ASIAN DEVELOPMENT BANK

TAR: KAZ 34235

TECHNICAL ASSISTANCE
(Financed from the Japan Special Fund)

TO THE

REPUBLIC OF KAZAKHSTAN

FOR PREPARING THE

EARLY CHILDHOOD AND WOMEN'S DEVELOPMENT PROJECT

October 2001

CURRENCY EQUIVALENTS
(as of 30 September 2001)

Currency Unit	–	Tenge (T)
T1.00	=	$ 0.00677
$1.00	=	Tenge 147.80

ABBREVIATIONS

ADB	–	Asian Development Bank
AHA	–	Agency for Health Affairs
ECE	–	early childhood education
ECWD	–	early childhood and women's development
MOES	–	Ministry of Education and Science
MCH	–	maternal and child health
NGO	–	nongovernment organizations
TA	–	technical assistance

NOTES

(i) The fiscal year (FY) of the Government and its agencies ends on 31 December.
(ii) In this report, "$" refers to US dollars.

I. INTRODUCTION

1. In March 2001, during a country programming mission by the Asian Development Bank (ADB) to Kazakhstan, the Kazakhstan Government requested ADB to provide technical assistance (TA) for the preparation of an early childhood and women's development (ECWD) project.[1] The ECWD Project has been included in the Country Program as a 2002 loan. The Fact-Finding Mission visited Kazakhstan during 19 July–6 August 2001 and met with key officials of the central and oblast (province) governments, international organizations, staff working in preschool institutions and health care facilities, and mothers and children in the rural areas. The Mission reached an understanding with the Government on the objectives, scope, and institutional arrangements for the TA.

II. BACKGROUND AND RATIONALE

2. Prior to independence, Kazakhstan made major strides in improving human development indicators. At independence in 1991, immunization coverage was high, adult literacy was virtually universal, and school enrollment and completion rates for children and youth of both genders were high at all levels. Women had access to regular prenatal and postnatal care and infants had regular health and growth monitoring. However, the transition has had a severe negative effect on young children and women. Increased unemployment and a decline in social assistance contributed to a rise in poverty: in 1997-1998, 43 percent of the population lived below the subsistence level, according to Government statistics. By 2000, the percentage had decreased, but only to 32 percent. Budget constraints in the 1990s also led to an acute reduction in social sector budgets, to the closure of many health care and education facilities, and to a decline in basic supplies. While the efficiency of service delivery improved, it has not increased fast enough to offset reduced resources. The decline in budgets directly caused a deteriorated quality of and access to education and health services.

3. The effects of the deteriorating conditions in early childhood education (ECE) and maternal and child health (MCH) services have become increasingly visible after 10 years. In response, the Government introduced the new Law on Education in 1999, which promises to universalize one year of preschool,[2] and approved the Resolution on the National Program on Mother and Child Health 2001–2005, which aims to improve MCH services. These two policies are timely and show that the Government recognizes the importance of addressing education and health aspects of child development simultaneously. A body of research suggests that experiences in early childhood have lasting effects on later achievement in school and on personality, and that investing in early childhood will have high returns to human development in the country.[3] Infant health and development is also significantly affected by maternal health.

4. ECE and MCH services, especially in rural areas, are expected to be largely a government responsibility in the foreseeable future, although possible involvement of the private sector may be explored. Under the present decentralized government structure, the central Government is responsible for developing policies and regulations and providing technical guidance, while the oblast governments finance and deliver preschool and MCH services. Improving public services in ECE and MCH, including both developing policies and improving service delivery by oblast governments is crucial to improving the situation of young children and pregnant women in Kazakhstan and for reducing poverty through improved human

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[1] TA first appeared in *ADB Business Opportunities* on 25 June 2001.

[2] The preschool program was introduced to provide children with an equal opportunity to receive at least one year of ECE, in lieu of the longer kindergarten programs that are no longer accessible or affordable to many children.

[3] For example, Young, Mary E. 1995, *Investing in Young Children*, World Bank Discussion Paper.

development. The project preparatory TA will take stock of ongoing pilot programs and provide a platform for coordination among involved agencies; for example, ADB has launched a regional program, supported by the Japan Fund for Poverty Reduction, to reduce anemia and iodine deficiency disorders by promoting the fortification of flour with iron and salt with iodine, and United Nations agencies are developing ECE indicators and a community-based ECE pilot project, and promoting initiatives on baby-friendly hospitals and integrated management of childhood illnesses.

5. Prior to independence, 50 percent of children attended kindergartens. By 2000, the rate had fallen to 20 percent in urban areas and to 2 percent in rural areas. By ethnicity, Kazakh children's enrollment rates in all oblasts are lower than the average enrollment rate. Reasons for not sending children to a kindergarten go beyond a lack of facilities: (i) poor parents cannot afford expenditures associated with kindergarten, such as monthly fees (700 tenge per month, or about $5) and decent clothes for children; (ii) mothers or grandmothers stay at home to take care of children and families do not feel the need for children to attend kindergartens; and (iii) children with physical, mental or speech difficulties are not usually accepted. Moreover, poorer and needier children are the most likely to be left out in the selection process. In South Kazakhstan oblast, for example, 65 percent of 6-year-olds are now attending preschool. However, when the number of children of preschool age exceeds the capacity of a preschool in a given area, only the children who performed best on a selection test are enrolled.

6. While physical access to preschools/kindergartens should be expanded through selective refurbishment and construction of new facilities, it is also necessary to make them affordable, to build awareness of the significance of ECE, and to ensure that the children in need of assistance are targeted. To build an affordable and financially sustainable ECE system will involve developing alternative models to conventional kindergartens, such as the mini rural centers suggested by the Ministry of Education and Science (MOES).[4]

7. The quality of teachers, functionaries, and other staff involved in ECE is high. However, updating knowledge through training and adopting innovative ways of providing preschool education would further enhance quality of ECE. There are signs that the Government is ready to adopt an innovative approach. For example, MOES proposes to introduce on a wide scale the child-centered pedagogy and parental involvement that was developed by the Step by Step Program supported by the Soros Foundation. Education programs for parents on better parenting and child development are also useful tools to improve child development practices at home, especially for children up to three years of age.

8. Despite the high education levels of mothers, and despite the fact that 98 percent of deliveries are assisted by qualified health staff, Kazakhstan shows unexpectedly high infant mortality (60 per 1,000 live births)[5] and maternal mortality rates (61 per 100,000 live births), and a high prevalence of micronutrient deficiency. Kazakhstan seems to have a sufficient number of physicians and facilities, at least on the surface. For example, the country has 353 physicians per 100,000 population,[6] according to data from the United Nations Development Programme. People have good physical access to public health care even in remote raions (districts), especially to standard regular care such as prenatal services. However, case management during regular checkups and outpatient care is often inappropriate or inadequate. The timing of seeking health care because of illness also needs examination. Since Kazakhstan already has

[4] MOES proposes holding preschool classes in underutilized rural school buildings or other types of facilities.
[5] The infant mortality rate in the Philippines, with a nominal per capita income similar to Kazakhstan's, is 32 (1998).
[6] Compared with 193 in Japan and 279 in the United States.

an extensive health infrastructure, improving the quality of MCH at the primary health care level is more important than improving physical access.

9. The health system has highly qualified specialists and functionaries. However, they frequently lack materials, basic supplies and instruments, and the up-to-date knowledge needed to deliver effective services to children and women. The need to retrain and upgrade the knowledge of staff involved in MCH is urgent especially for current clinical protocols.

10. The sustainable financing of ECWD is a crucial question. Improving ECE and MCH services will have a number of recurrent costs including maintenance of facilities, salaries of staff, and costs of education materials and basic medical supplies. The Government will have to allocate significant additional financial resources for ECWD, especially in rural areas, which show lower ECWD indicators and have received proportionately fewer resources than urban areas.

11. Both preschool education and MCH services are financed by oblast governments' budgets. For example, in South Kazakhstan oblast, 42 percent of the entire budget is spent on education and 18 percent on health care. However, only 2.5 percent of the education budget is spent on preschool education, and only 23 percent of the health budget on primary health care. A mid- to long-term projection of required resources is needed, as is a sustainable financing and human resource development plan. Assuming continued economic growth, an increase in the budget could absorb some of the increased costs. However, the oblast and central governments must reallocate resources within the education and health budget, and improve efficiency of service delivery, to sustain ECWD services.

III. THE TECHNICAL ASSISTANCE

A. Objective

12. The goal of the TA is to improve health, nutrition, and psychosocial development of young children (0–7 years of age) and maternal health and nutrition. The objective of the TA is to assist the Government in preparing an investment project to improve the quality of and access to ECWD services. Because this is the first attempt to develop a comprehensive ECWD project in Kazakhstan, interventions will be piloted in two oblasts, South Kazakhstan and Zhambyl. The selection was made based on the low level of ECWD indicators in these oblasts and the scarcity of external support for ECWD–related activities. The preliminary framework of the Project developed by the TA is presented in Appendix 1.

13. The TA uses two approaches: (i) the life-cycle approach to services and (ii) the "poor first" principle. The ECWD framework used in this TA is a simplified life-cycle approach built on ECE and MCH. ECE includes both stimulation activities for children below 2–3 years of age, and other center–based activities for children between 2–3 and 6 years of age.[7] The target populations are divided into four life stages: pregnancy, postnatal to 3 years, 3–6 years, and first grade. Each stage of early childhood development requires interventions for psychosocial and physical development, which will be provided under ECE and MCH services respectively. The TA will aim at building on existing ECE and MCH public service delivery and programs to cover key requirements of these different life stages. It will ensure that poor children and mothers, especially in rural areas, will have access to quality ECE and MCH services.

[7] Kindergartens may accept children as young as two years old, while the one–year preschool program is meant for six-year-olds.

B. Scope

14. The TA is designed to enable the Government to identify and address issues pertinent to improving ECWD services, particularly those targeting poor children between 0 and 7 years of age, pregnant women, and mothers with young children. The TA consists of four stages: in-depth analysis of the situation, strategy and action plan development, financial sustainability analysis, and design of the Project. Stakeholders' participation in the process, especially in strategy development, will be crucial.

(i) **Needs assessment**. The needs assessment will delineate the constraints preventing children and women, especially the poor, from accessing ECWD services; and suggest possible remedies for mitigating the constraints. It will also analyze the distribution of the poor beneficiaries and their socioeconomic profiles.

(ii) **Strategies and action plans for improving ECWD services**. The TA will provide in-depth systemic analysis of ECWD services, develop strategies and concrete action plans for improving them, and clearly specify the responsibility for and sequencing of the suggested measures. The strategies and action plan will cover such issues as enhancing physical access to ECE services; developing alternative ECE models for conventional kindergartens; upgrading teachers' skills and pedagogy; improving the quality of health services by retraining health care providers; improving the availability of basic supplies; improving the cost-effectiveness of ECE and MCH service delivery; and improving ECWD activities at home, especially for children between 0 and 3 years of age.

(iii) **Financial sustainability analysis and financing plan**. Improved ECWD services will have incremental recurrent costs. Required resources will be projected, possible financing mechanisms identified, and measures for improving systemic efficiency examined.

(iv) **Designing a project for ADB financing**. Based on the analyses and strategies developed, a project proposal will be formulated to address priority needs for improving the quality of and access to ECE and MCH services over 3–5 years. A mechanism for targeting poor children and mothers will be specified. The Project will be piloted in South Kazakhstan and Zhambyl oblasts, while necessary policy and regulatory changes will be implemented by central Government departments. Project preparation will include detailed formulation of project components, cost estimates, implementation arrangements, disbursement schedules, and analysis of social and poverty impacts.

C. Cost Estimates and Financing Plan

15. The total cost of the TA is estimated to be $857,200 equivalent, of which $460,000 is the foreign exchange cost and $397,200 equivalent is the local currency cost. ADB will finance $600,000 equivalent, which includes the entire foreign exchange cost and $140,000 equivalent of the local currency cost. The remaining local currency cost of $257,200 equivalent will be financed by the Government in kind. The TA will be financed by ADB on a grant basis from the Japan Special Fund, funded by the Government of Japan. The Government has been advised that approval of the TA does not commit ADB to financing any ensuing Project. The detailed cost estimates and proposed financing arrangements are in Appendix 2.

D. Implementation Arrangements

16. The Agency for Health Affairs (AHA) will be the Executing Agency for the TA. AHA will be assisted by an interministerial steering committee. Since the TA encompasses both ECE and MCH, the steering committee will be co-chaired by AHA and MOES to ensure cooperation of the concerned agencies. The core members of the committee are the governors of South Kazakhstan and Zhambyl oblasts, the Ministry of Economy and Trade, and the Ministry of Finance. The National Commission for Women and Family Welfare will also be invited.

17. The governor's office of each oblast will be responsible for producing an oblast–specific project plan with the TA team's support, and provide counterpart support such as office space for the TA team. AHA and MOES will be responsible for the policy–related tasks of the TA, and for assuring the quality of the relevant components of oblast governments' proposals. AHA and MOES will also provide advice to oblast governments and specialists to provide technical expertise. AHA will, if necessary, provide office space in Astana. Most of the TA work is expected to be done in the two oblasts, although policy-related discussion and coordination with other agencies will require the team to visit Astana and Almaty regularly.

18. The duration of the TA will be five months, from January 2002 to June 2002. ADB will engage an international consulting firm in accordance with ADB's *Guidelines on the Use of Consultants*. A full technical proposal will be used for selecting a firm. The firm will provide 16 person-months of international consulting, and 27 person-months of domestic consulting with expertise in MCH, ECE, public finance, social science, and decentralized project management. The consulting firm will work closely with MOES, AHA, and oblast governments through regular communication, involving them in field trips, and holding periodic discussions with the steering committee. The team will also facilitate a consultative workshop involving government departments, various experts, nongovernment organizations, international organizations, and community leaders to discuss strategies for ECWD. Outline terms of reference and a list of required reports are presented in Appendix 3. Equipment will be procured by the consultant in accordance with the arrangements acceptable to ADB.

IV. THE PRESIDENT'S DECISION

19. The President, acting under the authority delegated by the Board, has approved the provision of technical assistance, on a grant basis, to the Government of the Republic of Kazakhstan in an amount not exceeding the equivalent of $600,000 for the purpose of preparing the Early Childhood and Women's Development Project, and hereby reports such action to the Board.

(Reference in text: page 3, para. 13)

PRELIMINARY PROJECT FRAMEWORK

Design Summary	Performance Indicators and Targets (Quantifiable targets will be developed during the TA)	Monitoring Mechanisms	Assumptions / Risks
Goal To improve health, nutrition, and mental development of young children (0–7 years of age) and health and nutrition status of women	▪ Reduction in infant and maternal mortality rates ▪ Reduction in under–five mortality rate ▪ Improved school readiness	▪ National statistics ▪ Health survey ▪ Education survey ▪ Baseline and end of project survey	The Government continues to regard early childhood and women's development as a priority sector.
Purpose To increase access to early childhood education (ECE) and maternal and child health (MCH) services for poor children and mothers To improve quality of ECE and MCH services	▪ Percentage of poor children attending preschool child development programs ▪ Percentage of poor women who have received regular MCH services ▪ Percentage of children who have received timely primary health care ▪ Percentage of preschool institutions adopting child-centered pedagogy ▪ Percentage of children and women who have received health care according to World Health Organization protocols	▪ National statistics ▪ Health survey ▪ Education survey ▪ Base line and end of project survey	Primary health care and ECE will receive a fair share of the Government budget.

COST ESTIMATES AND FINANCING PLAN
($'000)

Item	Foreign Exchange	Local Currency	Total Cost
A. Asian Development Bank Financing [a]			
1. Consultants			
a. Remuneration and Per Diem			
i. International	355.0	0.0	355.0
ii. Domestic	0.0	60.0	60.0
b. Travel			
i. International	25.0	0.0	25.0
ii. Domestic	0.0	20.0	20.0
2. Studies, Surveys, Reports	5.0	15.0	20.0
3. Equipment [b]	8.0	0.0	8.0
4. Administration Support, Interpreters	0.0	25.0	25.0
5. Representatives for Contract Negotiations [c]	10.0	0.0	10.0
6. Contingencies	57.0	20.0	77.0
Subtotal (A)	**460.0**	**140.0**	**600.0**
B. Government Financing			
1. Office Space	0.0	80.0	80.0
2. Counterpart Staff and Support	0.0	90.0	90.0
3. Local Transport	0.0	10.0	10.0
4. Training and Seminar Facility	0.0	20.0	20.0
5. Data	0.0	30.0	30.0
6. Contingencies	0.0	27.2	27.2
Subtotal (B)	**0.0**	**257.2**	**257.2**
Total	**460.0**	**397.2**	**857.2**

[a] From the Japan Special Fund, funded by the Government of Japan.
[b] Two computers for TA offices.
[c] A representative from the Ministry of Education and Science and one from the Agency for Health Affairs.

Source: Staff estimates.

(Reference in text: page 4, para. 15)

OUTLINE TERMS OF REFERENCE FOR CONSULTANTS

1. The technical assistance (TA) will be implemented by a team of international (16 person-months) and domestic (27 person-months) consultants. The team leader should be in the field for the entire TA period of 5 months. To work with the two oblasts (provinces) effectively, the team leader will be supported by two local managers, one for South Kazakhstan operations and one for Zhambyl. Each of the other international consultants will be supported by at least one domestic consultant in the corresponding field. The team will mostly be based in the two pilot oblasts, South Kazakhstan and Zhambyl. The team will work closely with oblast government teams. Together they will develop an oblast-specific action plan for the Early Childhood and Women's Development (ECWD) project, and work with the Ministry of Education and Science (MOES) and the Agency for Health Affairs (AHA) for policy review and development and technical guidance. The team will maintain regular contact with the steering committee, especially to receive their comments on reports, and will also coordinate with other organizations that have relevant ECWD pilot programs in Kazakhstan. At least two steering committee meetings will be held with the consulting team to discuss the draft strategy and final reports. After the completion of the initial situation analysis, the team will organize a consultative workshop, inviting the steering committee, national and oblast level experts, concerned government departments, international organizations, nongovernment organizations (NGOs), community leaders, and staff working in ECWD services to discuss strategies for improving ECWD.

2. The team will submit (i) an inception report and a detailed work plan; (ii) a report on needs assessment; (iii) a draft sector review and strategies for improving ECWD to be presented at a consultative workshop; (iv) the finalized sector review and strategies with a report on the consultative workshop as an attachment; (v) the draft project proposal for discussion at a tripartite review meeting among the Government, the consultants, and the Asian Development Bank; and (vi) the final project proposal. The terms of reference for the consultants are presented below.

1. Team Leader and TA management (International: 5 person-months, Domestic: 8 person-months)

3. The team leader will be an institutional or management specialist with extensive experience in managing decentralized projects in the field of human development. The team leader will

(i) supervise the team and ensure smooth implementation and quality of tasks and the timely preparation of required reports.
(ii) coordinate with counterparts in MOES and AHA of the central Government, the governor's office and education and health departments of the two oblast governments, the steering committee, and other international organizations, to ensure collaboration, avoid duplication efforts, and learn from their experiences.
(iii) organize ECWD consultation workshops.
(iv) review the Government's policies on poverty reduction, select an appropriate poverty line for the Project, and design a feasible poverty targeting mechanism (e.g., geographical targeting, means-tested targeting) based on the data and analysis of the team and in consultation with government counterparts.
(v) identify effective institutional arrangements for the ECWD project under the decentralized government management structure, including terms of reference

(Reference in text: page 5, para. 18)

for each involved agency, and needs and means for capacity building for them to carry out the tasks.

(vi) examine the feasibility and desirability of private sector participation in ECWD service delivery.

(vii) identify monitoring and evaluation indicators for the Project and establish the baselines for these indicators for evaluation later. The Project should be designed to allow for rigorous post evaluation by establishing the counterfactual.

(viii) prepare a project proposal for ADB's financial support, which should include the logical framework.

4. Two domestic consultants will support the team leader. They will also coordinate the team's work in each oblast under the guidance of the team leader and oblast governments in developing their action plan.

2. Early Childhood Education Specialists (International: 3 person-months, Domestic: 5 person-months)

5. The team of international and domestic early childhood education (ECE) specialists will work closely with the MOES and the education departments of the two oblasts to accomplish the following:

(i) review policies and norms related to preschool and kindergarten, and compare them with international experiences.

(ii) evaluate different models for preschools, including both government-suggested models, those piloted by other organizations in Kazakhstan, and relevant models implemented in other countries, including community-based ECE interventions, and selected suitable models for the local situation.

(iii) review the quality of ECE activities by each agency in the system and the linkages between the agencies, including teaching and activities at preschool institutions, training modules for teachers, and pedagogy and the quality of teachers, and identify measures for improvements to be taken by different stakeholders.

(iv) survey supplies of education and play materials, including the materials developed by various government and NGOs and aid agencies, and the capacity of publishing houses for timely production of material.

(v) identify the need for and estimate the costs of refurbishing, renovation, and new construction, including sanitation and drinking water facilities, and identify procurement arrangements for necessary inputs.

(vi) select monitoring and evaluation indicators for ECE components of the Project, and identify the methodology and data sources for monitoring and evaluation.

(vii) in collaboration with the public finance team, the ECE specialists also will

- (a) plan the most effective combination of different models for providing universal preschool classes and increasing access to early childhood education in rural areas;
- (b) cost required inputs, such as teachers, materials and construction, and project financial and other resource requirements for achieving the goal of each oblast and MOES; and
- (c) develop a financing plan for the required resources.

(viii) in collaboration with the needs assessment team, the ECE specialists will:
  (a) identify children and mothers in the greatest need as the primary target group, the constraints that prevent them from accessing ECE, and the need of the poor children and mothers;
  (b) assess the role of communities and families in improving ECE; and
  (c) study child care practices at home, especially for those children between 1 and 3 years of age, and assess the needs of better parenting training.

(ix) in collaboration with the team leader, the ECE specialists will develop ECE components of the Project that should cover different interventions required for different stages of the ECWD life cycle, and estimate the number of people and poor people in particular, who will benefit from the interventions.

3. Maternal and Child Health Specialists (International: 3 person-months, Domestic: 5 person-months)

6. The team of international and domestic maternal and child health (MCH) specialists will work closely with AHA and education departments of the two oblasts to accomplish the following:

(i) review MCH and nutrition policies, their compliance with internationally acceptable protocols, and their implementation at national and oblast levels.
(ii) take stock of initiatives by the government, United Nations agencies, and other international organizations and coordinate with them.
(iii) review the quality of MCH health care provided by different levels of facilities, especially rural primary health care facilities and the referral linkage between them, and identify measures for improvements for each level of facilities.
(iv) review training programs in MCH and nutrition, particularly for primary health care level personnel. Evaluate appropriateness of training support materials and equipment.
(v) identify needs for health and nutrition education, and survey existing information, education, and communication materials in MCH and nutrition.
(vi) develop a social marketing strategy for iron-fortified flour and iodized salt to ensure that the poor children and women in the Project sites have access to them, in collaboration with the coordinator of the Japan Fund for Poverty Reduction Program for Improving Nutrition for Poor Mothers and Children.
(vii) survey health care facilities, equipment, and essential drug requirements for the implementation of MCH; assess the needs, including refurbishment of facilities and sanitation and drinking water facilities; and identify procurement arrangements for necessary inputs.
(viii) select monitoring and evaluation indicators, and identify the methodology and data sources for monitoring and evaluation.
(ix) in collaboration with the public finance team, the MCH specialists will
  (a) cost required inputs such as medical staff, materials and construction; and project financial and other resource requirements for achieving the goal of each oblast and AHA; and
  (b) develop a financing plan for the required resources.
(x) in collaboration with the needs assessment team, the MCH specialists will:
  (a) identify children and mothers in greatest need as the primary target group, and the constraints that prevent them from seeking or receiving MCH, examine the access of the poor mothers and children to MCH

services, and develop a mechanism to increase their access to MCH services; and

(b) identify the role of communities and families in improving health and nutrition situations of children and mothers.

(xi) in collaboration with the team leader, the MCH specialists will develop MCH components of the Project that should cover different interventions required for different stages of the ECWD life cycle, and estimate the number of people, and poor people in particular who will benefit from the interventions.

4. Public Finance Specialists (International: 3 person-months, Domestic: 4 person-months)

9. The team of international and domestic public finance specialists will work closely with other team members and government counterparts to accomplish the following:

(i) provide cost estimates for the ECWD project components and disbursement plan.[8]
(ii) prepare cost tables with appropriate cost categories in COSTAB.
(iii) assess the affordability of ECE and MCH for poor households and suggest affordable alternatives.
(iv) estimate the costs of different models of preschool/kindergarten programs and suggest an optimal mix of different models for reaching children in need.
(v) review public and private expenditure on ECWD.
(vi) project required resources to sustain ECWD in the two oblasts and suggest options for financing it, for example, cutting unit costs by improved efficiency of service delivery, reallocation within the social sector budget, an increase in the overall budget, and user charges. In the case of user charges, special attention will be given to affordability for the poor.
(vii) assess the cost effectiveness of the Project.

5. Social Scientists (International: 2 person-months, Domestic: 5 person-months)

11. The major responsibility of the team of social scientists is to conduct needs assessment and reflect the results in the overall project design, especially in designing the poverty targeting and impact assessment mechanism. The team should refer to *Handbook for Integrating Poverty Impact Assessment in Economic Analysis of Projects* and *Handbook for Poverty and Social Analysis* in planning the activities. The poor children and women are the special target group, and their geographical location, living conditions and problems will be analyzed separately from those of more general target group of young children and women in rural areas. The international consultant will be responsible for producing an initial summary report by the end of the second month and a final analytical report by the end of the TA based on the needs assessment and other materials.

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[8] Consultants should be guided by ADB *Guidelines for the Economic and Financial Analysis of Projects, Framework for Economic and Financial Analysis of Education Sector Projects* and *Handbook for Economic Analysis of Health Sector Projects.*

12. The social scientist team will accomplish the following:

(i) explore a feasible way of identifying poor children and mothers.
(ii) analyze their distribution, living conditions, access to ECWD services, and felt needs in culturally sensitive ways.
(iii) analyze budget constraints on their health care-seeking behavior and access to preschool/kindergarten programs.
(iv) identify which children are not attending preschool/kindergartens, by ethnicity, poverty status of the family, status of household heads (e.g., women-headed households), gender, and geographical location; reasons for nonattendance; and how and by whom these children are taken care of.
(v) examine whether there are disparities in the access of pregnant women and children 0–7 years of age to health care by ethnicity, poverty status of the family, status of household heads, gender, or geographical location.
(vi) determine which groups would need targeted interventions and how to target them.
(vii) assess the adequacy of the knowledge level of the family about child development and of child care practice.
(viii) examine how best NGOs, parents/family, and community could contribute to ECWD, and how they should be involved in the Project, including the monitoring and evaluation activities.
(ix) prepare a report that includes a poverty impact assessment of the Project, a socioeconomic profile of the target population, and a map.

13. The qualitative analysis will be substantiated by secondary data and a survey. Within each oblast, ECWD-related services and projects will be mapped at the level of the smallest possible administrative unit, analyzed against the distribution of the poor children and mothers and the ECWD-related indicators. The findings of the needs assessment will be used as a reference for designing ECE and MCH interventions.