Kyrgyz Republic: Community-Based Early Childhood Development Project

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Independent Evaluation Department
Asian Development Bank
ABBREVIATIONS

ADB – Asian Development Bank
CFC – child and family coordinator
ECCE – early childhood care and education
ECD – early childhood development
EIRR – economic internal rate of return
EPI – Expanded Program on Immunization
IDA – iron-deficiency anemia
IDD – iodine-deficiency disorder
IMCI – integrated management of childhood illness
IMR – infant mortality rate
JFPR – Japan Fund for Poverty Reduction
MDG – Millennium Development Goal
MLSP – Ministry of Labor and Social Protection
PCR – project completion report
RRP – report and recommendation of the President
TA – technical assistance
VIF – village initiative fund

NOTE

In this report, "$" refers to US dollars.

Key Words

adb, asian development bank, child health, early childhood care and education, iron deficiency, kyrgyz republic, independent evaluation department, project completion report, validation

The guidelines formally adopted by the Independent Evaluation Department on avoiding conflict of interest in its independent evaluations were observed in the preparation of this report. To the knowledge of the management of the Independent Evaluation Department, there were no conflicts of interest of the persons preparing, reviewing, or approving this report.

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I. PROJECT DESCRIPTION

A. Rationale

1. Early childhood development (ECD) activity in the Kyrgyz Republic greatly diminished after the collapse of the Soviet Union in 1991. The public enterprises that used to provide the bulk of ECD services were restructured along market lines and their social welfare activities were squeezed out. Public allocations for children’s services dropped. Child-care centers closed, preschools could not operate, and funding for children’s daytime meals stopped. Preschool enrollment fell more than 76%, from about 190,000 in 1991–1992 to only 45,000 in 1999–2000.¹ Cohorts of children 0–8 years of age, especially those from rural and poor families, were adversely affected. The children needed support not only in education but also in health and nutrition. But as public sector undertakings closed, workers lost their jobs, household incomes dwindled, and parents were left with little to fall back on. The mothers were too busy child rearing to find work. Deprivation threatened to saddle the country with an unhealthy and unskilled workforce, low productivity, and intergenerational poverty. The Community-Based Early Childhood Development Project of the Asian Development Bank (ADB) focused on the rural communities in answer to the challenge. The project sought to galvanize rural communities

for ECD activities so that they themselves could find a more robust and lasting solution to these problems. Better support for children’s nutrition, health, and education, within the ECD framework, was the project rationale.

B. Expected Impact

2. Based on the project framework in the report and recommendation of the President (RRP), the goal of the project was to improve the health, nutrition, and psychosocial development of children between birth and 8 years of age in the country’s 12 poorest raions (districts). The specific targets and indicators, for the period 2004–2009, were to (i) reduce the infant mortality rate (IMR) by more than 20%, and the under-five mortality rate by 30%; (ii) reduce iodine-deficiency disorder (IDD) by 90%; (iii) reduce iron-deficiency anemia (IDA) among pregnant women by 30%; and (iv) increase by 30% the percentage of grade 1 children who pass the basic literacy, mathematics, and life skills test in project raions.

C. Objectives or Expected Outcomes

3. The targets and indicators in the project framework in the RRP had three corresponding objectives. The first was to give children better access to good-quality child health and nutrition services by (i) ensuring universal coverage and quality of immunization, (ii) improving case management for major childhood morbidities (increase the number of treated child illnesses by 50%, especially diarrhea and acute respiratory cases, according to the Integrated Management of Childhood Illnesses guidelines issued by the World Health Organization and the United Nations Children’s Fund), and (iii) universalize the consumption of iodized salt (achieve 100% consumption by 2009). The second objective was to improve the access of children to good-quality preschools run by the state, or based in communities or homes, by ensuring that at least 50% of children enter primary school after preschool. The third and final objective was to improve the capacity of communities to plan and manage child development. The expected impact and outcomes stated in the RRP, however, had problems related to the definition and use of concepts, and the quality of associated data in the Kyrgyz Republic; these problems are discussed in para. 20.

D. Components and Output

4. The RRP named three project components—child health and nutrition (CHN), early childhood care and education (ECCE), and capacity development. The CHN component was expected to (i) ensure universal coverage and quality of immunization, (ii) improve case management for major childhood morbidities, (iii) improve the functioning of primary health care posts, (iv) universalize the consumption of iodized salt, and (v) introduce behavioral change to prevent IDA. The ECCE component was to (i) give poor children better access to preschool programs including state-run and community preschool programs, (ii) improve the quality of grade 1 education, and (iii) improve the quality of child care at home. The capacity development component was intended to (i) develop the capacity of local governments and communities to plan, implement, and monitor ECD activities; and (ii) improve data collection and monitoring of development indicators for young children between birth and 8 years of age from the community to the central government level.

E. Provision of Input

5. An ADB loan of $10.5 million, from its special funds resources, made up 78% of the total

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2 These were: Alai, Chon-Alai, Nookat, and Kara-Khulja in Osh oblast; Toktogul, Chatkal, and Toguz-Torou in Jalal-Abad oblast; and Ak-Tala, At-Bashy, Kochkor, and Jumgal in Naryn oblast.
project cost of $13.5 million. The government contributed $2.57 million (19%) and the communities were expected to contribute about $0.4 million (3%). The ADB loan carried a maturity of 32 years, including a grace period of 8 years, and yearly interest of 1% during the grace period and 1.5% thereafter.

F. Implementation Arrangements

6. The Office of the President of the Kyrgyz Republic was the executing agency. A project management office was established in Bishkek, and an interagency steering committee gave advice on policy matters. Many project activities were implemented by ayil okmotus (village administrations) and communities. To support decentralized implementation, a project coordination office was established in each of the three participating oblasts (provinces) (footnote 2).

G. Technical Assistance

7. ADB provided technical assistance (TA) in institutional strengthening to fill major institutional and capacity gaps and enable the government to pursue an effective ECD program. The main objectives of the TA were to help the government (i) develop a comprehensive strategy for ECD, (ii) build a monitoring and evaluation system for ECD, and (iii) introduce parent education models to improve child-care practices at home. The TA financed 13 person-months of international consulting services and 54 person-months of national consulting services. Of the total TA cost of about $600,000 equivalent, ADB provided $500,000 in the form of a grant from the Japan Special Fund and the government financed the remaining $100,000 equivalent in kind. The TA completion report rated the TA highly successful. The report mentioned that the TA, exceeding its scope, catalyzed major reforms in the country’s preschool system.

II. EVALUATION OF PERFORMANCE AND RATINGS

A. Relevance of Design and Formulation

8. The project was relevant, according to the project completion report (PCR). It was consistent with the priorities of the government and ADB at appraisal and completion—ECD was an important component of ADB’s education and health sector strategies—and with the government’s comprehensive development framework (CDF) for 2001–2010 and the government’s Education Strategy 2010. The project also conformed to the Millennium Development Goals (MDGs), especially MDG 4 (reducing child mortality) and MDG 5 (improving maternal health). It emphasized capacity development at the ayil okmotu level and the need for communities to plan, improve, and sustain child development. Community ownership and participation was critical in arresting the decline in ECD activities since independence.

9. The project was well designed. It was ahead of its time, as the government had not been able to address the problem of rural maternal and child health in the post-Soviet era. The first health sector policy (Manas) did not fully articulate the government’s position on the subject. The PCR observes that the project was “inconsistent” with the country’s health policy

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3 ADB. 2003. Report and Recommendation of the President to the Board of Directors: Proposed Loan and Technical Assistance Grant to the Kyrgyz Republic for the Community-Based Early Childhood Development Project (financed by the Japan Special Fund). Manila (approved on 29 September 2003). A technical assistance completion report was prepared on 31 December 2007.

concerning midwife posts. But then in its revised health policy (Manas Taalimi), the government focused on maternal and child health, taking its cue from the project. Rather than being "inconsistent" with the government’s health policy, therefore, the project, in this validation’s view, was simply a step ahead of the policy, until the latter caught up with the project. The project can be justifiably given credit for bringing maternal and child health into the country’s health policy. The PCR notes the complexity of the project design but also its appropriateness for an integrated approach to child development involving health, nutrition, education, and child-care issues. Besides the Ministry of Finance and the Office of the President (the executing agency), three other line ministries—the Ministry of Health, Ministry of Education and Science, and Ministry of Labor and Social Protection (MLSP)—gave support to the project. But ministry officials had little experience in implementing funded projects funded by multilateral agencies. Moreover, the project had to be implemented primarily at the ayil okmotu level, where neither administrative arrangements nor formal fund transfer arrangements existed. On both these counts, the project design had some downside risks. On the other hand, the PCR cites associated TA and Japan Fund for Poverty Reduction (JFPR) projects that supported the project with useful pilot activities and yielded additional evidence of the project’s achievements. This validation concurs with the PCR rating of relevant.

B. Effectiveness in Achieving Project Outcomes

10. The project had three components. Most of their outcomes and output were achieved, as discussed in the following paragraphs. The PCR therefore rates the project effective.

11. Child health and nutrition. The project ensured vaccine delivery and cold-chain maintenance in accordance with the Expanded Program on Immunization (EPI). This single most important achievement of the project contributed to better health outcomes for all children. The project trained 271 primary health workers from 12 raions in the integrated management of childhood illness (IMCI), resulting in long-term gain for health workers. To improve the functioning of the fealdsher accoucheur (midwife) posts, mostly in the rural areas, the project rehabilitated and equipped 84 of them according to the Ministry of Health’s equipment specifications, and rehabilitated 23 family group practices, thereby enabling the provision of improved health services. Minor repairs and equipment supplied to 47 fealdsher accoucheur (midwife) posts and 36 other health facilities were financed under the project’s village initiative fund (VIF). An information, education, and communication campaign spread awareness of IDD and IDA, and urged the people and the country’s policy makers to change nutrition behavior. As a result of the project’s efforts, the government introduced a flour fortification law in March 2009, a move that also received support from the second JFPR project in 2004.5

12. While the project outcomes are considered overwhelmingly favorable, their full extent under this component is not verifiable because of data problems.6 For example, in the treatment of IDD, the use of iodized salt among the target population was the selected indicator of achievement. However, the challenge was as much about ensuring that the salt was adequately iodized as it was about spreading the use of iodized salt in the country. The level of iodization in the country was lower than the international standard. These concepts, definitions, and standards should have been fixed during project processing and implementation.

13. Early childhood care and education. From 2004 to 2008, the 334 community-based

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5 ADB. 2004. Proposed Grant Assistance to Kazakhstan, the Kyrgyz Republic, Mongolia, Tajikistan, and Uzbekistan for Sustainable Food Fortification. Manila.

6 Maternal mortality rate data for the Kyrgyz Republic also display similar fluctuations from year to year in some international documents and technical literature.
preschools supported by the project under its ECCE component registered a threefold increase in the number of children who enrolled in grade 1 after attending preschool programs. A total of 663 grade 1 and state and community-based preschool teachers were trained. In addition, 116 child and family coordinators (CFCs) were temporarily contracted and trained to work with the ayil okmotus. These CFCs helped the communities establish child development committees and made such committees operational in 325 communities. Preschool standards developed under the project led to the development of a new law, approved in April 2009, which provided the legal basis for the establishment and operation of preschool programs and institutions, including community-based preschools (kindergartens), in the country. Thirty state kindergartens were rehabilitated to support community-based preschools. To improve child care at home, the project also supported the training of about 43,020 parents (the original target of 50,000 parents turned out to be optimistic) and the provision of child care training materials to the parents. These measures built capacity and improved the achievement of the project outcomes. The project component that focused on improving the quality of grade 1 education was deferred to a separate education project.

14. **Capacity development.** The project developed the capacity of local governments and communities to plan, implement, and monitor ECD activities by establishing and implementing the VIF under the project. As many as 589 projects were approved under the VIF. CFCs funded by the project were expected to be absorbed into regular government service after the project; however, despite the loan covenant, this did not happen. The project improved the collection and monitoring of development indicators for young children between birth and 8 years of age. A child development questionnaire was prepared and added to the social passport survey for annual monitoring of child development issues. MLSP has been conducting the survey since 2000 to update its database on the economic status of households. The computers and software systems provided under the project are now used by the MLSP’s raion staff. The skills of 128 social workers were upgraded through training in the use of the revised social passport and data management. This validation concurs with the PCR rating of effective.

C. **Efficiency of Resource Use in Achieving Output and Outcomes**

15. The PCR rates the project **efficient.** Although the project design was complex, involving coordination among a number of ministries, and despite certain exogenous shocks, most project activities were completed within the project life cycle. The disruptions included frequent turnover of project staff, especially the project director, and interruptions due to the “Tulip Revolution” in 2005, which cause a year’s delay. Toward the end, the project required a single extension to make up for these interruptions and slippages, and to allow additional activities related to VIF and the setting up of public–private rural pharmacies to provide essential drugs.

16. In terms of process efficiency, the Office of the President (the executing agency) continued to follow the contract stipulations fully and gave a good account of the government’s commitment to the project. Project steering committee meetings were held regularly and quarterly progress reports were prepared periodically. A detailed government PCR was also prepared and shared with ADB. It contained valuable data and a detailed account of project implementation. At appraisal, an economic internal rate of return (EIRR) of more than 63% was estimated. However, the appraisal report was rightly cautious in avoiding its use, as the EIRR was not considered adequately reliable. The PCR offers no new estimates of the EIRR and the financial internal rate of return. This validation concludes that resource utilization under the project and adherence to ADB’s procedures on the part of the executing agency were satisfactory. The project could have been rated highly efficient but for the noncompliance with the CFC-related covenant. This validation concurs with the PCR rating of efficient.
D. Preliminary Assessment of Sustainability

17. The PCR deems the project likely sustainable. Several factors substantiate this assessment. First, EPI and IMCI are now firmly established. EPI is being financed by the government in collaboration with the United Nations Children’s Fund and, combined with cold-chain management, is on stable footing. IMCI approaches are an integral part of the education and training of primary health workers and are being widely used and adopted in the rural areas. The rural pharmacy network facilitated by the project is playing a crucial role in making drugs and medicines available on time at affordable prices.

18. Likewise, the preschool component is officially recognized by the Ministry of Education and Science. Community-based kindergarten, initially started with project resources, is now an officially recognized entity for preschool and is supported financially by local government. These local organizations are important and useful sources of learning, confidence, and capabilities for families. These organizations, working closely with the ayil okmotus, form an important link in the decentralization chain, and the experience of the communities is likely to be a major asset in their efforts to promote decentralization in the country. This validation concurs with the PCR assessment that project output and outcomes are likely sustainable.

E. Impact

19. The project contributed significantly to institutional development, as it increased the government’s self-reliance in financing EPI. It built a nationwide IMCI supervision system, and improved access to drugs and medicines. A transparent distribution system for essential drugs was set up in the country. At appraisal, the Mandatory Health Insurance Fund had just started introducing additional drug packages to subsidize essential drugs. However, there were only a few of these drug packages in the rural areas. The project improved on the design of the fund and ended up making a special contribution to ensure the availability of essential drugs in rural areas through public–private pharmacies. Some of this institutional impact will have far-reaching implications for the Kyrgyz Republic.

20. The PCR mentions problems with data and their definitions and values over different years, and concludes that some indicators (IMR, the under-five mortality rate, IDD, and IDA) may have declined during the project life but that the real extent of reduction is hard to determine. This is unfortunate, as, by all accounts, the project seems to have been well implemented and registered good progress. The findings of a JFPR pilot project in 2004, which estimated neonatal mortality and IMRs, indicate that between 2005 and 2009 these may have declined by more than 50% (in line with the design and monitoring framework for the Community-Based Early Childhood Development Project). Further, in the case of IDD, while an increase in the intake of iodized salt was emphasized, the problem was later found to lie not in the intake of iodized salt but in the consumption of inadequately iodized salt, as mentioned above. This validation rates the impact significant.

III. OTHER PERFORMANCE ASSESSMENTS

A. Performance of the Borrower and the Executing Agency

21. The PCR rates the performance of the borrower and the executing agency satisfactory. As executing agency, the Office of the President fully recognized the importance of ADB’s intervention and displayed total ownership of the issues and challenges. It played an important and active role in instituting the remedial measures, and guided the associated line ministries
and oblasts in implementing the project. The project survived the interruption caused by the “Tulip Revolution” in 2005, and the Office of the President continued to play its role actively as before. It submitted the government’s PCR, in which the project design was reviewed up close and data problems were discussed. Except for the CFC-related covenant, the Office of the President performed well as executing agency. This validation concurs with the PCR assessment, and rates the borrower and the executing agency performance as satisfactory.

**B. Performance of the Asian Development Bank**

22. The PCR rates ADB’s performance satisfactory. The project was implemented well, and ADB and the ADB resident mission in the country played an important role in its successful completion. Twelve loan review missions, including a midterm review, were conducted. The government in its report expressed appreciation for the promptness and the technical competence displayed by ADB staff. Fortunately, it did not suffer from the frequently observed high turnover of ADB project staff during implementation. The sustainability of ADB project teams is seen as a key factor in the successful implementation of complex projects in particular. This validation concurs with the PCR’s rating of satisfactory.

**C. Others**

23. Women, especially young mothers, benefited immensely from the project, by virtue of its emphasis on ECD and family welfare. Thus, ADB’s gender and development objectives and participation goals were well served. The project strengthened community-level organizations and activities and made them more resilient. The model of VIF-supported activities developed under the project could also be replicated by the government in other local development activities. The PCR mentions no project-related governance and anticorruption issues.

**IV. OVERALL ASSESSMENT, LESSONS, AND RECOMMENDATIONS**

**A. Overall Assessment and Ratings**

24. The PCR rates the project successful. The project was consistent with the government policy, ADB’s country and sector strategies, and the MDGs. It was well designed. The government showed full ownership in implementing it earnestly. The project was effective in achieving its main objectives, and contributed substantially to policy reforms and institution building in the country, especially for social services at the community level. Its pioneering efforts were well supported by TA and JFPR projects. But for some data-related issues and noncompliance with a covenant related to CFCs, the project could have been rated highly successful. It is a measure of the success of the project that, at the request of the government, a follow-on project was prepared by ADB with the help of a project preparatory TA. However, operational considerations did not allow its further processing. This validation concurs with the PCR rating of successful.

**Overall Ratings**

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ADB = Asian Development Bank, IED = Independent Evaluation Department, PCR = project completion report.

### B. Lessons

25. The PCR identifies a number of lessons linked to the innovative nature of the project, and the need for a flexible and process-oriented approach when working at the community level. This validation agrees with these lessons. In the context of this experience, this validation also notes that new or innovative projects should establish consistency of country definitions of data and monitoring variables with international conventions during project preparation. This consistency is particularly important if such variables are to be used for project performance reporting and the determination of outcome and impact at project completion.

### C. Recommendations for Follow-Up

26. A number of PCR recommendations relate to project design and sustainability. This validation concurs with these and recommends further that the terms of reference for a project preparatory TA for new or innovative projects should require checks of consistency of country-specific definitions of relevant data and variables with international practices and databases. This is important when the variables are linked with global goals and programs like MDGs.

### V. OTHER CONSIDERATIONS AND FOLLOW-UP

#### A. Monitoring and Evaluation Design, Implementation, and Utilization

27. This validation agrees with the PCR that, for ECD indicators to continue improving, the government should continue to monitor these indicators, including the performance of public–private rural pharmacies and preschools.

#### B. Comments on Project Completion Report Quality

28. The IED rates the quality of the PCR satisfactory. The report is well written and candid, and it provides a thorough analysis of project as it was implemented. It also conforms to PAI 6.07. The PCR should, however, have commented on the EIRR done at the time of appraisal.

#### C. Data Sources for Validation

29. Data sources for this validation were the project RRP and PCR, the government’s PCR, the TA paper and the TA completion report, and related project documents.

#### D. Recommendation for Independent Evaluation Department Follow-Up

30. No Independent Evaluation Department follow-up is required for the project.

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On 8 November 2011, the Independent Evaluation Department (IED) circulated the draft validation report for interdepartmental comments. IED received comments from the Kyrgyz Resident Mission of the Central and West Asia Department on 17 November 2011. The relevant comments were duly incorporated in the final draft, and there were no further comments from the resident mission and the Central and West Asia Department.