



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 08-Oct-2019 | Report No: PIDA26813



BASIC INFORMATION

A. Basic Project Data

Country West Bank and Gaza	Project ID P168295	Project Name Improving Early Childhood Development in the West Bank and Gaza	Parent Project ID (if any)
Region MIDDLE EAST AND NORTH AFRICA	Estimated Appraisal Date 21-Oct-2019	Estimated Board Date 16-Dec-2019	Practice Area (Lead) Education
Financing Instrument Investment Project Financing	Borrower(s) Palestine Liberation Organization	Implementing Agency Ministry of Education, Ministry of Health	

Proposed Development Objective(s)

Improve the coverage and quality of targeted early childhood development services for children from gestation until age 5 in the West Bank and Gaza.

Components

- Promoting early healthy development
- Improving access to high-quality kindergarten services
- Improving availability of ECD data
- Project management and implementation support for MOH and MOE

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	9.00
Total Financing	9.00
of which IBRD/IDA	0.00
Financing Gap	0.00

DETAILS

Non-World Bank Group Financing

Trust Funds	9.00
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Special Financing	9.00
Environmental and Social Risk Classification	
Moderate	
Decision	
The review did authorize the team to appraise and negotiate	

Other Decision (as needed)

B. Introduction and Context

Country Context

- The West Bank and Gaza (WB&G) has faced long-lasting political instability and periodic episodes of violence over the last two decades.** WB&G is a small open economy with lower-middle income status and a population of 4.9 million in 2018. It has experienced political instability and a series of violent conflicts over the years. Since the 2007-08 conflict, the territories are under control of two different political parties: Fatah holds control of the West Bank, while de facto authority in Gaza has been taken by Hamas.
- Driven by fragility, violence and conflict (FCV), poverty rates in WB&G have increased in the period from 2011-17, with nearly one in three persons living in poverty.** Data from the Palestinian Central Bureau of Statistics (PCBS) shows that 29 percent of the population lived in poverty in 2017. This, however, masks a substantial divergence in trends between the territories. While 14 percent of the population live in poverty in West Bank, every second Gazan lives below the national poverty line. Conflict has deepened the humanitarian crisis in Gaza, where access to electricity, piped water, and drugs is very limited.
- The Palestinian territories witnessed minimal real economic growth in 2018, and unemployment continues to rise.** In recent years, the Palestinian economy has mainly been driven by large inflows of transfers as other sources of growth, including private sector activity, have long been hindered by trade and financial restrictions. As a result, the Palestinian economy has been on a declining growth trajectory, witnessing 0.9 percent growth in 2018. Gaza's economy continued to be in a deep recession in 2018, contracting by 7 percent year-on-year according to preliminary data. Meanwhile, unemployment in the Palestinian territories continues to rise, reaching 31 percent in 2018. In Gaza, unemployment is almost three times higher than in the West Bank, and particularly affects women and youth.



Sectoral and Institutional Context

4. **Despite political and economic challenges, WB&G has prioritized human capital development with strong investments in education and health.** At 5.3 percent, government spending on education as a share of GDP is comparatively high in WB&G (World Bank EdStats).¹ It ranks fourth in the Middle East and North Africa region (MENA)² and is above the OECD average of 4.5 percent³ (OECD 2018). A closer look at the Palestinian health sector paints a similar picture. In 2016, public health spending in WB&G accounted for 10.7 percent of the GDP—a very high spending rate for WB&G’s level of income.⁴

5. **In some areas, the strong investments made in the Palestinian people have yet to translate into high levels of human capital.** The World Bank’s Human Capital Index (HCI) indicates that a child born in WB&G today will be 55 percent as productive when she grows up as she could be if she enjoyed complete education and full health.⁵ This puts WB&G in the 82nd place out of 157 participating countries, below the average for its region but higher than the average for its income group (World Bank 2018). The HCI⁶ highlights great progress achieved by WB&G in key health outcomes. For example, only 7 out of 100 children under age 5 in WB&G are stunted, placing it in the top-performing quartile of HCI countries. However, the HCI also points to improvements in access and quality of education as key drivers to increase human capital in WB&G. Low levels of participation in preprimary education (54 percent) stand in contrast to the almost universal enrollment rates in primary and lower secondary, pulling down the expected years of schooling⁷ in WB&G. Harmonized test scores from major international student assessments – a proxy for the quality of education – also show that learning outcomes in WB&G could be further improved.

6. **Strengthening investments during children’s early years can play a significant role in improving human capital formation.** Evidence from rigorous evaluations suggests that supporting the development of children in the formative 0-5 age bracket can have significant impacts on health and education outcomes (Gertler et al. 2014, Tanner et al. 2015). For example, a meta-analysis of early stimulation and nutrition interventions in low- and middle-income countries has revealed significant positive impacts on children’s early cognitive and language outcomes (Aboud and Yousafzai 2015). The positive effects of ECD interventions on health can last well into adulthood. ECD has also been associated with better learning outcomes on standardized tests in middle and high school. Finally, ECD has also been shown to effectively improve equity and mitigate the impact of children’s socioeconomic background on their developmental trajectory, thus increasing human capital among the most vulnerable (Harvard Center on the Developing Child 2009).

7. **Cognizant of the importance of children’s formative early years, the Palestinian Authority has demonstrated strong political commitment to invest in ECD since 2017.** Policies and ECD interventions in WB&G are administratively fragmented, with three different ministries responsible for the provision and oversight of key ECD services. The Ministry of Social Development (MOSD) is in charge of birth registration and the nursery sector, while the Ministry of Health (MOH) oversees maternal and child healthcare services, and the Ministry of Education (MOE) supervises the kindergarten (KG) sector. To more effectively address the multisectoral nature of ECD and create a forum for coordination of all stakeholders, the Palestinian Authority established a National ECD Committee, which convenes representatives from all three ministries and relevant international and local civil society organizations. In 2017, the Committee launched a National ECD Strategy calling for a multisectoral ECD service delivery system led jointly by the three ministries to offer high-quality integrated services to children and their families.

8. **The National ECD Strategy identifies four key challenges that the Palestinian ECD sector is facing.** While WB&G offers a comprehensive set of ECD services to children from gestation until age 5, many challenges persist. Chief amongst them are:

- (i) Gaps in selected equipment needed for an early identification of health risks during pregnancy, delivery and children’s first years of life such as hearing and visual problems;
- (ii) Parental practices that are not conducive to children’s healthy development;



- (iii) Insufficient access to high-quality kindergarten services;
- (iv) Lack of relevant data for sectoral and multisectoral ECD planning.

9. **WB&G's high level of access to pre- and post-natal services offers a window of opportunity to improve children's outcomes by ensuring facilities are endowed with modern equipment and skilled staff that allow the early identification of risks to children's healthy development.**⁸ WB&G offers a broad range of maternal and child health services free of charge in MOH facilities, including pre- and postnatal check-ups, attended delivery, growth monitoring, and immunizations. Yet, some MOH facilities are lacking equipment to adequately provide these services. Specific equipment gaps include modern ultrasound machines for the early detection of health risks, and specialized equipment such as otoacoustic emissions screeners and handheld auto refractors,⁹ for the early detection of hearing or visual impairment in infants. In Gaza, the lack of essential equipment for postnatal care is even more pronounced. A 2018 assessment found, for instance, that in Gaza the current number of incubators would have to be nearly doubled in order to meet existing needs.¹⁰

10. **Parental behavior during a child's first 1,000 days of life in WB&G is not well aligned with most recent research and best practices that are known to promote children's healthy growth and cognitive development.** As children are mostly taken care of at home during the first 1,000 days, their caregivers' practices are a critical determinant of their early development outcomes. Yet, parental behavior in WB&G is not well aligned with best practices for healthy child development. Specifically, WB&G shows limited progress in exclusive breastfeeding, infant feeding practices and early stimulations by caregivers. In the case of breastfeeding and infant feeding practices, as many as 88 percent of women are generally aware of when to start breastfeeding, and many of them also know when to start complementary feeding.¹¹ However, limited practical knowledge on how to implement these practices in daily routines is an important challenge. Knowledge gaps include practical ways to address discomfort and insufficient milk production, how to prepare age-appropriate meals that meet the necessary dietary requirements, and the belief that monitoring what infant eat should begin when they start eating solid foods. This has contributed to only 38 percent of Palestinian infants aged 0-5 months being exclusively breastfed—a percentage that rapidly declines with age. Only 12 percent of children between 20-23 months of age benefit from continued breastfeeding along with complementary food. In addition, only 42 percent of children aged 6 – 23 months receive a minimum acceptable diet¹² that is sufficient

¹ Latest available data for 2017.

² Ranking based on MENA countries for which data was available for any year between 2008 and 2018.

³ Latest available data for 2015 as presented in OECD Education at a Glance Report 2018.

⁴ The average domestic general government health expenditure as a share of GDP in lower middle-income countries lies at 1.3 percent as of 2016 (World Bank HNP Stats 2019).

⁵ HCI for boys stands at .53, slightly below the index for girls (.58)

⁶ The HCI includes five education and health indicators: the probability of survival to age five, a child's expected years of schooling, harmonized test scores as a measure of quality of learning, adult survival rate, and the proportion of children who are not stunted.

⁷ Expected years of school indicate the number of years of schooling that a child can expect to attain by her 18th birthday given current enrollment rates. In WB&G, an average child can expect to attain 11.4 years of schooling. Enrollment in primary and secondary education in WB&G is high (at 95 and 85 percent, respectively), while preschool enrollment still lags behind at 54 percent (latest available data for 2017, World Bank EdStats).

⁸ The World Bank-financed *Health System Resiliency Strengthening Project* (HSRSP) currently supports MOH to improve the quality of care, including improving clinical skills of physicians. However, improving service readiness through procurement of medical equipment is beyond the scope of the HSRSP. Thus, it is critical to address gaps in selected equipment for improved identification and management of risks to children's health.

⁹ The medical equipment lacking in West Bank was identified by a Ministry of Health Gap Assessment conducted in 2019.

¹⁰ World Health Organization (WHO), Ministry of Health and Palestinian National Institute of Public Health. 2018. *Assessment of availability, accessibility and distribution of neonatal health services at Palestinian Hospitals*. October 2018.

¹¹ Save the Children, UNICEF, WFP, and Ard El-Insan Palestinian. Report of the nutrition multi-sectoral assessment conducted in the vulnerable areas of Gaza, Palestine. Jerusalem, 2018.

¹² Minimum acceptable diet is defined as a child having received (i) the appropriate number of meals, snacks and milk feeds; (ii) food



in both diversity and frequency. Younger children aged 6 – 8 months are much less likely to receive complementary food that is minimally diverse (28 percent, compared to 80 percent among children aged 18-23 months) (MICS 2014).

11. With regard to early stimulation, data from MICS 2014 suggests that parents in WB&G are not aware of the importance of an engaging home environment for their children. For almost a quarter of children under five, no adult household member had engaged in at least four activities that promote learning and school readiness in the three days preceding the study (PCBS et al. 2014). Only 20 percent of children aged 0-59 months had access to at least three children’s books in the household, and almost a third of children did not have at least two types of toys to play with at home (ibid.). Finally, caregivers’ ability to respond to their children’s needs can also be negatively affected by the stressful conditions of living in an environment defined by fragility, conflict and violence (ELP 2018). Table 1 presents a summary of key ECD indicators in WB&G.

12. **In particular, the limited involvement of fathers in key parenting practices is an important missed opportunity for the healthy development of children.** While fathers’ involvement in parenting positively affects children’s development outcomes¹³, women are still largely viewed as the primary caretakers in WB&G. The 2017 International Men and Gender Equality Survey (IMAGES) shows that Palestinian men are increasingly participating in activities that promote children’s early healthy development. For example, two thirds of men report having attended some of their wife’s antenatal health check-ups, and 52 percent of fathers report having taken time off to help care for their newborn during the first six months after the child’s birth. Yet, the primary responsibility of managing the education and health welfare of children overwhelmingly falls on women, with 89 percent of mothers helping children with homework (versus 42 percent of fathers), and 99 percent of mothers staying at home when the child is sick (compared to 42 percent of fathers). The limited involvement of fathers in children’s early development is likely to be driven by both individual beliefs and social norms prioritizing the role of men as breadwinners and not caretakers in the household. Notably, the 2017 IMAGES also shows a high tolerance of violence in the household, with half of women and more than 60 percent of men surveyed believing a woman should tolerate violence to keep the family together. This is yet another important challenge for children’s healthy development given the negative impact that exposure to domestic violence has on children’s cognitive and socio-emotional outcomes.¹⁴

13. **By ages 4 and 5, only half of Palestinian children—primarily those belonging to higher income families—have the opportunity to attend KG.** The target age groups for KG1 and KG2 are 4- and 5-year-old children, respectively. KG services are typically provided for half a day five days per week. KG teachers are almost exclusively women. As of 2017, gross enrollment in preprimary education was at 54 percent (World Bank EdStats). Enrollment does not differ by gender, but it differs substantially between KG1 and KG2. According to MOE estimates for the academic year 2018/19, gross enrollment in KG2 was about 72 percent, while enrollment in KG1 was at 40 percent, with gender parity at both levels. With KG enrolment strongly associated with family income¹⁵, it is estimated that most children from the two bottom income quintiles are deprived from the benefits of an early childhood education. Far from leveling the playing field for all children, this enrollment structure is likely to widen the school readiness gap along socioeconomic lines in the first years of primary school.

14. **In a significant development, a 2017 Education Law made KG2 enrollment compulsory in WB&G, making the rapid expansion of KG2 supply a high priority for MOE.** Anecdotal evidence suggests that while some parents’ believe that children are too young to attend KG1, increasingly KG2 is perceived as part of the formal basic education cycle.

items from at least four food groups, and (iii) breast milk or milk feeds (MICS 2014).

¹³ Wilson, Katherine R and Margot R Prior. “Father involvement and child well-being.” *Journal of Paediatrics and Child Health*, Vol. 47, Issue 7.

¹⁴ Berthelon, Matias, Contreras, Dante, Kruger, Diana and Maria Isidora Palma. 2018. “Violence during Early Childhood and Child Development.” IZA Institute of Labor Economics, Discussion Paper Series, IZA DP No. 11984.

¹⁵ El-Kogali & Krafft 2015.



This has resulted in a high and geographically widespread demand for KG2 services, which has maxed out existing public supply and have triggered a strong private market response. A joint MOE-WB analysis that looked at 55 localities across all governorates in the West Bank found that the number of unused public KG2 slots in these localities is negligible—close to zero—indicating high KG2 take-up by families. However, closing the enrollment gap through public provision alone will require an unprecedented investment in KG2 infrastructure, and a five-fold increase in the total salary outlay on KG teachers. The same MOE-WB analysis also pointed to a proliferation of private KG2 providers—1,116 providers spread across all West Bank governorates in 2018—providing further evidence that the key binding constraint to universalizing KG2 is the insufficient supply of services. This large and widespread private sector, provides an opportunity for MOE to explore partnerships through which provision could be expanded rapidly with little to no public capital expenditures.

15. **Even when Palestinian children attend KG, challenges in the quality of services limit the benefits of an early childhood education on their learning and development.** KG teachers in WB&G are often underqualified to engage children in age-appropriate, play-based learning activities that develop their early cognitive and socio-emotional skills. MOE estimates that approximately 70 percent of KG teachers in the private sector have no formal training in early childhood education (ECE). While a national KG1-2 curriculum was developed in 2017 to help address this challenge, a World Bank study¹⁶ found that the curriculum is too broad, vague at times, and lacks supplementary teaching and learning materials to guide classroom instruction. Pedagogical challenges are coupled with the lack of an effective quality assurance system for KGs. Even though MOE has established quality standards for KG1-2, these standards are mostly geared towards the infrastructure of facilities and the curriculum, leaving behind critical dimensions of quality such as classroom instruction and the nurturing interactions between teachers and children. With a ratio of 1 supervisor for every 50 KGs, performance against quality standards is only monitored for public KGs, and collected data is not acted upon to incentivize continuous quality improvement. For private provision, more than 90 percent of the market share, quality is not monitored, let alone acted upon. With the expected growth of KG services, strengthening the quality assurance function of MOE becomes critical.

16. **Beyond challenges in access and quality of services, lack of data is a key roadblock hindering sectoral and multisectoral ECD planning. This limits the government's ability to provide a timely response to the development needs of the most vulnerable children in WB&G.** Data on the utilization and quality of ECD services, and on the development of children is limited and fragmented across ministries. Upon birth, MOH uniquely identifies each child and begins to construct the child's medical history, collecting detailed health information including vaccinations, growth monitoring, and known allergies and illnesses. This data is digitized, uniquely identified through the Palestinian ID number, and covers the full 0-5 years bracket. In parallel, MOSD requires private nurseries to collect data on children utilizing their services. This data, however, remains in paper records at nurseries, is not compiled centrally, and is not matched with MOSD's comprehensive dataset on family poverty and vulnerability. Yet again in parallel, MOE collects data for public and registered private KGs through the Annual School Census. This data is restricted to administrative variables at the school, classroom, and student-levels¹⁷. In addition, KG supervisors use a monitoring tool that includes some quality indicators. However, this data is not uniquely identified using the Palestinian ID number, remains in paper records at schools, and is not compiled centrally. In the absence of a complete picture of what services are provided to children and their families between pregnancy and age 5, and how children develop in these early years, policymakers in WB&G are unable to plan for and address all children's early developmental needs—particularly the needs of the

¹⁶ World Bank. 2018. The Palestinian Kindergarten Curriculum Framework: A Review of the Mathematics Development Progression.

¹⁷ Administrative data includes information on school name, type, contact information, key personnel information and address. Teacher information covers specialty, marital status, birthdate and formal education. Student information covers grade level, identification status, guardian's name and the student's birthdate.



most vulnerable ones—let alone, make this data publicly available as a channel for social accountability and citizen engagement.

C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

Improve the coverage and quality of targeted early childhood development services for children from gestation until age 5 in the West Bank and Gaza.

Key Results

17. The project aims to achieve the following key results:

- i. **Promoting early healthy development** by improving the quality of pre- and postnatal care in MOH facilities through procurement of medical equipment that allows the early detection of risks to children’s physical and cognitive development, and piloting a **parenting intervention** to be administered to approx. 16,800 caregivers;
- ii. **Increase access to KG2** by expanding public provision (36 classrooms) and piloting a public-private partnership modality creating approx. 20 PPP classrooms;
- iii. **Improve the quality of KG instruction** by developing a national KG teacher professional diploma that will provide in-service training to approx. 1,000 private KG teachers (about one quarter of KG teachers), and piloting a KG quality assurance system in approx. 200 KG classrooms;
- iv. **Improve the availability of key ECD data** by digitizing information on nurseries and KGs for evidence-based policymaking.



D. Project Description

Component 1: Promoting early healthy development (US\$ 3 million).

18. This component aims to improve the holistic development of children from gestation until age 3 by strengthening pre- and postnatal care, and improving nutrition and early stimulation during the critical first 1,000 days of life.

Subcomponent 1.1 Investments to improve quality of pre- and postnatal care (US\$ 0.7 million)

19. The objective of this subcomponent is to improve the quality of pre- and postnatal care by strengthening the early detection of risks to children's physical and cognitive development. To this end, the subcomponent will finance the procurement of specialized equipment for neonatal hearing and visual assessments, and the replacement of other necessary items such as old and/or inadequate ultrasound machines. The provisional list of medical equipment will be finalized based on needs assessment and planned investments, in close coordination with development partners and donors including WHO and UNICEF by early November 2019.

Subcomponent 1.2 Strengthening nutrition and early stimulation during the critical first 1,000 days of life (US\$ 2.3 million)

20. The objective of this subcomponent is to promote healthy nutrition and early stimulation during the critical first 1,000 days of life by enhancing caregiver's parenting skills. To this end, the subcomponent will finance two activities: (i) development and piloting of a parenting intervention for families in selected localities; and (ii) the development of a public national ECD website and mobile application for all families in WB&G.

The parenting intervention will consist of interactive information sessions for pregnant women and caregivers of children aged 0-36 months on (i) exclusive breastfeeding, (ii) child feeding practices, (iii) early stimulation, and (iv) stress-coping mechanisms adapted to the local FCV context. The intervention will have a strong emphasis on practical knowledge to help integrate these practices into families' daily routines, by demonstrating and practicing good parenting behavior with caregivers and their children. In addition, the intervention will be designed to promote equitable engagement by both parents in child-rearing, specifically encouraging fathers to be more engaged. Leveraging a variety of strategic entry points to reach this target group, the intervention will be delivered through existing service delivery networks – i.e. through nurseries, MOH PHCs and home visits. In facilities, the intervention will be delivered by nursery staff, nurses and physicians, while social workers will be responsible for delivering the intervention during routine home visits. Service providers will be equipped with tablets containing a digital script with detailed step-by-step guidance on how to conduct information sessions based on caregivers and children's needs. The tablets will also be used to show relevant pictures and audiovisual materials to caregivers. To complement the intervention and facilitate the transition to best practice routines, caregivers will be given a toolkit with a selection of toys, picture books, and other material along with detailed guidance on its use. The project will evaluate the impact of the different service delivery modalities and assess their cost-effectiveness.

21. The national ECD website will be a public resource for caregivers containing rich and practical information on children's nutrition and early stimulation needs during the first 1,000 days of life. The website will have an easy-to-navigate design and be structured around children's age brackets and developmental milestones. As such, it will combine information from different sectors in a coherent and child-centered way, so caregivers do not have to refer to various sectoral websites on education or health. In addition to informational text, the website will also make use of the multimedia content developed for the parenting intervention under this sub-component and include relevant infographics, audio files and short videos. The use of online resources ensures easy access to timely information for caregivers and will allow the relevant ministries to regularly update information based on citizens' feedback and suggestions. A smartphone application based on the website will also be developed to optimize easy access from



mobile devices. The application will also be used for notifications and text messages that will serve as nudges to promote best parental practices.

Component 2: Improving access to high-quality KG services (US\$ 4.7 million).

22. This component aims to expand access to KG2 and improve the quality of KG services, through the following two subcomponents.

Subcomponent 2.1 Expanding access to KG2 (US\$ 2.7 million)

23. The objective of this subcomponent is to increase access to KG2. To this end, the subcomponent will finance the expansion of public and private provision through (a) the refurbishment and extensions of public KG2 classrooms (US\$ 2 million), and (b) the design and piloting of a public-private partnership (PPP) model (\$700,000).

24. Refurbishment and/or extension of KG2 classrooms will be financed in public schools that have available land to construct a KG2 classroom, or an existing classroom or space that can be refurbished into a KG2 classroom. The school has to be in a locality where the poverty headcount rate is statistically significantly higher than the West Bank average, with low private sector penetration and a negligible number of unused KG2 slots in neighboring public schools in the same locality. Classroom refurbishments consist of repurposing existing classrooms or other available spaces in public primary schools, furnish them, and turn them into KG2 classrooms. Classroom extensions consist of constructing a KG2 classroom in public primary schools with available land, and furnish them. Where needed, this subcomponent will also finance necessary KG amenities such as child-sized bathrooms, a kitchen, and child-sized playgrounds. Aligned with the government's plan to hire 36 new KG2 teachers during the lifetime of the project, a maximum of 36 KG2 classroom refurbishments and/or extensions will be financed under this subcomponent.

25. This subcomponent will also finance the design and piloting of a PPP model to leverage existing KG2 private providers to expand their capacity. Specifically, the following activities will be financed:

- i. Market analysis: In Year 1 of the project, a firm will be hired to conduct a market analysis of private KG2 providers to underpin the design of the PPP model. A mapping exercise conducted jointly by MOE-WB during project preparation estimates the presence of 1,116 registered private KG providers, and 165 unregistered ones operating in West Bank. The market analysis will build on this mapping exercise, to identify a subset of providers that are most suitable for MOE to partner with under the PPP pilot, based on demand- and supply-side considerations, including but not limited to:
 - Supply-side considerations: Providers should meet minimum quality standards, fall under a reasonable price range, and have the capacity and willingness to expand their KG2 enrollment in the short run.
 - Demand-side considerations: Providers should be located in (or willing to expand to) localities with high unmet KG2 demand and high poverty rates.
- ii. Technical design of PPP pilot: In the latter part of Year 1, the same or a different firm will be hired to develop the design of a PPP pilot that allows MOE to strategically purchase quality KG2 provision from selected private providers. Informed by the findings from the market analysis, and a review of the relevant legal framework, the technical design should propose:
 - An attractive incentives package: The minimum set of incentives that will encourage private providers identified through the market analysis to expand their capacity in the short-term (e.g., partial tuition subsidy, tax exemption, classroom materials, a flexible pathway for meeting quality standards, specialized training for their teachers, etc.),
 - A feasible contractual arrangement: Tailored contracting arrangements with the selected private providers that are legally and financially feasible (e.g., tuition transfers are made by MOE



to the selected private providers proportional to the number of additional children they enroll at the beginning of the academic year, installments are made in tranches after verifying quality criteria are met, etc.).

- Monitoring framework: Feasible provisions for the monitoring of contracts, based on MOE's KG quality assurance system (e.g., providers receive biannual inspections from MOE KG supervisors to verify enrollment numbers and ensure they meet minimum quality standards; collection of feedback from parents on KG services).

- i. Roll-out of the PPP pilot: In Years 2-5 of the project, the subcomponent will finance any monetary transfers from MOE to selected private providers that have been identified as part of the incentives package under the technical design of the PPP pilot, for a maximum of US\$500,000. Administrative and monitoring costs for running the pilot will also be financed.
- iv. Costing of the pilot: An assessment of the cost-effectiveness of the pilot will be conducted, including considerations for a potential scale-up.

26. In an environment where the government has made KG2 mandatory by law, in spite of constrained resources, this subcomponent provides two important contributions. First, by increasing public and PPP provision, the project will enable 1,000 children to enroll in KG2 (starting from Year 2 of the project), for a total of 4,000 additional children enrolled over the course of the project. This impact will be significant for benefited children and families-many of whom come from a high-poverty background, albeit small in magnitude at the national scale. With approximately 33,000 5-year-old children out of KG2, neither the government nor donors have identified a financially feasible model to bring them into school to comply with the new law. The second contribution of this subcomponent is its investment in the design, costing and evaluation of a PPP pilot that could provide a financially feasible model to guide the government and donor's investments towards universalization of KG2.

Subcomponent 2.2 Enhancing the quality of KG services (US\$ 2 million)

27. The objective of this subcomponent is to enhance children's learning experience by improving teaching practices in Palestinian KG classrooms. To this end, the subcomponent will finance three activities:

- (a) Development and roll-out of an in-service KG teacher professional diploma (US\$ 1.5 million)
- (b) Development, production and distribution of a KG teacher toolkit (US\$ 0.4 million)
- (c) Development of a KG quality assurance system (US\$ 0.1 million)

28. The KG teacher professional diploma will be a comprehensive, one-year in-service professional development program targeting private KG teachers who lack formal training in early childhood education (ECE). It will include modules on child-centered pedagogy, early literacy and numeracy, learning through play, socio-emotional skills, psychosocial support, and methods to cope with stress in an environment affected by fragility, conflict and violence. The diploma will be delivered through recurring, center-based workshops accompanied by individual coaching and follow-up sessions. Expert trainers will be recruited from four local universities in West Bank (An-Najah University, Al-Quds University and Bethlehem University) and one local university in Gaza (Al-Azhar University). In addition, MOE will partner with Al-Quds Open University to leverage its technological infrastructure and extensive network of study centers across the WB&G to facilitate implementation. KG supervisors from MOE and staff from the National Institute of Education Training (NIET) will be trained to become coaches and facilitators for the diploma. The diploma sessions will be held in MOE's existing training facilities and university centers, covering the North, Center and South region of West Bank. In Gaza, the diploma sessions will be delivered in the facilities of Al-Azhar University. Over the life cycle of the project, this subcomponent aims to reach about 1,000 KG teachers in West Bank (about one quarter of the total number of KG teachers) and 100 KG teachers in Gaza.



29. The KG teacher toolkit will provide hands-on support for KG teachers to implement targeted learning activities in the classroom that are well aligned with the Palestinian KG curriculum. The toolkit will include materials such as toys, story books, geometric shapes and other equipment, accompanied by a detailed script with specific guidance on their usage for age-appropriate and play-based activities. The toolkit will be distributed as part of the KG teacher professional diploma and through regular monitoring visits by MOE's KG supervisors. In the first year of the project, the subcomponent will fund an international and/or local firm to develop the KG teacher toolkit and provide training to KG supervisors on how to effectively demonstrate its use. The subcomponent will then fund the production of approximately 2,000 toolkits, which will be distributed to all public KG teachers, 40 percent of private KG teachers with no formal training in ECE and 200 KG teachers in Gaza, in a way such that all teachers targeted under the KG Teacher Professional Diploma also receive the toolkit.

30. To further support the continuous improvement of KG instruction, this subcomponent will fund the piloting of a quality assurance (QA) system. A robust QA system for KG requires four key elements: (a) clearly defined quality standards, (b) valid and reliable tools to measure KGs against set standards, (c) regular monitoring visits to KGs to administer these tools, and (d) tailored actions and mechanisms triggered by monitoring results to continuously improve quality. As such, the project will finance the following activities:

- i. **Strengthening KG quality standards:** Informed by a review of existing standards and international examples, this activity will strengthen KG quality standards in WB&G, ensuring they adequately balance the structural, process and learning dimensions, and are structured along a quality continuum. This task is expected to be completed in early 2020.
- ii. **Adapting a monitoring tool:** Based on international examples, a monitoring tool will be adapted to measure KGs performance (with a specific focus on KG teaching practices) against the quality standards. The tool will balance the need for obtaining valid and reliable data, with that of being easy (and rapid) to administer by KG supervisors during their school visits. This task is expected to be completed in the later part of 2020.
- iii. **Aligning KG monitoring visits with quality:** To enable monitoring visits conducted by KG supervisors to be aligned with the new quality standards, the monitoring tool will be programmed on tablets, and tablets will be procured for each of the 37 KG supervisors. This task is expected to be completed in early 2021.
- iv. **Developing tailored mechanisms and resources for continuous quality improvement:** In support of the fourth element of the QA system, a KG supervisor dashboard will be designed and programmed into the tablets. The dashboard will provide a summary of strengths and weaknesses for each visited/observed KG teacher, along with a tailored coaching script and a customized suggestion for the timing and frequency of follow-up visits to each teacher by the KG supervisor. In addition, leveraging the same implementation arrangements, IT platform, and developed content for the KG Teacher Professional Diploma, short, digital "booster training modules" will be designed to provide continuous development opportunities for KG teachers. Equipped with the dynamic data in their dashboard, KG supervisors will be able to assign teachers to specific digital booster modules based on their specific needs. Finally, training for KG supervisors will be provided on the administration of the monitoring tool on tablets, and the use of tailored mechanisms and resources during their KG visits. This activity is expected to be completed in the later part of 2020.

The QA system will be piloted in approximately 200 KG2 classrooms, in geographic priority areas to be determined by MOE.

Component 3: Improving availability of ECD data (US\$ 0.4 million).

31. The objective of this component is to improve the availability of relevant ECD data to strengthen sectoral and multisectoral planning of ECD services in WB&G. To this end, the following activities will be financed:



- i. **Collection, digitization and sharing of KG and nursery data:** With the Health Information System being the most advanced of the three sectors in collecting and digitizing ECD data, this activity will focus on strengthening MOE and MOSD’s information systems to better track education and social development indicators, respectively. Specifically, the activity will finance consulting services and the procurement of specific IT equipment to support the collection of any identified missing variables, the personal identification of all data through the Palestinian National ID number, the digitization and central compilation of relevant KG data at MOE, and nursery data at MOSD, and making key data publicly available.
- ii. **Development of a strategy for the use of multisectoral ECD data:** This activity will focus on developing a strategy for tracking the development of children in a multisectoral way, which the government can operationalize once sectoral ECD data has been digitized and personally identified. This strategy will be informed by an institutional capacity review of human resources, hardware and software at MOH, MOSD, MOE and the National ECD Committee, and will lay out a proposed architecture, governance arrangement, and code of practice for a multisectoral information and management system for ECD in WB&G.
- iii. **Capacity building on the use of ECD data for sectoral and multisectoral planning:** The capacity building will support the effective implementation of activity (i) through a series of workshops for relevant MOE and MOSD staff on proper KG and nursery data entry, submission, compilation, analysis and dissemination. It will also include workshops for key officials from MOH, MOE, MOSD and the National ECD Committee on the use of ECD data for evidence-based policymaking.

Component 4: Project management and implementation support for MOH and MOE (US\$ 0.9 million).

32. The project will be co-managed by the MOE and MOH in close collaboration with MOSD and the National ECD Committee. To ensure full compliance with the Bank’s guidelines and procedures, the ministries will utilize the Project Coordination Unit (MOE-PCU) and Project Management Unit (MOH-PMU) currently engaged with managing Bank funded projects. This component will support the ministries in managing and overseeing project activities, including (i) staffing capacity and expertise to lend technical and implementation support; (ii) data collection, aggregation and periodic reporting on the project’s implementation progress; (iii) monitoring of the project’s key performance indicators and periodical evaluation; and (iv) overall project operating budget and audit costs.

Legal Operational Policies	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No

Summary of Assessment of Environmental and Social Risks and Impacts

The project is classified as Moderate Risk, given the combination of environmental and social impacts of the project activities in the education and health sectors. The environmental impacts are related to the construction of new KG classrooms within the existing footprint of selected schools in West Bank and Gaza, rehabilitation of existing classrooms, possibly installation of furniture and play equipment, the occupational health and safety for the operation of supplied medical equipment, minimal medical waste is expected to be generated. All these aspects will be examined in detail and confirmed at the appraisal stage. Given the above-mentioned moderate impacts and the limited existing capacity for environmental and social risk management within the existing PIU and the concerned ministries, the



combined ES risk rating is moderate.

E. Implementation

33. **Recipient.** The recipient of the grant is the Palestinian Liberation Organization (PLO) for the benefit of the Palestinian Authority (PA) as with nearly all cases of assistance provided under the Trust Fund for Gaza and West Bank. The PLO will make the proceeds of the grant available to the PA through a Subsidiary Agreement. The project will be jointly implemented by the Ministry of Education (MOE) and the Ministry of Health (MOH), and the Ministry of Finance and Planning (MOFP) will open the Designated Accounts (DAs) on behalf of the two implementing entities. Advances made to the DAs would not be commingled with other resources of the PA. Additionally, the MOFP will be in charge of managing external financial audit and withdrawal applications.

34. The project will be jointly implemented by the MOE and the MOH through their project coordination unit (PCU) and project management unit (PMU), respectively. Project implementation oversight for component 1 will rest with MOH-PMU while activities under components 2 and 3 will be overseen by MOE-PCU. Each project unit is headed by a director who will be responsible for: (i) coordinating implementation and ensuring the overall technical coherence of the project activities across the relevant ministries and liaise with respective district offices and municipalities; and (ii) coordinating all technical, operational, monitoring and evaluation (M&E), financial management, procurement and environmental and social safeguards aspects within the respective units and departments at MOE and MOH. Each project unit director will supervise the work of their respective staff and consultants attached to their units, be responsible for the day-to-day activities of the proposed component activities and maintain adequate staffing capacity and expertise to lend technical and implementation support to the project, including the hiring of an Environmental and Social Officer (ESO). Both MOE and MOH, through their respective project units, will report regularly to the Bank on project implementation progress, results monitoring, proposed annual work programming, budgeting, financial management and procurement.

35. **Coordination and Harmonization of Efforts.** The National ECD Committee is a consultative body which will be leveraged as a forum to discuss and ensure harmonization of different ECD-related initiatives, coordinate relevant ECD stakeholders including ministries, institutions, NGOs and other relevant partners, and monitor project implementation progress.

36. **Implementation Support.** Implementation support will be provided by the Bank throughout the lifetime of the project. Support will include regular implementation support missions and a detailed midterm review mission about two years after project effectiveness. The midterm review mission will, among other things, analyze progress toward achieving the main result indicators and determine where adjustments are needed.

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