PROJECT INFORMATION DOCUMENT (PID)
CONCEPT STAGE

Report No.: 58506

Project Name	Protecting Early Childhood Development in Malawi - Rapid Social Response (RSR)
Region	AFRICA
Sector	Education (Pre-primary 60%) Health and Social Services (35%) Public Administration, Law and Justice (5%)
Project ID	P121496
Borrower(s)	MALAWI
Implementing Agency	Ministry of Gender, Children, and Community Development
Environment Category	[ ] A [ ] B [X] C [ ] FI [ ] TBD
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1. Key development issues and rationale for Bank involvement

1. **The recent global food, fuel, and financial crises hit Malawi hard. Malawi's real GDP growth has been highly variable, mainly because the economy is dependent on the agricultural sector, which is highly susceptible to drought.** As a result of the global crisis, the World Bank estimates that the GDP growth rate will decline from 9.7% in 2008 to 4.7% in 2010. With the increase in fuel and fertilizer prices and the decline in prices of exports (tobacco, coffee, cotton), Malawi is facing substantial macroeconomic imbalances, including critically low reserves, unfavorable terms of trade, and potential drop in revenues. Large outlays are required to mitigate the adverse impact of the crisis which has begun to manifest itself in many parts of the economy. Limited revenues from tobacco, cotton, and coffee, which constitute over 70% of Malawi's export earnings, threaten public spending for basic services. *Constrained government budgets and activities for ECD in the wake of the crisis jeopardized the service delivery of the existing 8,890 ECD centers which cover about a third of all 3-6 year old children.*

2. **At the household level, rising food and fuel prices are placing pressures on already poor families, jeopardizing human capital gains achieved in previous years.** Most households in Malawi are vulnerable, due to HIV/AIDS, drought related crop failures, and unaffordable food prices. Households are often forced to draw down on their savings or sell their assets in order to cope with shocks and vulnerabilities. Some households have to re-allocate time and resources away from their traditional economic activities and caregiving responsibilities in order to survive. As a result of the cumulative effect of increased food and fuel prices, localized droughts and a recent earthquake, as of January 2010, nearly four million people in 13 districts in Malawi are considered food insecure. During such crises, chronic poor are less likely build resilience and climb out of poverty, and vulnerable households are at a greater risk of falling into poverty. The proposed project will increase social protection by strengthening community-based ECD services for young children and families, who are particularly vulnerable.

3. **Young children, including some 1.1 million orphans, in Malawi are vulnerable due to poverty, HIV/AIDS, and malnutrition.** Poverty disproportionally affects young children, which can

impede their survival, health, socio-emotional development, as well as their access to basic services. Malnutrition of young children is widespread. The prevalence of stunting of Malawian children under five – which negatively affects children's physical and cognitive development for life – is 53.2%, one of the highest in the world. The proportion of underweight children is 18.4% and 6.3% of children are wasted. Moreover, 74% of children 6-59 months and 42% of mothers are anaemic. Social protection strategies which address young children's education, health, nutrition, and protection are needed to mitigate this vulnerability, especially during times of crisis. About 17.5% of all children are orphans; half are orphaned due to HIV/AIDS.

4. **CBCCs Coping Mechanism to Respond to Crisis**. The proposed grant from the Rapid Social Response (RSR) Program will provide an immediate response to mitigate the negative impacts of the global financial and food crisis on early childhood development. In Malawi, ECD is delivered through an extensive network of community initiated and owned centers for the most vulnerable children under the age of five, known as *Community-based Childcare Centers* (CCBCs). With the traditional extended family system struggling to cope with the devastating effects of the HIV/AIDS pandemic, many communities in rural areas set up CBCCs as a response mechanism to the crisis from orphans and vulnerable children. About 20% of the children enrolled are orphans and vulnerable children, who require attention to their health, nutrition, and stimulation, as well as psycho-social support. The number of CBCCs has grown dramatically from 2002 to 2009 and have become a coping mechanism for responding to the crisis.

5. **Deteriorating Services at the CBCCs.** The most recent food, fuel, and financial crises have negatively affected ECD provision. Due to the rapid increase in children being accommodated in the CBCCs, quality of services has declined. The number of children per classroom rose from an average of 48 in the 2003/2005 period to about 80 in 2009 when the recent financial crisis hit Malawi (MOGCCD 2010). The ratio of trained caregivers to children has increased dramatically from 20:1 in 2005 to 35:1 in 2009 (UNICEF 2009). Some CBCCs serve as many as 250 children in packed and unhealthy environments, and others are cared for under trees and makeshift structures. According to UNICEF studies, the expansion of CBCCs has made it difficult to train enough caregivers. Consequently, the number of untrained caregivers has increased in recent years. The pressures for communities to open new centers has led to the increase in the number of untrained caregivers—the percentage of *untrained* caregivers rose from 32% in 2004 to around 43% in 2009 (MOGCCD 2010). Increasingly, the availability of nutrition supplies, play materials and learning materials per child has diminished due to the rapid rise in the number of children attending the centers as the crisis hit.

6. **The current CAS for Malawi was approved in February 2007 and covers a four year period (FY07-10).** The CAS is fully aligned to the MGDS and is designed to help the Government achieve four key outcomes: improving smallholder agricultural productivity and integration into agro-processing; put in place a foundation for long- term economic growth through improved infrastructure and investment climate; reducing vulnerability at the household level to HIV/AIDS and malnutrition; and sustaining improvements in expenditure management, transparency and accountability. The MGDS underscores the importance of education for economic growth and social protection, and as a mechanism to address poverty and inequality. A new CAS is under preparation for FY11-14. This proposed ECD project will help reduce vulnerability at the household level by improving basic services for young children, including those affected by poverty, HIV/AIDS, and malnutrition.

7. **The Rapid Social Response (RSR) MDTF provides an opportunity to support the design and piloting of key interventions to improve the quality of the ECD centers**, The activities supported by the grant will finance immediate interventions to protect vulnerable children's access to essential basic education, health and nutrition services. The interventions focus on community-based childcare centers (CBCCs) which are identified by the government's National ECD Plan as a strategic entry point for

reaching vulnerable young children and their families, particularly orphans and those infected or affected by HIV/AIDs.

8. **To prevent the deterioration of ECD services arising from the crisis, the project interventions will focus on ways of providing basic resources to selected centers and strengthening the capacity and support of caregivers and parents.** In maintaining quality and stability of CBCCs---this project will produce two effects which will stabilize care of most vulnerable children in the face of the present (and future crises): first, children's early development will be protected and enhanced with better child care and stimulation; and second, with its custodial function, the CBCCs can release the time of poor mothers to engage in employment activities while their children benefit from early development and learning opportunities. These two effects were observed in other countries, such as Kenya, which implemented ECD programs (World Bank, 2008). Additionally, fathers and mothers who participate in the parenting education will also build their skills to provide care and support to their children.

9. **To protect children's basic health, development, nutrition, and hygiene needs, an acceptable level of service must be maintained.** The main challenges are training and maintaining a qualified workforce to care for the increasing number of children attending the CBCCs. Although about 25,410 unpaid caregivers work in ECD centers, close to half have received any training. Lack incentives, larger numbers of vulnerable children, and poor working conditions have led to staff turnover rates of 40%, which undermines the stability of the centers (UNICEF 2009). A basic package of materials, training, and monitoring is needed to maintain these CBCCs in order to mitigate the negative effects the crisis on children's development. These mechanisms form the main foundations against future crises.

10. **The planned impact evaluation will generate knowledge regarding cost-effective strategies that can be scaled up in anticipation of future crises.** Results from the impact evaluation of this project will also determine future WB support to ECD program in Malawi. To prepare the government to systematically respond to future crises, the project will build national and district capacity in management, monitoring, and evaluation, with the goal of strengthening the sustainability of the interventions beyond the project duration and thus, improve the social protection mechanism in the event of future crises.

2. Proposed objective(s)

11. The Project Development Objective is to mitigate the negative effects of the recent global food, fuel and financial (FFF) crisis on young children and to start building foundations against future crises. More specifically, the project aims to: (i) prevent the deterioration of services delivered by selected Community-based Childcare Centers (CBCCs) in meeting the critical needs of the most vulnerable children; (ii) strengthen governance, management, monitoring, and evaluation of ECD services to be better prepared for large scale shocks in the future.

3. Preliminary description

12. The proposed project will have three project components: (1) Strengthening foundations of CBCCs to respond to crises with services for early child development and learning; (2) Strengthening governance, management, and monitoring and evaluation; (3) A rigorous impact evaluation that will inform future operational mechanisms to respond to future crises.

13. **Component 1 – Strengthening foundations of CBCCs to respond to crisis (US$ 1.2 million):** The project will focus on reinforcing the capacity of CBCCs to provide early stimulation to support children's social, emotional, physical, language and cognitive development by targeting children aged 3-5 years in the CBCCs and parents with 0-5 year-olds. This component entails the following activities:

(a) Strengthening the capacity of CBCCs: Each CBCC in the project will receive ECD learning materials, as well as hygiene and sanitation kits to address young children's basic needs for healthy development and learning. To complete the holistic package, health and nutrition inputs (deworming, vitamin A supplements, and fortified porridge) may be provided to children with support from an external partner.

(b) Strengthening the capacity of caregivers: Caregiver knowledge, skills, and practice related to early development and learning will be delivered. . Regional ECD trainers (five from each district) will be trained for three weeks by the national ECD training team and they will in turn train caregivers and mentors in their regions. The caregivers' training program will be adapted and expanded from the current 14-day training curriculum developed by the MoGCCD to cover three residential practical sessions (5 weeks total) over six months. Trained caregivers will benefit from mentoring and supervision over the project duration. Caregivers will receive a materials kit for play and learning materials for children using low-cost and recycled supplies. As part of the impact evaluation, some caregivers will receive a small allowance to encourage retention.

(c) Parenting support: Parents will be supported in restoring environments that maximize children's potential. The eight sessions for parents will cover a range of topics including child rights, child health and nutrition, identification and effective management of water, child care and early stimulation, initiation and management of income generating activities, community mobilization, involvement in maintenance of CBCCs, providing community safety nets for vulnerable children. Participating parents will receive a package of information and tools to foster children's development at home. This activity will be implemented for all parents with children under age five living near target CBCCs in two districts.

14. **Component 2 – Capacity strengthening for program management, governance and M&E (US$ 300,000):** Technical assistance will be provided to build capacity for ongoing, monitoring of ECD services at the national, district, and community levels to help prepare in the event of future crises. At the national level, it will provide financial support to the MoGCCD to coordinate, monitor, and supervise ECD activities (e.g., trainings), and to build a national database to inform national planning and oversight. At the district level, 28 teams of district officers will be trained over three weeks to collect and report information on children and the CBCCs, using existing tools, and quality assurance. This component will also include a short training of community management teams to build their capacity to manage CBCCs. Support will be provided for the translation, printing and dissemination of key national documents and the low-literacy versions in local languages of relevant ECD resources.

15. **Component 3 - Design and conduct an impact evaluation of the ECD interventions (US$ 500,000 – Bank-Executed):** The impact evaluation (IE) of the various interventions in the CBCCs is designed to have experimental (causal) identification of impacts of each of the quality improvement interventions. It is a prospective randomized impact evaluation with multiple treatment arms, meaning that by randomly allocating CBCCs into different treatment groups (and a control group) and collecting baseline data before the intervention and follow-up data after the completion of the intervention, it will be able to demonstrate the most cost-effective combination of interventions in improving the cognitive, language, social-emotional, and physical development of 3 and 4 year old children as well as their school readiness and transition to primary school.[1] The treatment arms (see Table 1) include: (a) caregiver

[1] The RSR grant will allow the research team to collect data at baseline and follow-up when children reach school age. The team will seek additional resources to follow the children beyond the project duration and to assess the impact of the intervention on child outcomes in the early primary grades (and possibly beyond).

training and mentoring, (b) caregiver incentives to trained caregivers, and (c) reducing the child to trained caregiver ratio. The impact evaluation will be conducted in 4 of the 6 pilot districts (1 per region).

16. The design will allow the evaluators to assess the impact of diverse quality improvement strategies. By comparing Treatments 1a+2a to the Control, we can assess the impact of the training and mentoring on quality of the learning environments and children's outcomes. By comparing Treatments 1a+2a to Treatments 1b+2b, we can assess the impact of providing caregiver incentives on retaining teachers and on children's outcomes. By comparing the Treatments 1a+1b and Treatments 2a+2b, we can identify the additional effect of reducing child/trained caregiver ratios from 40:1 to 20:1. The lessons of this IE will be used to inform the government's strategy for going to scale and will expand the limited existing knowledge-base of the impact of ECD interventions in Africa for young children's early development. To the extent possible, standardized child assessments used in other WB-managed IE (e.g., Mozambique, Cambodia) will be applied in Malawi to facilitate cross-national comparison.

Table 1. Treatment Packages for Impact Evaluation

Control	Play and learning materials only
Treatment 1a	Play and learning materials + training/mentoring for one caregiver per **40** children
Treatment 1b	Play and learning materials + training/mentoring for one caregiver per **40** children + incentives
Treatment 2a	Play and learning materials + training/mentoring for one caregiver per **20** children
Treatment 2b	Play and learning materials + training/mentoring for one caregiver per **20** children + incentives

4. Safeguard policies that might apply

6. Safeguard Policies Triggered	**Yes**	**No**
Environmental Assessment (OP/BP 4.01)		**X**
Natural Habitats (OP/BP 4.04)		**X**
Forests (OP/BP 4.36)		**X**
Pest Management (OP 4.09)		**X**
Physical Cultural Resources (OP/BP 4.11)		**X**
Indigenous Peoples (OP/BP 4.10)		**X**
Involuntary Resettlement (OP/BP 4.12)		**X**
Safety of Dams (OP/BP 4.37)		**X**
Projects on International Waterways (OP/BP 7.50)		**X**
Projects in Disputed Areas (OP/BP 7.60)		**X**

5. Tentative financing

Source:	($m.)
Borrower	0
Rapid Social Response Program	2
Total	2

6. Contact point

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