

**PROJECT INFORMATION DOCUMENT (PID)
IDENTIFICATION/CONCEPT STAGE**

Report No.: PIDC52128

Project Name	Nutrition and Early Cognitive Stimulation in ECD
Region	SOUTH ASIA
Country	Afghanistan
Sector(s)	Pre-primary education (75%), Other social services (25%)
Theme(s)	Child health (33%), Education for all (34%), Nutrition and food security (33%)
Lending Instrument	Lending Instrument
Project ID	P158598
Borrower Name	Islamic Republic of Afghanistan, Ministry of Education
Implementing Agency	Save the Children
Environment Category	C - Not Required
Date PID Prepared	23-Jan-2016
Estimated Date of Approval	01-Mar-2016
Initiation Note Review Decision	The review did authorize the preparation to continue

I. Introduction and Context

Country Context

Afghanistan is a fragile country affected by long periods of conflict and violence. Despite strong economic growth during the pre-transition period of 2007-08 to 2011-12, poverty did not decrease and inequality widened (National Risk and Vulnerability Assessment, 2012). In 2012, more than one in three Afghans did not have enough money to buy food or cover their basic needs despite an annual GDP growth rate of 6.9 percent during that same period. Poverty in Afghanistan is concentrated in rural areas, where four out of five poor people live. Lack of education, livelihoods and access to basic services contribute to Afghan poverty. 75.6 percent of poor people are illiterate. Poor people face higher unemployment (8%) and underemployment (41%) and are more likely to work in agriculture (43.6%) or in the informal sector (84.3%). Poor people are also less likely to have access to electricity (63.8%), safe drinking water (40.3%), and sanitation (2.8%). To reduce poverty, Afghanistan must focus on strengthening agriculture, investing in human development and managing and mitigating risks that increase poor people's vulnerability.

Afghanistan has made impressive progress in recent years in reducing infant mortality (from 165 in 2001 to 129 in 2007-08) and under 5 mortality (from 257 to 161 over the same period) with the expansion and improvement of health services. Maintaining these rates of reduction, however, will require significant improvements in the nutritional status of mothers and children, rates which have remained relatively static over this period. Afghanistan has some of the highest rates of undernutrition in the world. Stunting among children under the age of 5 averages 55 percent while the prevalence of wasting is 18 percent.

Sectoral and Institutional Context

The Early Childhood Development (ECD) subsector in Afghanistan is nascent. It has not been a policy priority so far; however it has gained importance within the new draft National Education Sector Plan (NESP III). In 2013, the population of children aged 0-4 years constituted more than 1/3 of the estimated 13 million in the age group 0-14. Currently, there is no coordination among those ministries in charge of ECD programs--namely the Ministry of Education (MoE), and the Ministry of Labor, Social Affairs, Martyrs, and Disabled (MoLSAMD). NGOs and the private sector also provide early childhood care and education. In the legislation, the role of each ministry in actual service delivery is unclear, and there is some duplication. This project will aim to anchor the provision of ECD services in a multi-sectoral approach with nutrition awareness and early stimulation interventions among parents and caregivers at the core of its curriculum.

Early Childhood Outcomes

Although the under-5 child mortality rate dropped from an estimated 208 in 1990 to 102 in 2011, it remains one of the highest child mortality rates in the world, with more than 1 in 10 children dying before age 5. Almost one in three children under age five in Afghanistan are moderately or severely underweight (31%). More than a half of children (55%) are moderately or severely stunted or too short for their age, and 18 percent moderately or severely wasted or too thin for their height. Stunting by age 2 or 3 is strongly related to poor childhood cognitive abilities and school enrollment/progress/attainment and performance. Almost one third of under-five children are moderately underweight, and 18 percent are classified as severely underweight. Underweight and stunting have been correlated with apathy, less positive affect, lower levels of play, more insecure attachment, more problems with conduct and poorer social relationships at school age. Research has also shown that undernutrition not only increases infant, young child and maternal morbidity and mortality, but also decreases physical and cognitive development, often irreparably, meaning decreased active learning capacity, poorer school performance and decreased individual and, in turn, national productivity. It is estimated that, overall, malnutrition in Afghanistan decreases GDP by 2-3 percent per year. Such under-nutrition is particularly serious during the first 1000 days (from conception through 24 months of age) during which period largely irreversible brain damage can take place. Optimal feeding and supplementation practices are also critical for brain development and healthy growth, and ultimately play a role in both health and education outcomes. Vaccination coverage is also a cause for concern, as children do not consistently receive all required dosages of vaccines such as that for polio prevention. Mothers' educational levels are strongly associated with the likelihood of vaccination coverage.

According to data from the most recent Multiple Indicator Cluster Survey, only 1 percent of children aged 36-59 months attend preschool in Afghanistan. Attendance is eight times higher in urban areas relative to rural areas. Socioeconomic status also plays a significant role. Almost 4 percent of children living in the wealthiest households attend preschool, while the figure is 0.2 percent in the poorest households. The mother's education level is the most significant determinant of children's attendance. Preschool attendance is 9 percent among the children of mothers with secondary education or higher, compared with less than 1 percent for children of mothers with no education. There is a need to build evidence on the impact of early childhood nutrition and care so that they may be scaled up effectively in the future.

Recently, there have been some significant nutrition-related accomplishments, the most impressive being vitamin A coverage for children. In 2012, over 90 percent of children aged 6-59 months had received vitamin A supplements twice annually through immunization campaigns and clinics. In the agricultural sector, an HLP Backyard Poultry Project and Integrated Dairy Schemes Project are targeting large numbers of vulnerable women in each district to boost household food security. The National Solidarity Program with its nearly national network of 22,000 community development committees (CDC) is welcoming nutrition promotion activities, and the Ministry of Labour's nutrition-relevant social protection programs cover nearly 2.5 million persons. The Government of Afghanistan has been financing food and nutrition interventions as part of its Basic Package of Health Services (BPHS) and a range of other strategies in agriculture, education, rural development and finance. The coverage of nutrition interventions, (both nutrition-specific and nutrition-sensitive), however, remains inadequate.

Relationship to CAS/CPS/CPF

One of the main pillars of the Systematic Country Diagnostics (2016) in Afghanistan is the promotion of social cohesion and stability through targeted service delivery. Service delivery plays a dual role in Afghanistan: promoting social cohesion and trust in public institutions. With levels of education, health, and infrastructure access among the lowest in the world, Afghanistan will need to continue expanding and improving the quality of service delivery across the board. The project aims to simultaneously improve service delivery in ECD centers while enhancing the ability of the public sector to monitor and eventually scale-up the delivery of services.

II. Project Development Objective(s)

Proposed Development Objective(s)

The project aims to improve nutrition and early cognitive stimulation awareness outcomes among parents/caregivers whose children attend ECD programs in the most deprived areas in Afghanistan.

Key Results

- At least 80 percent of targeted parents trained in nutrition awareness of which 50 percent trained in early cognitive stimulation.
- Children's fine motor and language development improved (disaggregated by gender)
- Children's weight improved (disaggregated by gender)

III. Preliminary Description

Concept Description

The project aims to build capacity and awareness of sound nutritional and early cognitive stimulation practices among caregivers (teachers and parents) for children in early childhood development programs. The project will focus on the following components:

1. The development of teaching aids and materials for nutrition teaching and early cognitive stimulation practices to parents through existing ECD facilities. Training and materials will include attention to food, how to grow own food, nutrition, health, sanitation, hygiene and early stimulation and interaction. Materials will be user-friendly and pertinent to nutrition needs in the country.
2. Building capacity of ECD teachers/facilitators to provide nutrition training as well as early cognitive stimulation. These facilities will reach out to parents/mothers of young children who have children under 6 in the catchment area.
3. Micronutrient supplements provision to most deprived areas through existing ECD facilities

4. Building evidence for impact of interventions on outcomes.

IV. Safeguard Policies that Might Apply

Safeguard Policies Triggered by the Project	Yes	No	TBD
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	

V. Financing (in USD Million)

Total Project Cost:	0.65	Total Bank Financing:	0
Financing Gap:	0		
Financing Source			Amount
South Asia Food Security and Nutrition Initiative			0.65

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