World Bank Support to Early Childhood Development
AN INDEPENDENT EVALUATION
World Bank Support to Early Childhood Development

An Independent Evaluation
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The full report and appendixes are available online at https://ieg.worldbankgroup.org/evaluations/wb-support-early-childhood-development.
Abbreviations

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

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

**Highlights**

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

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

- The Bank’s analytical work fosters an awareness of the rationale to invest in people early. This work expands the knowledge base, addresses key operational challenges, and pushes the frontiers of research on child-related policies and interventions. Overall, there is a balance between an integrated concept of early childhood development, child health, and child nutrition. In looking to the future, more attention is needed to create knowledge related to scale, quality models for early learning, financing of ECD, cost-effectiveness, and capacity building at all levels of government.

- The Bank lacks a strategic framework and an organizational structure to support a coordinated approach across Global Practices toward the development of children. In its absence, the Bank depends on the knowledge, initiative, and skills of individual staff members, leading to significant variation in approaches and intensity of investment across countries.

- Based on what is known from research, the impact of the Bank’s work could be increased by changing its focus on health and survival to include child stimulation and development interventions in health, nutrition, and social protection. These sectors that would support an expanded focus have early entry points to reach vulnerable children and families beginning with the prenatal period. The Bank has made this shift in a few of the countries examined.

- The role of parenting in child development is critical. More emphasis is needed on support for parent education and assistance programs, treatment of maternal depression, early detection of disabilities and developmental delays, and affordable quality childcare to enable workforce participation.
The findings and recommendations of the evaluation are drawn from 16 field and desk case studies as well as analyses of the World Bank’s early childhood development (ECD) portfolio and other sources of evidence to triangulate findings. Other sources of evidence are review of economic analysis; analytic work including Bank-supported impact evaluations; country strategies; results frameworks; Human Resources data; synthesis of ECD systematic reviews; and key informant interviews. The case studies were central to assessing experiences with the benefit of understanding the country context.

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

Findings

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

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

The Bank has produced a body of analytical work devoted to topics such as maternal and child health, nutrition, and early childhood development.
This knowledge work gives rise to subsequent lending, which shows the value of analytical work in creating awareness of the benefits of investing in young children. Country experience revealed the importance of the Bank’s policy dialogue, suggesting that it can be leveraged in countries where the Bank has limited involvement to help other governments understand the importance of promoting the development of children.

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

**Breaking the Cycle of Poverty**

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

The World Development Reports of 2006, 2013, and 2015 highlight the importance of stimulation and giving parents the tools they need for optimal parent-child interactions. The World Development Report of 2012 highlights the importance of twin-generational approaches to women’s economic empowerment and support to their children’s development through quality childcare. However, synergies have not been established between the Bank’s work in gender and early childhood development. Parental support programs that teach parents how to stimulate their
children’s development and childcare are contained in few Bank operations, suggesting the need for more attention. Within several of the countries examined for this evaluation, opportunities to advance country capacity to support the early development of children (prenatal to three years) were missed.

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

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

Organizational Challenges

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

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

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

**New Opportunities**

Diagnostics about children and their development were not inputs to the preparation of the country strategies, except in one country. The Bank’s new model of country-level engagement and systematic country diagnostics can provide a mechanism both to assess the situation of children and ensure the Bank’s support is reaching countries with high stunting rates and to identify a government’s interest. Many country strategies made no mention of ECD interventions in countries where the Bank financed them; most of these cases where in relation to nutrition with half of them in the Africa Region.
Regional experience reveals promising aspects of the Bank’s engagement in ECD, such as using social protection programs to reach vulnerable families to improve the early development of children—those younger than three years old. As well, the Child Health and Development Passport was used by health care workers in Jamaica to provide parents with a regular assessment of developmental milestones and screening of disabilities during well-child health clinic visits. The work in the Latin America and the Caribbean Region may serve to provide lessons learned for other Regions. All of the countries examined included early entry points with child development interventions aimed at vulnerable families and have capitalized on work across sectors. All of the available evidence points to the importance of the quality of parenting, yet most of the parental support programs financed by the Bank are contained in operations in the Latin America and the Caribbean Region. The Region uses more multisector teams in its ECD operations. It supports a balanced set of interventions, and the level of nutrition support was aligned with country need. The variation across Regions may point to disparities among deployed staff in relation to their understanding of how to advance child development.

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

Recommendations

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

- Ensure that future organizational arrangements for ECD, such as the proposed “ECD global solution area” are able to provide a well-
coordinated and strategic framework for ECD, with clarity on leadership, ability to join up on issues across Global Practices and Cross-Cutting Solution Areas, and appropriate staff and resources for effective ECD programming.

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

TK
## Management Action Record

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<td>1.1 Multisector teams rarely supervise ECD interventions, except for operations containing child protection interventions. Synergies have not been established between the Bank’s work in gender and early childhood development. The absence of a coordinating function within the Bank meant that coordination occurred in only a few of the countries that were visited by IEG. When cross-sector coordination occurred, it was based on staff initiative, rather than organizational practices. In its absence the Bank depends on the knowledge, initiative, and skills of individual staff.</td>
<td>Ensure that future organizational arrangements for ECD such as the proposed “ECD global solution area” are able to provide a well-coordinated and strategic framework for ECD, with clarity on leadership, ability to join up on issues across Global Practices and Cross Cutting Solution Areas, and appropriate staff and resources for effective ECD programming.</td>
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members, leading to significant variation in approaches and intensity of investment across countries. While sector strategies mention early childhood development and individually address ECD elements, there are gaps. A strategic framework would bring clarity in relation to the following aspects: (1) who is in charge of ECD and responsible for coordinating within the Bank and partners; (2) what is the Bank’s approach toward the development of children; (3) what is the Bank’s long-term vision; and (4) how will the Bank position itself so that it will be an important player in reaching the Sustainable Development Goals in relation to ECD.

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<td>increase in the number of Country Strategies containing ECD intervention between FY05 and FY13, there were a number of countries where ECD interventions were financed, yet Country Strategies made no mention of them, suggesting that the Bank did not detect borrowers’ interest in ECD. There are several countries in Africa with stunting rates ranging from 39 to 55 percent (which is an indicator associated with delays in children’s development) where the Bank has had little to no involvement in nutrition.</td>
<td>preparation of Systematic Country Diagnostics to determine ECD need — identifying when ECD should be made a country priority and coordinating the relevant support across Global Practices and Cross Cutting Solution Areas.</td>
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1.2 The Bank’s new model of country level engagement and Systematic Country Diagnostics can provide mechanisms for the Bank to assess the situation...
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<td>of children in the country and identify the most needed intervention, and the alignment with other partners.</td>
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<td>1.3 The Bank is obtaining evidence on effectiveness of interventions- what does and does not work; however, TTLs and clients need practical knowledge- what is the minimum you need to do and the most cost-effective way to do it. Several areas remain for the Bank to address- scaling up, cost-effectiveness, quality early learning models (i.e. childcare, stimulation, and preprimary education), financing of ECD, and capacity building at all levels of government.</td>
<td>1.4 Increase knowledge to address key ECD operational challenges with respect to scaling up, cost-effectiveness, quality models to promote early learning and stimulation, financing of ECD, and capacity building at all levels of government.</td>
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<td>1.5 This evaluation is not able to provide any aggregation of changes in</td>
<td>Improve monitoring and evaluation of ECD interventions during and after project closure to</td>
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## IEG Findings and Conclusions

Outputs or outcomes, as there is no consistency in the Bank’s monitoring and evaluation. Within the Results Frameworks analyzed outputs rather than outcomes were typically tracked. When outcomes were noted, they were health measures such as infant, child or maternal mortality rates, which are not attributed solely to the interventions and do not capture impacts on children’s development. Twenty percent of Results Frameworks from investment lending planned to measure changes in at least one child development domain. There is a huge need for more harmonized monitoring and evaluation of ECD interventions across the Bank, as well as need for

## IEG Recommendations

Strengthen evidence on their medium- and long-term impact. Common ECD indicators should be developed and tracked across Bank operations to permit aggregation of results across Bank projects. In addition, follow-up studies should be undertaken to better understand the long-term impact of ECD interventions.
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<td>tracer studies to be employed more frequently in projects, and follow-up studies to better understand the long-term impact of ECD interventions.</td>
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Chairperson’s Summary: Committee on Development Effectiveness

TK
1. Introduction

**Highlights**

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

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

Healthy, nourished, and stimulated children (see box 1.1) are more prepared to enter school, which is associated with increased school attainment and higher earnings (Gertler and others 2013; Belfield and others 2006). Noncognitive skills such as self-control and motivation are important for later success in the labor market and are molded during the early years of children’s lives (Heckman and Katz 2013; Heckman 2013). The early shaping of socioemotional skills such as social competence, planning, and organization explained the long-term positive outcomes associated with the Perry Preschool program (Heckman, Pinto, and Savelyev 2013) and the Nurse-Family Partnership Program (Olds 2002). Programs such as these incorporate home visits that affect the lives of the parents to create a permanent change in the home environment that supports the child (Heckman 2008).
CHAPTER 1
INTRODUCTION

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

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


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

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

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

The Bank and its partners have promoted ECD interventions seeking to break the intergenerational transmission of poverty, to equalize opportunities for human capital development, and ultimately contribute to economic growth (Young 1996, 2002; Young
and Richardson 2007). The argument made by the Bank is “the relationship that links child health with economically relevant dimensions is circular—poverty contributes to poor health and poor health contributes to poverty” (World Bank 2003). For countries within the Organisation for Economic Co-operation and Development, longer-term impact from ECD interventions has been measured (Cunha and Heckman 2009; Schweinhart 2007; Campbell and others 2002; Smith 2009; Duncan and others 2007), while there is only scant evidence for developing countries (IEG 2015). One of the more promising aspects coming out of the Jamaican intergenerational study is that mothers who received weekly home visits in the first three years of their child’s life enhanced their interactions with their children, and the offspring of the children also had higher developmental quotients, suggesting that early interventions have beneficial effects beyond the immediate generation (Walker and others 2013).

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

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

**Purpose, Scope, and Methodology**

The Bank has increased its support to early childhood development interventions in lending operations. In FY00 there were 13 projects with early childhood development interventions and 34 in FY14 (see line in figure 1.2). The Bank has approved 414 operations in 106 countries between FY00 and FY14. While the number of the approved ECD projects fluctuate over the years, an overall upward trend is seen in lending, which
peaked in FY10 with 36 projects. Most of these projects contain ECD interventions as a portion of them. For this reason, it is not possible to accurately calculate the World Bank’s financial commitment to support early childhood interventions. A conservative estimate is $5.3 billion, which only includes full ECD projects and those where interventions comprised the full component and the amount was specified in documents. Excluded from the figure were 168 investment operations and 82 development policy loans because the amount devoted to ECD interventions was not determinable.

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

This evaluation examines the Bank’s design and implementation of projects supporting early childhood development interventions for the purpose of informing the Bank’s future operations. It does not include the International Finance Corporation (IFC) because the ECD private sector is made up of NGOs and not-for-profit community organizations, which are not part of the constituency of the IFC. While other IEG evaluations examine maternal and child health, this is the first evaluation by IEG to examine the integrated concept of early childhood development. This evaluation is timely given the Bank’s newly articulated twin goals and the connection between improving children’s development and breaking the intergenerational transmission of poverty. There is a growing recognition in the Bank of the need to better coordinate and leverage its work. The intent of this evaluation is to provide information to the new Global Practices to better inform their work.
This evaluation assessed the Bank’s ECD support through its financial products, knowledge services, and coordination with other partners in client countries. It uses interventions (see figure 1.1) that serve young children and their families as the basis for identifying the Bank’s support to early childhood development through lending and analytic and advisory work, since there is no “ECD theme code” in the Bank.

As the evaluation framework depicts (figure 1.3), the Bank and its partners support government policies, regulatory frameworks, and programs. The Bank’s involvement is indirect because of other mediating factors (i.e., availability of services and household behavior) that affect child development outcomes. Thus, contextual factors at all levels (country, community, and family) are part of the framework, since they shape the type of interventions that are implemented in particular countries. The Bank rarely collects outcome measures of child development (see chapter 4), and few Bank common core indicators are relevant to ECD. Thus, the evaluation framework contains intermediate and life outcomes for illustrative purposes. Because of the anticipated lack of data, this evaluation did not set out to answer questions about the impact of the Bank’s support in improving child development outcomes. Instead, the evaluation examined the design of operations to see if they are consistent with the growing body of research around efforts that are likely to lead to changes in children’s development and improve their readiness for school.
This evaluation examined the Bank’s overall engagement on early childhood development as well as country-level support to be able to make judgments with the benefit of understanding country context (see appendix A for criterion for selecting the 16 countries). It primarily draws conclusions based on field and desk case studies, using portfolio and other sources of evidence (i.e., review of economic analysis, analytic work including Bank-supported impact evaluations, country strategies, results frameworks, and Human Resources data; a synthesis of ECD systematic reviews; and key informant interviews) to triangulate these findings (see appendix A for methodology). These countries were purposely selected and are not representative of those the Bank supports—they provide a picture of a range of visions and implementation around early childhood development interventions.

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

References


CHAPTER 1
INTRODUCTION


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

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

3 The commitment trend in this evaluation is different from the Bank’s recent portfolio review (Sayre and others 2015) due to methodological differences. First, the Bank adjusted for inflation, while IEG used actual amounts. Second, IEG included additional financing with the total project costs of the originating project, which is consistent with the practices in completion reports. Thus, the amount of additional financing is included with the approval year of the project. Third, IEG utilized actual component amounts from appraisal document (active) and completion reports (closed), specifying nothing when interventions did not comprise the full component. IEG did not estimate any portion of project financing for ECD interventions.
4 The International Finance Corporation (IFC) does not have a large role in supporting ECD interventions. Its investments in both health and education have focused on increasing access to services through expansion of education infrastructure. Tertiary education comprises a large share of IFC’s education portfolio.

5 The countries with field-based assessment include: Bangladesh, Ghana, Jamaica, the Kyrgyz Republic, Mozambique, Nepal, Nicaragua, and Vietnam. Countries with desk reviews include: Bulgaria, Ethiopia, Jordan, Indonesia, Malawi, Mexico, Peru, and the Republic of Yemen.
2. Are Interventions Reflected in Sector and Country Strategies?

**Highlights**

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

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

**Sector Strategies**

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

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

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

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

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

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

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

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

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

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

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

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

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

**Country Strategies**

Country strategies increasingly include ECD interventions as seen in the upward trend between FY05 and FY13 (see figure 2.1). Less than one-third of the strategies prepared in FY05 referenced ECD interventions, while over half of them did in FY13. Maternal and child health interventions are increasingly contained in country strategies. Child nutrition featured more prominently in country strategies since FY12, while preprimary education has been stable across the years.
More than half of the country strategies prepared between FY05 and FY13 include ECD interventions (see table 2.1). The Africa Region has the highest proportion of the countries with ECD interventions mentioned in country strategies, followed by the Latin America and the Caribbean Region and the Middle East and North Africa Region.

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

<table>
<thead>
<tr>
<th>Country Strategies</th>
<th>AFR</th>
<th>EAP</th>
<th>ECA</th>
<th>LAC</th>
<th>MNA</th>
<th>SAR</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number</td>
<td>47</td>
<td>18</td>
<td>24</td>
<td>22</td>
<td>12</td>
<td>9</td>
<td>132</td>
</tr>
<tr>
<td>Number containing ECD intervention</td>
<td>33</td>
<td>9</td>
<td>12</td>
<td>14</td>
<td>8</td>
<td>5</td>
<td>81</td>
</tr>
<tr>
<td>Percentage containing ECD intervention</td>
<td>70</td>
<td>50</td>
<td>50</td>
<td>64</td>
<td>67</td>
<td>56</td>
<td>61</td>
</tr>
</tbody>
</table>

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

Regions approach early childhood development differently in country strategies. Those in the Africa, South Asia, and Middle East and North Africa Regions that contain ECD interventions are mainly focused on maternal and child health and child survival. In Latin America and the Caribbean Region, there was a balanced description of interventions across sectors, while country strategies in Europe and Central Asia were more focused on preprimary education. Nutrition interventions are included infrequently in East Asia and Pacific, Europe and Central Asia, and Middle East and North Africa Regions but more frequently in Africa, Latin America and the Caribbean, and South Asia Regions (see figure 2.2).
Country strategies and subsequent ECD operations were not aligned in many countries. As figure 2.3 shows, there were many cases where strategies made no mention of ECD interventions in countries where the Bank financed them. The largest number of cases occurred in relation to nutrition. The Bank supported nutrition in 40 countries, but the country strategies did not mention nutrition. Nearly half (19 of 40) of these cases occurred in the Africa Region, which may be due to the fact that ECD interventions typically comprise a portion of a project and thus are not viewed as a prominent area of support. When the country had an operation fully devoted to ECD, 69 percent of strategies mentioned ECD interventions. In cases where the financing of ECD interventions took place but they were not mentioned in country strategies may indicate that the Bank did not anticipate or detect government interest.
MDG data were routinely referenced in country strategies. Diagnostics about children and their development were not inputs to the preparation of the country strategies, except in the case of Jamaica where analytic work that informed the design of the Early Childhood Development Project and the Social Protection Project were used in preparing the country partnership strategies for FY14–17 and FY10–13. The Bank’s new model of country-level engagement and systematic country diagnostics can provide a mechanism for the Bank to assess the situation of children in a given country and discuss with the government the support the Bank and partners can provide.

Findings and Recommendations

The Bank’s Education, HNP, and SP sector strategies address elements of early childhood development. Other sector strategies note direct or indirect contributions to children’s development, but gaps exist. The nexus between women’s economic empowerment and the development of children through quality childcare has been missed across strategies. A framework for ECD would bring clarity to (i) who is in charge of ECD and responsible for coordinating within the Bank and with its partners; (ii) what the Bank’s approach are toward the development of children; (iii) what the Bank’s long-term vision is; and (iv) how the Bank will position itself to become an important player in reaching the SDGs related to early childhood development.
While an increase has occurred in the number of country strategies containing ECD intervention between FY05 and FY13, there were a number of countries where interventions were financed but country strategies made no mention of them, suggesting that the Bank did not detect borrower interest in ECD.

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

The first recommendation is directed to Country Management Units.

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

References


3. What Knowledge Is Generated by the Bank?

**Highlights**

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

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

This chapter examines the Bank’s ECD analytic and advisory services (AAA) or knowledge work, defined here as economic sector work, nonlending technical assistance, policy dialogue, impact evaluations, and research. Knowledge generated during project preparation and closing are also discussed. The purpose of this chapter is to assess whether the Bank addressed key knowledge gaps in ECD that were identified by task team leaders and the literature and to highlight areas for the future analytic work.
CHAPTER 3
WHAT KNOWLEDGE IS GENERATED BY THE BANK?

The Bank’s Knowledge Portfolio

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

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

<table>
<thead>
<tr>
<th>Intervention Type</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal, child health, or nutrition</td>
<td>78</td>
<td>48</td>
</tr>
<tr>
<td>Childcare</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Preprimary education</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Integrated concept of early childhood development</td>
<td>73</td>
<td>45</td>
</tr>
<tr>
<td><strong>Total number</strong></td>
<td>165</td>
<td>100</td>
</tr>
</tbody>
</table>

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

**Promoted Benefits and Rationale to Invest Early**

In the early and mid-2000s, the Bank played a key role in convening ECD experts through conferences and calls for papers and produced major volumes that detailed theories, evidence, and knowledge gaps in child development. In each volume the rationale for intervening in the early years is made clear. Evidence from vast and various disciplines points to high returns both to the individual and society when health, nutrition, stimulation, and preprimary education services, whether through home-, community-, or school-based settings, are delivered to the same child (Young 1996, 2002; Young and Richardson 2007). The brains of young children, especially those under three years old, grow rapidly and are significantly more active than adult brains. Stimulation helps consolidate quickly forming neural connections.
CHAPTER 3
WHAT KNOWLEDGE IS GENERATED BY THE BANK?

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

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

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

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


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

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

Policy dialogue and capacity building created awareness of the importance of investing in children early, according to government officials in the countries visited by IEG. For example, since the mid-1990s the Bank has been active in ECD policy dialogue and technical assistance in Jamaica with the view to laying a foundation, realizing that these efforts would build the knowledge, capacity, and motivation with the government to invest in ECD and create advocates within the country. Policy dialogue helped shift the
government’s funding from tertiary education to early childhood care and education. The efforts from the Bank can also be attributed to helping the government of Jamaica identify early childhood development as a priority. In Mozambique the presentation of dismal child development indicators that surfaced from a baseline survey of an impact evaluation led by the World Bank of a Save the Children ECD pilot was sufficient to generate enough political momentum to spur government commitment. Within a week of the presentation the minister of education requested support for an ECD program. These reports, and the positive correlation found between the Bank’s analytical work and subsequent operations, illustrate the value of the Bank’s knowledge generation, suggesting the importance of analytical work in countries with pressing needs where the Bank has a low level of involvement.

**Limited Distributional Analysis**

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

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

Benefit incidence analysis conducted by this evaluation shows a mixed picture of the distributional impacts of Bank supported ECD interventions. The analyses focused on two interventions for children under six years of age: preprimary education in Nepal and Nicaragua and immunization in Nepal (see appendix A for methodology). The
results for preprimary education in both Nepal and Nicaragua indicated that public services are predominantly benefitting the poor.\textsuperscript{1} While there are large socioeconomic differences in preprimary enrollment (public and private) in Nepal and Nicaragua by socioeconomic group and area of residence, enrollment in public early childhood education favors the poorest children, suggesting that public services are pro-poor. In contrast, immunization status by socioeconomic groups based on the third Nepal Living Standards Survey (NLSS-III) reveals inequality in access. Less than one-third of children in the bottom quintile are fully vaccinated compared with 49 percent in the top quintile (see box 3.2). Broader inferences cannot be drawn from these data, but point to the importance of routinely conducting distributional analyses, particularly in view of the Bank’s twin goals (World Bank 2013a).

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

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

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

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

**ADDRESSING SOME OF THE KEY OPERATIONAL CHALLENGES**

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

The World Bank has been heavily involved in country dialogue on nutrition in Nepal, as the analytical work focuses heavily on nutrition. The Bank collaborated in the Nutrition Assessment Gap Analysis (2009), which evaluated the government’s 2004 strategy, identified weaknesses in current efforts, and recommended a stronger
commitment to attacking malnutrition multisectorally. The government of Nepal has subsequently approved the Multi-Sector Nutrition Plan (MSNP), involving the Ministry of Health and Population, the Ministry of Education, the Ministry of Federal Affairs and Local Development, the Ministry of Agricultural Development, and the Ministry of Physical Planning and Works. It also created a high level steering committee on food security and nutrition and an interministerial coordinating committee located in the National Planning Commission to help coordinate nutrition activities. It is too early to evaluate the MSNP’s effectiveness.

Box 3.3. Progression to Multisectoral Nutrition Activities

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

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

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

The Bank’s knowledge work does not propose or advocate for any one particular approach for early childhood development services. Clear findings emerge from the analytical work: the importance of country context, awareness of each sector’s role in early childhood development, and the need for an ECD policy framework to sequence and coordinate types of intervention and engagement of relevant sectors. What works in one country may not work in another. Countries differ in their policy and regulatory frameworks and priorities; the health and educational status of their populations; service coverage and quality; and critical service gaps. Country-level ECD assessments are necessary for successful interventions, as they depend on the political economy and enabling environment of a given country (Naudeau and others 2011b). The research has
Chapter 3

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

Other Operational Issues to be Addressed

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

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

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

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


Pipeline impact evaluation could provide evidence on the marginal impact of combining interventions, which may offer much needed data by which to assess the relative cost-effectiveness of programs. It can answer questions such as, “How much will it cost to add a parent support program to my nutrition project?” as well as “Is it
worth the extra money?” The set of upcoming evaluations will attempt to fill these critical knowledge gaps. Among pipeline evaluations, four impact evaluations have proposed to measure the impacts of health and nutrition interventions on physical, cognitive, and socioemotional aspects of development (e.g., Indonesia, Madagascar, Mali, and Senegal).

### Table 3.3. Economic Analysis by Region

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>AFR</th>
<th>ECA</th>
<th>EAP</th>
<th>LAC</th>
<th>MNA</th>
<th>SAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>With project appraisal documenta</td>
<td>36</td>
<td>9</td>
<td>2</td>
<td>4</td>
<td>9</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Lack economic analysis</td>
<td>16</td>
<td>5</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Contain CBA</td>
<td>14</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Contain CE</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Contain CEs comparing alternate interventions</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Analysis of fiscal impact</td>
<td>15</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>ICRs</td>
<td>14</td>
<td>4</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>ICRs with economic analysis</td>
<td>5</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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

**Box 3.4. Strengthening Economic Analysis**

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

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

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

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

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

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


Table 3.3 shows that less than half of the appraisal documents contained a fiscal impact analysis during and after the project’s life, which has implications for the sustainability of interventions. There is a role for strengthening both economic and fiscal sustainability analysis in operations, as better quality economic analysis can help the
Bank provide additional evidence of the impact of ECD interventions in poorer countries and the most cost-effective mix of interventions.

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

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

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

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

Findings and Recommendations

Bank analytical work fosters an awareness of the rationale to invest in people early. Country knowledge work is associated with subsequent ECD lending. This work has
also expanded the knowledge base, addressed some of the key operational challenges, and pushed the frontiers of research on child-related policies and interventions. Overall, there has been a concentration on maternal and child health, nutrition, and integrated concept of early childhood development, while preprimary education and childcare have received less attention. The work is distributed evenly across Regions.

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

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

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

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

References


Engle, Patrice L., Maureen M. Black, Jere Behrman, Meena Cabral de Mello, Paul J. Gertler, Lydia Kapiriri, Reynaldo Mortorell, Mary E. Young, and the International Child Development Steering


CHAPTER 3
WHAT KNOWLEDGE IS GENERATED BY THE BANK?


1 The World Bank had similar findings as the estimates of the Independent Evaluation Group (World Bank 2008).
4. What Interventions Are Supported by the Bank?

**Highlights**

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

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

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

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

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

Source: IEG coding of data from appraisal documents and completion reports and data from the World Bank’s Operations Portal.

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

### At the Portfolio Level

ECD interventions typically comprise a portion of operations (see table 4.1). Only 43 countries have opted for a loan exclusively devoted to early childhood development (see appendix C). The Bank has supported interventions in another 63 countries through policy loans or components or subcomponents of investment lending. Most standalone operations with projects devoted fully to ECD are contained in the Africa and Latin America and the Caribbean Regions, which respectively contain 19 and 14 projects. Smaller numbers of standalone operations come from Europe and Central Asia, East Asia and Pacific, Middle East and North Africa, and South Asia Regions—ranging from four to eight loans.
CHAPTER 4
WHAT INTERVENTIONS ARE SUPPORTED BY THE BANK?

Box 4.1. Process of Identifying ECD Interventions in Bank Operations

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

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

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

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

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

More recently sectors outside of the Human Development Network are increasingly advancing operations with early childhood development interventions (see figure 4.2). While HNP’s focus was particularly strong in the first half of 2000s, the number of ECD projects within this sector has been declining in more recent years. The number of projects under SP has been rising, while the number supported by Education has been stable.
While the Bank has supported a wide range of interventions, its support is concentrated on maternal and child health, particularly antenatal and post-natal visits; safe delivery; and childhood immunizations (see table 4.2). Preventative treatments such as mother-to-child transmission of HIV was often supported, but others such as well child clinic visits; hygiene and hand washing; deworming; prevention and treatment of maternal depression; and screening for development delays and disabilities were infrequently included in operations. Field visits by the Independent Evaluation Group (IEG) found that well child clinic visits were included in the health services supported by the Bank in several of the countries.
## CHAPTER 4
 WHAT INTERVENTIONS ARE SUPPORTED BY THE BANK?

### Table 4.2. Interventions Implemented by Sector

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

*Source: IEG coding of ECD portfolio.*

*Note: HNP = Health, Nutrition, and Population.*

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

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

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

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

The Bank’s support for childcare has not been prominent despite the evidence of its repercussions for mothers’ labor market participation. Lack of childcare is often a constraint, suggesting the need to link the two aspects of the Bank’s work: gender equality and early childhood development. This was done in Bolivia, but most projects support childcare in isolation from women’s employment. Likewise, some projects
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providing childcare to facilitate women’s economic activities have not ensured that the care enhanced the development of children. Quality childcare improves children’s cognitive skills (Engle and others 2011), providing an early opportunity to improve children’s development and sustain women’s labor market participation. When childcare is part of the Bank’s support, it is focused on formal centers. Yet, there are an unknown number of poor children outside of these centers with unclear development consequences. Poor working mothers typically entrust the care of their children to family, neighbors, or other nonformal caregiving arrangements, which are mainly untouched by Bank operations as well as other partners. Thus, synergies have not been established between the Bank’s work in gender and early childhood development, despite the evidence of a nexus between women’s economic empowerment, girls’ (i.e., old siblings) education, and the development of children through quality childcare.

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

MONITORING AND EVALUATION

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

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

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

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

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

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

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

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

*Source: IEG portfolio and World Bank (2007, 2009a, 2010, 2012a,b).*
Twenty percent of analyzed investment projects planned to measure changes in at least one child development domain. The most frequently tracked is physical growth. Ten percent of selected investment projects plan to measure across various domains, which is important to identify how interventions affect different development aspects.

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

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

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

Given the lack of common indicators across Bank operations, it is not possible for IEG to assess the impact of the Bank’s support. This evaluation is not able to provide any aggregation of changes in outputs or outcomes, as there is no consistency in the Bank’s
monitoring and evaluation. There is a need for more harmonized monitoring and evaluation of ECD interventions across the Bank. In the countries visited by IEG, efforts to harmonize data collection across ministries were only evident in Jamaica and Nicaragua. Thus, it is important for the Bank to design a common core of ECD indicators to be used across Regions. This is a task that is being undertaken with partners, specifically the United Nations Educational, Scientific, and Cultural Organization, UNICEF, and Brookings Institute as part of the Measuring Early Learning Quality and Outcomes Initiative to construct a global set of indicators for ECD.

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

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

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

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

Note: CCT = conditional cash transfer; ECD = early childhood development; ECE = early childhood education.

Box 4.3. Importance of Understanding Parental Demand

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

The Bank and the Fast Track Initiative Catalytic Fund supported the government of Cambodia to scale up preschool services for reaching the rural poor through formal preschools, informal community-based preschools, and home-based programs.

The impact evaluation showed that the scale-up failed to enroll the majority of children, as delays in building schools, problems in paying teachers, and family resource constraints (i.e., time to take children to school, costs associated with preschool) limited uptake. Exposure to formal preschool negatively affected the cognitive development of five-year-old children.

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

Source: Jung and Hasan (2014); IEG (2014); and Bougen and others (2013).
Impact evaluations associated with CCT programs or nutrition interventions have predominantly focused on demonstrating improvements in the nutritional status of children or usage of clinic visits. Eight of the nine evaluations produced positive effects on anthropometric measures, such as underweight and stunting, or have reduced the prevalence of diseases. Changes to children’s development were not measured.

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

**Regional View of Portfolio**

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

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

Source: IEG Coding of appraisal documents and IEG project completion reviews.

Note: AFR = Africa; EAP = East Asia and Pacific; ECA = Europe and Central Asia; LCR= Latin America and the Caribbean; MNA = Middle East and North Africa; SAR = South Asia.
Parent support programs operated by the Bank were predominantly found in the Latin America and the Caribbean Region and were rarely included in projects supported by other Regions (see table 4.4). This additional Regional difference may point to disparities and deployment of staff who are knowledgeable about early childhood development between Regions, which was reported to IEG during interviews.

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

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

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

The attention devoted to nutrition varies across Regions. Nutrition interventions were included in 60 percent of operations in Latin America and the Caribbean (see figure 4.4). In Africa and South Asia, half of the operations supported nutrition, notwithstanding the fact that these Regions show the highest stunting rates. In East Asia and the Pacific, Europe and Central Asia, and Middle East and North Africa, which contain countries with medium and high stunting rates (see appendix A), lower percentages of operations had nutrition interventions, ranging from 30 to 40 percent.
The Latin America and the Caribbean Region is the only Region with alignment between its level of nutrition engagement by the Bank (defined as the number of interventions supported between FY00 and FY14) and the level of need in the countries as reflected by stunting rates. The Bank’s support is associated with level of stunting in the countries, as shown by the solid line in figure 4.4. For example, in a country like Guatemala with a very high level of stunting, the Bank has shown more involvement in comparison to Argentina, which has a much lower stunting rate.

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

**Evidence Map**

The evidence map (table 4.5) illustrates the suggestive link between existing evidence on early childhood interventions and where the Bank is providing the most support for ECD. An evidence map is a visual tool to illustrate existing research (Snistlesvet and others 2013). The evidence base comes from completed systematic reviews: 36 were identified from a search of sources known for compiling systematic reviews and were screened for inclusion. Of these, 26 had sufficiently high quality to include them. The risk of bias of the evidence was low, and the reviews did not mix outcomes, which would compromise internal validity (see appendix A for methodology).

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

<table>
<thead>
<tr>
<th>Share of Bank Projects (percent)</th>
<th>Interventions</th>
<th>Physical development</th>
<th>Cognitive and language development</th>
<th>Socioemotional development</th>
<th>Mortality and morbidity</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Counseling on adequate diet during pregnancy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Exclusive breastfeeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Micronutrients, vitamins, fortified food</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Therapeutic zinc supplementation for diarrhea</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Optimal feeding practices and complementary feeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Supplementary feeding (preschool, center-based, or take-home rations)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Growth monitoring and promotion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Pregnancy and delivery interventions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Malaria prevention (insecticide-treated nets)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Immunization</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Hygiene and hand washing, water and sanitation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Deworming</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Quality early childhood and</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Intervention Type</th>
<th>Cognitive Development</th>
<th>Linguistic Development</th>
<th>Physical Development</th>
<th>Survival Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preprimary Programs</td>
<td>Dark Gray</td>
<td>Dark Gray</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Childcare</td>
<td>Dark Gray</td>
<td>Dark Gray</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Parent Support Program</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Conditional Cash Transfer</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Unconditional or Targeted Income Support (e.g., Child Grants)</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>

Source: IEG coding of appraisal documents and IEG project completion reviews; IEG synthesis of systematic reviews of ECD interventions.

Note: Dark gray = positive impact across majority of studies; gray = mixed evidence showing positive, negative, and null effects across studies; — = no systematic review has examined the intervention’s impact on child development outcomes.

Each box represents an intervention by outcome pair, and the intensity of the grey color indicates how effective the intervention is at affecting an outcome domain. Dark gray signifies consistent evidence of an effect — positive and significant over the majority of studies. Light gray means that the evidence is mixed — some evaluations may have found an effect while others found a null or negative effect. The dashes indicate that there are no systematic reviews assessing the effect of the intervention on that outcome domain. Not every intervention will impact every outcome domain. Interventions across Bank sectors are needed to produce healthy, nourished, and stimulated children.

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

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

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

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

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

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

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

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


**At the Country Level**

**Interventions Are More Evident for Children Three Years and Older**

Child development interventions were more evident for children three years and older in most of the countries examined, except in a couple of them where the focus was exclusively health and survival without a presence of child development interventions (see table 4.6). Child development interventions promote cognitive, language, and socioemotional development. These interventions address the major risk factors to children’s development—poor quality of parenting, unstimulating environments, and lack of quality parent-child interactions (Chang and others 2013; Grantham-McGregor and others 2007; Heckman 2008a)—and shape early cognitive and socioemotional skills. The Bank’s recent experience in Indonesia found that parental education and practices were predictive of adequate child development, suggesting that parenting should be a priority in government programs (Hasan, Hyson, and Chang 2013).
Stimulating young children’s brains, particularly during the first three years is important (Gertler and others 2013; Hamadani and others 2006; Attanasio and others 2013; Cunha and Heckman 2008; Heckman 2008a,b). One of the arguments for investing in children, especially from zero to age three, is that gains in development lost at this critical juncture cannot be recouped (Heckman 2008b). The World Development Reports for 2006, 2013, and 2015 highlight the importance of stimulation and giving parents the tools they need for optimal parent-child interactions (see box 4.5). This implies that the Bank is missing critical interventions during a vital stage in children’s development. The quality of parenting is the “important scarce resource” (Heckman 2008a), and programs that incorporate home visits address this aspect by “creating a permanent change in the home environment that supports the child” (Heckman 2008a).

**Parent Support Programs**

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

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

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

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

*Mind, Society, and Behavior* (World Bank 2015) has stressed the need to provide parents with the tools they need for optimal parent-child interactions. The reports highlights the dramatic early differences in children’s cognitive and social competencies that are affected by poverty, parent’s beliefs, and caregiver practices, and how they undermine children’s development. *Jobs* (WDR 2013) emphasized the need for early human capital formation by ensuring adequate nutrition, health, and cognitive stimulation through a nurturing environment from the womb through the first years.

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

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

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

Potential for Social Protection Programs to Include Child Development Interventions

An alternative that has been advanced in every Latin American country examined is capitalizing on early entry points to vulnerable families in social protection programs, but this was not evident in countries in other Regions. Child development interventions were integrated within these programs. Recent projects in Peru have mechanisms for mothers and children to access services such as health insurance and nutrition services including monitoring children’s growth and development. In addition, interventions promoting best nutritional, child rearing practices and motivating families to participate in social programs through information campaigns have been supported. However, there is no evidence regarding their effectiveness in changing parent’s behavior or children’s development, as projects have only monitored the attendance to growth and development checkups. Similar examples of utilizing the reach of social protections programs to promote children’s development were also found in Jamaica, Mexico, and Nicaragua.

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

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

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

Preschool quality remains an issue in the countries examined. In Jamaica no setting had been registered during the period of the first national strategic plan. While the challenges to improving quality were identified through the inspection process, the structures and systems put in place to raise quality did not succeed. Issues related to retention and remuneration of preschool teachers emerged in countries such as Jamaica, Malawi, Nepal, and Nicaragua. Yet, design has not considered the workforce development of preprimary education teachers, which is needed to put in place stable structures. Difficulties were encountered with community preschool teachers in Nicaragua, given their low pay (e.g., one-third of formal teachers), which created the need in one operation for further recruitment and training of preprimary teachers (and their replacements) and resulted in additional costs. Similarities have been observed in Jamaica, Malawi, and Jamaica, as preprimary teachers who were trained went elsewhere. There was consistent acknowledgement from Bank staff during interviews of the need for quality models that could be brought to scale.
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**SECTORAL IMPLEMENTATION OF ECD INTERVENTIONS**

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

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

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

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

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

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

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

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

![Bar chart showing staff time distribution across different sectors for MCH, Nutrition, Preprimary education, and Child protection interventions.]

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

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

LIMITED CROSS-SECTORAL COORDINATION RELATED TO ECD INTERVENTIONS

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

Country directors, country managers, and sector leaders were reported to be important facilitators to urge TTLs to coordinate and collaborate across sectors. For example, in Mozambique the preprimary education and nutrition activities were jointly designed to strengthen ECD outcomes across a number of domains. This required Bank staff from different sectors to work together. Similarly, an impact evaluation was designed by both the senior nutrition and education specialists. The choice of treatment and control groups required coordination at the design stage as the evaluation aspires to assess the impact of one intervention in the absence of the other (i.e., nutrition without preprimary, preprimary without nutrition, and nutrition and preprimary against a control group of no intervention).

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

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

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

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

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

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

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

**Bank and Partners in Countries**

Other donors and partners are also organized sectorally, thus the Bank’s engagement with them was on a sector-by-sector basis. Donor tables are organized sectorally. There was no donor table for early childhood development where discussion spans across sectors except for the recently established one in Nicaragua. Thus, donor coordination in every country IEG visited was done sectorally.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Secondary areas of focus are nutrition, preprimary education, and parent support programs. Conditional cash transfer programs, targeted income, childcare, treatment of maternal depression, and screening for development delays and disabilities were infrequently included in operations. Child protection interventions such as birth registration or development of regulatory frameworks were attended by UNICEF in the countries examined, which may explain the limited support by the Bank. There is a need to place more emphasis on parent support programs that promote child stimulation, identification of children with disabilities, and treatment of maternal depression. There is also a need for the Bank to prioritize its support to assist countries with high stunting rates, as this indicator is associated with delays in children’s development.
Preprimary education is one of the main areas of the Bank’s financing advancing children’s development and school readiness. However, these programs are typically for three, four, five, and six year olds, which is a late entry point to begin to stimulate children’s language, cognitive, and socioemotional development, particularly if other services are not available. There has been a notable design shift in the preprimary education operations, as they are comprehensively trying to improve quality, but more work is needed to develop quality models that can be brought to scale. Issues related to salary and retention of preprimary teachers emerged in several countries.

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

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

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

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

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

- Ensure that future organizational arrangements for ECD such as the proposed “ECD global solution area” are able to provide a well-coordinated and strategic framework for ECD, with clarity on leadership, ability to join up on issues across Global Practices and Cross-Cutting Solution Areas, and appropriate staff and resources for effective ECD programming.
- Improve monitoring and evaluation of ECD interventions during and after project closure. Common ECD indicators should be developed and tracked across Bank operations to permit aggregation of results across Bank projects. In addition, follow-up studies should be undertaken to better understand the long-term impact of ECD interventions.

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

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

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

4 Patterns observed during supervision are consistent with preparation.

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