEC) and community mobilization. ▪ Support to community-based activities aimed at improving nutrition, hygiene, and sanitation in villages. ▪ Training of community nutrition workers and social workers.
School Nutrition Project	<ul style="list-style-type: none"> ▪ Iron-folate supplementation for enrolled primary school children. ▪ De-worming of enrolled and non-enrolled children ages 3–14 years. ▪ IEC as well as nutrition and hygiene promotion in the classroom. ▪ Monitoring of the iodization of salt. ▪ Support to school-based activities aimed at improving nutrition and hygiene in the school environment. ▪ Training of primary school teachers in nutrition and hygiene.
Inter-sectoral Activities	<ul style="list-style-type: none"> ▪ <u>Health Sector</u>: Support the central Ministry of Health to contribute to the cost of the training program on the Integrated Management of Childhood Illness. ▪ <u>Agriculture Sector</u>: Support pilot projects aimed at disseminating technical guidelines on improved diversification and storage of agricultural and food products.
Training and Project Management	<ul style="list-style-type: none"> ▪ IEC, training, and management information systems. ▪ Project coordination and management.

Expected Benefits

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| Early Child Development | <ul style="list-style-type: none">▪ Improved health status of children and pregnant and lactating women as a result of improved nutritional status.▪ Higher learning and cognitive and motor development potentials for children.▪ Improved ability of households to prevent malnutrition.▪ Increased parental participation in schools. |
| Social and Economic Benefits | <ul style="list-style-type: none">▪ Community empowerment and improved community organization.▪ Increased productivity as a result of decreased mortality and morbidity rates for children and women and improved cognitive development of children.▪ Significant savings in public and private health care expenditures as a result of reduced morbidity and mortality rates among children and women.▪ Poverty reduction through improved food security and improved access to water and sanitation facilities at the household and community levels. |

Source: World Bank, March 1998. Project Appraisal Document, *Proposed Credit in the Amount of SDR 20.4 million to the Republic of Madagascar for a Community Nutrition II Project*.

MALI

Quality Basic Education Project

- To support ECD, in particular for children from low-income families, to help them move into primary education
- To strengthen existing preschool programs and to help communities to develop ECD initiatives
- To develop an evaluation plan for incorporating the pilot experience into a national ECD policy
- To strengthen the capacity of NGOs and other private-sector service providers, as well as local communities, to sustain their ECD activities

Status	Active
Duration	10 years (Phase I: 2001–04, Phase II: 2005–10)
Borrower	Government of Mali
Total project cost (Phase I)	US\$541.2 million
World Bank funding	US\$45 million (ECD component: US\$2.8 million)
Target population	Children 3–7 years of age in the poorest communities of the country
Partner agencies	Directorate for Preschool and Special Education with representatives from the Ministry of Education, the Ministry of Health, and the Ministry of Social Development
World Bank project manager	Robert S. Prouty, Lead Education Specialist (AFTH2)
ECD component managers	Adriana Jaramillo, Education Specialist (AFTH2) Tatiana Romero, ECD Specialist (AFTH2)

The reforms proposed under the Education Sector Project (PRODEC) are centered around linking the communities with the educational system and the schools in particular. The objective of the quality teaching and learning components is to establish an educational system that will meet the needs of the individual learner, helping each child to obtain an education that is relevant to her or his own life and the community. Each subcomponent of the project is designed to (a) strengthen the linkages between the community and the schools, (b) reduce the drop-out and repetition rates, and (c) increase students' learning capabilities. Particular emphasis is placed on improved learning in the rural areas and for girls.

An integrated ECD approach will be developed emphasizing nutrition, health, cognitive and psychosocial development, and family literacy. ECD activities will be designed to increase the percentage of children entering and completing primary school and to support communities in developing initiatives such as working with women's groups and teachers to support individual learning and to be responsive to the nutritional and health needs of young children. Communities will work collaboratively to ensure high-quality day-care services. Care of young children is left to women, young girls, and older siblings, many of whom cannot go to school because of their child-

care responsibilities. The impact of HIV/AIDS on preschool-age children, either AIDS orphans or young children who are infected by HIV, will be the focus of a major study related to the project.

<i>Proposed Strategy</i>	
<i>Phase I:</i> Early Child Development	<ul style="list-style-type: none">▪ Consolidate, upgrade, and improve the quality of 250 existing ECD centers.▪ Develop programs and teachers' guides to facilitate the transition of children into primary education.▪ Provide low-cost materials to ECD centers and support communities to improve the management of these centers.▪ Open 180 new ECD centers with new models and materials tested by communities to establish policies and standards and to create IEC programs at the central level.▪ Strengthen the ability of NGOs and private-sector service organization at the decentralized level to work with communities on ECD issues.
<i>Phase II:</i> Taking Programs to Scale	<ul style="list-style-type: none">▪ Take successful and promising community-based ECD initiatives from Phase I to scale in collaboration with stakeholders. Strengthen links between ECD programs and local governments as part of the government's effort to reach Universal Primary Education in Phase III.
<i>Phase III:</i> Sustainability and Replicability of Programs	<ul style="list-style-type: none">▪ Strengthen the sustainability and support the replicability of ECD programs. Because education-sector management would be decentralized, particular focus will be given to the quality control role of the <i>Centres d'Animation Pédagogique</i> (CAPs) and to ensuring that ECD activities become an integral part of the transition to primary education.

<i>Expected Benefits</i>	
	<ul style="list-style-type: none">▪ Produce a manual of procedures for an integrated ECD model developed, tested, and evaluated in phase I and implemented in phase II.▪ Have communities recruit 300 ECD monitors, who will have been trained by the preschool Training Center.

Expected Benefits

- Train a group of 550 education-sector personnel (at central ministry level, regional directors, CAP directors, inspectors, and ECD center directors) who will be able to develop and evaluate ECD programs.
- Have an ECD curriculum developed and implemented.
- Provide practical training in ECD to 250 Koranic school teachers and 25 women's groups (about 250 women). The work with women's groups will include sensitization about female genital circumcision.

Source: Document du Programme d'Investissement Sectoriel de l'Education, sous composante Développement de la Petite Enfance. Contact: World Bank, Human Development 2, Africa Regional Office, Washington, D.C.

MAURITANIA

10-Year Education Sector Reform Program

- To support community initiatives to develop early childhood programs
- To develop and implement a training program for different partners in ECD
- To strengthen the ECD resource centers and support the development of institutional capacity to manage ECD programs

Status	Project under preparation
Duration	10 years (Phase I: 2001–03, Phase II: 2004–10)
Borrower	Government of the Republic of Mauritania
Total project cost	US\$188 million
World Bank funding	US\$50 million (ECD component: Phase I: US\$1.97 million; Phase II: TBD)
Target population	Children ages 3–6 years, their families and caregivers
Partner agencies	Ministry of Education, Ministry of Health, <i>Secretariat d'Etat à la Condition Feminine (Direction de la Famille et de l'Enfance)</i> , UNICEF, World Vision, NGOs
World Bank project manager	Mourad Ezzine, Senior Human Resources Specialist (AFTH2)
ECD component managers	Adriana Jaramillo, Education Specialist (AFTH2) Tatiana Romero, ECD Specialist (AFTH2)

The population in Mauritania today is approximately 2.5 million. Children below 7 years of age represent more than 20 percent of the population; more than 330,000 children are between 3 and 6 years old.

Mauritania has a great need for childcare for young children because numerous mothers—many of whom are heads of households (37 percent compared with an African average of 22 percent)—are responsible for securing the survival of their family. To generate some form of income, children are left behind, often under unsafe and inappropriate conditions. The harmful effects of drought force a considerable number of mothers to leave their homes to look for work.

The increase in the number of private and community childcare centers in recent years clearly is a response to the family's needs for childcare; however, most of these childcare facilities and centers do not provide care that foster the integral development of the child. The primary focus of the ECD component under the 10-year education reform process is to strengthen the capacities and resources of communities to develop different models and options for childcare services and to implement an integrated approach to ECD.

Proposed Strategy

Community Initiatives	<ul style="list-style-type: none">▪ Prepare, validate, and implement a stimulating early childhood program building on existing community structures.▪ Supplement and improve the equipment (didactic material, medical supply) of community day-care centers that form part of an existing country-wide network.▪ Create a support system at community level, and identify criteria for accessing this support, to promote income-generating activities and the improvement of community infrastructure and nutrition benefiting young children.▪ Develop a communications strategy to increase awareness of the different actors in ECD (local authorities, politicians, parents, caregivers, and civil society).
Training	<ul style="list-style-type: none">▪ Establish an inter-sectoral committee to prepare and monitor the training strategy and system functioning.▪ Prepare training modules to assist trainers, community educators, program supervisors, caregivers, and heads of childcare centers in implementing a child-centered approach.▪ Prepare an ECD training module for primary school teachers in training at the <i>Ecole Normale d'Instituteurs</i> (ENI).▪ Implement different training activities at different levels.▪ Ensure access to literacy programs for community educators in coordination with the literacy component of the project.▪ Implement a monitoring and evaluation system for the training component.
Resource Centers for ECD	<ul style="list-style-type: none">▪ Create and support operation of 10 ECD resource centers.▪ Provide technical support for the preparation and implementation of programs and action plans of the ECD network.▪ Monitor and evaluate the activities of the resource centers.

Proposed Strategy

Institutional Capacity Building

- Elaborate a work program for institutions in charge of ECD.
- Provide in-service training in programming, planning, and information technology for national-level managers.
- Strengthen the institutional and logistical framework for ECD.
- Create a database and documentation on the situation of young children and the service delivery infrastructure.

Expected Benefits

- Increase community capacities, both qualitative and quantitative, for implementing and managing ECD programs and childcare centers.
- Have a comprehensive training system and program developed and validated to train ECD caregivers and program managers.
- Achieve national coverage of ECD resource centers at the regional level that will support community structures and the development of networks for ECD practitioners.
- Create a legal and institutional framework to support early childhood programs and policies.
- Have a national core team trained in the planning, management, information systems, communication, and documentation to support ECD programs.

Source: *Preparation document of the Early Childhood Development Component—Mauritania.* Contact: World Bank, Human Development 2, Africa Regional Office, Washington, D.C.

MOROCCO

Social Priorities Program—Basic Education Project

 To extend and improve primary schooling in the country's 14 poorest rural provinces

Status	Active
Duration	1996–2004
Borrower	Government of Morocco
Total project cost	US\$97.7 million
World Bank funding	US\$54.0 million (ECD component: US\$19.4 million)
Target population	Poor preschool-age and primary school children
Partner agencies	Ministry of National Education (basic education); Ministry of Employment (adult literacy)
World Bank project manager	Regina Bendokat, Lead Education Economist (MNSHD)

The Morocco Basic Education Project supports the government's efforts to improve the quality of primary schooling and to extend basic education services to the country's poorest children. The project targets mainly children who live in 14 rural provinces, which represent some 27 percent of Morocco's population and contain some of the country's poorest communities. By making basic and literacy education services available to populations that have hitherto been deprived of them, the project seeks to strengthen human capital in these geographic areas. Unlike earlier Moroccan education projects, the Social Priorities Program—Basic Education Project aims to improve both the supply of and demand for education and to affect institutions both upstream (Koranic preschools) and downstream (literacy education for adults).

Proposed Strategy

Basic Education

- Build and equip 360 multi-grade schools in villages that do not have access to a full primary school but have 200+ inhabitants.
- Develop a new methodology and materials for multi-grade teaching.
- Organize pre- and in-service training courses for 5,000 teachers assigned to multi-grade classes.
- Provide public funding for community-based preschools.
- Organize short courses in management to train school directors to run schools more effectively.
- Distribute teachers' guides to all teachers assigned to rural schools.

<i>Proposed Strategy</i>	
Gender Equity	<ul style="list-style-type: none"> ▪ Distribute free textbooks and school supplies to underprivileged children, with priority given to girls. ▪ Rehabilitate school facilities (such as installing latrines and wells) with the aim of increasing girls' attendance. ▪ Organize two awareness campaigns in remote areas over the 8-year project period to promote schooling for girls.
Literacy	<ul style="list-style-type: none"> ▪ Conduct a pilot literacy campaign targeted to women and limited to 2,500 people a year, with the aim of increasing mothers' education levels, leading to higher enrollments in schools. ▪ Provide public funding of pilot community-based adult literacy programs.
<i>Expected Benefits</i>	
	<ul style="list-style-type: none"> ▪ 360 new, multi-grade schools equipped to accommodate 65,000 new pupils a year. ▪ Rehabilitated schools, permitting enrollment of 40,000 more primary students. ▪ Improved facilities, equipment, and teaching materials for 100 preschools. ▪ New program developed for initial and continuing pedagogical training for Koranic preschool teachers. ▪ 300 new latrines and 150 wells in schools, leading to higher female enrollments. ▪ Core staff of teachers trained in child-centered pedagogical techniques. ▪ Improved literacy skills for 20,000 poor rural parents (mostly women). ▪ Improved quality of teaching techniques and materials in rural primary schools and preschools.

Source: World Bank, May 9, 1996. Staff Appraisal Report, *Morocco Social Priorities Program/Basic Education Project*. Contact: World Bank, Human Resources Operations Division, Maghreb and Iran Department, Middle East and North Africa Regional Office, Washington, D.C.

NEPAL

Basic and Primary Education Project

 To increase access to and quality of basic and primary education

Status	Active
Duration	1999–2002
Borrower	Government of Nepal
Total project cost	US\$55.7 million
World Bank funding	US\$12.5 million (ECD component: US\$1.7 million)
Target population	Children ages 3–10
Partner agency	Ministry of Education
World Bank project manager	Brajesh Panth, Senior Education Specialist (SASED)

Despite substantial progress in the education sector in the 1990s, student learning outcomes and completion rates at the primary level remain low in Nepal, and the poorest communities remain the most educationally disadvantaged. Recognizing the importance of these issues, the Government of Nepal has set out a 10-year plan consisting of three phases to improve access and quality at the preschool and primary school levels with greater emphasis on community participation in school management.

The current project represents the first phase of this plan. It focuses on putting in place the needed institutional framework by building capacity at national, district, and school levels to plan and deliver more efficient and high-quality education programs. School quality improvement activities in this phase will focus on increasing learning potentials in grades 1–3. These efforts are expected to lead to increased levels of learning achievements and more equitable access to education, especially for girls and underserved communities.

Proposed Strategy

Learning Achievements in Grades 1–3

- Review and redesign the curriculum content, develop a continuous assessment system, and develop teaching techniques and materials for grades 1–3.
- Develop appropriate methods and materials for multi-grade teaching.
- Increase textbook availability through a voucher system and provide additional learning materials.
- Develop methods for use of local languages to assist learning in Nepali in grades 1–3.

Proposed Strategy

Learning Achievements in Grades 1–3	<ul style="list-style-type: none">▪ Expand teacher professional support systems and improve the quality of teaching through training and on-the-job support.
Access and Retention	<ul style="list-style-type: none">▪ Construct 3,000 new and replacement classrooms.▪ Upgrade 6,000 existing classrooms.▪ Provide incentives targeted to the most disadvantaged families, such as free textbooks, especially for young children, girls, and remote areas, and scholarships for girls.▪ Develop funding mechanisms to collaborate with NGOs in delivering ECD programs as part of school and village planning in communities where there are large numbers of underage children in grade 1.▪ Develop funding mechanisms to collaborate with NGOs in delivering inclusive primary education programs to disadvantaged children.
Strengthen Institutional Capacity	<p>At the community level:</p> <ul style="list-style-type: none">▪ Provide training to head teachers, School Management Committees, and Village Education Committees in school improvement planning.▪ Provide books and teaching material to schools.▪ Provide in-service teacher training on pedagogical methods for grades 1–3 and multi-grade teaching.▪ Mobilize communities to participate in the school management. <p>At the district level:</p> <ul style="list-style-type: none">▪ Provide training in planning, investing in, and managing the community-level activities and in increasing and monitoring school performance.▪ Increase participation of School Management Committees and Village Education Committees in actions to raise the level of schools' performance. <p>At the national level:</p> <ul style="list-style-type: none">▪ Develop the institutional capacity of the Ministry of Education for primary education policy, planning, and monitoring.▪ Develop the institutional capacity of national education institutions to provide high-quality support services and promote learning.

Expected Benefits

- A 10 percent increase in net enrollment in primary education resulting from increased access combined with higher completion rates.
- Reduced inequality in school access and achievements by specifically targeting poor and disadvantaged students and girls.
- Reduced infant mortality, malnutrition, and fertility rates through improved educational opportunities for girls.

Source: World Bank, March 1999. Project Appraisal Document, *Nepal—Basic and Primary Education Project*. Contact: World Bank, Education Sector, South Asia Regional Office, Washington, D.C.

NICARAGUA

Basic Education Project

- To enhance academic achievement in community-based preschools and primary schools
- To reduce primary school grade repetition and drop-out rates

Status	Closed
Duration	1995–2001
Borrower	Republic of Nicaragua
Total project cost	US\$39.3 million
World Bank funding	US\$34.0 million (ECD component: US\$6.0 million)
Target population	Preschool-age children and children in grades 1–6
Partner agency	Ministry of Education, Culture, and Sports
World Bank project manager	Robin S. Horn, Senior Education Economist (LCSHE)

The Basic Education Project formed part of the Ministry of Education's effort to improve the quality, equity, and efficiency of basic education in Nicaragua and to reach a large number of poor children.

Research data from 1994 showed that one out of three Nicaraguan children repeats the first grade. To reverse this trend, the project set up a cost-effective preschool program in poor areas with the aim of increasing primary school achievement and reducing repetition rates.

Nicaragua's formal preschool program operates primarily in urban areas and contains no mechanism to target the poor, hence mostly benefits children from middle- or high-income households. In addition, the Ministry of Education operates a small non-formal pre-primary program, consisting mainly of childcare service provisions than an educational program. The ECD project component supported the government's strategy to expand preschool educational services based on this non-formal model, which targets poor communities, relies on local educators, and makes use of facilities provided by the community. The specific objectives were to improve the home environment for young children, strengthen parenting skills, and introduce new methods for caregivers to stimulate young children's physical, mental, and social development.

The Bank-funded Basic Education Project was closely coordinated with other efforts funded by external donors to improve the quality and administration of basic education in Nicaragua. These included a U.S. Agency for International Development Basic Education Project, the BASE Project (1991–98), to produce and distribute textbooks, and the UNESCO/Dutch Project for Improvement of Nicaraguan Education (SIMEN) (1992–95), to help build local capacity for curriculum development, teacher training, and education planning.

<i>Strategy</i>	
Community-based Preschool Education	<ul style="list-style-type: none"> ▪ Equip childcare centers with furniture and educational materials. ▪ Train community educators and promote awareness for ECD by involving parents and community organizations in activities that foster child development. ▪ Introduce new methodologies and pedagogical techniques to preschool programs. ▪ Set up structured education programs, consisting of periodic meetings conducted by a community educator, to educate parents and other caregivers about the concept and techniques of ECD.
Primary Education - School Decentralization - Educational Materials - Infrastructure	<ul style="list-style-type: none"> ▪ Provide training, technical assistance, equipment, and performance incentives for primary teachers to facilitate the administrative decentralization of public primary and secondary schools. ▪ Fund the development, publication, printing, and distribution of elementary school textbooks for poor students. ▪ Rehabilitate or replace dilapidated and inadequate primary school buildings. ▪ Install basic sanitary services in all primary schools.

<i>Benefits</i>	
	<ul style="list-style-type: none"> ▪ 2,500 newly built or rehabilitated community centers to expand preschool educational coverage from the current 30,000 to 92,000 children. ▪ 4,000 community volunteers trained in the practice of pre-primary education. ▪ Increased school readiness of children attending preschool. ▪ Enhanced parenting skills geared toward fostering the physical, emotional, and intellectual development of their children. ▪ Improved primary school outcomes (reduced repetition and drop-out rates) through enhanced teacher training, educational materials, curriculum, school management and facilities, and the direct involvement of parents, teachers, and communities.

Source: World Bank, February 22, 1995. Staff Appraisal Report, *Nicaragua Basic Education Project*. Contact: World Bank, Human Resources Operations Division, Country Department II, Latin America and Caribbean Regional Office, Washington, D.C.

NICARAGUA

Basic Education Project II

 To increase access to and quality of preschool and primary education

Status	Active
Duration	2000–03
Borrower	Republic of Nicaragua
Total project cost	US\$58.4 million
World Bank funding	US\$52.2 million (ECD component: US\$12.8 million)
Target population	Children of preschool and primary school age
Partner agency	Ministry of Education, Culture, and Sports
World Bank project manager	Robin S. Horn, Senior Education Economist (LCSHE)

The Second Basic Education Project promotes a more equitable and efficient basic education system in Nicaragua, with community involvement in governance. It expands and consolidates the actions undertaken under the first Basic Education Project. The specific objectives of this project are to (a) increase coverage especially in rural areas, (b) improve education quality and efficiency, at both preschool and primary school levels, and (c) promote continued institutional strengthening and modernization of the Ministry of Education, Culture, and Sports.

The project favors the development of community-based preschools over the formal preschool network as the number of certified preschool teachers is insufficient, and the per-pupil costs in the formal preschool system are very high. At the same time, the experiences from the preceding project with voluntary teachers in the community preschools have been very positive. Community preschools have proven to be more effective than formal preschools in ensuring community participation and expanding preschool coverage at a reasonable cost.

Proposed Strategy

Access to and Quality of Preschools

- Construct 200 preschool classrooms, particularly in remote rural areas and areas with predominantly indigenous populations.
- Train community preschool teachers through in-service training and train-the-trainers programs and create an incentive system to attract and retain these voluntary teachers.
- Supply all new community preschools with teaching and learning materials, such as teacher manuals and workbooks in indigenous languages.

Proposed Strategy

Access to and Quality of Primary Schools	<ul style="list-style-type: none">▪ Finance scholarships for students in grades 4–6 who are at risk of dropping out for economic reasons.▪ Provide in-service teacher training to primary school teachers and principals.▪ Develop and provide didactic materials, such as (bilingual) textbooks, to all public school students and libraries for multi-grade schools.▪ Replace or rehabilitate primary schools, ensure basic water and sanitation for all schools, construct teacher housing.▪ Finance extra-curricular projects for primary school-level students, such as soccer fields, musical bands, school newspapers, science, and other projects.▪ Support the salary incentive system for primary school teachers with good achievement records.
Institutional Strengthening and Monitoring	<ul style="list-style-type: none">▪ Provide training to school council members and principals on effective school management.▪ Support a communications campaign to encourage community participation in the newly adopted national model of school autonomy.▪ Design a National Evaluation System to systematically evaluate student and system performance over time.▪ Design a national system of monitoring and evaluation for the decentralized education sector.▪ Improve the school supervision system: redefine roles and structure, upgrade skills of supervisors, link student achievement results to teacher training programs, and develop a system of feedback.

Expected Benefits

- Increased access to community preschools for an additional 4,000 children.
- Improved school readiness and primary school-level performance indicators such as completion rates, grade retention, and drop-out rates, through expanded and better-quality community preschool education.
- Increased number of autonomous schools with community involvement in decision making.

Source: World Bank, August 1999. Project Appraisal Document, *Nicaragua—Second Basic Education Project*. Contact: World Bank, Human Development Group, Central America Country Management Unit, Latin America and Caribbean Regional Office, Washington, D.C.

PANAMA

Basic Education Project

 To expand coverage and improve the quality of both formal and non-formal preschool education among the poor

Status	Active
Duration	1996–2002
Borrower	Republic of Panama
Total project cost	US\$58.0 million
World Bank funding	US\$35.0 million (ECD component: US\$1.4 million)
Target population (preschool component)	Preschool-age children in 185 of the poorest townships; poor rural mothers and 2,400 preschool-age children in Veraguas and Chiriquí provinces
Partner agency	Ministry of Education
World Bank project manager	Carlos Rojas, Senior Education Specialist (LCSHE)

With the aim of increasing national preschool coverage from 45 to 75 percent, the Panama Basic Education Project is extending services to children under the age of 6 in 185 of Panama's poorest townships. The project supports the establishment of Family and Community Education Centers for Initial Education—*Centros de Orientacion Infantil y Familiar* (CEFACEI's)—involves mothers in the delivery of preschool services, and gives parents and communities authority over the administration of funds to pay community educators. All families of preschool-age children in the project are eligible to receive nutrition counseling, health monitoring, and—in cases of malnutrition—supplemental food. The CEFACEI *promotoras*, the children, and their parents benefit from the counseling and supplemental feeding in cases of diagnosed malnutrition, because all preschool children are eligible to receive the nutrition and health services provided under the Bank-financed Rural Health Project: nutrition counseling, health monitoring, and supplemental feeding in cases of malnutrition diagnosed at the community level. To accomplish these objectives, a health promoter addresses parents and other community members involved in educating children.

In addition, in the sparsely populated Veraguas and Chiriquí provinces, the project has initiated a pilot “mother-to-mother” education project. This pilot component establishes groups of mothers drawn from poor rural communities. A member from each group is then trained by early child development specialists from the Ministry of Education to lead educational sessions. The “mother-to-mother” pilot uses radio, which is commonly available in Panama even in poor areas, to convey its message. Radio programs produced by a team of local and international consultants teach mothers about child rearing and how to enhance the cognitive and social development of preschool-age children. The mothers groups also receive locally produced written educational materials and workbooks. Finally, the project contains measures to strengthen the capacity within the Ministry of Education to plan, support, supervise, and monitor community-based ECD programs.

Proposed Strategy (Preschool Component)

Family and Community Education	<ul style="list-style-type: none">▪ Open 400 new CEFACEIs.▪ Set up and finance an intensive ECD training program for supervisors and educators from the Ministry of Education.▪ Distribute specially designed ECD program management manuals to educators and supervisors.▪ Provide nutrition counseling, health monitoring, and—in cases of malnutrition—supplemental food to children attending CEFACEIs.
Rural Mother-to-Mother Parenting Education Pilot	<ul style="list-style-type: none">▪ Bring mothers in poor rural areas of Veraguas and Chiriquí provinces together into parent and preschool children education groups.▪ Enlist the Ministry of Education's provincial supervisors and pre-primary education specialists to train a member of each mothers group to act as discussion leader.▪ Finance local and international consultants to produce educational radio programs and written instructional materials geared toward selected ECD objectives.▪ Integrate health, nutrition, and education services through the health promoters working with parents and community members.
Strengthening Ministry of Education's Capacity	<ul style="list-style-type: none">▪ Set up a supervisory network within the ministry to monitor and evaluate preschool interventions at the national, regional, and provincial levels.▪ Appoint pre-primary supervisors at the provincial level, who will be trained by national and international technical assistants to design manuals for trainers, <i>promotoras</i>, and parents. These supervisors will conduct a meeting in each project community to convey the importance of pre-primary education to parents and form a local CEFACEI Parents' Association.

***Expected Benefits
(Preschool Component)***

- Preschool services delivered to 22,000 poor children under age 6.
- Active learning techniques and adequate child-rearing practices introduced into the families of 2,400 poor, rural preschoolers.
- Integrated package of basic health, nutrition, and educational services provided for children enrolled in the project ECD programs.
- Increased number and better quality of preschool programs.
- Improved Ministry of Education program planning, supervision, and monitoring skills.

Source: World Bank, February 29, 1996. Staff Appraisal Report, *Panama: Basic Education Project*. Contact: World Bank, Human Resources Operations Division, Country Department II, Latin America and the Caribbean Regional Office, Washington, D.C.

PARAGUAY

Maternal Health and Child Development Project

-  To extend health and nutrition services to poor women and children
-  To extend educational services to preschool-age children from low-income households

Status	Active
Duration	1997–2003
Borrower	Government of Paraguay
Total project cost	US\$31.2 million
World Bank funding	US\$21.8 million (ECD component: US\$1.7 million)
Target population	Poor women and preschool-age children
Partner agency	Ministry of Public Health and Social Welfare
World Bank project manager	José Luis Puerta, Public Health Specialist (LCSHH)

One-third of all deaths of children under age 5 in Paraguay stem from diarrhea or acute respiratory infections—conditions that can largely be controlled with access to basic health care. The largest component of this project therefore seeks to increase the coverage, quality, and efficiency of basic maternal and child health services in six underserved departments in northeastern Paraguay. In addition, the project is funding a Child Development Pilot Project in poor areas of Asunción to improve the health status and the cognitive and social development of children ages 2–5 from low-income households. Finally, the project contains measures to strengthen the management capacity of Paraguay's health sector staff at both the regional and central levels, to improve project implementation and prepare for the gradual country-wide decentralization of health service management.

Proposed Strategy

Maternal and Child Health Care

- Train community workers to deliver health services (such as prenatal care, treatment of sexually transmitted diseases, family planning, treatment of early childhood diseases, nutrition counseling, breast-feeding and weaning practices) to mothers and children.
- Finance technical assistance, materials, furniture, and equipment to rehabilitate 40 child development centers.
- Develop health education and community outreach programs to strengthen preventive care.

<i>Proposed Strategy</i>	
Maternal and Child Health Care	<ul style="list-style-type: none"> ▪ Improve the efficiency of the supply of medical equipment and pharmaceuticals for basic maternal and child health services. The project will cover the cost of procurement, storage, transportation, and distribution of these supplies.
Early Child Development Pilot	<ul style="list-style-type: none"> ▪ Establish Integrated Family and Early Child Development Centers - <i>Centros de Bienestar de la Infancia y la Familia</i> (CEBINFAs) that emphasize cognitive and psychosocial stimulation activities. ▪ Finance the rehabilitation of up to 40 centers including technical assistance, materials, furniture, and equipment. ▪ Provide children at the CEBINFAs with three daily meals. ▪ Deliver basic health services, immunizations, and pre-enrollment physicals to children at the centers. ▪ Train local staff to deliver services under the supervision of the Ministry of Public Health and Social Welfare. ▪ Train local mothers in early stimulation techniques, the detection of childhood diseases, and general hygiene. ▪ Pay trained mothers a small stipend to act as educators in the CEBINFAs. ▪ Engage Ministry of Education staff to supervise early stimulation activities.
Strengthening and Decentralization of Health Service Management	<ul style="list-style-type: none"> ▪ Establish a systematic supervision scheme for delivering maternal and child health services within the project area. ▪ Train staff from the Social Welfare Directorate of the Ministry of Public Health and Social Welfare to supervise CEBINFA-delivered services and train mothers. ▪ Establish management information systems to facilitate decision making and project monitoring. ▪ Provide technical assistance to communities that are setting up health and ECD service programs.

Expected Benefits

- Rehabilitation of some 40 child development centers.
- Better preparation of preschool children in poor areas of Asunción entering school.
- Increased access of poor working mothers to affordable, high-quality childcare.
- Improved maternal and child health and reduced infant mortality rates in the project area.
- Wider use of healthful nutrition and appropriate child-rearing practices.
- Modest employment opportunities for mothers in the ECD pilot project area.
- Better supervision of ECD programs, leading to higher-quality services for preschool children and mothers.
- Improved management skills within the Social Welfare Directorate, leading to improved delivery of social services overall.

Source: World Bank, August 13, 1996. Staff Appraisal Report, *Paraguay Maternal Health and Child Development Project*. Contact: World Bank, Population and Human Resources Division Country Department II, Latin America and the Caribbean Regional Office, Washington, D.C.

ROMANIA

Child Welfare Reform Project

 To improve child welfare through testing and promoting community-based childcare approaches

 To reintegrate street children in Bucharest into society

Status	Active
Duration	1998–2002
Borrower	Government of Romania
Total project cost	US\$29.5 million
World Bank funding	US\$5.0 million (ECD component: US\$4.3 million)
Target population	Children in institutionalized care, children in difficult circumstances (especially street children), young single mothers and their children, families at risk
Partner agencies	National Authority for Child Protection, County Councils
World Bank project manager	John Innes, Principal Operations Officer (ECSHD)

In 1997, approximately 100,000 children were cared for in the Romanian state system of institutionalized care. This number dropped to 70,000 in 2000 as a result of new family-based care alternatives. The main reasons for the institutionalization of children in the past were the lack of family counseling, financial family support, and community resources for families in difficult situations such as families affected by poverty, domestic violence, alcoholism, and unstable family structures. Once inside the system, children were affected by the inflexible and poorly managed and staffed institutional care system, often leading to mental disorder and stunted emotional and physical growth. Most children remained in the system for a long time because of lack of alternative care possibilities. They would leave the care system with an insufficient level of education and inappropriate skills to find employment and to contribute productively to society.

In the past, most interventions were supporting existing state institutions, thereby perpetuating them. In 1993 NGOs started to develop small-scale services to address prevention of abandonment and institutionalization, de-institutionalization, and alternative care options.

The Child Welfare Reform Project supports the government in reforming the childcare and child protection system by (a) reducing the flow of children into institutions, (b) improving the quality of care for institutionalized children, (c) developing alternative community-based care systems, and (d) assisting older institutionalized children in adapting to the community as productive citizens. It also focuses on the 3,000 street children nationwide who are a group particularly at risk of poverty and social deprivation. A national child-tracking and program monitoring and evaluation system will also be established.

Proposed Strategy

Community-based Child Welfare Services	Finance proposals from county and local authorities for subprojects concerning community-based services that: <ul style="list-style-type: none">▪ Provide advice and support to families at risk to prevent abandonment or institutionalization of children.▪ Teach young parents how to cope with their children and become reliable and responsible parents, and encourage parent-child bonding.▪ Provide temporary shelter for young single mothers and their babies to promote attachment and to counsel mothers.▪ Provide day care for children from families at risk and for children with special needs.▪ Offer community-integrated alternative residential care facilities to provide care for children when other solutions are not available.▪ Select, assess, and train future foster parents.
Street Children Initiative	<ul style="list-style-type: none">▪ Set up Centers for Coordination and Information on Street Children to facilitate tracking and case handling of street children, and to enhance collaboration between different services.▪ Finance local subprojects for services such as night and day shelters, counseling and legal advice, and medical assistance.
Institutional Development, Monitoring, and Evaluation	<ul style="list-style-type: none">▪ Provide training and technical assistance to government staff on child welfare, project management, and procurement.▪ Implement a major public awareness campaign as part of the prevention strategy to inform families, NGOs, and communities about available services.▪ Develop a program monitoring and evaluation system.

Expected Benefits

- Improved conditions for children at risk, including enhanced integration as members into society.
- Reduced numbers of children in institutionalized care.
- Lower unit costs for children remaining in state institutions.
- Increased managerial capacity at different government levels.

Source: World Bank, June 1998. Project Appraisal Document, Romania—Child Welfare Reform Project. Contact: World Bank, Human Development Sector, Europe and Central Asia Regional Office, Washington, D.C.

ROMANIA

School Rehabilitation Project

 To rehabilitate about 850 seriously damaged schools at the kindergarten, primary, and secondary levels

Status	Active
Duration	1998–2002
Borrower	Government of Romania
Total project cost	US\$130.0 million
World Bank funding	US\$70.0 million (ECD component: US\$5.0 million)
Target population	200,000 kindergarten, primary, and secondary school students, their teachers, and other school staff in Romania's 41 districts
Partner agencies	Ministry of National Education, Council of Europe Development Bank
World Bank project manager	Leonardo Concepcion, Senior Implementation Specialist (ECSHD)

World Bank funding for the School Rehabilitation Project directly supports the government's Education Reform Program to improve the quality, coverage, and cost-effectiveness of pre-university education throughout Romania. Developing Romania's "human capital" is at the forefront of the government's Development 2000 Agenda, and a critical step in this direction is the rehabilitation of badly damaged schools. As noted in the Bank report recommending this project for funding, "... a century of neglect and four major earthquakes have created a stock of severely damaged and unsafe schools that pose a daily physical threat to school occupants." The School Rehabilitation Project is therefore devoted to the rehabilitation of about 850 school buildings identified as being in imminent danger of collapse.

Proposed Strategy

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| Preschool and Primary Education | <ul style="list-style-type: none">▪ Repair and upgrade about 850 severely damaged schools for students in grades K–12 to meet minimum standards set by the Ministry of National Education.▪ Consolidate underused schools within the project's designated area of damaged schools to maximize class sizes and use of teaching spaces. |
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Proposed Strategy

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| Preschool and Primary Education | <ul style="list-style-type: none">▪ Complement objectives of the ongoing Education Reform Project: improve the quality of basic education through support for teacher training, curriculum development, performance assessment, examinations, and textbooks; improvement of education finance and management. |
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Expected Benefits

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| <ul style="list-style-type: none">▪ Reduced risk of physical harm to students, teachers, and staff through reconstructing and improving unsafe buildings.▪ Higher retention and better learning outcomes through adequate school and learning environment (heat, sanitation, water, and light).▪ Given that 80 percent of Romania's severely damaged schools are located in poor rural areas, Phase 1 will chiefly benefit the poor. |
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Source: World Bank, July 1997. Staff Appraisal Report, *Romania School Rehabilitation Project*. Contact: World Bank, Human Development Sector, Europe and Central Asia Regional Office, Washington, D.C.

RWANDA

Human Resources Development Project

- To develop a national ECCD policy and strategy
- To increase access to and quality of pre-primary education nationwide
- To build capacity for ECCD on the national, prefecture, and local levels
- To identify cost-effective and non-formal ways to support child development at the community level

Status	Active
Duration	5 years (2001–05)
Borrower	Government of Rwanda
Total project cost	US\$37 million
World Bank funding	US\$35 million (ECD component: US\$630,000)
Target population (Phase I)	Children younger than 7 years of age, caregivers, communities, and preschool teachers
Partner agencies	Ministry of Education, Ministry of Local Government, UNESCO, UNICEF, NGOs
World Bank project manager	Susan Opper, Senior Education Specialist (AFTH4)
ECD component manager	Kristine Hauge Storholt, Consultant (AFTH4)

The genocide in 1994 has severely affected more than 1.9 million children under the age of 5, and the loss of human resources has had a marked impact on the entire education sector, including preschools. With an average of 6–8 children per woman, the preschool-age population is expected to double by 2022, putting even greater strain on the social service and education systems.

Rwanda has approximately 250 early childhood education programs privately run by churches and parent associations, serving some 15,000 children under the names of écoles maternelles, nursery schools, and preschools. Most are located in urban areas. However, only 1.5 percent of eligible preschool-age children are enrolled. The Ministry of Education seeks to increase access to and improve the quality of pre-primary education as an integral part of the entire education system to improve school readiness. Two public institutions, the Division of Preschool Education in the Rwandan Ministry of Education and an Experimental Resource Center for Preschool Activities (CEAPS), are responsible for setting national standards, training teachers, adapting teaching materials, and promoting enrollment.

The main ECCD objectives of the Human Resource Development Project are policy development and capacity building, to integrate pre-primary care and education into the framework of the education sector with the aim of achieving universal primary education by 2010. The National Policy and Strategy will focus on defining appropriate roles for the Ministry of Education and other ECCD service providers. To create a foundation for long-term support for ECCD, it will provide national guidelines for supporting local initiatives, training of teachers and trainers, developing an age-appropriate curriculum, and managing ECCD programs more effectively.

The specific goals of the ECCD component are to work in partnership with stakeholders, to educate caregivers, and to build capacities in a way that will allow communities to create their own ECCD support systems. Strengthening capacity for ECCD is expected on the local level (including the education of caregivers) as well as at the central level (Division of Preschool and the CEAPS). Service delivery will be driven by private and local initiatives, supported by the Ministry of Education. The outcome of the policy process will guide the expansion of ECCD centers and determine the goals and implementation plan for the last 3–4 years of the project. Support for pre-primary education will seek cost-effective, community-based, and non-formal solutions that target mainly children ages 0–7 years, caregivers, and communities.

Proposed Strategy

National Policy and Strategy for ECCD

- Undertake studies on rural and urban ECCD practices and needs, including psychosocial dimensions.
- Organize policy development workshop for actors in child support to formulate a national policy on ECCD. This includes defining alternatives for sustainable, community-based, integrated preschool programs and launching an action plan.
- Define the roles of the government, the private sector, and the communities in ECCD and widen the consultations with other ministries and agencies.
- Establish guidelines and standards for public and private ECCD initiatives.
- Organize visits and comparative studies to other countries in Africa as part of the policy process to study different models of ECCD programs.
- Hold a follow-up conference to review and adopt the National Policy and Strategy for ECCD.

Quality of Preschool Education

- Sensitize policy makers and teachers about ECCD.
- Train preschool teachers and ECCD caregivers.
- Introduce training of trainers and teachers as an integral part of the national teacher training program.
- Develop, distribute, and implement a national ECCD curriculum.
- Establish performance indicators for program monitoring and evaluation.

<i>Proposed Strategy</i>	
Strengthen Institutional Capacity	<ul style="list-style-type: none"> ▪ Build capacity for the coordination and management of national preschool programs. ▪ Strengthen the ability of the CEAPS to promote new ECCD models, train teachers (in-service and pre-service), and design and disseminate didactic material. ▪ Educate parents and communities about the benefits of early interventions and alternatives for local ECCD activities. ▪ Support community-based initiatives.

<i>Expected Benefits</i>	
Access and School Readiness	<ul style="list-style-type: none"> ▪ Increased access to high-quality ECCD services. ▪ Improved readiness for primary school entry at an appropriate age. ▪ Fewer grade repetitions and lower drop-out rates in primary school. ▪ Increased number of qualified preschool teachers.

Source: World Bank, Project Appraisal Document and Technical Note: *Early Childhood Development and Education (ECCD) in the Human Resources Development Project—Rwanda, Appraisal Working Paper, April 2000*. Contact: World Bank, Human Development 4, Africa Regional Office, Washington, D.C.

SENEGAL

Quality Education for All Project

- To increase access of children 3–5 years old to ECD services using a low-cost, high-quality, and community-based model
- To train caregivers in community-based ECD centers
- To develop and implement a national ECD policy that strengthens links with the government's Poverty Reduction Strategy

Status	Active
Duration	10 years (Phase I: 2000–03)
Borrower	Government of the Republic of Senegal
Total project cost	US\$250 million
World Bank Funding (Phase I)	US\$50 million (ECD component: US\$1.0 million)
Target population (Phase I)	Children ages 3–5 years and their caregivers, especially in poor rural areas
Partner agencies	Ministry of ECD; Ministry of Education; Ministry of Health; Ministry of Family, Social Action, and National Solidarity; Ministry of Planning; <i>Agence d'Exécution des Travaux d'Intérêt Public</i> (AGETIP); NGOs
World Bank project manager	Linda English, Senior Operations Officer (AFTH2)
ECD component manager	Susan Opper, Senior Education Specialist (AFTH4)

The objective of the Quality Education for All Project (QEFA) is to establish the framework and strategies for universal primary education. The QEFA involves actions at all levels of the education system, from preschool to university, as well as adult literacy. The project will put in place sustainable approaches to increase access to learning for all Senegalese children, including those from the most vulnerable groups and under-served regions, by (a) helping the system build more schools and hire more teachers; (b) improving quality to increase student learning; and (c) improving system management, in part through decentralizing responsibilities and authority for service delivery. Management skills of local education officials and communities will be upgraded as part of the effort to bring education closer to parents and the community. The first phase of the project (2000–03) is designed to put the framework and strategies for QEFA solidly in place.

The ECD program is designed to make widespread access to preschool feasible by developing a low-cost model that is based on local community initiatives, in partnership with government and NGO services, and is implemented through a contracting approach. Phase I operations begin in 5 of the country's 10 regions with communities that are already organized to participate in literacy, community nutrition, and other development projects.

During Phase I of the ECD program, support is provided to develop models and materials for low-cost activities and programs at the community level. An integrated approach will include nutrition, health, cognitive, and psychosocial development, as well as family literacy strategies emphasizing the transition to primary schooling. Support at the central level focuses on establishing policy, norms,

and training packages and IEC. At the decentralized level, support is given to capacity building for the preschool inspectorate (national preschool inspectors have a key role in providing training curricula that will instruct the community-selected mothers, grandmothers, and other caregivers in the basics of ECD), NGOs, and other private-sector service providers that will supply technical assistance to community-driven ECD.

During Phase II, promising ECD initiatives will be taken to scale through collaboration with a wide range of partners and development programs. In addition, linkages between community-based ECD and early primary schooling will be strengthened as part of the government's program to reach universal coverage of the first 2 years of primary schooling during this phase. Phase III activities will focus on strengthening the sustainability and replicability of ECD approaches under increasingly decentralized management of the education sector. Emphasis will be on quality control and on ensuring that ECD activities become an integral part of the transition to schooling.

<i>Proposed Strategy (Phase I: ECD component)</i>	
ECD Program Management and Capacity Building	<ul style="list-style-type: none">▪ Set up a protocol clarifying the respective roles of the Ministry Delegated for Basic Education and National Languages, and other ministries, in carrying out a comprehensive ECD program.▪ Approve an Action Plan for expansion of ECD services managed by communities.▪ Establish quality norms and training packages.▪ Develop guidelines for the contracting mechanisms to be used, between government, communities, and private-sector agents.▪ Set up IEC programs about ECD, with an emphasis on reaching vulnerable groups.▪ Train and strengthen national and decentralized-level staff in the Ministry of Education for ECD program management, MIS, evaluation, and supervision.▪ Train and build capacity of national NGOs and other private-sector service providers to help implement community-based ECD programs.
Community Mobilization for Increased Access	<ul style="list-style-type: none">▪ Initiate an advocacy campaign to increase public awareness of the new ECD program.▪ Inform and mobilize communities to participate in the program.▪ Provide seed money for initiatives at the community level (e.g., modest assistance for repairing community-supplied premises for ECD).▪ Encourage communities to match program support with local goods and services.▪ Set up 180 parent- or community-run ECD centers capable of serving as models for similar programs nationwide.

<i>Proposed Strategy</i>	
Curriculum Development and Training of Caregivers	<ul style="list-style-type: none"> ▪ Fund workshops to design age-appropriate curriculum and produce support materials (e.g., instructional toys made from local materials). ▪ Disseminate the new ECD curriculum. ▪ Design courses to train community-based caregivers. ▪ Fund training activities for some 540 community-based caregivers.
Health and Nutrition Programs	<ul style="list-style-type: none"> ▪ Create guidelines for health and nutrition activities to be incorporated into the ECD program. ▪ Identify NGOs and other service providers to help communities procure goods and implement a minimum health package. ▪ Strengthen standards of health, safety, and nutrition at the ECD sites.

<i>Expected Benefits</i>	
Capacity Building at Community Level for Program Management	<ul style="list-style-type: none"> ▪ Increased capacity to manage multi-sector programs of early education services on a national scale at the national and community levels. ▪ Effective monitoring to improve early care and education services. ▪ Increased ability to mount multi-media campaigns to broaden popular awareness of ECD issues.
Early Childhood Care and Education	<ul style="list-style-type: none"> ▪ Increased access to quality early education. ▪ Increased supply of non-formal ECD facilities. ▪ Increased share of children 3–5 years old participating in ECD services. ▪ Increased primary school enrollment rates of children in the program areas. ▪ Enhanced intellectual and social development of young children.
Child Health and Nutrition	<ul style="list-style-type: none"> ▪ Improved disease prevention skills and health care practices of parents, caregivers, and ECD workers. ▪ Increased general understanding of child nutrition. ▪ Improved access to nutritious food.

Sources: Document d'Evaluation du Projet Education de Qualité pour Tous (EQPT) en Appui au Programme Décennal de l'Education et de la formation (PDEF) que l'Association Internationale de Développement se propose de financer par l'octroi à la République du Sénégal. 16 Février 2000; and internal ECD program planning documents.

TRINIDAD AND TOBAGO

Basic Education Project

 To enhance the cognitive and social development of children enrolled in Early Childhood Care and Education programs

Status	Active
Duration	1996–2003
Borrower	Republic of Trinidad and Tobago
Total project cost	US\$121.7 million
World Bank funding	US\$51.1 million (ECD component: US\$8.6 million; reduced to US\$2.95 million in 1999)
Target population	Preschool and primary school children
Partner agencies	Ministry of Education, regional education districts, NGO-operated preschools, public and government-assisted primary schools
World Bank project manager	Alberto Rodriguez, Senior Education Specialist (LCSHE)

To improve the efficacy of Early Childhood Care and Education programs in Trinidad and Tobago, the project invests in the physical facilities used for these programs, enhances the training of ECCE teachers, and improves the way preschool programs are managed and supervised. It operates both in public programs and in those established by communities. In addition to increasing public and government awareness of the benefits of early childhood services, the program seeks to support and expand preschool programs currently run by nongovernmental organizations.

After a project restructuring in 1999, total project costs were reduced to US\$78.5 million. The total World Bank loan remained unchanged, but the ECD component was decreased to US\$2.95 million.

Proposed Strategy (Early Childhood Care and Education Component)

Quality of Preschool Education

- Fund consultants to help ECCE training institutions upgrade their training and supervision services to National Council on Early Childhood Care and Education (NCECCE) standards.
- Finance new training programs for trainers.
- Revise training for trainers curriculum to meet NCECCE requirements.
- Rehabilitate up to 150 existing public ECCE centers and equip them with furniture and instructional materials.

Proposed Strategy

(Early Childhood Care and Education Component)

Quality of Preschool Education

- Provide technical assistance, furniture, and equipment to set up an NCECCE secretariat office to oversee preschool program monitoring from within the Ministry of Education.
- Work with NCECCE to improve the supervision provided by ECCE field officers and regional facilitators.

Access to Preschool Programs

- Fund the NCECCE's program to enroll 2,250 poor children in ECCE programs.
- Build, fund, and equip some 50 new community preschool centers.
- Train parent outreach workers to help parents at home develop appropriate childcare practices.
- Support early childhood development activities managed by NGOs and help expand their existing parental outreach programs.
- Encourage the government to increase its contributions to local NGO-run ECD activities.

Expected Benefits

- 150 upgraded public and 50 new community-based ECCE centers.
- 2,250 more children enrolled in ECCE programs.
- Expanded financing for and coverage by NGO-run ECD programs.
- Improved quality of teacher training available for ECCE teachers and better-trained field supervisors for ECCE programs.
- Increased public and government awareness of the benefits of ECCE programs.

Source: World Bank, October 1995. Staff Appraisal Report, *Trinidad and Tobago Basic Education Project*. Contact: World Bank, Human Resources Operations Division, Country Department III, Latin America and the Caribbean Regional Office, Washington, D.C.

URUGUAY

Basic Education Quality Improvement Project

-  To enhance primary school readiness
-  To reduce repetition rates in the first two grades of primary school

Status	Active
Duration	1994–2001
Borrower	República Oriental del Uruguay
Total project cost	US\$45.0 million
World Bank funding	US\$31.5 million (ECD component: US\$16.7 million)
Target population	Preschool programs, poor children under age 6
Partner agency	National Public Education Administration
World Bank project manager	Ricardo Rocha Silveira, Senior Economist (LCSHE)

The Uruguay Basic Education Quality Improvement Project improves the quality, equity and efficiency of the primary education system. In order to increase children's school readiness and success in primary school, the early education component expands the preschool coverage in poor areas of the country and enhances the quality of existing preschool services. The preschool component accounts for 37 percent of total project cost.

Proposed Strategy (Preschool Education Component)

Quality of Early Childhood Education

- Develop a special program and appropriate teaching materials to stimulate the cognitive and psychosocial development of children ages 3–5 years.
- Design and organize 30 in-service events to train 3,000 teachers, 185 school principals, and 24 supervisors (all existing preschool personnel plus staff hired for the project) in pedagogical techniques and use and production of ECD teaching materials.
- Purchase 5,260 sets of teaching materials (puzzles, blocks, storybooks, pictures, and other classroom aids) for use in teacher-training events.
- Instruct teachers how to involve parents and caregivers in the delivery of preschool services.
- Hire a group of experts (a preschool teacher, a first-grade teacher, and a child psychologist) to identify curriculum objectives that link preschool training to needs of students entering first grade.

<i>Proposed Strategy</i>	
Quality of Early Childhood Education	<ul style="list-style-type: none"> ▪ Design a longitudinal study of 600 first-grade students (to be evaluated in years 2, 4, and 6 of the project) to measure the impact of preschool on the social and academic achievements of first graders.
Access to Early Childhood Education	<ul style="list-style-type: none"> ▪ Construct 60 preschool classrooms for 4-year-olds and 11 classrooms for 5-year-olds. ▪ Rehabilitate and upgrade 23 classrooms for 5-year-olds attached to public primary schools in poor areas. ▪ Purchase equipment and school furniture for the new classrooms. ▪ Remodel primary schools, selected on the basis of the 5-year-olds in need of ECE services, to be used as preschools. ▪ Develop and disseminate new school maintenance manuals.
Strengthen ECE Institutions	<ul style="list-style-type: none"> ▪ Finance the acquisition of 98 sets of computers, printers, and managerial and statistical software. ▪ Train preschool administrators and education analysts at all levels of decision making in management skills and the use of the MIS. ▪ Encourage the government to decentralize and simplify preschool and primary school administration.

<i>Expected Benefits</i>	
	<ul style="list-style-type: none"> ▪ Increased annual capacity of public preschools through 1,160 new places for 5-year-olds and 3,600 new places for 4-year-olds. ▪ Increased preschool coverage to reach a total of 21,000 preschool children in poor areas, giving 90 percent of 5-year-olds and 40 percent of 4-year-olds access to early stimulation programs. ▪ Improved quality of preschool education and administration. ▪ Improved preschool facilities and maintenance.

Source: World Bank, March 1994. Staff Appraisal Report, *Uruguay Basic Education Quality Improvement Project*. Contact: World Bank, Human Resources Division, Country Department IV, Latin America and the Caribbean Regional Office, Washington, D.C.

URUGUAY

Second Basic Education Quality Improvement Project

- To increase coverage of preschool education
- To improve quality of preschool and elementary education

Status	Active
Duration	1999–2003
Borrower	República Oriental del Uruguay
Total project cost	US\$40.0 million
World Bank funding	US\$28.0 million (ECD component: US\$10.5 million)
Target population	Children in the preschool years and children ages 4–11 from low-income households
Partner agency	National Public Education Administration
World Bank project manager	Ricardo Rocha Silveira, Senior Economist (LCSHE)

The Second Basic Education Quality Improvement Project has two main objectives. It aims to reach universal coverage of preschool education for all children ages 4 and 5 years by enrolling the remaining 10,700 out-of-school children ages 4 and 5 in urban areas and providing virtually full coverage in rural areas. The project also improves primary education, which comprises both preschool ages 4–5 and elementary school ages 6–11, by adopting a single-shift, full-time school model. This new model initially targets the schools in the most disadvantaged areas.

Proposed Strategy

Universal Preschool Education

- Construct 200 new classrooms.
- Provide equipment, furniture, and learning materials for the new classrooms and a set of exterior playground equipment.
- Provide obligatory monthly training to all 2,500 public preschool teachers.
- Provide (voluntary) training for teachers in preschools and the first two grades of primary school with high retention rates on dealing with the transition from preschool to primary school.
- Develop a strategy for implementing the new concept of integrated preschool and primary school education.
- Carry out an in-depth social assessment of families that do not send their children to preschool to identify the reasons.

Proposed Strategy

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| Universal Preschool Education | <ul style="list-style-type: none">▪ Carry out a long-term impact evaluation study of preschool education.▪ Finance a promotional and motivational campaign targeted to parents with children not yet enrolled in preschool (after completion of the social assessment). |
| Single-shift Full-time Schools | <ul style="list-style-type: none">▪ Expand and improve 58 current full-time schools, rehabilitate 120 classrooms in schools to be transformed to full-time schools, and construct up to 30 new school buildings.▪ Provide the full-time schools with learning materials and equipment, such as library books, workshop materials, and equipment for physical education.▪ Provide training to the personnel involved in the new pedagogical and institutional model of the full-time schools (principals, teachers, administrative personnel).▪ Conduct a qualitative assessment and impact evaluation study of the full-time school model.▪ Conduct yearly campaigns of information dissemination and sensitization in communities selected for the establishment of full-time schools the following academic year (gradual expansion). |

Expected Benefits

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| <ul style="list-style-type: none">▪ An additional 12,300 children ages 4–5 enrolled in preschool, reaching 97 percent of the country's total preschool-age children.▪ 18,000 children from poor households benefiting directly from the full-time school model, leading to improved educational achievement among the poor.▪ Enhanced cognitive and social development of children and better academic performance in primary school through universal access to preschool education.▪ Increased participation of women and mothers in the labor force through the new preschool model. |
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Source: World Bank, July 1998. Project Appraisal Document, *Uruguay—Second Basic Education Quality Improvement Project*. Contact: World Bank, Human Development Group, LCC7C, Latin America and the Caribbean Regional Office, Washington, D.C.

VENEZUELA

Social Development Project

- To improve the cognitive development of young children in poor and marginalized areas of the country
- To improve the living conditions of the poor by providing social services to pregnant and lactating mothers and children under age 6

Status	Closed
Duration	1991–99
Borrower	Government of Venezuela
Total project cost	US\$320.9 million
World Bank funding	US\$100.0 million (ECD component: US\$57.6 million)
Target population	Pregnant and lactating women, children under age 6
Partner agencies	Ministries of Employment and Social Affairs, Family, Health, Interior, and National Education
World Bank project manager	Willem Struben, Consultant (QAG)

Venezuela's Social Development Project improved the living conditions of the poor, mitigating the adverse impact deriving from its macroeconomic structural adjustment program, undertaken to put the economy on a firmer footing. The Early Child Development and Maternal Care component of the project helped the government devise a strategy to address high-priority social problems defined under its Social Sectors Action Program while targeting expenditures to help poor pregnant and lactating women and children younger than 6 years of age.

Strategy	
Primary Health Care	<ul style="list-style-type: none">▪ Support preventive and curative health interventions for women's reproductive health (such as pre-natal and post-natal care; detection of cervical, uterine, and breast cancers; sexually transmitted diseases; family planning services).▪ Support preventive and curative health interventions for infants and young children, such as preventive infant care, immunizations, treatment of acute diarrhea and respiratory infections.▪ Provide nutritional supplements to pregnant and lactating women and to children up to 6 years of age.

Strategy	
Primary Health Care	<ul style="list-style-type: none"> ▪ Support education and training activities, especially to promote breast-feeding. ▪ Strengthen health teams through training and technical assistance. ▪ Finance medical, computing, and office equipment for about 955 primary health care centers in poor areas. ▪ Develop an information system to facilitate monitoring and evaluation of health care services.
Preschool Education	<ul style="list-style-type: none"> ▪ Expand coverage of preschool education through the construction of new classrooms, focusing on marginal urban and rural areas. ▪ Encourage community participation in school construction and repairs. ▪ Provide furniture and instructional materials to the new preschools. ▪ Train teachers and staff and support supervision. ▪ Encourage NGO participation in innovative, integrated preschool programs that combine early stimulation with health and nutrition services
Information, Communication, and Education	<p><i>Develop a comprehensive IEC program based on mass media, community participation and inter-personal communication to:</i></p> <ul style="list-style-type: none"> ▪ Increase public awareness and knowledge of health, nutrition, and education principles. ▪ Foster community participation. ▪ Support training modules for health service staff and participating communities. ▪ Promote distribution and delivery of specific services.
Institutional Development	<ul style="list-style-type: none"> ▪ Improve government capacity to design, plan, implement, monitor, and evaluate social programs. ▪ Finance a series of studies to enhance policy formulation and planning such as general social sector studies, health sector studies, impact evaluations, and education sector studies to target and integrate ECD interventions more effectively across the different sectors.

Benefits

- Increased health and nutrition services to 757,000 infants and 490,000 preschool children.
- Increased health and nutrition services to more than 623,000 pregnant and 93,000 post-natal women.
- Immunization coverage of 79 percent of children under age 3.
- Construction of 804 formal and eight non-formal preschool centers to lay a solid foundation for future preschool development.
- Increased attendance in preschool to more than 27,000 children.
- More than 52,000 participants in training programs for preschool teachers.
- Increased access to childcare services enabling poor women to work outside the home.

Sources: World Bank, October 1990. Staff Appraisal Report, *Venezuela Social Development Project*; World Bank, 1990. Implementation Completion Report, *Venezuela—Social Development Project*. Contact: World Bank, Human Resources Operations Division, Country Department III, Latin America and the Caribbean Regional Office, Washington, D.C.