1. Key development issues and rationale for Bank involvement

1. Mali’s human capital suffers from widespread poverty and is highly vulnerable to a variety of shocks. Mali ranks 178 out of 182 countries on the Human Development Index. Poor human development outcomes make it unlikely that Mali will reach the Millennium Development Goals by 2015. Almost half of the Malian population of 14.5 million is poor. About 90% of the poor live in rural areas; most are illiterate and depend on subsistence farming. As a landlocked country exposed to drought and desertification, Mali is highly vulnerable to environmental, social and economic shocks. Remittances from the 4 million Malians abroad are an important source of revenue that has suffered from the economic downturn. With 3.6% population growth per year, demographic pressure contributes to the high poverty rates and makes it difficult to improve social indicators rapidly. Mali has been hit by rising prices of basic foodstuffs, fuel, and living costs, as well as the current economic crisis, which has negatively affected cotton and gold prices. The food crisis led to increases in poverty that are likely to worsen as a result of the global recession. Simulations suggest that the 25% increase in food prices likely caused about 300,000 people to fall into poverty. Food insecurity plagues about 27% of the population, many of them young children who suffer from malnutrition. World Bank economists predict that as families spend more on food, they are likely to cut back on basic services, such as education and health.

2. Young children in rural Mali are at risk, especially in times of crisis. Analyses of social protection in Mali have identified young children as highly vulnerable. Though much has been done to promote basic social services, child mortality remains one of the highest in the world (191 per 1000 live births). The risk of death before age five is 48% higher in rural areas. Nutrition indicators are of particular concern: 81% of children have some form of anemia, and 38% of children under 5 show significant levels of stunting and wasting. These nutritional deficiencies can permanently limit children’s cognitive development and affect their abilities to become economically productive citizens. The education system in Mali is also failing children. Education indicators – enrolment, drop-out, completion – are among the worst in Africa. According to the recent Education Country Status Report, gross enrolment rate in primary education is about 84%; the completion rate is only 54%. In addition to disparities by gender, a
A child living in a rural area is 1.7 times less likely to be registered in school and 4 times less likely to complete primary education than one living in an urban area. Children’s poor learning outcomes are dramatic. The Early Grade Reading Assessment (EGRA) found that 94% of Grade 2 children were unable to read a single word of French. These results reflect not only the poor quality of primary education but also children’s lack of school readiness due to limited access to early childhood services. The cycle of poverty is perpetuated as young people do not acquire the requisite skills to compete in the labor market.

3. To mitigate the effects of the crisis on vulnerable children under age 6, the Government would like to develop a multi-sectoral approach to early childhood development (ECD), beginning with a pilot in rural areas. ECD interventions are cost-effective responses to human capital challenges. They not only immediately boost children’s cognitive, language, social-emotional, and physical development, but also provide children with fundamental skills that will better prepare them to succeed in school and in the labor market. Investments in ECD interventions yield higher rates of return than those at later points of the lifecycle, including in primary education and job training programs.1 The benefits are greatest for the most disadvantaged children, who, by all accounts, are least likely to currently access these services in Mali. ECD services also provide safe environments for children while their mothers engage in income-generating activities. Although the Government of Mali recognizes ECD as a component of its Education Sector Investment Program (PISE III), to date, young children have received much less policy attention and funding than those of primary school age. Access to preschool has increased, but only from 1.5% in 1996 to 3.1% in 2007-2008. Most formal preschools are in urban areas, and quality is uneven. PISE III aims to increase enrolment to 7% in 2012 and to improve staff training and support. As part of an effective social protection strategy, there is a need for community-based interventions that begin early, target the most vulnerable children, and address health, nutrition, and education in an integrated manner.

4. Recent analytical work in Mali identifies promising strategies for a pilot and learning project. This project builds on recent analytical work on ECD in Mali, supported by the Education Program Development Fund (EPDF), with technical inputs from the World Bank, the Aga Khan Foundation, and UNICEF. The two commissioned studies in 2010—a national situational analysis of ECD and a baseline study of the Mopti Region—highlighted the vulnerabilities of children under age six, as well as the opportunities to support them through community-based, inter-sectoral early childhood interventions. The national situational analysis examined the strengths and weaknesses of current ECD policies and strategies, identified the main stakeholders engaged in ECD activities at the national level, and analyzed best practices. The study pointed out the limited number and uneven distribution of ECD services, the shortage of qualified educators and trainers, and the inadequate play and learning materials. Among the key recommendations were calls for greater involvement of local authorities in the implementation of ECD activities; better coordination of ECD activities among between the state, parents, communities and local authorities; and the expansion of ECD services to infants and vulnerable preschoolers, including those affected by HIV/AIDS. Although the baseline study of Mopti discovered similar challenges of access to and quality of ECD, it also identified positive ECD practices that could be expanded such as participatory and multi-sectoral interventions, the training of community leaders, and parenting education. The pilot will test out recommended strategies from these studies, which are also consistent with the recent Education Country Status Report (2009) and Social Safety Net Review (2010).

5. To protect children’s basic health, development, nutrition, and hygiene needs, an acceptable level of basic services must be maintained. New research in a volume edited by Alderman (2011) highlights the negative impact of poverty and shocks in early childhood and identifies strategies for protecting children’s outcomes through investment in high-quality interventions, such as parenting

---

education, health and nutrition services, and ECD centers. In Mali, young children’s health, nutrition, and education outcomes have worsened during the crisis, which jeopardizes their immediate and long-term well-being. Cost-effective ECD strategies are needed not only to mitigate the effects of the current crisis on vulnerable children, but also to support Mali’s readiness against future shocks. By testing different approaches, the government will address urgent needs in two regions and also learn which strategies should be scaled up to better protect young children in response to crises.

6. The project strategy is to mobilize communities to develop a collaborative and holistic approach for early childhood development that mitigates the negative effects of the crisis. The interventions will encourage and support community members, organizations, and other local actors to protect access to quality basic social services – education, welfare, health, nutrition – among vulnerable young children. The approach is flexible to allow for varying intensity of interventions depending on the severity of the crisis in the target villages. In addition, the focus on monitoring and evaluation will ensure that lessons learned from the implementation of the pilot will inform future scale up efforts. The proposed activities are highly implementable by the project close date of September 2012 and respond to a request from the government to support a critical area of human development that is not addressed adequately elsewhere by other development partners or within the current World Bank country program.

7. The proposed project will complement ongoing activities in the Mali portfolio and will guide new investments from the Bank and other sources for scaling-up integrated service delivery for vulnerable children and families in rural areas. In particular, the pilot will inform the proposed $80 million basic education development policy operation (DPO) to be supported by the Education for All Fast Track Initiative. The DPO will support Mali’s five-year education program (PISE III), including policy, strategy, and institutional development in the area of ECD. Beyond the education sphere, the pilot will complement the Projet d’appui aux communes rurales (PACR) which aims to improve living conditions for populations in rural Mali. The PACR project finances increased access to basic social services, diversification of income sources, and efficient management of natural resources in targeted communities. Although the PACR does not focus on young children, it targets municipalities that are affected by poverty and food insecurity in four regions, including Ségou and Mopti, which provides the opportunity to link the pilot project to longer-term investments in strengthening food security and rural development.

2. Proposed objective(s)

8. The proposed grant will support the Government of Mali to respond to crises by developing cost-effective early childhood development services for vulnerable children in rural areas. Specifically, the project aims to: (i) improve stimulation, health, and nutrition of infants and toddlers through parenting education in the target communities; (ii) integrate informal early childhood development opportunities in communities for children from birth to age six; (iii) protect the health, nutrition, welfare, and school readiness of preschool-age children in ECD centers; and (iv) strengthen capacity for responding to crises through the management, monitoring and evaluation of ECD interventions at national and local levels.

3. Preliminary description

9. The proposed program for Rapid Social Response MDTF support will have two components: (1) Integrated early childhood health, nutrition, and education services in rural areas; and (2) Capacity development for management, monitoring, and evaluation of ECD interventions.

---

10. **Component 1 - Integrated early childhood health, nutrition, and education services in rural areas ($1.5 million – Recipient-executed):** The project will test the effectiveness of a variety of affordable, feasible, and sustainable approaches to prevent the deterioration of young children’s outcomes during crises. The Government of Mali will work with two implementing partners – the Aga Khan Foundation and Plan Mali – to respond to immediate needs in the regions of Mopti and Ségou. Including two pilot regions will allow comparisons of lessons learned across different contexts and inform the development of a national ECD program targeting vulnerable young children. The specific interventions will target children from 0 to 6, through parenting education, community programs, and ECD centers:

(a) **Improve early stimulation and nutrition for infants-toddlers through parenting education:** Taking advantage of the window of opportunity for promoting children’s healthy nutrition and development, this intervention will focus on activities that combine early stimulation with health and nutritional inputs for children under age 3. Parents and other family members with infants and toddlers will be supported in their caregiving roles and responsibilities, using new parenting education modules developed with support from UNICEF-Mali. Working with community health workers and other resource persons (e.g., traditional birth attendants), parenting education will cover themes including: prenatal/postnatal health visits, assisted births, nutrition, exclusive breastfeeding, proper hygiene, and early stimulation. Parent education sessions will be reinforced with breastfeeding counseling and cooking demonstration groups. The interventions will focus on providing information and encouraging positive parenting and caregiving practices. Children who are identified with moderate malnutrition or health issues (i.e., worms, parasites) will be referred to other services for treatment.

(b) **Integrate informal early childhood opportunities into community settings:** To reach young children under age 6 who are not in formal preschools, this intervention will support ECD activities (e.g., dissemination of parenting information and materials) in places where families congregate, including literacy groups, women’s gardens, health centers, and community-based savings groups. Specifically, themes that are core to ECD and parenting – including early stimulation, nutrition, and health activities – will be integrated into existing services for women and families to ensure that the most vulnerable and marginalized children benefit from support. Given the low levels of maternal literacy, integrating ECD modules into ongoing adult literacy programs is a promising two-generational strategy. In coordination with local health services, the project will ensure that children receive crucial health and nutritional inputs (e.g., deworming, immunization, anti-malarial and micronutrient campaigns, complementary feeding). A variety of mechanisms – including radio – will be used to disseminate information and determine the best “entry points” for reaching the children under age 6.

(c) **Promote preschoolers’ health, nutrition, and school readiness:** To address the unmet demand for preschool provision, communities will be sensitized and supported in the establishment of new community-based ECD programs in homes or available community buildings. In existing community-based ECD centers (Centres de Development de la Petite Enfance) for 3 to 6 year olds, the project will rehabilitate facilities to ensure children’s basic health and safety, including access to water, sanitation, and safe outdoor play areas. To improve quality, the project will build the capacity of pedagogical advisors to train locally-recruited educators and also facilitate the development and use of learning materials. Capacity-building of both ECD and primary educators will help strengthen children’s transition from the ECD centers to primary schooling. The approach will be to coordinate and strengthen existing services, and where necessary, fill in gaps. To promote sustainability of community-based ECD centers, the project will encourage positive deviance. Community members will visit centers in different villages and learn from successful management approaches.
11. **Component 2 – Capacity development for management, monitoring, and evaluation of ECD interventions ($500,000):** This component will support the MEALN and decentralized government authorities to manage, monitor and evaluate ECD activities, as well as strengthen their capacity to develop and implement a scaled-up national program to respond to future crises, based on lessons learned.

(a) **Capacity-building to support a national program ($250,000 – Recipient-executed):** This sub-component will cover: (i) capacity-building to the MEALN and decentralized government entities (from education, health, social development, and child protection) on data collection and reporting on young children and ECD services to strengthen the national monitoring and evaluation system; (ii) knowledge-sharing activities of the national ECD network, comprised of the main governmental and non-governmental stakeholders working on the scale up of effective ECD interventions; (iii) technical assistance to design a scaled-up national program that will support vulnerable children and families based on lessons learned from the pilot and an assessment of national preparedness. The national program will provide guidance on ECD service delivery in crisis versus non-crisis situations.

(b) **Technical assistance, research, and evaluation ($250,000 – Bank-executed):** The following activities will be Bank-executed in close collaboration with the Government of Mali: (i) technical assistance and capacity-building in project planning and implementation within the Division of Preschool and Special Education; (ii) targeted studies to inform the project implementation (e.g., a baseline assessment in both target regions); and (iii) research to evaluate the effectiveness of the piloted approaches through a partnership with Malian universities. The research will include both a formative evaluation of the process of implementing ECD interventions in vulnerable environments as well as analyses of the effects of program participation on children’s health, development and school readiness. Detailed cost information will be collected on the interventions to fill the knowledge gap on replicable approaches and to guide follow-up investments beyond the duration of the project.

**Selection of target regions and villages**

12. **Given time and resource constraints, the project will focus on two regions – Ségou and Mopti. These regions were selected because they are poor, rural, agricultural-dependent areas with high vulnerability to economic shocks (e.g., food price variations). In Mopti, more than three-quarters of the population live in poverty, the prevalence of severe malnutrition is 39%, more than 70% of mothers are illiterate, and formal ECD services are rare (3% coverage). The crises threaten the ability of communities and families to respond to children’s needs. The effects of the crisis are equally detrimental to children in Ségou, where a third of young children are stunted, 80% of young women are illiterate, and only 2% of children are enrolled in preschool. On the positive side, a new ECD training school - *Ecole de Formation des Educateurs Préscolaires* (EFEP) in Ségou will enable the project to build synergy with other quality improvement efforts in ECD. The 50 rural villages in the project (25 per region) – covering about 20,000 children under the age of six – have been selected based on a rapid assessment of current access to basic social services and the capacity of the NGO partners to support implementation within the project period.

**Implementation arrangements**
13. Components 1 and 2a will be Recipient-executed by the Government of Mali. Component 2b will be Bank-executed.

14. The project will be coordinated by the Division of Preschool and Special Education (DEPS) of the National Direction of Basic Education of the MEALN. Within the DEPS, a coordination unit led by a project coordinator and deputy project coordinator will oversee the activities in the two regions and will work closely with decentralized authorities and the implementing partners. The Ministry has assigned two officials from the Direction des Finances et du Matériel to support the procurement and financial management needs of the project. If needed, additional fiduciary support will be provided by consultants.

15. To promote inter-sectoral collaboration, the government is establishing a National ECD Inter-sectoral Committee, an inter-ministerial mechanism comprised of the Secretary Generals of the four key ministries engaged in ECD (education, health, social development, women and family). This Committee will provide guidance to the project. The DEPS will regularly consult with the ECD Cadre de Consultation, an existing forum for discussion between government officials and development partners about ECD-related topics. In the pilot regions and in the target local authorities and villages, the project will support a similar approach to inter-sectoral and inter-agency consultation and partnership.

16. At the regional level, given the short duration of the pilot project (15 months), two non-governmental organizations with technical expertise in ECD and organizational presence and experience in the pilot areas have been selected as implementation partners: Aga Khan Foundation (Mopti) and Plan Mali (Ségou). Financing of ECD activities in Component 1 that will be implemented in the two regions will be carried out through a direct contract between the MEALN and each of these NGO partners.

17. The TA, research, and evaluation activities in Component 2b will be executed by the World Bank to take advantage of its technical competence in these areas. To mitigate risk while enhancing government capacity, the Bank will recruit a Technical Advisor to accompany and train the government officials in project implementation and monitoring during the duration of the project. The research and evaluation work will be managed by the World Bank and carried out in close collaboration with the MEALN and Malian researchers, in consultation with the two partner NGOs.

4. Safeguard policies that might apply

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

5. Tentative financing
Source: ($m.)
Borrower 0
6. Contact point
Contact: Michelle J. Neuman
Title: Human Development Specialist
Tel: (202) 458-8577
Email: mneuman@worldbank.org