3. What Knowledge Is Generated by the Bank?

**Highlights**

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

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

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

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

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

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

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

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

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

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

### Addressing Some of the Key Operational Challenges

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

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

### Box 3.3. Progression to Multisectoral Nutrition Activities

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

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

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

The Bank’s knowledge work does not propose or advocate for any one particular approach for early childhood development services. Clear findings emerge from the analytical work: the importance of country context, awareness of each sector’s role in early childhood development, and the need for an ECD policy framework to sequence and coordinate types of intervention and engagement of relevant sectors. What works in one country may not work in another. Countries differ in their policy and regulatory frameworks and priorities; the health and educational status of their populations; service coverage and quality; and critical service gaps. Country-level ECD assessments are necessary for successful interventions, as they depend on the political economy and enabling environment of a given country (Naudeau and others 2011b). The research has
stressed the importance of leveraging the existing evidence and knowledge of combining services and utilizing a systems approach to engage multiple stakeholders across multiple sectors within the government, donors, and local communities (Young and Richardson 2007).

**Other Operational Issues to be Addressed**

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

Little is 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>Full ECD Projects</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>0</td>
<td>2</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
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were found ex-post and ex-ante, economic analyses did not properly account for or discuss them.

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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.


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

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

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

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

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

**Findings and Recommendations**

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

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

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

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

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

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