Project Information Document/ Identification/Concept Stage (PID)

Concept Stage | Date Prepared/Updated: 03-Sep-2020 | Report No: PIDC194793

BASIC INFORMATION

A. Basic Project Data

Project ID	Parent Project ID (if any)	Environmental and Social Risk Classification	Project Name
P171362		Moderate	Honduras: Early Childhood Development Pilot with Afro Honduran Communities in the Atlántida
Region	**Country**	**Date PID Prepared**	**Estimated Date of Approval**
LATIN AMERICA AND CARIBBEAN	Honduras	03-Sep-2020	
Financing Instrument	**Borrower(s)**	**Implementing Agency**	
Investment Project Financing	Republic of Honduras	Secretariat for Development and Social Inclusion - SEDIS	

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	2.71
Total Financing	2.71
Financing Gap	0.00

DETAILS

Non-World Bank Group Financing

Trust Funds	2.71
Japan Social Development Fund	2.71

B. Introduction and Context

Country Context

1. **With 9.3 million inhabitants and an annual per capita income of US$2,693 (2019), Honduras is the third poorest country in the Western Hemisphere, after Haiti and Nicaragua.** Extreme poverty has globally decreased although Honduras's poverty rate is among the highest in the Latin America and the Caribbean (LAC) region: about one in every six Hondurans(1.5 million people) lives on less than US$1.90 a day (the international poverty line) in 2018; and, according to reports on poverty in 2013, nearly 65 percent of Honduran households live in poverty and 43 percent in extreme poverty. Nearly 80 percent of Hondurans under the age of 15 live in poor households, and approximately one in four children under 5 suffers from malnutrition, which has negative implications on their learning abilities and future earning capacity. Since the global economic crisis of 2008-2009, Honduras has experienced a moderate economic recovery; however, the fiscal situation in Honduras worsened significantly in 2012 and 2013, bringing a slowdown in GDP growth and an increase in public debt. These challenges have significantly threatened Honduras' efforts towards reducing poverty and promoting shared prosperity.

2. **Despite some progress achieved through several policy reforms and programs undertaken since 2015, the country's economic and social development continues to suffer from governance, fiscal, infrastructure, high emigration, and low-skilled labor force challenges, as well as a high vulnerability to external shocks.** Inequalities remain high which, among other factors, are driven by uneven access to basic services, poor social protection and high crime rates although the number of homicides per 100,000 people has decreased from 84 to 41 in 2017. The Government has implemented several programs to support economic activity in the agriculture sector as well as to support small and medium size enterprises, but it is too soon to evaluate the impacts of these interventions. In addition, the country's high exposure to two main types of natural hazards—extreme climate events and disease outbreaks—threatens its economic stability and the safety and well-being of its population.

3. **To accelerate economic growth and social development, Honduras needs to strengthen its human capital and bridge human development gaps.** Global evidence remarks that investment in Early Childhood Development (ECD) is essential to improve human capital status by: (i) strengthening children's capacity to perform in primary school and increasing educational outcomes; (ii) giving to vulnerable children higher opportunities to achieve good health and increasing cognitive development. An overall prudent macroeconomic framework supported the economy over the 2015-2019 period. Honduras has managed to improve its macroeconomic situation which led to upgrade its sovereign credit rating by Standard and Poor's and by Moody's.

4. **Real Gross Domestic Product (GDP) growth slowed from 3.7 percent in 2018 to 2.7 percent in 2019.** This was driven by lower agricultural and manufacturing outputs and exports, weak terms of trade, reduced investment, and severe droughts amplified by a prolonged sociopolitical crisis. Around 45 percent of the employed in these sectors – 1.8 million people – saw a decline in their incomes amid the slowdown,

especially the poorest rural households. Meanwhile, services and remittance-fueled private consumption strongly contributed to growth, leading to poverty reduction in 2019. Remittances, representing 22 percent of GDP and 30 percent of household income for the poorest remittance-receiving households, helped buffer both rural and urban incomes. On the supply side, growth has been driven by services and supported by strong trade with the United States (U.S.) and regional partners. The U.S. remains the country's main trade and investment partner, counteracting the slowdown in agricultural exports. In addition, the customs union between Guatemala and El Salvador has facilitated greater intraregional trade flows which have benefited Honduras.

5. **Honduras's vulnerability to climate disasters and health-related events is exacerbated by chronic institutional weaknesses.** According to the Global Climate Risk Index, Honduras was the country most severely impacted by extreme weather events between 1996 and 2015, with annual average losses equivalent to 2.1 percent of GDP, affecting critical sectors such as transportation, telecommunications, health, education, water and sanitation. The impacts were far greater for the poorest segments of the population. These weaknesses stem from the diffusion of responsibility, which is spread across various ministries and agencies, with no established central body to effectively coordinate efforts. The existing Disaster Risk Management (DRM) system, National Disaster Risk Management System (*Sistema Nacional de Gestion de Riesgos de Desastres - SINAGER*), is an overarching policy framework designed to coordinate the work of several different agencies in charge of DRM, Climate Change Adaptation (CCA), and health emergency response. The SINAGER framework is supported by comprehensive directives, policies and plans; however, the Government has recognized that gaps remain especially concerning its capacity to implement coordinated responses to natural disaster and health emergencies, as well as to improve its fiscal resilience, including its capacity to mobilize emergency fiscal resources.

6. **The provision of high quality universal ECD compensates the lack of resources available to poor children; and indirectly allows poor mothers to participate in the labor activities in better conditions within and outside home.** In this context, human capital investments are essential to reverse the poverty vicious circle and to promote higher productivity and wealth in vulnerable population considering than 78.3 percent of children and adolescents (2,792,000) are poor. The investments in early childhood are therefore a key component in the poverty alleviation strategy and this Grant will contribute to this national effort to improve quality of life and health of their citizens with solid strategies targeting people at their early ages.

7. **The Atlántida department is located on the north Caribbean shore of the country. It is home to 600,000 Garifuna population of Honduras.** According to a 2019 survey by ODECO covering Atlántida and the nearby departments of Colon, Cortes, Gracias a Dios and the Bay Islands, this minority is found in 85 percent of communities, particularly in large cities. The Garifunas (or Garinagu) are a mixed indigenous ethnic group that descends from Arawak and Carib Amerindians and African people who escaped slavery in St Vincent. The

first Garifuna had a strong presence in the Bay Islands and later they settled in Atlántida and in other northern Honduran departments. Important Garifuna populations are also present in Guatemala, Belize and Nicaragua. The State of Indigenous and Afro-Honduran Childhood 2011 Survey, households in Garifuna communities shows the vulnerability and poor living conditions of this population at risk: on average, 5 people with an average of 2.3 children. 88.7 percent of indigenous and afro-Honduran children live in a state of poverty. The average per capita income of the Garifuna population is L944.5 (US$38.70). A significant percentage (37.1 percent) of indigenous and afro-Honduran children live in a household that is missing at least one parent – usually because the father or mother had to leave the community to find work in other regions or countries and transfer income for the family. Garifuna women and children have worse than average health outcomes as their socio-economic and cultural differences often play a role in how well they can access services. Adolescent pregnancy rates are also higher among Garifuna communities. Health and reproductive challenges that affect the entire country have a particularly severe impact on minorities such as the Garifuna, demanding a specific approach that takes into consideration the specific characteristics and context of this population group.

Sectoral and Institutional Context

8. Honduras has experienced progress in the reduction of maternal and child health mortality and morbidity, but still health outcomes remain poor. Sustainable Development Goals (SDG) of maternal mortality have decreased from 85 maternal deaths per 100,000 live births in 2000 to 65 deaths per 100,000 live births in 2017. Infant mortality has also fallen, from 30.3 infant deaths per 1,000 live births in 2000 to 15.1 infant deaths per 1,000 live births in 2017. Fertility has decreased to 2.4 children per woman, and more women have access to contraception (90 percent of women aged 15-49 have their need met). Although challenges related to maternal and child health remain, population ageing, and the prevalence of Non-Communicable Diseases (NCDs) and risk factors have created new challenges for the health sector. In 2017, NCDs were responsible for 63 percent of mortality and morbidity, compared to 40 percent in 1990. Violence and injuries continue being significant causes of deaths and disability in Honduras, amounting to about 17 percent of total Disability Adjusted Life Years in 2017. The age dependency ratio has been decreasing steadily in the last 40 years, and now there is only about two working age individuals to each dependent. These demographic and epidemiological transitions make the country more vulnerable to COVID-19, as it is particularly deadly for the elderly and the population with NCDs.

9. **The chronic poor performance of the health system continues to foster low quality of care and inequalities.** Limited availability and inadequate distribution of health system resources remain a challenge. In 2017, the density of human resources for health was significantly lower in Honduras than the LAC average: 3.1 doctors and 7.4 nurses per 10,000 population compared to 22.8 doctors and 47.2 nurses per 10,000 population for LAC. Hospital bed density is also low, with 7 beds per 10,000 population in 2014, compared to

the LAC average of 21 beds per 10,000 population. Despite a recent expansion of coverage and services based on a primary health care model, significant challenges remain to ensure equal coverage across geographic regions and population groups. For example, in 2012, the percentage of the population that sought care and was attended by a physician was 94 percent in San Pedro Sula, but only 45 percent in Gracias a Dios. There are still barriers in access to health services for specific population groups such as those with low education, low income, indigenous and Afro-descendants, and the elderly. Women aged 15 to 19 in the lower income and lower education group, and children often report being unable to access services when needed. The under-5-year mortality rate is higher among Afro-descendants, with a reported rate of 70 deaths per 1,000 live births compared to 17 per 1,000 live births across Honduras.

10. **There are persistent weaknesses in Honduras's ability to respond to health-related emergencies.** With an assessed capacity of 34 percent, Honduras has one of the lowest capacities in the world to detect, assess, notify and respond to public health risks and emergencies, and is well below both global and regional average capacity (61 and 65 percent, respectively). In particular, the assessment highlights a relatively good capacity for multisectoral coordination, including zoonotic events and the human–animal Interface but a weak legislation and financing for health emergency preparedness and relatively poor emergency risk communication as well as capacity at points of entry (airports, ports and ground crossing). These systemic organization and operational weaknesses are particularly acute at the sub-national level and hinder the early detection of outbreaks which hampers a timely response, ultimately increasing the probability of an outbreak escalating into a national emergency. These weaknesses translate into difficulties in early detection and control of disease outbreaks, epidemics and potential pandemics. Following outbreaks of Zika in 2015 and Chikungunya in 2016, Honduras is now facing a severe and uncontrolled outbreak of Dengue fever that so far has affected more than 110,000 people and caused 180 suspected deaths since its inception in 2019. In response, the Government declared a national health emergency in July 2019, followed by a new declaration in February 2020 which included emergency measures and then the declaration of health emergency on March 21, 2020 to respond to the COVID-19 pandemic which it is spreading in Honduras with more than 62,500 confirmed cases and 1,924 deaths as of September 2, 2020. The World Bank, the Inter-American Development Bank and other development partners are supporting the Government's "COVID-19 Containment and Response Plan" with financing and technical assistance and coordinating to ensure there is no duplication of activities.

11. **Honduras's ability to respond to ECD challenges in the Atlántida region is anticipated to be affected by climate change.** Climate change is expected to bring more prolonged and intense droughts, increase in heavy rainfall volume and flood flows, as well as more frequent and extreme weather events, especially in the northeast, leading to flooding, drought and landslides. These disasters in turn lead to increasing damages to health care facilities and access constraints, sometimes disabling them completely at times when their services are most required. Furthermore, observed and anticipated climate change impacts, rising temperatures and changes in precipitation patterns and severity, also result in an increase in communicable

disease transmission such as Covid-19, Dengue, Chikungunya or Malaria. Noting that 7.3 percent of the population of Honduras are above 60 years old and at risk from the extreme heat and likely to be the most affected by communicable diseases, this exposure to climate change impacts is exacerbating currently observed risks and vulnerabilities.

12. **The health system in Honduras consists of a public and a private sector.** The former includes the Health Secretariat (SESAL) and the Honduras Social Security Institute (IHSS). The SESAL serves the entire population in its own facilities staffed by its own physicians and nurses, but it is estimated that only 50 -60 percent of Hondurans regularly use these services. The IHSS covers 40 percent of employed economically active individuals and their dependents, using its own and contracted facilities. The private sector serves some 10-15 percent of the population: those who can afford to pay or are covered by private insurance. Total per capita health expenditure was current US$200 in 2016, representing 8.4 percent of GDP. Public spending (SESAL plus IHSS) amounted to 3.8 percent of GDP. Out-of-pocket spending made up 45 percent of total health expenditure.

13. **The National Health Model, approved in 2013, emphasizes primary health care.** The Directorate-General of Human Resources Development is responsible for health worker development. Health services management are decentralized in 82 municipalities across 15 departments in the country, covering a population of 1.3 million. The National Health Model has guided the implementation of 500 primary health care teams serving rural and remote areas of the country. The teams, each consisting of a physician, a nurse, and a health promoter, give priority to communities living in extreme poverty, environmentally vulnerable conditions, and situations of violence. Since 2016, the country's 28 hospitals implemented an information system. Analysis of this information is still pending.

14. **The health system is highly focused in hospital healthcare service provision.** In terms of programs, hospitals absorbed the largest share of total public health expenditures in Honduras. From 2007 to 2012, 52 to 56 percent of total public spending on health went to hospitals, while 24 to 20 percent went to primary public health and ambulatory services. This share is in line with the average share of hospital spending in most countries although it does not seem to be aligned with the Government's strategy of prioritizing cost-effective health promotion and prevention services.

15. **In the last years, the Government has decentralized certain functions to improve efficiency in public service provision, however this process has been slow and uneven**. In the health sector, the decentralized model for primary care now reaches 1.2 million people in 69 municipalities. Yet the limited financial sustainability of municipal service provision and the weak regulatory capacity of the central government

threaten recent progress. Insufficient institutional capacity at both the central and local levels leave many public institutions unable to effectively service their target populations. Health care delivery across all health care networks takes place under an ongoing state decentralization reform process that affects the health sector as well. One hundred four out of 298 municipalities nationwide are currently decentralized and today, all municipalities have established 69 Integrated Health Service Networks (RISS). Among these networks, 28 decentralized managers are managing Primary Health Care (PHC) facilities and eight are managing hospitals.

16. **'Early childhood' is considered to cover the period from conception to under six years old.** The ECD services in Honduras can be divided into two groups to which the Grant will focus and expect to improve: Services covered at home including parental care, usually for children under 2 age group, and institutional services covered for children in the 3-5 age range. ECD programs for the first group are well-established, with the health sector playing but for poor families is essential to strength care at home basis. The second group has been covered by the public sector though the health and education ministries; and social programs targeting children and mothers.

17. **The ECD strategy faces several constrains and challenges in Honduras.** Poor quality of physical facilities and inputs, insufficient trained teachers in ECD, limited national standards with a monitoring system of results, high level of malnourished children that makes them vulnerable and are at risk. These challenges have been limited overcome due to the low coverage of services and the inequitable response from the supply side. There are significant disparities in access to ECD services by income and urban-rural.

18. **As response to the challenges mentioned above, the Government of Honduras, through the Secretariat for Development and Social Inclusion (SEDIS), is implementing the ECD policy called "Raising with Love".** This program has a package of basic and priority services for children under 5 years of age and their families. Following the recommendations to strengthen the management of multisectoral policies, SEDIS is the agency that has legal and administrative powers to coordinate the different sectors responsible for the delivery of these ECD benefits packages (SESAL, Education Secretariat, national registry of the people (civil registry), among the main ones). The social sectors have defined their programmatic goals around ECD, and SEDIS, through a subnational and local management model, articulates the provision of benefits at the territorial level by providing direct support, in management as well as in the strengthening of capacities, primary health care teams to deliver priority interventions.

19. **The proposed Project will support the implementation of an early child development program in Atlántida by focusing on the provision of ECD services** included in the National Program "Rising with Love" but adapted to the Afro-Honduran population and including and innovated piece of developing household

training abilities towards increasing household income levels as well as increase the shared capacity of SEDIS, SESAL and other institutions to ensure adequate coverage and quality of services and an improvement in living and health standards of Garifuna mothers and children. The proposed Project will consider the current challenges posed by inefficient decentralization in order to adequately incentivize providers and increase financial sustainability of the activities included. With adequate capacity, public institutions will be able to effectively service the entire population of the Atlántida region according to specific needs of different population groups. Throughout the Project, the World Bank will coordinate with the United Nations agencies such as the Pan American Health Organization, the United Nations International Children's Emergency Fund, and with United Nations Population Fund on supporting the early Child Development (ECD) strategy of for this isolated Department in the country.

Relationship to CPF

20. Country Partnership Framework (CPF) for Honduras for the FY16-FY20 clearly presents the need to invest in health and in Maternal, Child and Adolescent Health. It remarks the need to provide access to health care services to vulnerable groups and to pay attention to rural populations. It highlights the low coverage of health care services to vulnerable population: the percentage of births attended by skilled health personnel is 73 for rural women versus 94 percent among their urban counterparts. While data specific to indigenous and Afro-Honduran women is scarce, the regions with highest concentrations of these populations have the worse-off regional averages in maternal and reproductive health indicators, and the unmet basic needs index of Indigenous Peoples and Afro-descendants is lower than the national average.

21. **Poverty and vulnerability of children is high and poses a priority challenge to the Honduran government.** Measurements of monetary poverty indicate that 2,792,000 children and adolescents are poor (78.3 percent), since they reside in households whose monetary income does not cover a basic basket of goods and services; just over 2 million are in extreme poverty (57.3 percent of the total). According to a multidimensional poverty measurement approach, 2,133,000 Honduran children and adolescents (59.8 percent of the total) live under poverty. Each of those identified as poor faces deprivation in 2.1 of the dimensions on average. Rough estimations from indigenous/afro descendent organizations indicates that about 71 percent live in poverty and over half of the population is not employed. Agriculture is the main source of livelihood of most of this population, albeit at a subsistence level.

22. **The proposed Project funded by the JSDF is fully aligned with the CPF for the country and opens a window of opportunity for the multisectoral work with the afro population section of the country where**

there had not been initiatives to work on ECDs with children or any initiatives with the improvement of the livelihood of families. The pillar one of the CPF: "Fostering inclusion in Honduras requires the extreme poor and most vulnerable to have access to critical social programs" highlights health outcomes as result of their investment in human capital among the poorest. It also emphasizes the child health monitoring and access to health care as points of support for the population. This proposal, brings the opportunity to promote strategies targeting the afro descendants' population, promoting the fulfillment of rights for children in early childhood, through the design of early childhood benefits to be included in a package of services for children under 5 and mothers in the Atlántida region.

23. **The World Bank (WBG) has started support and collaboration in the health sector in Honduras, including lending operations and technical assistance.** Two projects were approved during FY20 including the Honduras DRM Development Policy Credit with a Catastrophe Deferred Drawdown Option (Cat DDO) (P172567), and the Honduras COVID-19 Emergency Project (P173861). Since there has not been ECDs programs and initiatives on ECDs in the Garifuna region, the proposed JSDF investment Project will be an instrument to support the pilot project in the Garifuna section of the Country: the design of a Comprehensive Development for Early Childhood Public Policy adapted for Garifuna population, promoting the fulfillment of rights for children in early childhood, through the design of early childhood benefits, considering the Garifuna cultural aspects in the design of the package of services for children aged 0-5 years, and with focus in the Department of Atlántida. This effort is part of the strategy of early children development related to the Plan de País 2012-2028.

24. **JSDF funding is being sought to complement existing government efforts to reduce regional inequalities in outcomes for maternal and child health and achieve tangible progress in poverty alleviation in one of the most vulnerable groups in Honduras.** The Project includes a wide range of innovative measures to build sustainable capacity of local Garifuna's communities in the Department of Atlántida, such as the integration of fathers in childcare, cultural adaptation of project materials and activities, a web based digital monitoring system to track individual ECD, combined educational packages for mothers, fathers and caregivers, and daycare centers to support mothers who study or work. The results of the pilot project will be equally beneficial and applicable to other departments of the country.

C. Project Development Objective(s)

Proposed Development Objective(s)

25. The proposed Grant aims to improve early childhood development in terms of health and nutrition outcomes among children under 5 years of age of the Atlántida's region in Honduras. The target population for the Project's intervention is 10,245 pregnant women and 60,056 children (30,558 boys and 29,498 girls) including afro-Honduran communities.

26. The Grant will be implemented in the department of Atlántida through investments in health activities. A special focus will be applied to vulnerable population below poverty line and will implement specific intercultural interventions in five municipalities with predominant Garifuna's population (Tela, Arizona, Esparta, La Masica, San Francisco, El Porvenir).

Key Results

Number of direct Project beneficiaries: 10,245 pregnant women

60,056 children (30,558 boys and 29,498 girls)

1. Percentage of children under the age of 6 months participating in the program who are exclusively fed by breastfeeding (JSDF - Tier I)

2. Percentage of children under the age of 2 years with a full growth monitoring (JSDF - Tier I)

Intermediate indicators

1. Percentage of children developing according to their age in 3 out of 4 dominions (anthropometric measures, socio-emotional, cognitive area, communications and language) (JSDF - Tier II)

2. Percentage of primary care giver, or caregivers who can describe early childhood stimulation strategies

3. Percentage of mothers/fathers trained on practical skills to improve their access to labor market

4. Water quality. Measure of Chloro-residual free in a sample of households.

5. Percentage of Garífuna mothers of children under 2 years can mention three early stimulation activities and three respectful parenting practices (JSDF - Tier 1)

6. Percentage of children under the age of 5 years participating in nutritional information activities

7. Percentage of children under the age of 5 years with a full vaccination chart

Baseline data will be collected once the project becomes effective.

D. Preliminary Description

Activities/Components

27. The proposed Project aims to achieve its development objective through the following three components:

Component 1: Expanding and strengthening the delivery of ECD services (US$2.2 million)

28. This component aims to improve the provision of ECD services in the Atlántida Department by: (i) implementing a community program on early childhood development with an intercultural focus, and (ii) strengthening the capacity of the health system to increase the equitable coverage and quality of ECD services. This subcomponent is expected to reach 50,000 households.

29**. Subcomponent 1.1 Implementing a community program on early childhood development with an intercultural focus.** Community volunteer agents selected from among the members of the communities will be key for the development of these activities. They will be responsible for executing home visits and community meetings. Volunteers will work directly with the primary health teams and follow an organized schedule of home visits in addition to community meetings. Volunteers will not be in a salary payroll. They will receive the community recognition and a full set of materials to perform their job, including handbags and cups. Also, participants will have access to some of the materials, for example the diapers bags will be handed to the mothers during the visit or attendance. All materials are fully described in the costing table.

30. **This subcomponent aims to provide community actions that promote early childhood development.** Through the creation of a network of community volunteers, it seeks to provide frequent and personalized accompaniment to families of children under 5 years of age and pregnant women, through the provision of home visits and / or group meetings in the community to: (i) provide guidance on early childhood development; (ii) monitor the integral development of children; (iii) strengthen parental skills and health care education for mothers, fathers and caregivers; (iv) provide tools and conditions that generate learning opportunities through play; and (v) promote demand for the use of maternal and child health services (through targeted monitoring of: attendance at pregnancy and puerperium controls, child vaccination scheme, assistance with health and growth controls and delivery of information on recognition of warning signs during pregnancy and in relation to prevalent childhood diseases).

31. **Simultaneously this subcomponent will finance, training, and supervision of community volunteer networks that will support primary health teams through the:** (i) promotion of early childhood development, nutrition, and positive and respectful parenting practices; (ii) appropriate use of health services; (iii) detection of early childhood development delays; (iv) activation of services such as home visits

and specialist referrals whether that be through the health network or local interventions that are in execution; and (v) purchase of materials for volunteers, and participants. The abilities of the volunteer and primary health teams will be improved through thematic trainings related to: (i) the importance of play; (ii) early childhood stimulation; (iii) respectful and positive parenting practices; (iv) self-help strategies for caregiver adults that will help them control stress and stay healthy; (v) promotion of active parenting with the integration of fathers (men) in childcare; (vi) provision of training for the integration of parents in the labor market; and (vii) prevention of intrafamily violence.

32. **Special follow-ups will be conducted for adolescent mothers by trained personnel. There will be an adaptation to the Garifuna culture of existing national educational materials.** These materials will use cultural and social elements to make the content more relevant and appealing for Garifuna youth. It means the cultural adaptation of all materials and activities. The work of the volunteer network will be carried out using educational materials developed and validated in Honduras, as part of the public policy of early childhood development Criando con Amor.

33. Subcomponent 1.2 Strengthening the capacity of the health system to increase coverage and quality of ECD services. This subcomponent will support activities aiming to improve the quality of ECD provision in all health centers of the Atlántida Department, (including the municipalities of Arizona, El Porvenir, Esparta, Jutiapa, La Ceiba, La Masica, Tela and San Francisco). This subcomponent aims to improve and ensure the equity and quality of the prenatal and neonatal care model by: (i) strengthening the capacity of health personnel servicing the Atlántida Department; (ii) providing teaching-learning materials, and their training on ECD aspects; (iii) improving the coordination of the health network through health systems: reference and counter-reference; (iv) financing of training and basic equipment for delivery care and neonatal care at the Atlántida hospital; (v) training and financing of basic equipment for monitoring the nutritional status of children in the community; and (vi) incorporating specific actions and standards that favor the development of early childhood, such as the participation of the parents or another important person during the care of pregnancy and childbirth and skin-to-skin contact between mothers and newborns. It will also strengthen institutional capacity to support activities aimed at improving the health and nutritional status of children enrolled in ECD centers, including the regular monitoring of the quality of water at the health centers. as an indirect measure of the water available to the community being served by the network.

Component 2: Development of an intersectoral alignment model to achieve comprehensive early childhood development at the local level (US$0.32 million).

34. This component will be led by a Project coordinator and 8 technical assistants (one per municipality) which will be responsible for the implementation of activities under subcomponents 2.1 and 2.2.

35. **Subcomponent 2.1. Inter-sectoral alignment of ECD activities to support key Project's beneficiaries – pregnant women, children under 5 years of age and their families in the Atlántida Department.** The Project coordinator and technical assistants will provide Support for the implementation of annual workplans by municipal intersectoral boards to ensure that there is adequate coordination and integrated management of the services directed to families with pregnant women and children under five years old. The Boards would be composed of the mayor, municipal representatives of health and education, civil registry, NGO, representatives of water supply boards, tourism sector, among others. The inclusion of concrete actions in the annual work plans will be promoted to achieve networking (such as regular meetings, commitment and agreement monitoring, adequate information flow to all members, the development of participative planning spaces and opportunities for dialogue with stakeholders at the central and regional level).

36. **The Project will promote both demand side and supply side interventions and will be used to make ECD more accessible to all, and to increase the enrollment of children in the 3-5-year-old age group.** Under this subcomponent, the Project will support the development of standardized program modules under a multisectoral approach as well as the regular delivery of this program across the country.

37. **Subcomponent 2.2. Intra and intersectoral capacity building to improve the living conditions of Garífuna mothers with children under 5 years of age**. The Project coordinator and technical assistants will facilitate the links with the "Better Families" program to contribute to the improvement of women's living conditions. The Better Families Program aims to "improve behaviors of women in reproductive age, generating conditions and capacities that allow their well-being and self-management". Activities under this subcomponent aim at: (i) adapting elements of the Better Families Program in the Garífuna mothers of children under 5 years of age, considering a review and adaptation of the educational materials to the Afro Honduran culture; (ii) adapting of community spaces as daycare centers in support of mothers who study and work, thus promoting the improvement of quality of life; and (iii) carrying out territorial management activities including a mapping of the opportunities for leveling studies and training will be done to establish a supply route at sub national and local level (departmental and municipal), which allows the incorporation of referrals and / or prioritization actions for mothers of children under the age of preferential access, and thus improve the living conditions in the medium term.

Component 3. Project Management, Monitoring, Evaluation, and Knowledge Dissemination (US$ 0.18 million)

38. **Subcomponent 3.1 Project Management and Administration**. This component includes tools for the mobilization of support for the professionals in the national team. This subcomponent will finance the work of consultants to perform the required project management activities, and administrative and human resources to manage the Project. The main Project activities include financial management, procurement, environmental and social requirements, coordination and audits of the Project.

39. T**he main activities include technical support for:** (i) guiding the final review of the national ECD strategy and on the preparation of the strategy's implementation plan; (ii) discussing and systematizing the results of the project implementation at the beginning, mid-term and at the end of the project implementation; and (iii) implementing South-South exchanges with Chile and Canada and other countries in the region in the topic of ECD to enable the health sector to benefit from international experiences.

40. **Subcomponent 3.2 Participatory Monitoring and Evaluation (PM&E)**. The Project will use a PM&E approach to ensure active, equal and meaningful participation of all key stakeholders in reflecting and assessing the progress of the project and the results achieved as well as identifying corrective actions. This component includes the preparation of the base line, the midterm data collection and analysis, and the end of project verification of indicators. Bank staff in consultation with all primary stakeholders will work in the preparation of the outcome evaluation final report under close dialog with the Municipalities which are main players of Project implementation. In summary, it supports the Project's participatory monitoring and evaluation activities specifically related to: (i) development of baseline and final surveys that will determine necessities and results of the interventions and will permit to propose adjustment activities to scale-up investments in the future; (ii) implementation of a system to capture and track data on early childhood development services, children nutrition and mothers health, and their results using administrative health records; (iii) purchase of equipment to be available to teams together with training activities to facilitate effective collection of the survey base data. The results of the evaluation will be systematized and disseminated in the region. Project level indicators would be tracked and evaluated by the PM&E. This Project will bring to the Atlántida region, for the first time, the implementation of a systematic process to report ECD data.

41. Subcomponent 3.3 Knowledge Dissemination. Dissemination of findings are planned as part of the national activities. The Project communication's strategy is expected to: (i) receive feedback and advise from the community leaders and key beneficiaries such as fathers and mothers; (ii) provide information on adequate nutrition, danger signs during pregnancy and in children, early childhood stimulation, positive discipline, and preschooler education, and to promote the demand of maternal-newborn health services, as

well as fathers, mothers, and caregivers of children under 5; (iii) develop messages and communication activities and materials in a manner that includes an afro-Honduran cultural dimension; (iv) reach departmental and municipal officials, religious leaders, journalists, and social media so that they can adequately process information and correctly manage messaging; and (v) be systematized so that innovations and lessons learned can serve as a reference for similar projects in the country and region. Media and social networks will be used to share the achievements of the intervention and make available know how and best practices to other government and other bilateral and non-government agencies.

Environmental and Social Standards Relevance

E. Relevant Standards

ESS Standards		Relevance
ESS 1	Assessment and Management of Environmental and Social Risks and Impacts	Relevant
ESS 10	Stakeholder Engagement and Information Disclosure	Relevant
ESS 2	Labor and Working Conditions	Relevant
ESS 3	Resource Efficiency and Pollution Prevention and Management	Relevant
ESS 4	Community Health and Safety	Relevant
ESS 5	Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	Not Currently Relevant
ESS 6	Biodiversity Conservation and Sustainable Management of Living Natural Resources	Not Currently Relevant
ESS 7	Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	Relevant
ESS 8	Cultural Heritage	Not Currently Relevant
ESS 9	Financial Intermediaries	Not Currently Relevant

Legal Operational Policies

Safeguard Policies	Triggered	Explanation (Optional)
Projects on International Waterways OP 7.50	No	The Project will not work on International Waterways.
Projects in Disputed Areas OP 7.60	No	The Project will not work in Disputed Areas.

Summary of Screening of Environmental and Social Risks and Impacts

The overall risk classification of the project is Moderate. The social risk classification is Moderate. The project is expected to have positive social impacts from improved health and nutrition outcomes in children under the age of 5 in la Atl?ntida. While no adverse impacts are expected, key social issues to be taken into account

in the Social Assessment and addressed through project design and implementation include the need to ensure the cultural pertinence of the activities, which will target the Garifuna and other afro-Honduran populations, the existence of contextual violence, including intrafamily, domestic, and gender based violence, which in Honduras is more prevalent for women living in poverty and with low levels of education, and the risk of elite capture if project benefits are not adequately targeted. The environmental risk classification of the project is Low. The project is not expected to result in any significant negative environmental impacts since activities are focused on training and capacity building. Some minor and indirect negative environmental risks and impacts could occur related to medical waste generation from associated medical services, e-waste from electronic equipment replacement, as well as Occupational, Health and Safety (OHS) issues in the use of equipment procured by the project. The Grant recipient will be asked to prepare a Stakeholder Engagement Plan (SEP), which will: i) outline the key stakeholders, distinguishing between project-affected and other interested parties; ii) describe the consultations to be carried out during project preparation, which will include virtual consultations with representative organizations on project design and implementation arrangements before grant appraisal/approval, and how feedback has been taken into account in project design; iii) describe the timing and methods of engagement with key stakeholders throughout the life cycle of the project; iv) describe what type of information will be provided to stakeholders and how feedback from stakeholders will be obtained, documented, and taken into account; v) if necessary, describe measures to remove obstacles to participation, including through language, specific didactic measures, and other means, as well as allow the effective participation of those identified as disadvantaged or vulnerable; and vi) develop and describe a project-level Grievance Redress Mechanism (GRM) that will be operational throughout Grant implementation and how it will be managed and monitored. A draft SEP will be disclosed prior to grant appraisal/approval and will be updated in time to inform relevant activities and not later than six months after project effectiveness. The Grant Recipient will be asked to prepare a Social Assessment (SA), which will include a social baseline with information about intended beneficiaries, including any groups that may be vulnerable such as mothers and children with disabilities, and an overview of the current state of provision of ECD services in the target municipalities, including an analysis of community governance and health provision institutions. The SA will also assess any economic and social constraints of access to project benefits, including whether contextual violence in the country, the risk of elite capture, and the risk of exclusion and opportunities for greater inclusion of vulnerable or disadvantaged women and children. Based on this assessment, the SA will include specific culturally pertinent measures to be applied by the project to mitigate identified risks and take advantage of social inclusion opportunities. Work on the SA process will begin as part of the preparation of the SEP, and preliminary findings will be disclosed as a section of the SEP, including a summary of key social risks and impacts, mitigation measures, and identification of key beneficiaries and vulnerable women and children that may need additional measures in order to access project benefits. The finalized SA will be disclosed after grant appraisal/approval, in time to inform relevant grant activities, and no later than six months after effectiveness. The Grant recipient will also be asked to incorporate in the Operations Manual (OM), inter alia: (i) Occupational Health and Safety (OHS) guidelines (including COVID-19 measures); (ii) key labor aspects for initial activities; (iii) EHS requirements related to ongoing use of equipment particularly in relation to energy use; and (iv) management and disposal of non-hazardous and hazardous waste including medical waste and e-waste management in the event that the procurement of IT hardware under the project results in decommissioning of old equipment. These aspects include OHS issues related to training and use of equipment procured for all

medical and laboratory related activities. These guidelines will be available for medical staff and nurses administrating these medical services. The OM will be ready by project effectiveness. The OM will be consistent with the WBG EHS Guidelines. The OM will specify that all project activities shall be carried out in compliance with Honduras environmental regulations and the Bank?s ESF requirements, wherever applicable. The Grant recipient will develop and implement written stand-alone Labor Management Procedures (LMP), identifying and describing the different types of project workers that are likely to be involved in the project and set out the way in which they will be managed, in accordance with the requirements of national law and ESS2. The LMP will describe the different types of project workers that will be engaged and how they will be managed. In particular, the LMP will describe the need for community volunteers in the project, how the agreements with community volunteers will be reached, and the terms on which such labor will be provided, including how the voluntary nature of the work will be ascertained, how the community volunteers will be represented, and the methods by which community volunteers can raise grievances in relation to the project. The LMP will be prepared and adopted after grant appraisal/approval and in time to inform relevant grant activities and no later than six months after effectiveness. While the project will have project beneficiaries that are not Garifuna, its focus will be on making health services accessible and culturally pertinent for the Garifuna and other Afro-Descendants. As such, no standalone Indigenous and Afro-Descendant Peoples plan will be prepared by the Grant recipient, but the elements of such a plan will be included in project design. The consultation strategy and how the Garifuna and other Afro-descendant people in the project area will participate in project design and implementation will be included in the SEP. The Grant recipient and the Bank will also prepare and disclose an Environmental and Social Commitment Plan (ESCP) before grant appraisal/approval, which will include the measures and actions the client will need to address to ensure compliance with the ESF.

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