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DIRECTORS

ASIAN DEVELOPMENT BANK

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**TECHNICAL ASSISTANCE TO KYRGYZ REPUBLIC FOR PREPARING
THE COMMUNITY-BASED EARLY CHILDHOOD DEVELOPMENT PROJECT
(FINANCED FROM THE JAPAN SPECIAL FUND)**

The attached Report is circulated for the information of the Board. The President approved the technical assistance on 23 March 2000.

For Inquiries: Mr. J. Hunt, Agriculture and Social Sectors Department (East)
(Ext. 6830)
Mr. J. C. Alexander, Programs Department (East)
(Ext. 6237)

ASIAN DEVELOPMENT BANK

TAR: KGZ

**TECHNICAL ASSISTANCE
(Financed from the Japan Special Fund)**

TO

KYRGYZ REPUBLIC

FOR PREPARING THE

COMMUNITY-BASED EARLY CHILDHOOD DEVELOPMENT PROJECT

March 2000

CURRENCY EQUIVALENTS

(as of 15 February 2000)

Currency Unit	–	Som
Som1.00	=	\$1.594261
\$1.00	=	Som46.731600

ABBREVIATIONS

ADB	–	Asian Development Bank
ECD	–	early childhood development
ECE	–	early childhood education
IEC	–	information, education and communication
ISD	–	integrated service delivery
IMCI	–	integrated management of childhood illness
MOE	–	Ministry of Education
MOH	–	Ministry of Health
PPMU	–	Program, Policy and Monitoring Unit (President's Office)
TA	–	technical assistance
TWG	–	technical working group
WHO	–	World Health Organization

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. The Government of Kyrgyz Republic asked the Asian Development Bank (ADB) to provide technical assistance (TA)¹ to prepare the Community-Based Early Childhood Development (ECD) Project. The Fact-finding Mission² visited Kyrgyz Republic from 1-15 December 1999 and met with key officials in all relevant sectors, including the Ministry of Health (MOH), Ministry of Education (MOE), the State Committee for Foreign Investment and Economic Development, the relevant United Nations agencies, and private foundations devoted to child development (including the Meerim Foundation and the Soros Foundation). The Mission reached an understanding with the Government on the objectives, scope, terms of reference, and implementation arrangements for the TA.

II. BACKGROUND AND RATIONALE

2. Children have been the first victims of the resource constraints arising from economic transition; access to health and nutrition services, kindergartens and other forms of early education, and to quality primary education are declining. The health and nutrition status of mothers and preschoolers has deteriorated, reflected in rising infant and maternal mortality rates, and higher prevalence of underweight and stunted preschoolers, and children suffering from micronutrient deficiencies. Poor nutrition translates into diminished cognitive potential and mental functioning. The prevalence of iodine deficiency is alarmingly high and will reduce the intelligence of Kyrgyz children permanently unless drastic change occurs to introduce iodine into the food supply as soon as possible.³

3. The collapse of budgetary support for essential services has seriously constrained the delivery of primary health care and kindergarten services, despite impressive reform programs in the health and education sectors. The health system is undergoing fundamental change through the Government's Manas reform program; its main purpose is to reverse the present subsidy structure biased in favor of hospitals, curative care, the cities, and the middle class, and instead shift the bulk of public health resources to primary health care and health promotion, targeting the rural poor through accessible services at the community level. However, because they lack funds community-level health posts are poorly equipped and often lack essential diagnostic instruments, essential drugs, weighing scales, and health cards. Lack of operational funds, transport, and fuel impede rapid referral of children with special needs and limit home visits by referral physicians.

4. MOH has established an impressive network of health providers trained in basic nutrition, but the training is based on obsolete principles and, in some respects, may be harmful. Unfortunately the deteriorating nutrition situation is difficult to evaluate and correct under current conditions, because of a combination of factors. Standards for assessing underweight malnutrition are not based on systematic growth monitoring data collection. Special surveys outside the MOH data collection system have been necessary to estimate the prevalence of underweight, stunted, and wasted children. Growth monitoring is essential to the planned Project so that supplementary feeding and other nutrition interventions can be properly targeted. Dietary guidelines are not in line with the current recommendations officially promulgated by World Health Organization (WHO). This includes infant feeding practices. Iodine deficiency disorders have reached a crisis level. The Universal Salt Iodization initiative has not been

¹ The TA first appeared in *ADB Business Opportunities* on 27 July 1999.

² The Mission was joined by the regional nutrition adviser for Europe of the World Health Organization. The nutrition adviser made a substantial contribution to TA formulation.

³ The latest MOH survey shows that 87 percent of preschoolers in southern oblasts (provinces) and 52 percent in northern oblasts are iodine deficient. This represents, in all likelihood, a 10-20 percent irreversible loss in intelligence among the current generation of children.

started in the Kyrgyz Republic, nor is there any backup program for iodine supplementation for mothers and infants. A clear information, education, and communication campaign (IEC) for exclusive breastfeeding up to six months, linked to appropriate complementary feeding and the Baby-Friendly Hospital Initiative of WHO and the United Nations Children's Fund, needs to be developed to effectively address nutrition of children under two years. Lastly, an integrated anemia control strategy is needed so that the cognitive damage to young infants can be reversed to enable young children to achieve best results in school.

5. A child's first two years is the most crucial period for physical and mental development, but current infant feeding practices may be doing more harm than good to infant nutrition status. Development of complementary feeding-and-care interventions through the IEC campaign and selective feeding is crucial to preventing a "lost generation" of Kyrgyz children from a cognitive perspective. Maternal nutrition, during pregnancy or even before, is an essential part of the equation.

6. MOE's Master Plan for Education, supported by ADB, gives basic education the first priority. The critical role of early childhood education (ECE) also emerged from the master plan as the precursor for initial and extended educational achievement. Accordingly, ADB's Education Sector Development Program⁴ has initiated planning of ECE modules that will be useful in designing the pilot test of the ECD package. MOE has an experienced cadre of teachers and paraprofessionals available for community-based ECE training, monitoring, supervision, and evaluation. MOE leadership is committed to high-quality basic education. Leadership and teachers are motivated to address risk factors that, unchecked, would increase dropouts and retention rates, and further erode educational quality. Standards, curriculum, and personnel protocols for kindergartens and primary schools are well established.

7. On the other hand, the economic crisis has devastated the hopes of parents and teachers alike, as the investment per child from age 3 onward has declined to all-time lows. The extensive former kindergarten system has vanished with the removal of subsidies. More crucially, the nation has not yet found a viable alternative for providing ECE at an affordable cost. Two alternatives, based on international experience, may be considered: (i) Government partnership with the private sector to increase the coverage of preschool services at reduced cost to the state; and (ii) a shift from kindergartens to home-based ECE with supervision by the education system. This combination works well in financially difficult circumstances, and allows greater ownership by parents in the ECE process.

III. THE TECHNICAL ASSISTANCE

A. Objectives

8. The TA will develop strategies to fulfil the Government's commitment to Education for All, Health for All, and the sustained elimination of malnutrition for all children as affirmed by the World Summit for Children. The ensuing investment Project will be vital for permanent poverty reduction for the newborn generation. Mothers and children under eight years of age will be the focus of an integrated set of service delivery packages, with physical, mental, and emotional development, and not merely survival, as the desired outcome. The broad objectives of the TA are to design and implement a proven ECD program that will eventually eliminate preventable death and disability (such as iodine deficiency), assess the emotional and cognitive needs of children as individuals, prepare each child for life-long learning through appropriate care and interactive instruction, and increase the contributions of a highly educated labor force to future

⁴ Loans 1554/1555 - KGZ: *Education Sector Development Program*, for \$32.7 million, approved on 29 September 1997.

economic development. The specific TA objectives are to (i) define a sustainable ECD program with a community, gender equality, and poverty targeted focus to realize the full developmental potential of Kyrgyz preschoolers and primary school students; (ii) integrate service delivery for health, nutrition, ECE, and primary education with community-based home visits and child care to produce optimal results; (iii) develop a supportive strategy that will improve the capacity of central and local governments and local nongovernmental organizations to assist communities with planning, advocacy, financing, monitoring, and evaluating ECD programs; (iv) define a monitoring and evaluation plan to assess the impacts on children as well as integrated health and education programs, including operations research; and (v) prepare a costed proposal for an investment project for selected oblasts (provinces).⁵ The preliminary project framework is attached as Appendix 1.

B. Scope

9. The TA will examine general design principles that will include (i) an integrated approach to service delivery—a balanced strategy to enhance ECD through adequate health and nutrition during the growth and maturation of the brain with early stimulation for children under three years and later psychosocial skills development through ECE; (ii) community-based and family-focused strengthening of parenting skills and caring practices to achieve a child's potential, targeting the poorest families; (iii) institution-based highly professional support to families through the development of treatment and instruction protocols, training and supervision of community programs, and a comprehensive referral system for children with organic or psychosocial needs; (iv) cost-effective programs that are evidence-based, effective, and accessible to the poor; (v) scientifically based public education and social marketing strategies to inform all Kyrgyz parents about the ECD program and its benefits; and (vi) serious efforts to decentralize the planning, financing, and management of the integrated ECD program; and define clearly the respective roles of central and local government, the technical agencies, private companies and foundations, nongovernment organizations, and civil society. The TA will ensure that the ensuing Project will target several of the poorest provinces and districts, and the poorest families within their jurisdiction. Poverty sensitive indicators will be employed in selecting project areas and in evaluating project impact. The draft TA report will define an investment Project that will contribute to long-term poverty reduction by enhancing the physical, mental, and emotional development of poor children, improving their academic achievement, and productivity and wage levels as adults. Poverty targeting including special poverty surveys, and service agency statistics and census data will be employed to ensure that the majority of beneficiaries fall below the poverty line.

10. The TA will adopt the life-cycle approach that begins with pregnancy and provides care and educational instruction to children up to age eight. The TA will build on substantial achievements and systems already in place, but introduce innovative approaches to the organization and management of ECD services. The integrated ECD program will be implemented through the ensuing Project in selected oblasts; a few strategies of prime importance will be directed to all children nationally.

11. The TA will define an investment project that will include the following three concepts.

12. **Integrated Child Care and Development.** This component includes tailored services for each oblast: (i) pregnancy to age 3: maternal and child health/nutrition, including attention to improved infant feeding practices and providing complementary foods based on strict selection criteria, and psychosocial care; and (ii) 3 to 6 years: home-based ECE supported by child

⁵ Djalabad, Naryn, Osh, and Yssy-kul oblasts have been selected for geographical balance and because of high rates of food poverty and malnutrition.

development resource centers, to maintain health and nutrition status. National interventions to support ECD include (i) centers of teaching excellence and ECD-enriched curriculum development in primary grades 1-2; (ii) an Integrated Management of Childhood Illness program (developed by WHO and adopted by MOH) at district and community levels including the filling of any gaps in the national training of health staff at hospital and district levels; (iii) capacity building for salt iodization; and (iv) a national family nutrition communication campaign.

13. **Support Systems.** The subcomponents are (i) decentralized planning, management, and information systems; (ii) communications and social mobilization; and (iii) training and human resources development.

14. **Capacity Building and Sustainability.** The subcomponents are (i) capacity building in the President's Office and in the selected oblast administrations; (ii) pilot testing of investment project interventions under components 1 and 2 in a suitable site in parallel with the preparation of the ECD project (ADB's Social Services Delivery and Finance Project⁶ has reserved funds for testing an ECD pilot that will be used to test the proposed interventions in a suitable district in Osh or Djalalabad oblasts); (iii) program innovation and policy development: operations research and studies to test efficacy and sustainability; and (iv) monitoring and evaluation.

C. Cost Estimates and Financing Plan

15. The TA is estimated to cost \$825,000 equivalent comprising \$554,000 in foreign exchange cost and \$271,000 equivalent in local currency cost. The entire foreign exchange cost and \$146,000 equivalent of the local currency cost, for a total of \$700,000 equivalent, will be financed by ADB on a grant basis from the Japan Special Fund funded by the Government of Japan. The remaining local currency costs (\$125,000 equivalent) will be met by the Government in kind in the form of office accommodation, supplies, local transport, remuneration and per diem of counterpart staff, transportation and per diem of workshop participants, and incidental local expenses. The Government has been informed that approval of the TA does not commit ADB to financing any ensuing project. The detailed cost estimates and financing plan are in Appendix 2.

D. Implementation Arrangements

16. The Executing Agency for the TA will be the President's Office under the guidance of an interministerial ECD steering committee. The State Committee on Foreign Investment and Economic Development, and the Ministries of Education, Health, Agriculture/Food Production, and Small Enterprises will be deeply involved in project preparation and implementation, coordinated by a Program, Policy and Monitoring Unit (PPMU) in the President's Office. The steering committee will periodically advise the PPMU on all important matters and make policy decisions on legal, regulatory, and statutory issues related to child protection, development, and welfare. The PPMU will organize and lead the preparation process with the assistance of several intersectoral technical working groups (TWGs). An advisory group consisting of the Meerim Foundation and the key United Nations partners (including WHO⁷ and United Nations Children's Fund) will consult with the President's Office, to ensure optimal aid coordination and to respect culturally sensitive norms and values in the design of child-centered programs. Gender balance will be ensured on all advisory and decision-making committees.

17. The TA will be undertaken by an internationally recruited consulting firm, selected in accordance with ADB's *Guidelines on the Use of Consultants* and other arrangements

⁶ Loan 1645-KGZ: *Social Services Delivery and Finance*, for \$10 million, approved on 27 November 1998.

⁷ WHO's Regional Nutrition Adviser for Europe will be included in the advisory group.

satisfactory to ADB for the engagement of domestic consultants, by using the simplified technical proposal procedure. The consulting team will have a balance between international (eight) and domestic (six) experts in the following fields: health, nutrition, education, management and institutional development, finance, medical and cultural anthropology, training and human resources development, communications, social mobilization, and policy analysis. The TA will support 18 person-months of international consulting services and 24 person-months of domestic consulting services. The outline terms of reference for consultants and TWGs are provided in Appendix 3. Equipment (computer including software and printer) will be procured by the consultants in accordance with ADB's *Guidelines for Procurement*.

18. The consulting team will work in three phases over six months. During phase one (three weeks) all the consultants will participate in defining TWG work plan, and clearly delineating work outputs for all TWGs and consultants. The detailed outline of the final report will be discussed and agreed upon. The inception report will be sent to ADB and the Government shortly thereafter, recording all agreements and timelines for completion of assignments. The TWG for integrated service delivery, working with the PPMU and supported by one domestic consultant, will take responsibility for designing the pilot study in Osh or Djalalabad, which will commence in April 2000. The other TWGs will help the PPMU supervise progress of the pilot. The pilot will last six months, with a midterm review tentatively scheduled for July 2000, and completion for October 2000.

19. Phase two will involve all international consultants and will include the national evaluation meeting at the pilot site, attended by the TWGs, the PPMU, the steering committee, representatives of the governors for the four oblasts, and the consulting team. Findings will be integrated into the project proposal. Community consultations will be held in all targeted oblasts to ensure broad stakeholder participation in project design and implementation.⁸ Weaknesses and gaps in the pilot will be addressed by the TWGs and the TA team. Project preparation guidelines will be developed to enable the national, oblast, and district levels to prepare their requirements. Phase three will consolidate all inputs into the draft investment project proposal. The team leader and selected international consultants will assist the TWGs and PPMU in preparing and costing the proposal. At the end of phase three, a tripartite meeting will suggest final revisions for the proposal and agree on further processing. The expected TA completion date is 31 December 2000.

20. The process of preparation is unusually complex, but has several advantages. First, the inclusion of a pilot test will allow the Government to decide on components and implementation structure before the investment Project begins. Second, the national TWGs and the international team will work together on the realities in the field, thus strengthening the pragmatic thrust of the ensuing Project. Third, the open dialogue and review process on both the pilot and the TA study will ensure that all stakeholders are fully included in the conceptualization of the Project, which will solidify partnerships later on. Lastly, implementation of the TA under the President's Office guidance will become a policy instrument of Government backed by civil society.

IV. THE PRESIDENT'S DECISION

21. 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 Kyrgyz Republic in an amount not exceeding the equivalent of \$700,000, for the purpose of preparing the Community-Based Early Childhood Development Project, and hereby reports such action to the Board.

⁸ Support for community consultations will be provided through TA 5894: *Facilitating Capacity Building and Participatory Activities II*, for \$400,000, approved on 29 December 1999.

PRELIMINARY PROJECT FRAMEWORK

Design Summary	Targets	Monitoring Mechanism	Assumptions and Risks
<p>1. Goals</p> <ul style="list-style-type: none"> Support Government's efforts to improve maternal and child survival and increase child readiness for educated and productive lives. Reduce poverty through educational achievement and higher incomes for children as adult workers. <p>Purpose</p> <ul style="list-style-type: none"> Provide integrated ECD service delivery under local government management. Provide support systems for ECD service delivery. Build community ownership for ECD programs Support research and development for integrated ECD service delivery and management. Provide integrated ECD delivery and upgrade maternal health and child survival package through better integration of community-based health and nutrition interventions including integrated management of childhood illness (IMCI) and introducing community-based alternatives to kindergartens. Prepare implementation plan 	<p>Strengthen Ministry of Health (MOH), Ministry of Education (MOE), and other technical agencies' capacity to manage the early childhood development (ECD) program.</p> <p>Reach target geographic areas, poor families, mothers, and children at risk.</p> <p>Improve monitoring and project management through training, capacity building, communications, information systems and planning, and quality assurance guidelines.</p> <p>Strengthen community-based organizations, including local nongovernment organizations, to coordinate and maximize community efforts, especially early education/ day care; strengthen parenting skills through home visits, and child development resource centers.</p> <p>Identify and support national policy issues through research and development in all project areas. Take corrective actions based on research findings for improved ECD management.</p> <p>Achieve reduction in maternal, infant, and child mortality, and improved psychomotor skills and cognitive development for preschoolers.</p>	<p>Oblast and district statistical profiles (compared with national statistics), monitoring and evaluation system, supervision missions; ECD management information system (MIS); technical working groups (TWGs)</p> <p>Baseline and other project-supported surveys</p> <p>Project baseline, midterm, and completion surveys. Supervision missions, monitoring and evaluation indicators, annual planning and budget reviews: ECD MIS</p> <p>Capacity and consensus building workshops, consultations with design and implementation</p> <p>Annual planning and budget appraisal reviews by the TWG for program innovation and policy development for preschoolers.</p> <p>Baseline and project surveys; monitoring and evaluation indicators</p>	<p>Continued Government resolve to realize global commitments to children's welfare and development</p> <p>Support of local government and proper coordination of technical agencies at local level</p> <p>Political support of central and oblast officials for local government management of ECD systems</p> <p>Community awareness and support for ECD goals can be increased and maintained</p> <p>Timely approval of district research plans that qualify for research support</p> <p>MOH is capable of managing the community delivery system, and working well with MOE to link community-based actions to services</p> <p>Coordination of local governments</p>

Design Summary	Targets	Monitoring Mechanism	Assumptions and Risks
<p>for integrated service delivery.</p> <ul style="list-style-type: none"> Implement coverage of ECD-enriched curriculum for Grade 1 and 2 in project areas, combined with pre-and in-service teacher training and parent education. 	<p>early primary education services to pregnant mothers and children under eight years for each local area; develop and generate resources for ECD advocacy and program support; reduce incidence of pneumonia, diarrhea, and immunizable diseases; accelerate reduction of stunting and wasting from preschool child protein-energy malnutrition; virtually eliminate vitamin A and iodine deficiencies, and substantially reduce iron-deficiency anemia in preschoolers, and effect timely community-based early education coverage by extensive community-based early childhood education (ECE) coverage.</p> <p>Reduce dropouts and improve academic achievement in grades 1 and 2</p>	<p>service statistics, project monitoring and evaluation indicators, baseline midterm and project evaluation surveys</p> <p>Public education statistics, indicators measuring school readiness, improved achievement scores monitored by primary schools</p>	<p>and technical agencies assured</p> <p>MOE can field test and implement curriculum within one year</p>

BME = benefit, monitoring and evaluation; ECD=early childhood development; IEC= information, education, and communications; IMCI = integrated management of childhood illness; MOE = Ministry of Education; MOH = Ministry of Health; NGO = nongovernmental organization; PPMU = Policy, Planning and Monitoring Unit (President's Office); TWG: technical working groups;

COST ESTIMATES AND FINANCING PLAN
(\$'000)

Item	Foreign Exchange	Local Currency	Total Cost
A. Asian Development Bank Financing^a			
1. Consultants			
a. Remuneration			
i. International Consultants	292.00	0.00	292.00
ii. Domestic Consultants	0.00	72.00	72.00
b. Per Diem			
i. International	67.00	0.00	67.00
ii. Domestic	0.00	9.60	9.60
c. Travel			
i. International	100.00	0.00	100.00
ii. Local	0.00	10.00	10.00
2. Workshops, Trainings, Seminars	0.00	15.00	15.00
3. Studies, Surveys, Reports ^b			
a. Report Preparation	10.00	0.00	10.00
b. Data Processing	5.00	0.00	5.00
4. Equipment	15.00	0.00	15.00
5. Miscellaneous Administration/Support	0.00	3.00	3.00
6. Contingencies	65.00	36.40	101.40
Subtotal (A)	554.00	146.00	700.00
B. Government Financing			
1. Counterpart Staff	0.00	25.00	25.00
2. Office Equipment/Space	0.00	15.00	15.00
3. Local Transport	0.00	20.00	20.00
4. Preparation of Oblast Proposals	0.00	50.00	50.00
5. Contingencies	0.00	15.00	15.00
Subtotal (B)	0.00	125.00	125.00
Total	554.00	271.00	825.00

^a Japan Special Fund.

^b Cost of community consultations (estimated at \$14,000) will be funded through ADB TA 5894: *Facilitating Capacity Building and Participatory Activities II*, for \$400,000, approved on 28 December 1999.

Source: Staff estimates.

OUTLINE TERMS OF REFERENCE FOR CONSULTANTS AND TECHNICAL WORKING GROUPS

A. Technical Working Groups

1. Technical working groups (TWGs) will be constituted by the Government and staffed by senior technical staff designated by cooperating technical, planning, and financial agencies. These will include the President's Office, Ministry of Education, Ministry of Health, Ministry of Finance, State Committee on Foreign Investment and Economic Development, Ministry of Trade and Food, Ministry of Agriculture, Ministry of Small Enterprises, and representatives of the governors of four oblasts (Osh, Djalalabad, Yssy-kul and Naryn).

2. The TWG for Integrated Service Delivery (ISD), which will include health, nutrition, and early education (home-based and institutional) services, will prepare project subcomponents for each technical area based on Kyrgyz experience and international best practices. The ISD TWG will be primarily responsible for the implementation of a pilot test of the integrated service delivery module for early childhood development (ECD)¹ in Osh and Djalalabad oblasts commencing in April 2000 and concluding in October 2000. The TWG will take into account the findings of the pilot project and combine all of the services into an integrated service delivery plan.

3. The TWG for Decentralized Planning and Management will examine the respective roles of national, oblast, and district management to support and sustain ECD service delivery. One aspect will be the creation of ECD management and quality assurance teams at higher levels to support local government management. Guidelines, standard setting, peer and performance reviews in operating units, supervision, monitoring and evaluation, and the design of uniform and user-friendly data systems for decision making will be developed. Regulatory, capacity building, and institutional development perspectives will be addressed.

4. The TWG for Support Systems and Capacity Building for Service Delivery will develop strategies for consulting local governments, districts, and child-related institutions for local empowerment. The TWG will define technical requirements for support systems of three types: (i) human resources development for managers and providers of early childhood education (ECE) and primary education including curriculum development and training; (ii) management information systems for quality assurance, logistics control, bottom-up planning, and performance-based budgeting, and for tracking primary school teachers, individual families, and children at risk; and (iii) communications and information, education, and communication (IEC) packages suitable for a wide range of district-based institutions, professional associations, and representatives of nongovernment organizations (especially those representing women) and individuals representing culturally distinct groups.

5. The TWG for Social Mobilization will stimulate the participation of the local population living within the districts and engender a sense of ownership by developing a plan that includes advocacy, coordination of organizations based within the districts, design of an ECD service provider team, role of the family empowerment movement to strengthen parenting skills for ECD caregiving, defined roles and functions for each service provider and performance-based incentives, and the role of the village government in professionally managing ECD programs.

6. The TWG for Program Innovation and Policy Development will examine the options to support an operational program, determine the funding mechanisms, identify the core topics and

(Reference in text: page 5, para. 17)

¹ The pilot test will be funded through ADB Loan 1645-KGZ(SF): *Social Services Delivery and Finance Project*, for \$10 million, approved on 27 November 1998.

policy issues that should be preferentially supported, technical assistance packages to participating oblasts and districts, and the detailed process for screening, selecting, and evaluating proposals, and their programmatic impact for replication.

2. International Consultants

7. Highly qualified and skilled consultants with expertise in the following areas will be required: (i) maternal and child health, (ii) maternal and child nutrition, (iii) ECE, (iv) psychosocial development, (v) ECD management and institutional development, (vi) human resources development and communications for ECD, (vii) cultural anthropology, and (viii) financial and economic analyses. Each international consultant will be attached to a particular TWG as an adviser so that all fields of specialization will involve a partnership between a domestic and an international expert.

1. Team Leader

8. The international consulting team leader, who will also carry the responsibility for the ECE specialist position, will be responsible for the following activities: (i) preparation of the inception report; (ii) consolidation of TA outputs before and after each scheduled mission with a clear work program throughout the TA period; (iii) regular consultation with the Government's ECD steering committee, the program, policy and monitoring unit (PPMU), and Asian Development Bank (ADB); (iv) preparation of ECD project preparation guidelines for oblast and district use; (v) incorporation of the pilot findings in the Project proposal; (vi) organization and preceedings preparation of the midterm TA review during the second TA team mission and subsequent inclusion in the draft final report; and (vii) preparation of the draft final report with required revisions for finalization based on the tripartite review. The team leader will ensure that the team prepares and incorporates poverty impact analysis in the final report.

2. Maternal and Child Health Specialist

9. The specialist will (i) review the Government's child survival programs, including the programs for field-level immunization and communicable disease control for pneumonia and diarrhoea; and recommend changes to improve local level surveillance, treatment, monitoring and use of the referral system for high-risk cases; (ii) assess maternal health and survival risks will focus on preventive approaches during pregnancy, including access to obstetric care based on appropriate technology; adapt World Health Organization (WHO) reproductive health training modules to promote healthy deliveries and proper newborn care, and develop a plan that will ensure that all maternity facilities implement the ten steps outlined in the WHO's baby-friendly hospital initiative; (iii) develop a special strategy for nutrition, family life, and protective health education targeted at adolescent girls, in coordination with the maternal and child health specialist and the maternal and child nutrition specialist; (iv) design new management approaches for child health (integrated management of childhood illness) for implementation at the oblast level through the community health workers and midwives; (v) recommend indicators for decentralized monitoring of maternal and child health programs; (vi) guide and supervise feasibility studies on maternal and child health interventions during pregnancy to improve neonatal and perinatal survival and health protection of infants, and devolved implementation of the IMCI through the community health worker and home visits by nurses and midwives; and (vii) advise and support the TWG for ISD.

3. Maternal and Child Nutrition Specialist

10. The specialist will address nutrition problems by recommending suitable strategies at national and oblast level in consultation with the WHO Kazakhstan Collaborating Center² for Nutrition. To improve current feeding practices, the specialist will (i) review national policy guidelines for nutrition

² This center functions as the regional institution for Central Asia assisting in food and nutrition policy and program formulation. The center handles training and advisory responsibilities with WHO support.

and feeding practices of pregnant women and children; (ii) review the information developed for women and children and the style of nutrition counselling being given to families by nurses and community health workers; (iii) review whether or not the milk kitchen in each oblast is operational and if so review the standards being used to prepare recipes; (iv) if these kitchens are operational, review the criteria for targeting infants, and assess methods used to carry out growth monitoring as a means of evaluation; and (v) estimate the consequences of extending the service to underweight pregnant women and children for supplementary feeding and examine the length of the necessary feeding period, food supplement composition, production and distribution, and method to evaluate the impact with relevant indicators. To address micronutrient deficiencies and control the specialist will (i) review the supplement programs for pregnant women and infants, and recommend suitable changes to improve coverage with special attention to the iodine and iron/folate program; (ii) examine the scope for expanding fortification of staples, including salt and flour and the scope for private-public partnerships, and develop a project component if appropriate; (iii) examine the capacity of the sani-epidemiology service to manage the regulatory environment; (iv) advise and recommend feasibility studies on options to improve nutritional status of pregnant women and children under five; and (v) recommend composition of fortified weaning foods for complementary feeding of infants 6-12 months. The consultant will develop a national large-scale application of nutrition behavior change to improve the nutritional status of women and their families in collaboration with the human resources development and communications specialist and Cultural Anthropologist, and will advise and support the ISD TWG.

4. ECE Specialist

11. The specialist will be the team leader and will examine the options for developing an oblast-based network of day care and early education facilities, both center- and home-based, to expand poor children's access to psychosocial development services. Using an interagency approach the consultant will identify ways to coordinate day care, child minding, and kindergarten programs through a home-based resource and training needs assessment. The specialist will prepare a project component to strengthen child readiness for primary school and school readiness for entering students, including those with special needs. Relevant indicators will be recommended. The specialist will advise and supervise feasibility studies on the home-based management of early education programs with attention to the role of the district improvement committee and NGOs (especially women); a review of the full range of preschool services with special attention to the possible expansion of day-care centers; development and testing of an ECD-enriched curriculum for the first two primary grades, linked to early language development and specific kinds of ECD-based teacher training to strengthen the link between ECD and primary school; and curriculum and training development for parental education and impact assessment of parent effectiveness, with attention to strengthening and enriching the community parent education program. The specialist will be responsible for coordinating the psychosocial development and early education component of the project, and will work closely with the psychosocial development specialist to link interventions for children under three years and older children. The specialist will advise and support the TWG for ISD.

5. Psychosocial Development Specialist

12. The consultant will develop a plan for parent education and service provider training to strengthen early psychomotor and sensory stimulation of infants up to three years, in conjunction with complementary feeding interventions for improving nutritional status of children, as well as primary health care interventions in health centers, local settings, and the home. The specialist will advise on the design and organization of pretests of psychometric instruments to be used assessing early childhood psychomotor and mental development, and recommend appropriate instruments for project use. The specialist will advise and support the TWG for ISD.

6. Human Resources Development and Communications Specialist

13. The consultant will provide a comprehensive overview of the requirements for training of ECD managers and service providers, education and curriculum development, and social advocacy and public education campaigns to build community awareness of and family demand for ECD services. On the communications side a project component will be prepared to support advocacy for increased local government investment in ECD services, and stimulate demand for ECD investment by providers, communities, families, and local governments. A separate training and human resource development component will be prepared to support training in the newly developed and integrated ECD system; services and workloads will be defined for field-level service providers and supervisors, trainers of trainers, parents, and community leaders. The specialist will advise on and supervise the preparation of a feasibility study on development and testing of ECD communications packages to support local government and community ownership of the Project. Communications packages for culturally distinct communities will be developed, and training and IEC requirements specified. The specialist will advise on the design, implementation, and evaluation of the community consultations process and will advise and support the TWGs for social mobilization and for support systems and capacity building for service delivery TWG regarding training and IEC implementation in collaboration with the cultural anthropologist and the maternal and child nutrition specialist.

7. ECD Management and Institutional Development Specialist

14. The consultant will prepare a management plan for the project, taking into account the capacity building needs of all levels of government, especially at the community level, institutional preparedness and strengthening for management of an integrated service delivery project, and management training. An ECD quality assurance system will be proposed to ensure that public health, public nutrition, and ECE interventions are managed according to objective performance indicators. The specialist will review and comment on management protocols and implementation plans prepared by the TWG for decentralized planning and management for all project components. That TWG will consolidate, from other TWGs, a set of project indicators reflecting input, output, outcome and impact assessment, and the specialist will consolidate the views of the international team so that the project performance indicators can be integrated into the baseline survey and the project's management information system. The specialist will work with the TWG for ISD and the financial analyst to design the roles/functions and associated costs for service providers and home visitors; and advise the oblast administrations on their support functions for local government and community planning.

8. Financial Analyst/Program Evaluation Economist

15. The consultant will prepare a comprehensive analysis that supports the economic justification for the Project, demonstrates the cost-effectiveness of project interventions, and gives a project cost estimate reflecting least-cost principles and validated unit costs suitable for the situation in the Kyrgyz Republic. The analyst will coordinate the collation of data on Government expenditures on ECD (amount, sources, and funding channels) and assess the implications for future financing arrangements. The analyst will provide cost estimates for all ECD project components, including (i) child health (expanded program of immunization, control of diarrheal diseases, acute respiratory infections, IMCI, and maternal-neonatal health protection); (ii) protein-energy malnutrition and micronutrient deficiency control; (iii) early education; (iv) micronutrient supplementation and food fortification; (v) disease surveillance requirements; (vi) communications, IEC, human resource development, and training requirements; (vii) social advocacy and mobilization; (viii) capacity building, institutional development, and management strengthening; and (ix) policy development needs. The analyst will work closely with all TWGs, international consultants, and provincial preparation teams to make certain the project budget balances investment costs in child development with recurrent counterpart funds from the Government's integrated development budget. Fiscal affordability analysis and poverty reduction impact analysis will be coordinated with other specialists.

9. Cultural Anthropologist

16. The consultant will work with a domestic counterpart anthropologist to engage communities in the design and implementation process, ensure adequate attention to issues of gender equality and ethnicity, and complete consultations with representatives of mainstream and culturally distinct communities so that the project design addresses the social and cultural values of all Kyrgyz ethnic groups.

17. **Links to Policy Formulation by National Government.** All international consultants will work with the TWG for Program Innovation and Policy Development to define priority issues for operations research, including the scope and cost of each evaluation and technical assistance packages to government units. All consultants will work closely with the financial analyst/economist to ensure that detailed costing of the investment project will include efficacious and cost-effective interventions to maximize project success.

C. Domestic Consultants

18. Five domestic advisers with appropriate qualifications will guide the discussions of each TWG and coordinate the consultations with the attached international expert(s). The domestic advisor for ISD will be the lead national consultant and will be responsible for managing the preparation of the project components and activities specific to each TWG's terms of reference. The consultant will report to the PPMU in the President's Office and, when requested, will make progress reports to the ECD steering committee. It is expected that during implementation the consultant's acquired expertise during project design will be helpful to monitor and evaluate project implementation. The PPMU will include monitoring units with terms of reference similar to the TWGs.

19. Under the guidance of the international anthropologist, the domestic cultural anthropologist will develop studies and analyze findings that address both the acceptability of ECD project services to both genders and to a range of cultural groups reflecting the diverse groupings in the project districts. Gender assessment will address possible limitations in accessing services, areas of sensitivity in delivery of communications and IEC messages, and gender awareness by families, teachers, parents, and ECD providers. Using the profile of culturally distinct communities, the anthropologist will address the acceptability of the project interventions among nontraditional groups, and recommend tailored approaches in diverse community settings. The specialist will guide the development of a plan for culturally distinct communities in the Project and also a range of community consultations to test options and create ownership by beneficiaries. The specialist will advise and support the TWG for social mobilization and support systems and capacity building in collaboration with the nutrition specialist and the human resources development and communications specialist, and work closely with all TWGs to ensure community participation in designing and evaluating the pilot.