
PROJECT APPRAISAL DOCUMENT: Uganda Nutrition and Early Childhood Development Project

Sample LogFrame, taken from World Bank. Report No. 17182-UG—Project Design Summary; Annexes 1-A and 2, from Project Appraisal Document on a Proposed International Development Association Credit to Uganda for a Nutrition and Early Childhood Development Project, December 1997. M. Garcia, World Bank Africa Human Development Group.

Annex 2

Uganda Nutrition and Early Childhood Development Project— Detailed Project Description

PROJECT OBJECTIVES AND STRATEGY

1. The development objective of the project is to improve growth and development of children under six years of age, in terms of nutrition, health, psycho-social and cognitive aspects. The achievement of these objectives at the end of the five year implementation period will be measured by the following markers: (a) reduced prevalence of underweight preschool children by one-third of the 1995 levels in the project districts; (b) reduced prevalence of stunting on entry into primary schools by one-fourth of the 1995 level in the project districts; (c) improved children's psycho-social and cognitive development; (d) reduced repetition and drop-outs at lower primary school level; (d) development of entrepreneurship skills and economic empowerment of mothers and caregivers.
2. The project supports the Ugandan National Plan of Action for Children (1993), and the Poverty Eradication Strategy (1997). The project particularly enhances school readiness of young children and thus contributes towards reaching the goal of Universal Primary Education. The main project strategy is to enhance the capacity of families and communities to take better care of preschool age children (0 to 6 years) through enhancing knowledge on child growth and development, parenting, nutrition and health care, and income generating activities for women.

PROJECT APPROACH

3. The project is a process-driven, locally prioritized program rather than a blue-print package. Program inputs are phased into communities as a result of a participatory planning process to assure ownership and strengthen sustainability. Implementation of the program will be through

existing structures and on-going programs. The program will involve collaboration between government and non-government entities (including NGOs and CBOs), and communities. As a multi-sectoral program involving health, nutrition, early education, child care, and income generation, the approach will involve linking various government departments and the non-government entities to provide comprehensive services towards development of children.

PROJECT COMPONENTS

Project Component 1—Integrated Community Child Care Package

4. This component supports the Government's goals (a) to improve parental awareness on major aspects of child care, growth and development through parental education, child growth monitoring and promotion, training and sensitization; and (b) to empower communities to support child development programs through capacity building, through skills for income generation and through support grants. The objective is to reduce malnutrition (low weight for age) of children by a third at the end of the five-year period in the project districts, and increase readiness of children for primary schooling and thereby contribute to the drive for Universal Primary Education. Interventions in this phase will be implemented in 25 districts chosen by the government based on the level of malnutrition, infant mortality, and rate of primary school enrollment. The government plan is to eventually cover all districts. It includes interrelated interventions:

(a) Parental Education. This sub-component will increase parents' and caregivers' understanding of major aspects of child care, growth and development including child nutrition, health, cognitive and psycho-social development. A range of related competencies will be strengthened in parents. Building parental skills and knowledge will in turn improve health, psycho-social development and well-being of children and, ultimately, their receptiveness to education at the primary level. The program will mobilize groups of mothers (and other caregivers) at the community level, supported by project materials in local languages, technical supervision and communications. Simplified learning materials for adults with low literacy have been tested successfully in Uganda. Over the five year period, the project will cover two-thirds of all communities in 25 project districts. Emphasis will be on the enhancement of child care practices that promote proper growth and development of children, including: childhood nutrition and health (exclusive breastfeeding and appropriate weaning practices—particularly the period of introduction of weaning foods, as well as the type of foods given, and food preparation, child growth monitoring promotion, and deworming), psycho-social development, cognitive stimulation and social support, hygiene and improved home health practices. Child Day campaigns will be conducted at the parish level.

(b) Community Capacity Building and Empowerment for Child Care. This subcomponent comprises two interrelated activities: (i) community capacity building conducted through community planning and sensitization workshops (ii) training in entrepreneurship to increase incomes of mothers and caregivers. Manuals have been developed and built around best practice in savings group formation and microenterprise development in Uganda.

Project Component 2—Community Support Grants for Child Development.

5. Two types of grants would be available to communities:

(a) Community Support Grants to communities are offered on the basis of matching contri-

butions from communities. These grants and contributions from communities will cover activities designed to support interventions for child development and which fall within the guidelines and menu contained in the Project Implementation Manual. To qualify for this grant, communities will provide counterpart contributions which may be in the form of goods, works or services. Examples of the uses of such grants are: construction and operation of community child care centers, home based child care centers, or the production and marketing of weaning foods. The support grants component will be implemented in the same 25 districts in Component 1.

(b) Innovation Grants are grants made available to communities to address child related problems. The Innovation Grant will provide grants to implement interventions outside the menu of interventions described by the community support grants (a) above. As the term implies, the “innovation” fund will be used to support communities in implementing “innovative ideas” on improving the lives of children within their communities. The Innovation Grant will be accessed by communities in the same manner as the community support grants: that is, proposals prepared by communities following a participatory planning exercise, followed by screening by a sub-county committee, and forwarded for funding by the project.

Project Component 3—National Support Program for Child Development

6. This component consists of central program activities and policy initiatives designed to support the district level programs in components 1 and 2, and provide quality assurance for the frontline project activities at the community level. This component includes:

- (a) program monitoring and evaluation,
- (b) support for preventive program initiatives on micronutrients,
- (c) early childhood development (ECD) curriculum development,
- (d) training of trainers for ECD,
- (e) information, education and communications (IEC) and advocacy for children’s rights.

PROJECT IMPLEMENTATION

7. The overall coordinating agency is the Ministry of Planning and Economic Development (MOPED). Given the nature of activities, this project will be implemented at the grassroots level by local NGOs and community based organizations, including womens’ groups, savings groups and parents’ groups. These organizations will be supported by NGOs and other agencies who will be contracted to provide technical assistance and capacity building. The Project Implementation Manual will spell out guidelines for community planning and implementation.

8. Project coordination: At the national level, a Project Coordinating Office (PCO), within the Ministry of Planning and Economic Development, and accountable to the Permanent Secretary, will coordinate and supervise activities of the project. The PCO will be small, consisting of a Project Coordinator (PC), a Deputy Coordinator, and a qualified accountant/financial officer. The PCO will contract out to private management/accounting firms or NGOs such tasks as: monitoring and evaluation, accounting and management audit, procurement, and other tasks related to implementation, such as technical support and training of implementors at the local level. The PCO will ensure that program activities at the operational levels in the district, sub-county, parish and community are carried out; and prepare periodic reports on implementation. The central level program support component will be coordinated with the Ministry of

Education (for curriculum development and training of ECD trainers), Ministry of Health (for micronutrient deficiency control), and the Ministry of Gender and Community Development (for advocacy).

9. District coordination of implementation. All district level activities will be coordinated and supervised at the district level by District Coordination Committees (DCC). Given the community based nature of activities, and the decentralization of governmental functions, the program will be phased into districts based on the readiness of these districts to implement program activities. *Capacity building will precede implementation of the program in all project districts*, and implementation will be scaled-up only in those districts that meet the following criteria:

(1) District commitment, which includes a Bill passed into ordinance by the District Council certifying the following: (a) counterpart funding of at least 5% of annual project disbursements or at least 3% over the previous year's social sector budget, (b) draft agreement with NGOs or a lead agency in the district specifying working relationships acceptable to the project, (c) project coordination committee and project task leader identified from members of the standing committees or district administration staff, (d) planning process defined, (e) plan for health referral from community to sub-county level health facility (government or private/NGO) identified, (f) concrete district plans to support the national drive for Universal Primary Education identified, and examples of functional literacy programs covering needs of women and early childhood development, (g) statement indicating gender sensitivity of plans.

(2) Implementation capacity, defined by: (a) lead NGO in place with adequate implementation capacity or other facilitating mechanisms selected and approved by the district, (b) well-functioning district financial mechanisms and management system in place.

10. Project oversight and policy guidance: This will be the responsibility of an inter-ministerial Project Steering Committee (PSC) to be established, under the Chairmanship of the Permanent Secretary, Ministry of Planning and Economic Development. The PSC, will provide overall guidance on policy matters and approve recommendations on improving quality of project implementation. The PSC will include Permanent Secretaries or representatives from the Ministry of Health, Ministry of Education and Sports, Ministry of Gender and Community Development, Ministry of Finance, Ministry of Local Governments, Ministry of Agriculture, Animal Industries and Fisheries, Ministry of Information, and representatives of the National Council for Children (NCC), the NGOs and UNICEF. The PSC will meet every six months and will forward to IDA the minutes of the meetings. A Project Management Advisory Committee (PMAC) consisting of technical experts in nutrition, early childhood development, community planning and development, and finance will provide technical advise to the PCO as needed.

11. Planning, accounting, financial reporting, and auditing arrangements. The Implementation arrangements and processes are outlined in an implementation manual prepared by the Government in consultation with the Bank.

12. Project monitoring, evaluation and reporting arrangements. A detailed Monitoring and Evaluation system has been developed as part of the Project Implementation Manual. A monitoring system which will be computerized, will inform the management and policy makers on the progress of activities and impact on the ground. The M&E will be guided by the project logical framework given in Annex I that spells out the relevant process and outcome indicators of the

project. The project M&E will be conducted through the following activities: (a) regular quarterly meetings of the PSC chaired by the Permanent Secretary of MOPED; (b) IDA supervision missions; (c) annual progress review by IDA; (d) mid-term review of the project conducted jointly with other donors no later than 30 months after effectiveness; (e) baseline and repeat surveys of beneficiaries; (f) quarterly progress reports based on the implementation milestones defined by the Annual Work Plan and Budget and (g) participatory monitoring and evaluation involving communities and beneficiaries. The PC will submit to IDA a report on progress of implementation and outcomes, to be received twice a year— on July 31 and on January 31. A project Implementation Completion Report (ICR) will be prepared within six months of the credit closing.

Annex 1-A LogFrame

NARRATIVE SUMMARY	KEY PERFORMANCE INDICATORS	MONITORING AND SUPERVISION	CRITICAL ASSUMPTIONS AND RISKS
CAS OBJECTIVE			(CAS Objective to Bank Mission)
1. Poverty reduction through improved social services.	1.1 Quality of life measured by reduction in IMR by 20% by 2003 from present rate of 97 per 1,000 births.	1.1 National demographic and health survey.	Growth rate in economy is sustained.
PROJECT DEVELOPMENT OBJECTIVES			(Development Objectives to CAS Objective)
1. Improved nutrition, health, psycho-social and cognitive development of children under six years.	1.1 Reduced prevalence of underweight (% <-2sd weight for age) for children under six by one-third of present levels in 2003 in the project areas.	1.1 Anthropometric data reported every quarter in project areas. Baseline, midterm and final year summary reports. Data from household surveys in project areas vs. control areas.	1. The government health sector reforms are adopted. 2. Government support for agricultural development programs are adopted and implemented during the project life.
	1.2 Improved psycho-social and cognitive development.	1.2 Monitored by special study (Project Coordinator’s Office evaluation study)	
2. Improved primary school performance	2.1 Increased primary school retention and improved primary school progression.	2.1 Data from education facilities in project vs. control areas.	3. The government and donor support programs for sanitation and water are implemented in the project districts.

NARRATIVE SUMMARY	KEY PERFORMANCE INDICATORS	MONITORING AND SUPERVISION	CRITICAL ASSUMPTIONS AND RISKS
PROJECT OUTPUTS			(Outputs to Development Objectives)
1. Improved allocation of resources for programs addressing children	1.1 Increased district budget allocation in project districts towards programmes for children by 25% from current levels.	1.1 Budgetary data of project districts at baseline, midterm and final year.	1. District budget allocations are received at the agreed levels of expenditures.
2. Increased knowledge and skills of families and communities to care for children.	2.1 Increase in percent of mothers practicing appropriate child care practices, by 25% at midterm and 50% at final year in project districts.	2.1 Data from household surveys in project areas vs. control areas.	2. Economy grows at the same level as in past 4 years.
3. Increased capacity of women and community to mobilize savings, resources, thereby enhancing ability to care for children.	3.1 Increase in amount in Uganda shillings of all savings groups formed by 50% at midterm and 100% at final year (in real terms).	3.1 Quarterly/bi-annual/annual report from savings groups.	3. No major drought that would affect the agricultural production.
4. Reduced level of moderate and severe malnutrition for children under six years.	4.1 Percent children with severe and moderate underweight will reduce by half of present levels by 2003 in the project areas.	4.1 Anthropometric data reported every quarter in project areas. Baseline, midterm and final year summary reports. Data from household surveys in project areas vs. control areas.	4. Health sector programs such as the District Health Services Project are performing satisfactorily.
5. Increased community resources and ability to organize and provide ECD services.	5.1 Increase in semi-formal ECD facilities by 25% by midterm and 50% by final year. 5.2 Percent children 3-6 years old participating in semi-formal ECD centers increase by 25% by midterm and 50% by final project year. 5.3 Percent of communities in project areas using community grant for ECD (target 75% of communities at final year)	5.1 Baseline, midterm and final evaluation reports. Annual reports. 5.2 Baseline, midterm and final evaluation reports. Annual reports. 5.3 Baseline, midterm and final evaluation reports. Annual reports.	

NARRATIVE SUMMARY	KEY PERFORMANCE INDICATORS	MONITORING AND SUPERVISION	CRITICAL ASSUMPTIONS AND RISKS
PROJECT COMPONENTS			(Components to Outputs)
Component I—Integrated Community Child Care Package	Total component input: US\$20-million	Project annual report.	
1. PARENTAL EDUCATION PACKAGE.			1. Qualified NGOs that will provide the technical assistance are available and willing to bid in all project districts including those in outlying and difficult areas.
1.1 Infant and child care program.	<p>1.1.1 Number of mothers exclusively breastfeeding up to 4-6 mos.</p> <p>1.1.2 Number of mothers introducing weaning foods after 4-6 mos.</p> <p>1.1.3 Number of children receiving at least 6-8 feedings of solid, semi-solids per day.</p>	1.1.1-1.2.3 Data from household surveys in project areas vs. control areas.	2. Community organizations (mothers' groups, parents' groups, savings groups) are responsive to project incentives.
1.2 Ante-natal and post-natal care	1.2.1 Number of mothers registering for antenatal care in the first trimester of pregnancy, or at 12-20 weeks.	1.2.1 Data from household surveys in project areas vs. control areas.	3. Community animateurs as semi-volunteers are available and able to fulfill demands of project activities.
1.3 Growth monitoring.	<p>1.3.1 Number and percentage of preschool children weighed.</p> <p>1.3.2 Number and percentage of children severely and moderately malnourished.</p>	1.3.1-1.3.2 Quarterly progress reports. Midterm and final year summary reports.	4. Parents, mothers and program participants are able to sustain program participation, in light of demands for work in farm and other economic activities.
1.4 Linkages to health service.	1.4.1 Number of referrals carried out for nutrition rehabilitation and medical treatment.	1.4.1 Quarterly progress reports. Midterm and final year summary reports.	5. Savings group formation and income skills and parental education could be hampered by the low literacy levels.
1.5 Cognitive and psychosocial stimulation	<p>1.5.1 Number of families making toys for children.</p> <p>1.5.2 Number of parents using project's child booklet.</p>	1.5.1-1.5.2 Data from household surveys in project areas vs. control areas.	
1.6 Semi-formal ECD centers	1.6.1 Number of semi-formal ECD centers established.	1.6.1 Quarterly progress reports. Site visits.	

NARRATIVE SUMMARY	KEY PERFORMANCE INDICATORS	MONITORING AND SUPERVISION	CRITICAL ASSUMPTIONS AND RISKS
<p>2. DISTRICT AND COMMUNITY CAPACITY BUILDING AND EMPOWERMENT FOR CHILD CARE</p> <p>2.1 Community capacity building</p>	<p>2.1.1 Number of community level volunteers/animateurs trained.</p> <p>2.1.2 Number of communities that launched “Child Day”.</p> <p>2.1.3 Number of communities that formed parents groups for parental education.</p> <p>2.1.4 Number of stakeholder sensitization workshops held at district, subcounty, parish and community level.</p> <p>2.1.5 Number of communities that produced community plans.</p> <p>2.1.6 Number of communities that support formal care of orphans.</p>	<p>2.1.1-2.1.6 Quarterly progress reports. Midterm and final year summary reports.</p>	
<p>3. SAVINGS AND CREDIT GROUP FORMATION AND INCOME GENERATING ACTIVITIES</p>	<p>3.1 Number of savings groups formed by district.</p> <p>3.2 Number of savings groups meeting at least once a month.</p> <p>3.3 Amount of savings generated.</p> <p>3.4 Number of participants in savings groups.</p> <p>3.5 Number of groups that have started lending.</p> <p>3.6 Recovery rate for savings groups that are lending out.</p> <p>3.7 Percent of savings in circulation as loan.</p> <p>3.8 Number of savings groups trained in basic management skills.</p>	<p>3.1-3.10 Quarterly progress reports. Midterm and final year summary reports.</p>	

NARRATIVE SUMMARY	KEY PERFORMANCE INDICATORS	MONITORING AND SUPERVISION	CRITICAL ASSUMPTIONS AND RISKS
Component II—Community Support Grant and Innovations Grant for Child Development	3.9 Number of households involved in income-generating activities.		
	3.10 Number of households linked to outside credit for income-generating activities.		
	Total Component II input: US\$12-million		
	1.1 Number of communities entered into contract with project for support grant.	1.1-1.7 Quarterly progress reports. Midterm and final year summary reports.	
	1.2 Amount of community grant spend to support semi-formal ECD activity.		
	1.3 Percent and number of families with 3-6 year old children participating in the semi-formal ECD center.		
	1.4 Value and type of community contributions.		
1.5 Type of activities for which grant was spent.			
1.6 No. innovations grant proposals received.			
1.7 No. and amount innovations grant approved.			
Component III—National Level Program Support	Total component input at US\$8-million.		
1. Support to micronutrient programs	1.1 Percent of health units submitting regular reports on micronutrient activities.	1.1-1.2 Quarterly and annual reports. Midterm and final year summary reports.	
	1.2 Number of training sessions and sensitization sessions carried out.		
2. National level ECD activities	2.1 Number of training workshops for ECD trainers	2.1-2.2 Annual reports. Midterm and final year summary reports.	
	2.2 Number of trained ECD teachers		

