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PHN-EDUCATION SECTOR
GGP-CWID FUND FOR
AN EARLY CHILDHOOD
DEVELOPMENT).

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: August 5, 1993 09:34am

TO: Ralph W. Harbison (RALPH W. HARBISON)

FROM: Mary Eming Young, PHN (MARY EMING YOUNG)

EXT.: 33427

SUBJECT: WID fund for an Early Childhood Development Proposal

Hi Ralph,

How are you?

The proposal, Intersecting Needs of Women and children in Eastern Europe, which I submitted on behalf of the Consultative Group on Early Childhood Care and Development, was approved by ECAVP for funding from the ECA WID fund. Both Bruno and Terrice have copies of the proposal. The study will focus on changes in types of child care provision as funding and administration shift from central to local governments. This study intends to provide background review useful as a pre-sector analysis on existing early childhood care/education and on women in development.

Please let me know whether there are any additional questions that you would like to address through this study. I would also appreciate if you could designate a contact person in your division so that we can closely collaborate on this effort.

Look forward hearing from you.

Regards,

Mary

CC: Bruno Laporte (BRUNO LAPORTE)
CC: Terrice Bassler (TERRICE BASSLER)
CC: phrhn ISC Files (EMENA ISC FILES)
CC: Institutional ISC Files (INSTITUTIONAL ISC FILES)

PHN-EDUCATION SECTOR
GEN-WID FUND FY94
ALLOCATION FOR EARLY
CHILDHOOD DEV.)

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: August 2, 1993 11:06am

TO: Marcelo Selowsky (MARCELO SELOWSKY)

FROM: Mary Eming Young, PHN (MARY EMING YOUNG)

EXT.: 33427

SUBJECT: WID Fund --FY94 allocation for an Early Child Development Proposal

Marcelo,

Thank you very much for approving the proposal, Intersecting Needs of Women and Children in Eastern Europe, to be allocated from the WID fund.

I will make modifications as you specified in your memo of July 26, 1993 and will keep you informed of the collaborating national agencies in the respective countries selected for the study.

Mary Young

CC: Janet de Merode (JANET DE MERODE)
CC: Theresa Moran (THERESA MORAN)
CC: phrhn ISC Files (EMENA ISC FILES)
CC: Institutional ISC Files (INSTITUTIONAL ISC FILES)

PHN - EDUCATION-SEC
GEN-(EARLY CHILDHOOD
DEVELOPMENT PROJECT)

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: July 12, 1993 02:13pm

TO: See Distribution Below

FROM: Mary Eming Young, PHN (MARY EMING YOUNG)

EXT.: 33427

SUBJECT: Early Childhood Development Project

I am sending you this em on behalf of Dr. Mary Eming Young who is currently on mission.

On June 23, 1993, Ms. Janet de Merode of PHNDR sent you an em asking for your help of sending us the information of the above-mentioned project, until today we still have not heard from some of you. Therefore, we would be grateful if you could send us the information needed as soon as possible in order for us to follow-up on this project.

Please send your EM directly to Dr. Young. If you need to talk to me, please call me on X33950. I am the summer intern in Dr. Young's office.

Thank you for immediate attention to this request.

Louis Pelletier

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PHN-HEALTH SECTOR-GENERAL
EDUCATION SECTOR GENERAL

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: March 25, 1993 01:59pm

TO: Christine Jones (CHRISTINE JONES)

FROM: Denise Vaillancourt, PHN (DENISE VAILLANCOURT)

EXT.: 33428

SUBJECT: African Adjustment Study -- Health and Education Expenditures
PHN Department Comments

The office of Mrs. Janet de Merode, PHN, referred the above-mentioned document to me for comment late last week -- after your March 16 deadline. I was informed, however, by Mrs. Joan Santini, PHN, that you would still welcome comments from this department sometime this week. The following comments are based on my review of the Introduction, Conclusions, and the chapter on the health sector. I did not review text on the education sector.

This document is a very interesting piece of work. However, as noted in its introduction, its conclusions must be considered as tentative, at best, due to the partial nature of the analysis (limited to public funds for health) and to the inadequacy of sources and data. Notwithstanding these limitations, my general comment is that the analysis and conclusions could be further substantiated and sharpened with clear definitions of some of the general concepts used by the authors (e.g., primary health care vs. hospitals; preventive vs. curative care...) and with rough indicators (parameters) of what the authors consider to be an optimal (or at least acceptable) balance of allocations across these different "cuts" of the budget. A few examples follow to illustrate this point.

PRIMARY HEALTH CARE VS. HOSPITALS

These concepts are not mutually exclusive. In a well conceived and run referral system, hospitals play a key role in backstopping primary health care. Furthermore, the highest levels of hospitals do legitimately cost more to establish and to run: they require more, and more qualified (expensive) staff, more sophisticated infrastructure and equipment. In addition, the hospital category needs to be further disaggregated for proper analysis. In Burundi, hospitals are said to consume the lion's share of the recurrent budget. Rural hospitals in Burundi, are sometimes no more in essence than large health centers. And some health centers in that country are virtually as big (in terms of beds) as hospitals. Two thirds of Mozambique's recurrent budget is said to go to primary health care. What is counted as primary health care? Is hospital backstopping of primary health care accounted for in this

estimation? On what basis are some budgets determined to be "biased towards hospital care"?

URBAN VS. RURAL SERVICES

Investments in hospitals do not necessarily address the health needs of the urban poor. In many African countries there are significantly large groupings of urban poor (urban slum areas), which have virtually no access to primary (or any other kind of) health care services. The report tends to equate hospital services with urban services and mentions evidence of "urban bias", which I question due to lack of evidence in the report.

ADMINISTRATION VS. HEALTH FACILITIES (SERVICES)

The report mentions 23% and 39% of the recurrent budget going for administration in Chad and Madagascar, respectively, and conveys the impression that this is excessive. What is considered to be appropriate? Strengthening of decentralized levels of MOH administration could bring about increments in both the investment and recurrent budgets for administration, but, if done correctly, could generate substantial gains in effectiveness and efficiency of health sector performance overall. Clearly administrative budgets are not optimally spent, and there is much room for improvement (and perhaps even savings), but this can be said about other components of the MOH budget as well. Administrative/managerial capacity is in dire need of improvement in the health sector.

PREVENTIVE VS. CURATIVE CARE

On page 35, preventive care is said to be neglected relative to curative care. Again, on what basis is that statement made? What should be the optimal shares of preventive and curative activities, keeping in mind that preventive activities are significantly cheaper than curative?

BUDGET VS. EXPENDITURES

While the term "expenditures" is most often used throughout the report, it is my impression that sometimes it is actually the budget that is being referred to. It is important to distinguish between the two. In my experience in Africa, I have discovered that, as inadequate as some non-salary recurrent budgets are, these budgets are often underspent at the end of the year... a reflection of poor management/absorptive capacity. This is an issue, which deserves emphasis.

POLICY VS. PRACTICE

The report gives the impression that policy is "rhetoric" and that actual practice reflects the real priorities of the government. My interpretation is that the policies (all of which embrace primary health care) are somewhat more genuine, and that

an important reason for the differences between policy and practice is a lack of capacity to translate that policy into practice. Such capacity would include: policy analysis; planning, programming, budgeting, resource allocation; aid coordination; management of resources; program/project management; monitoring and evaluation.

In my opinion, this would justify inclusion in an investment budget of capacity building activities -- perhaps termed as "administration" (see above).

INVESTMENT VS. RECURRENT

When analyzing ratios of investment vs. recurrent budgets, it is important to qualify that many (perhaps, in some cases, even the majority) of health sector investments in Africa are for rehabilitation/reequipment of existing facilities, vs. creation of new ones, the latter having significantly greater recurrent cost implications than the former. On this topic, would this report have any advice on the debate over the extent to which investment budgets should be devoted to expanding basic services vs. consolidating/improving quality of existing ones?

ON COST RECOVERY

I applaud the report's assertions that cost recovery schemes must be designed to protect the poor and that they will not be successful without an appreciable improvement in the quality of services. It is also worth noting that: (a) In a number of African countries, fees collected are not necessarily channeled back into the health sector. In Burundi, for example, only 10% of fees collected in public facilities by the communes are given back to the health sector; the remainder are used for other community development activities. (b) Some governments regard cost recovery as an opportunity to withdraw public funds for health. It must be emphasized that cost recovery should be seen as a supplement, not a replacement for public financing. (c) Cost recovery schemes must pay attention to incentives at the health facility level. There is always the risk that preventive activities might suffer, given that curative services tend to be more lucrative.

I hope these comments will be helpful.

CC: Janet de Merode (JANET DE MERODE)
CC: Anthony R. Measham (ANTHONY R. MEASHAM)
CC: Joan Santini (JOAN SANTINI)
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