

Project Name Eritrea-Eritrea Integrated Early (@)...
Childhood Development Project

Region Africa Regional Office

Sector Primary Education; Other Education;
Basic Health

Project ERPE68463

Borrower(s) Government Of Eritrea

Implementing Agency Ministry Of Local Government

Environment Category C

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1. Country and Sector Background

Evidence from scientific research has established the importance of early childhood care and development (ECD) interventions that address young children's basic needs: cognitive stimulation, affection and early learning, nutrition, protection, and health care. Scientific evidence confirms that without such interventions, children would not achieve their potential and, in fact, the effects of malnutrition in young children are irreversible. In particular, recent brain research findings indicate that brain development before age one is more rapid and extensive than previously realized and early experience lays the foundations for later life in terms of learning abilities, health, and behavioral patterns. Thus, interventions in the early years of life will generate substantial economic and social benefits (for example, increased enrollment and reduced dropout and repetition rates, improved health status, and good citizenship).

The Government of Eritrea (GOE) recognizes the importance of investing in young children's growth and development. It has concretely demonstrated this within the broader policy framework of its Macro Policy that underscores the importance of mother and child services and the need to provide children with legal and social protection. The Eritrean government ratified the Convention on the Rights of the Child (CRC) in August, 1994. National and regional stakeholder workshops were then convened to develop guidelines for the implementation of this convention in Eritrea. The CRC guidelines were translated into six local languages and distributed to the population. Various sensitization programs have been broadcast in the radio and television in various local languages.

Based on the overall CRC policy framework, sector specific ECD-related policies and programs are being implemented by different ministries with the support of external partners. For example,

The Ministry of Education (MOE) drafted a policy on Early Childhood

Education in 1995 and recently prepared general guidelines on the promotion and implementation of day care centers. The ECE policy supports: equal access to and improved quality of ECE interventions, the promotion of diversified forms of ECE delivery (through both formal, center-based institutions and nonformal, caregiver type arrangements), and promotion of low-cost and cost-effective community based interventions that promote and strengthen community responsibility and control to assure sustainability of interventions. There is also a panel for preschool education for ages 5 and 6 that has been established in the MOE. Curriculum has been prepared and is currently being utilized. A central ECE resource center has also been established to provide technical and training support.

The Ministry of Health (MOH) has prepared policy guidelines on food security and nutrition that focus on children and mothers because of their observed vulnerability to malnutrition. Some of the recommendations for the five-year Maternal and Child Nutrition Strategy include a small set of targeted nutrition interventions in the context of integrated health and nutrition services. For example, it incorporates PHC including EPI-plus which contains vitamin A supplementation, active promotion and counseling of mothers on breastfeeding, and IMCI which includes an important component on counseling mothers/caretakers about nutrition and feeding of young children, especially those under two years of age.

Food security is a major determinant of health and nutritional status. In Eritrea's current situation it becomes a more important issue because of the conflict situation and its impact on the growth and development of children. The MOH is collaborating with other ministries such as the Ministry of Agriculture (MOA) and Ministry of Fisheries (MFsh) in implementing appropriate elements of a comprehensive food security strategy that successfully addresses institutional and policy constraints. This strategy will support appropriate interventions that range from increasing agricultural and livestock production, food distribution, and improving extension work provided by extension agents from the Home Economics Unit of the MOA who are actively involved in increasing rural women's awareness of nutrition and health issues.

The Ministry of Labor and Human Welfare already has programs in place to strengthen the traditional safety nets for childcare and protection with a focus on supporting children in difficult circumstances especially orphans. It is the policy of the government of Eritrea to phase out the institutionalization of orphans, and to organize their reintegration with extended families; their adoption by unrelated families; and to provide a supportive social environment (small group-homes) for orphans who cannot be placed in other ways. Since 1994, MOLHW been responsible for reuniting 21,000 out of the estimated 100,000 orphans. It has also had considerable success in working at the village level in setting up sustainable programs. For example, its Community Development Program has accomplished a great deal in providing sustainable support for physically and mentally disabled children and adults and in educating communities about how they can help care for the disabled.

The National Union of Eritrean Women's (NUEW) activities include sponsoring preschool and day-care centers in selected areas. Six of these centers are permanent; NUEW finances teachers/caregivers for two years after which the community takes on financing responsibility.

Temporary day care centers have been also set up in rural areas in order to provide care, teaching, and some foods such as milk to young children of women who are attending NUEW-sponsored training to improve their income generating skills such as weaving, pottery, and basket making.

The National Union for Eritrean Youth (NUEY) also supports activities that include children from the ages of 0 to 6. Four of its 14 youth centers provide health check-ups, health care, family planning services, and counseling for young mothers and their children. NUEY also assists teachers in kindergarten and elementary school to engage in activities such as drama and story-telling that stimulate young children's creativity, and provide them with lessons. It also sponsors sports activities for older children 7 to 16 years of age, as well as vocational/technical education for orphans.

Eritrea has clearly identified and embarked on important ECD related activities. In particular, its concerted efforts to promote IMCI have yielded positive results: more children are surviving as a result of immunization and prevention of early childhood diseases, infant mortality rate is down to 72 per 1,000 live births (1995) from 91 in 1983, 180 in 1960. Under-five mortality rate has declined from 185 per 1,000 in 1983 to 136 in 1995. However much remains to be done to address the needs of 800,000 young children below 6 years of age; existing programs need to be expanded and strengthened in order to address the following Sector Issues

- The country has very limited early childhood programs to address early childhood care through health, nutrition, social protection, and early education. Few mothers in Eritrea get help in providing intellectual stimulation for their children even though such interaction and activities promote learning at the preschool level. These aspects are only marginally addressed, for example, through early religious instruction in which children begin to learn the alphabet, and in a few pre-schools that are located mostly in urban areas. Only 5% of children 5 to 6 years of age attend kindergarten schools. Aside from immunization services, health interventions reaching young children are not adequate.

- Ongoing ECE activities tend to be urban-focused.

- The social indicators show very poor performance:

- The 1995 Eritrea Demographic Health Survey results show that:

- Chronic malnutrition (low height relative to age) affects 38% of children from 0-3 years of age

- Low weight for age is very high at 44% for children under 3 years of age

Every fourth child below three years reported illness in the two weeks preceding the Demographic Health Survey (DHS). The Ministry of Health (1998) reports that the leading causes of inpatient and outpatient visits to health facilities for under-five patients are: acute respiratory infections (ARI, 25%), diarrheal diseases (19%), and malaria (14%).

- The Ministry of Education reports that only 5% of 5 to 6 year old children have access to kindergartens

- There are 90,000 orphans as a result of the war of whom 14,000 have been reunified with extended families.

Within the context of a coordinated multi-sectoral approach, the Government of Eritrea's proposed Integrated Early Childhood Development Program seeks to address the above issues with the support of IDA and other external partners.

For an integrated program such as this program, the National Decentralization Policy and Framework provides an important aspect in implementation. This policy aims to devolve responsibility to regions, sub-regions, and communities as a means of improving performance, financial transparency and accountability, effectiveness and sustainability. Under this policy, the private sector, especially communities are envisioned to play an increasing role in the management and provision of social services.

2. Objectives

The objective of the five-year project is to promote the healthy growth and holistic development of Eritrean children under six years of age, primary school age children and children in need of special protection. The project will provide services and support young children's basic needs: health care, nutrition, protection, cognitive stimulation, affection and early education. The integrated nationwide program in urban and rural areas will reach about 560,000 children between zero to six years (including 310,000 primary school children and 32,000 orphans).

3. Rationale for Bank's Involvement

Bank funding will enable the Government to improve and scale-up its ongoing ECD activities and strengthen linkages and its institutional capacity to manage the ECD program. Bank financing support will comprise about 80% of total program funds, with the Government and external partner such as the Italian Cooperation contributing the rest.

The project complements existing Bank-financed social sector projects that support human resource development and poverty alleviation in Eritrea (Eritrea Community Development Fund, Health Project, and the Human Resource Development Project).

The Bank has provided technical assistance during project preparation, including funding support for Eritrean participation in the workshop on Early Childhood Development in Kampala, Uganda and the WBI distance training course on Strategic Communications for Behavioral Change.

The Bank has been engaged in discussions with external partners to generate additional funding for the program. The Italian Cooperation has committed to co-finance the project through a US\$ 5 million grant which will be administered by the Bank.

4. Description

Component 1. Improving Child Health (US\$ 11.9) - The objective of this

component is to reduce childhood morbidity and mortality by improving case management and preventive skills of health staff, empowering communities and caregivers to improve family child health care practices.

Interventions will include: (a) improving skills of health workers and care givers through the integrated management of childhood illnesses (IMCI) program arranged at both the health facility level and at community level. (b) improving the health system through provision of drugs, medical equipment and supplies (c) improving family and community practices, (d) environmental health interventions to control childhood illnesses through promotion, maintenance and use of safe latrine, improved food safety and hygiene, water source protection and handling (e) school health interventions, (f) improving IEC/communications for behavioral change, (g) supervision, support, monitoring and evaluation and research.

The Ministry of Health will be responsible for the technical supervision and monitoring of this component.

Component 2. Improving Child and Maternal Nutrition Component (US\$ 5.3M) - This objective of this component is to improve the nutritional status of children under five, and pregnant and nursing women. The interventions are mainly in the areas of reducing micro and macro nutrient deficiency by vitamin A and iron supplementation, therapeutic feeding for growth faltering children for limited period and increasing availability of low-cost complementary food for children. The component will also focus on building capacities of families and communities for improving the nutritional status of children by institutionalizing a community based growth-monitoring system and parent/care provider education. Interventions to improve household food security to targeted households will be introduced through training for income generating activities. This will be linked to the credit window of the Ministry of Agriculture supported by other donors. This component will also support the efforts of the Ministry of Fisheries in promoting consumption of fish as a measure to improve food security. Capacity within ministries to implement the nutrition component will be improved.

The Nutrition Unit of the Ministry of Health, and the Ministry of Agriculture and Ministry of Fisheries will be responsible for the technical supervision and monitoring of this component.

Component 3. Improving Early Childhood Education and Care (US\$ 13.6M) - This will improve access and quality of early childhood education, improve primary school health environment, introduce effective monitoring to improve systems, and build capacity to undertake ECD activities, and improve community capacity for child care. The main activities include: (a) establishment of additional 105 kindergartens in rural areas, and support to 250 rural caregivers, training and provision of 315 kindergarten teachers, 735 teacher assistants, and 105 directors, and provision of learning materials and supplies; (b) school health and sanitation program (c) mobilization and community capacity building for early childhood education and care, and (d) institutional capacity building for early childhood care and education.

The Ministry of Education is primarily responsible for the technical supervision and monitoring of this component.

Component 4. Support for Children in Difficult Circumstances (US\$ 12.5 M)
- The objective of this component is to strengthen the traditional safety nets of child care and protection through community-based reintegration and psychosocial support for orphans. The main activities under this component are: (a) psychosocial support and reintegration of 32,000 orphan children with their extended families (b) support for income-generating schemes for 12,000 host families, (c) establishment of 10 community group homes for children who cannot be reunified with relatives, (d) adoption program for 500 orphans (e) institutional capacity building to support the above activities, including IEC/communications (f) program monitoring and evaluation.

The Ministry of Labor and Human Welfare will be responsible for the technical supervision and monitoring of this component.

Component 5. Project Management, Supervision and Strategic Communications (US\$ 5.9M)- This component will support the over-all management of the multi-sectoral program; all the other components have their respective budgets and activities to support institutional strengthening. This component also includes three important cross-cutting activities (a) advocacy and awareness for ECD issues which will be achieved through advocacy and sensitization campaigns in communities by local authorities, women's groups, youth groups, workers union, employers groups, through the school system, health system, agricultural extension system, through mass media including radio and TV, and print media; (b) an Innovation Fund that supports new activities that are developed at the community, sub-regional, and regional levels. The rationale for the establishment of this fund is that most of the activities being supported by the ECD program are existing ones and this fund will provide some flexibility in financing innovative interventions that respond to the special needs of children, as well as in financing the development of guidelines for appraising these activities for cost-effectiveness and sustainability; and (c) integrated ECD program evaluation/survey and research.

This activity will be coordinated centrally by the Project Management Team at the Ministry of Local Government.

5. Financing

	Total (US\$m)
Government	4.0
IDA	40.0
ITALY	5.0
Total Project Cost	49.0

6. Implementation

This multisectoral project will be implemented within the decentralized framework of the government. At the national level, a Central Policy Committee will be responsible for project-related policy decisions. It will be chaired by the Ministry of Local Governments, with members including the Ministries of Health, Education, Labor and Human Welfare, Agriculture, Fisheries, and Information. Day-to-day project management responsibilities will be handled by a Project Management Team (PMT) in the Ministry of Local Governments. The PMT will be responsible for budget preparation and planning, fund flow to the zobas, accounting, procurement, management of the credit from IDA, ensuring compliance to the

Development Credit Agreement (DCA), project coordination across ministries and the zonal administration. The PMT will also manage cross cutting issues related to strategic communications, operations research and evaluation.

The actual implementation at zonal and subzonal level will be carried out through the Zonal and Sub-Zonal Administration.

Technical support, monitoring and supervision for all the project activities will be provided at both the central and local levels by the Ministries of Health, Education, Labor and Human Welfare, Local Governments, Agriculture, Fisheries, and Information.

7. Sustainability

general understanding and acceptance of ECD strategy and interventions by all key stakeholders, especially in rural communities

increased management and implementation capacity at all administrative levels to be able to supervise and monitor ECD activities

increased resources allocated to ECD to increase likelihood of sustainability and expansion of proposed activities.

8. Lessons learned from past operations in the country/sector

It is important to have an integrated, cost-effective, flexible, and culturally appropriate approach in order to ensure the holistic development of young children.

Adequate demand and supply analysis

- It is critical to consider both supply and demand side aspects of programs for early childhood development..

The project's supply-side interventions will focus on increased coverage with priority given to rural areas, and quality improvements (equipping health facilities with adequate drugs and medical supplies, providing preschool and day care centers with learning materials, training of teachers, health workers, social workers), and institutional strengthening. Demand side interventions will be based on the results of planned assessments of household and community resources, needs, and KAP (knowledge, attitudes, and practices). These interventions will also be geared towards increasing the welfare of certain disadvantaged groups such as young girls, orphans, and poor communities.

Importance of strategic communications for behavioral change and IEC

- Attention to effective communication and promotion of behavioral change is crucial. Evidence in bank projects such as those in Indonesia, India, and Madagascar have confirmed that it is possible to improve weaning and other household practices.

The project will develop a strong IEC and strategic communications component that will be based on a KAP (knowledge, attitudes, and practices) survey to be carried out in the six regions of Eritrea. An

over-all advocacy and awareness campaign will be prepared and launched to create public support for the program. An integrated package of key messages will be developed and pre-tested, with the objective of improving parents and caregivers' practices with regard to their children's physical, nutritional, social, and intellectual development.

Stakeholder participation and institutional strengthening.

- Participation of key stakeholders is essential because it increases project ownership and chances of sustainability. In this regard, involvement of households and communities is key because they are primarily responsible for the care and development of young children. In the Uganda Nutrition and Early Childhood Development Project, participation was encouraged through the establishment of a project task force, three national client consultation workshops, and participatory rural assessments. Communities have been involved in this bottom-up planning process.

The project has been prepared using a participatory process that included nine ministries, Asmara University, and key stakeholders (National Unions of Eritrean Women and Youth) who work extensively with communities and have established strong linkages and networks with them. Workshops will also be held to discuss the project with the communities.

The Government recognizes the importance of mobilizing community support and enhancing their capacity to implement and manage ECD interventions and proposed interventions for advocacy and institutional strengthening will be planned accordingly. The project will also build on and improve extension services that have worked in Eritrea and adapt them to community-level realities based on a consultative process. Assessments will be undertaken at the beginning of the project to establish baseline data that will also provide information regarding community and household characteristics, knowledge, attitudes, and practices.

Strengthening institutional capacity is critical.

The project will be implemented in accordance with the Government's decentralized framework, underscoring the importance of capacity building at all administrative levels. The project has an institutional strengthening component that will address the capacity building needs of central, regional and local administrative levels to plan, supervise, monitor and evaluate the progress of the project. Based on each ministry's assessment of its capacity to implement and manage project activities, technical assistance, training, and equipment (for example, vehicles, computers) have been planned and budgeted. Training, extension services, and resource support will be provided to empower communities to implement and manage their ECD programs.

Training of field staff, and supervision

- The importance of training, particularly in-service field-based training, supportive supervisory practices and a simple monitoring system to ensure service quality and coverage (from India's Project in Tamil Nadu--TINP). TINP had carefully defined recruitment criteria for local workers, specification of daily and monthly work routines; decentralized

training of local women's groups to support project activities; display of performance information to clients and workers at the village nutrition center; and an efficient MIS. The Uganda ECD Project has built-in a monitoring and evaluation system that will assess and respond to the views of key stakeholders, including baseline and repeat surveys of beneficiaries, as well as participatory Monitoring and Evaluation involving communities and beneficiaries.

9. Program of Targeted Intervention (PTI) Y

10. Environment Aspects (including any public consultation)

Issues :

The project involves no major construction and will only support small works in the form of kindergartens and group homes in selected communities. At the same time, the project will support activities that promote environmental health such as maintenance and use of safe latrines, improved food safety and hygiene practices, water source protection and handling, prevention of ARI through indoor air pollution reduction interventions (e.g. promotion of improved kitchen/household ventilation), and proper waste disposal at facility and household levels. As part of the ECE component, health and sanitation clubs will also be piloted in selected schools to coordinate health and sanitation activities in the school and community

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Note: This is information on an involving project. Certain components may not be necessarily included in the final project.

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