



1. Project Data

Project ID

P125359

Project Name

NP:Community Actionfor Nutrition Project

Country

Nepal

Practice Area(Lead)

Health, Nutrition & Population

L/C/TF Number(s)

IDA-51370,IDA-H7860

Closing Date (Original)

30-Jun-2017

Total Project Cost (USD)

40,000,000.00

Bank Approval Date

26-Jun-2012

Closing Date (Actual)

30-Jun-2017

IBRD/IDA (USD)
Grants (USD)

Original Commitment

40,000,000.00

0.00

Revised Commitment

35,900,446.09

0.00

Actual

31,583,394.37

0.00

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2. Project Objectives and Components

a. Objectives

Original Objectives. The objectives of the Project were to improve attitudes and practices known to improve nutritional outcomes of women of reproductive age and children under the age of two (Financing Agreement, 7/13/12, p. 4). The statements of objectives in the PAD and ICR are identical to the Financing Agreement.

Revised Objectives. The project restructuring on 6/30/15 revised the objectives, dropping the objective on attitudinal improvements, and adding a new one on earthquake relief. The revised statement of objectives



was as follows: to improve practices that contribute to reduced undernutrition of women of reproductive age and children under the age of two, and to provide emergency nutrition and sanitation response to vulnerable populations in earthquake affected areas (Financing Agreement Amendment, 7/2/15, p. 1). Some outcome targets were also revised. At restructuring, 15% of the proceeds had been disbursed. This ICR Review applied a split evaluation.

Project Scope: The project covered 15 districts out of 75 districts in the country, based on population density, stunting levels, poverty levels, and absence of overlapping interventions by other development partners (ICR, p. 20). For earthquake relief, the project operated in 12 critically affected districts, four of which overlapped with the original 15 districts. Therefore, the project was operational in 23 districts.

b. Were the project objectives/key associated outcome targets revised during implementation?

Yes

Did the Board approve the revised objectives/key associated outcome targets?

Yes

Date of Board Approval

30-Jun-2015

c. Will a split evaluation be undertaken?

Yes

d. Components

Original Components:

1. Rapid Results for Nutrition Initiatives (RRNIs) at the Community Level (Appraisal

US\$34.86 million, out of which US\$12 million were reallocated to Component 3 for earthquake relief; Actual US\$17.2 million).

Support to RRNIs was to include: (i) provision of operating support to Ward Citizen Forums and RRNI Teams; (ii) provision of sub-grants for community sub-projects; (iii) undertaking a mid-term and an end-term assessment of the RRNI process; and (iv) dissemination of results and lessons to other communities.

Explanatory Note on RRNIs: The process was to be community-driven. A coach would conduct a workshop with the Ward Citizen Forum. The Forum would select a focus area from a menu of 15 different areas with 29 different goals related to improved nutrition and health. The Forum would also select nine individuals from the ward to form the RRNI team that would formulate a proposal. The local government's Village Development Committee would review and approve sub-projects less than US\$1,000, and the District Development Committee would review and approve proposals up to US\$3,000. A grant would be provided to implement the proposal in 100 days. The coach and/or an external monitor would assess the achievement of the selected goal. Communities could apply for a second cycle or for a different sub-



project. Successful communities could then apply for two sub-projects simultaneously.

2. Project Management, Capacity Building, Monitoring and Evaluation (Appraisal US\$5.14 million; Actual US\$2.6 million).

Provision of technical support for implementing RRNI, including, inter alia: (i) strengthening the capacity of the Project Management Team and Nutrition and Food Security Steering Committees at the district and village levels, as well as other relevant stakeholders involved in the implementation of RRNI, through the provision of training and operational support; and (ii) monitoring, evaluation and coordination activities.

Revised Components:

The 2015 project restructuring retained the above two components and added the following third component (Amendment to the Financing Agreement, 7/2/15, p. 2):

3. Earthquake Relief (At restructuring US\$12 million; Actual US\$11.8 million).

Earthquake relief was introduced to address urgent nutrition needs of pregnant women, lactating mothers, children under the age of five, and households in the affected districts, including through: (i) provision of therapeutic care and supplementary food supplies and promotion of breast feeding; (ii) provision of safe water and hygiene kits, and promotion of their use; and (iii) provision of latrines.

Note: UNICEF was engaged to work with the Ministry of Federal Affairs and Local Development in providing emergency services, as UNICEF had a comparative advantage in technical capacity and standard protocols for delivering related activities (ICR, p. 11).

e. Comments on Project Cost, Financing, Borrower Contribution, and Dates

Costs and Financing. The original cost of US\$40 million (25.9 million SDRs) combined an IDA Credit of US\$22 million and an IDA Grant of US\$18 million. The original expected spending on RRNI was overestimated because the extent of community demand was not well known, and this resulted in making funds available for the added third component on earthquake relief. The original cost was revised to US\$35.9 million due to fluctuations in SDR exchange rates. The actual cost at closing was US\$31.6 million (88% of planned costs).

Borrower Contribution. There was no direct financial contribution by the Borrower.



Dates. Appraisal was finalized on 5/29/12, and the project was approved on 6/26/12 and became effective on 8/24/12. A Mid-term Review was undertaken on 2/15/15. The project was restructured on 6/30/15 to revise the development objectives, results framework, and procurement, disbursement, and institutional arrangements, and to reallocate funds to earthquake relief. The project closed as planned on 6/30/17.

3. Relevance of Objectives

Rationale

At appraisal, malnutrition was recognized as a serious health problem in Nepal. According to the 2011 Demographic Health Survey, anemia was high at 35% in women aged 15-49, and at 46% in children under 5. Half of pregnant women had micronutrient deficiencies. The stunting rate (impaired growth due to malnutrition) in children under-5 was 41%. The project objectives were consistent with the priorities of the Bank Interim Strategy Note 2010-11, which noted that the high burden of malnutrition was a major persisting challenge that undermined human potential needed to achieve sustained and resilient growth. The Government's development strategy, outlined in the Three-Year Plan Approach Paper 2010-13, included a chapter on health and nutrition in multiple sectors.

At project closing, the objectives remained very relevant to the Country Partnership Strategy FY2014-18 under its Second Pillar -- Outcome 2.3: improved health and nutrition services, particularly for the poor and disadvantaged. The objective on earthquake relief remained relevant for enhancing disaster risk management. The government of Nepal has also developed multi-sector nutrition plans for 2018-2022 (GP clarifications, 5/25/18).

Rating

High

4. Achievement of Objectives (Efficacy)

Objective 1

Objective

Improve practices known to improve nutritional outcomes of women of reproductive age and children under the age of two
(under the original outcome targets)

Rationale

The project's theory of change was based on the premise that the causes of malnutrition are multisectoral. This theory of change was derived from UNICEF's framework, which combines direct causes



of malnutrition (such as inadequate food intake and diseases) with underlying factors (such as care and feeding practices, and residing in a healthy environment) and with social determinants. Activities were centered on the facilitation of community sub-projects, which reflected areas of practices that ultimately impact the above causes of malnutrition. The changes resulting from the sub-projects could reasonably be expected to contribute to overall improved practices that are known to improve nutritional outcomes of women of reproductive age and children under the age of two. The menu of focus areas that were available for selection by communities consisted of the following:

- 1 . Adequate weight and regular eating
- 2 . Animal source food for pregnant mothers and children
- 3 . Breastfeeding
- 4 . Clean water
- 5 . Delayed marriage
- 6 . De-worming and iron supplementation
- 7 . Extending education
- 8 . Hand washing
- 9 . Family planning
- 10 . Immunization of children
- 11 . Open defecation-free
- 12 . Prompt medical treatment
- 13 . Reduction of workload
- 14 . School sanitation
- 15 . Smoke reduction

Outputs

Outputs included grants to communities; hiring of coaches, administrative and financial management staff, and M&E officers; provision of consultant services; and operating costs. The intermediate results indicators are shown below, and all baselines were considered to be zero in 2012:

- The number of completed RRNI reached 8,950 RRNI in 2017, short of the target of 10,000.
- The number of RRNI per ward per year reached 1.40 in 2017, short of the target of 2.
- The number of coaches trained reached 311 in 2017, exceeding the target of 300.
- The percentage of RRNI publicly audited as part of citizen engagement reached 85.1%, short of the target of 100%.
- The percentage of RRNI achieving 80% of their targets reached 92% in 2017, exceeding the target of 75%.
- The percentage of females participating in all RRNI reached 68.5% in 2017, exceeding the target of 40%.
- The percentage of minority participation in all RRNI reached 63.3%, exceeding the target of 40%.



There was significant variance in the frequency with which different focus areas were chosen by communities. The most commonly selected areas were consumption of animal-sourced protein (43% of communities), improved toilet facilities (38%), and hand-washing (37%). The least commonly selected areas included family planning (1%), breastfeeding (6%), and iron supplementation (4%).

Outcomes

- The percentage of pregnant women taking iron and folic acid supplements for 180 days increased from a baseline of 21% in 2014 to 27% in 2017, short of the original target of 30%.
- The percentage of children aged 0-6 month who are exclusively breastfed declined from a baseline of 69% in 2014 to 58% in 2017, short of the original target of 80%.
- The percentage of children aged 6-24 months who consume a minimum acceptable diet increased from a baseline of 9% in 2014 to 15% in 2017, short of the original target of 25%.

Rating Modest

Objective 1 Revision 1

Revised Objective

Improve practices that contribute to reduced undernutrition of women of reproductive age and children under the age of two
(under the revised outcome targets)

Revised Rationale

Outputs:

Outputs are the same as described under Objective 1, original outcome targets.

Outcomes:

In addition to the results of the three original outcome targets shown above (iron and folic acid supplementation; exclusive breastfeeding; and consumption of acceptable diet), which were maintained under the revised objectives/targets, achievements included the following. The new indicators and targets



were chosen to correspond to the focus areas that were chosen most frequently by communities:

- The percentage of households reporting using improved toilet facilities (flush toilet, covered pit within household, community latrine) increased from a baseline of 25% in 2014 to 80% in 2017, exceeding the revised target of 35%.
- The percentage of mothers of children aged 0-2 years reporting always washing hands at critical times was a composite indicator that with targets exceeded as follows: after defecation: increased from a baseline of 71% in 2014 to 98% in 2017, exceeding the revised target of 80%; after cleaning the child's bottom: increased from a baseline of 53% to 76%, exceeding the revised target of 70%; before eating: increased from a baseline of 17% to 57%, exceeding the revised target of 25%; and before feeding the children: increased from a baseline of 10% to 39%, exceeding the revised target of 20%.
- The percentage of households reporting no smoke in the room while cooking increased from 35% in 2014 to 39% in 2017, short of the revised target of 45%.
- The percentage of pregnant women reporting consuming animal-sourced protein in the previous day increased from a baseline of 60% in 2014 to 76% in 2017, exceeding the revised target of 75%.

Revised Rating

Substantial

Objective 2

Objective

Improve attitudes known to improve nutritional outcomes of women of reproductive age and children under the age of two
(original objective, dropped at restructuring)

Rationale

The theory of change is the same as described under objective. However, as stated in Section 3, attitudinal changes normally require extended periods of time to yield tangible changes that can be adequately measured.

Outputs

Outputs are the same as discussed above under Objective 1

Outcomes

The information provided by the ICR (pp. 14-15) was incomplete. The objective was dropped at the 2015 restructuring.



- According to the ICR, there was a decline, compared to the baseline, in the percentage of households believing that girls should be sent to school until at least 20 years old.
- A higher percentage of households (43%) reported a positive attitude towards reducing indoor smoke for pregnant women and young children in 2015, compared to the baseline of 32%, short of the target of 75%.
- According to the ICR (p. 15), there was a statistically significant increase in positive attitudes of household heads towards the importance of adequate diet of pregnant women in an intervention group compared to a control group.
- There was no data on unmet family planning needs, as only 1% of the wards selected this focus area.

Rating
Modest

Objective 3

Objective

Provide emergency nutrition and sanitation response to vulnerable populations in earthquake affected areas (revised objective, added at restructuring)

Rationale

Based on the information provided by the ICR, it was reasonable to expect that the provision of emergency nutrition and sanitation services would contribute to earthquake relief for vulnerable populations in 12 affected districts.

Outputs

As stated in Section 2, UNICEF was contracted to support the Ministry of Federal Affairs and Local Development in the delivery of essential nutrition interventions to women and children in 12 critically affected districts, and the agency undertook the procurement of therapeutic feeding and hygiene kits. The main outputs consisted of supplementary food supplies; provision of therapeutic feeding and care to children with severe acute malnutrition; promotion of breast feeding; supplementary feeding; provision of micronutrients, including vitamin A and deworming prophylaxis to children; iron and folic acid supplements to all pregnant women and breastfeeding mothers; construction of community latrines and bathing spaces; and provision of hygiene and sanitation kits, including water treatment products.

The number of mothers and caregivers of 6-23 months old children counseled for appropriate complementary feeding, frequency and diversity of food, and continued breastfeeding for up to 24 months in earthquake-affected districts reached 169,701 in 2016, exceeding the target of 50,000.



The number of children 6-59 months old in the earthquake-affected districts with moderate acute malnutrition receiving supplementary food reached 36,101 in 2016, exceeding the target of 18,000.

Outcomes

- 4,299 children aged 6-59 months in the earthquake-affected districts with severe acute malnutrition received therapeutic care, exceeding the target of 4,000 children.
- 80,013 households in the earthquake- affected districts were provided with hygiene and sanitation kits, exceeding the target of 45,000 households.

Rating

High

Rationale

The project's theory of change, was based on the premise that the causes of malnutrition are multisectoral (an idea derived from the related UNICEF framework, which combines direct causes of malnutrition, underlying factors, and social determinants). Project activities were centered on the facilitation of community sub-projects, which reflected practice areas that ultimately impact the above causes of malnutrition. Communities selected sub-projects from a menu of 15 different focus areas (as shown above under Objective 1). The ICR's discussion made a reasonable case that the project's interventions, which addressed risk factors of malnutrition at the community level, would improve practices that are known to contribute to reducing undernutrition of women of reproductive age and children under the age of two. Similarly, it was reasonable to expect that the provision of emergency nutrition and sanitation services would contribute to earthquake relief for vulnerable populations in 12 affected districts. During preparation, the focus areas that communities would choose from the large menu of interventions were unknown; hence, outcome indicators for all individual focus areas were not specified. However, the project specified outcome indicators that were reasonable measures of important aspects of the operation. Also, at restructuring, the results framework was revised to include indicators that reflected the most-selected interventions related to hygiene and sanitation. As for attribution, the ICR (p. 18) noted that development partners were not providing support in the project areas.

- Under the original objectives/targets, efficacy is rated Modest because of low achievement.
- Under the revised objectives/targets, efficacy is rated Substantial as the targets were largely achieved.

Overall Efficacy Rating



Substantial

5. Efficiency

The PAD referred to the international literature ("Accelerating Progress in Reducing Maternal and Child Undernutrition in Nepal: A Review of Global Evidence of Essential Nutrition Interventions for the Nepal Health Sector Plan II and Multisectoral Nutrition Plan," World Bank. 2012; and the Copenhagen Consensus 2008) to conclude that nutrition interventions would contribute to the reduction of child and maternal mortality, and that they are cost-effective in enhancing welfare and reducing poverty (PAD, p. 14).

In a similar manner, the ICR referred to the international literature to conclude that the returns of nutrition investments were high ("Repositioning Nutrition as Central to Development: A Strategy for Large-Scale Action," World Bank 2006; and "Scaling-Up Nutrition: What Will It Cost?" World Bank 2010). The estimated cost-effectiveness of several examples of focus areas of intervention under RRNI indicated the following: iron-folic acid supplements: US\$66-115 per disability-adjusted life year (DALY) averted; hygiene promotion: US\$3.35 per DALY averted; latrine construction: US\$270 per DALY averted.

However, drawing inferences about cost-effectiveness from international sources would also need to consider that, under the project, the adoption of interventions known to be cost-effective from a menu of 15 different focus areas was variable and negligible in multiple instances. For example, immunization of children was selected least often by communities (Borrower's comments, ICR, p. 50), followed by family planning, selected by only 1% of the wards. Only 4% of the wards selected iron and folic acid supplementation for pregnant women, and only 6% of the wards adopted exclusive breastfeeding (ICR, p. 16).

The information provided by the ICR indicated significant shortcomings in the efficiency of implementation, including the non-utilization of the project's investment in the information system. Implementation Status Reports (ISRs) recorded implementation performance varying from moderately satisfactory to moderately unsatisfactory, the latter notably in 2014 and 2015 (ICR, p. 3). The initial stages of implementation in 2012 and 2013 also suffered from extended delays. After project effectiveness on 8/24/12, and according to the ICR (p. 24), "the project could not secure funds for almost a year due to a country-wide delay in approval of a full budget for FY13," resulting in delays in initiating project activities, including the identification of the poorest wards and most disadvantaged village development committees. Procurement delayed the placement of consulting firms responsible for the recruitment of coaches, and actual implementation started only in 2014 (Borrower's comments, ICR, p. 14). Rolling out of sub-projects was slow. The project operations manual and the baseline study were delayed for 18 months after project effectiveness, and there was no baseline data until 2014.

The Ministry of Federal Affairs and Local Development, in charge of overall project implementation, had weak capacities and lacked competent human resources (ICR, p. 24). Its staff were not fully dedicated to project implementation, as they were pre-occupied with other tasks and other projects. Staffing of the project management team was an issue due to frequent turnover of key project officials (ICR, p. 24; and Restructuring Paper, 6/17/15, p. 7) such as project coordinator and M&E officer, and a vacant or part-time accountant position. Staff who carried out project management activities at the local level did not have adequate technical skills and experience, and they were already overstretched by other sectoral work (ICR, p.



24). The Nutrition and Food Security Steering Committee did not have sufficient capacity to review and process proposals and work plans. Approval of proposals was a lengthy process because of difficulties in convening meetings with committee members belonging to different line agencies. Additional technical support was needed to help communities in developing proposals, or in re-writing them due to their poor quality. After the Mid-term Review, some of the above issues were alleviated, including through additional human resources and technical support (ICR, p. 25) in each district to facilitate RRNI, resulting in an increase in sub-projects during the last year of the project. The TTL noted (5/3/18) that the project focused on hiring married women as coaches because they tend to stay in their communities, thus providing more stability.

The project planned for the installment of digital reporting, but the hiring of a software firm was delayed for more than two years for administrative reasons, and when the software was finally installed, it was not utilized (ICR, p. 26) because, according to the ICR, additional recruitment would have been required to bring in staff with the necessary skills to use the management information system. Data from the field was administered manually throughout the life of the project.

The low capacity of financial management personnel at the level of the district development committees and village development committees resulted in slow funds flow (ICR, p 24). Financial management issues persisted throughout the course of the project (ICR, p. 28) and was rated moderately unsatisfactory in the last ISR. An assessment of financial management capacity at the district level was undertaken only after two years of implementation, and the assessment highlighted the significant lack of financial management capacity (Section 10b).

While it is understood that initial project allocations under an approach driven by community demand could not be precise at the outset, it became clear at the Mid-term Review of 2/15/2015 that not all project funds could be absorbed (ICR, p. 48). Hence, when the earthquake occurred shortly after on 4/25/2015, US\$12 million were reallocated from RRNI to earthquake relief. At closing, the project disbursed 88% of its original allocation.

In addition, there were inefficiencies generated by external factors beyond the control of the project, specifically the 2015 earthquake that damaged project investments such as latrines. The emergency understandably shifted construction activities and attention to earthquake-affected areas. The trade blockade at the Indian border increased the cost of goods, including food and construction materials that were needed by communities to undertake their sub-projects.

Efficiency Rating

Modest

a. If available, enter the Economic Rate of Return (ERR) and/or Financial Rate of Return (FRR) at appraisal and the re-estimated value at evaluation:

Rate Available?

Point value (%)

***Coverage/Scope (%)**



Appraisal	0	0 <input type="checkbox"/> Not Applicable
ICR Estimate	0	0 <input type="checkbox"/> Not Applicable

* Refers to percent of total project cost for which ERR/FRR was calculated.

6. Outcome

Relevance of objectives is rated High across the entire project, as the objectives continued to be consistent with Bank and government strategies, and responsive to the needs of the country.

Efficiency, also rated across the entire project, is rated Modest because of significant shortcomings.

Under the original objectives/targets, efficacy is rated Modest due to low achievement, and the review findings lead to an Outcome rating under the original objectives/targets of Moderately Unsatisfactory.

Under the revised objectives/targets, efficacy is rated Substantial as the objectives were largely achieved, and the review findings lead to an Outcome rating under the revised objectives/targets of Moderately Satisfactory.

According to IEG/OPCS guidelines, when a project's objectives and/or outcome targets are revised, the final outcome is determined by the weight of Bank disbursements under each set of objectives/targets (here 15% under the original objectives, and 85% under the revised objectives):

- Under the original objectives/targets, the outcome is rated Moderately Unsatisfactory (3) with a weight value of 0.45 (3 x 15%).
- Under the revised objectives/targets, the outcome is rated Moderately Satisfactory (4) with a weight value of 3.40 (4 x 85%). These add up to a value of 3.85 (rounded to 4), which corresponds to an overall Outcome rating of Moderately Satisfactory, indicative of moderate shortcomings in the project's preparation, implementation, and achievement. Overall, the objectives were substantially achieved, but with efficiency concerns.

a. Outcome Rating

Moderately Satisfactory

7. Risk to Development Outcome

There are risks that development outcomes may not be maintained. In addition to financial and capacity constraints, many practices supported by the project require a long exposure time to be maintained and to adopt behavioral changes that are favorable to nutrition and hygiene. The benefits in some sanitation areas



such as the construction of latrines may be more sustainable. While the project has strengthened organizational capacity and skills, it is reasonable to assume that trained officials would move across sectors, and newer staff would have to be trained. At the same time, the project generated benefits to social capital and social cohesion. The level of trust was higher among community members in intervention wards compared to control wards (ICR, p. 22), and a higher percentage of households in intervention wards were reported to have worked with others in the village for the benefit of the community, and were more likely to attend village council meetings.

8. Assessment of Bank Performance

a. Quality-at-Entry

The project's thrust on addressing risk factors to malnutrition at the community level was pertinent. According to the PAD (pp. 9-10), the preparation team benefited from the experience of other countries that undertook rapid results operations, such as Nicaragua, Rwanda, Madagascar, and Kenya, and where the important lesson of hiring community coaches was incorporated in the design. The preparation team reportedly had adequate consultations with stakeholders. A Quality Enhancement Review was undertaken on 3/27/12 and helped in sharpening the objectives and M&E design. Environmental and social safeguards were well prepared. Planning implementation arrangements and financial management was adequate overall, but it underestimated capacity constraints and the time required for capacity building and for hiring coaches to roll out the interventions, as a large number of sub-projects (10,000) was envisaged in settings with constrained human resource capacities and skills. However, there was recognition of capacity constraints (ICR, p. 24), for which the project planned an extensive training program.

Quality-at-Entry Rating

Moderately Satisfactory

b. Quality of supervision

The task team leader was based in the country, and, according to the ICR, this has allowed sustained engagement with project authorities. Monitoring and reporting were reportedly regular and candid on project progress and implementation challenges (ICR, p. 29), with a special focus on M&E. Bank supervision missions were undertaken jointly with the government's project management team, with timely and adequate reporting. The Bank team demonstrated due attention to development impact by dropping attitudinal changes from the objectives statement, since their retention would have resulted in difficulties in measuring project outcomes. The ICR reported adequate monitoring of environmental and social safeguards. The team was responsive to emergency needs for nutrition arising from the 2015 earthquake, and was proactive in restructuring the project while coordinating with the Ministry of Federal Affairs and Local Development and UNICEF to support the delivery of essential nutrition interventions to women and children in the earthquake-affected areas.



Quality of Supervision Rating

Satisfactory

Overall Bank Performance Rating

Moderately Satisfactory

9. M&E Design, Implementation, & Utilization

a. M&E Design

The original and revised objectives pertaining to practices that improve nutritional outcomes and reduce undernutrition in women of reproductive age and children under the age of two were specified, but the indicators could not reflect the large number of focus areas; hence, a few indicators, identified as important, were specified to reflect the overall objective, and these indicators were measurable. The sources, frequency, and responsibility for data collection were adequately defined. The objective on improving attitudes was well specified but could not be adequately measured under the project's time frame. The earthquake relief objective, which was added after the 2015 earthquake, was reasonably well specified, as it covered emergency nutrition needs and the provision of hygiene and sanitation kits to vulnerable households. The Ministry of Federal Affairs and Local Development had overall responsibility for M&E and directly monitored the collection of data related to the implementation of RRNI and earthquake relief, while surveys were undertaken by consulting firms, including baseline, mid-term, and end-line surveys.

b. M&E Implementation

M&E implementation experienced delays, notably the two-year delay in the baseline survey, and a lack of use of digital reporting, with continued manual collection of data throughout the project's life. Since the capacities of the government's project management team were overstretched, the project provided additional support through the hiring of three M&E officers in the first quarter of 2016. The officers also provided technical support to the coaches and RRNI proposals. Independent third-party monitoring was also provided and was able to cover two thirds of RRNI projects, as an added layer of verification. UNICEF contributed to data collection for earthquake relief activities.

c. M&E Utilization

M&E findings were used for basic project purposes in monitoring the status of implementation and outcome indicators. The ICR did not provide information on whether the findings were communicated to stakeholders, or whether there were shifts in implementation directions attributable to M&E activities, but new indicators with outcome targets were chosen at restructuring to correspond to the focus areas that were most commonly chosen by communities.

In conclusion, M&E arrangements, performance, and findings were sufficient to validate the reported outcomes.



M&E Quality Rating

Substantial

10. Other Issues

a. Safeguards

The project was classified as Category B – Partial Assessment and triggered the Bank’s safeguard policy on Environmental Assessment (OP/BP 4.01), as community proposals were expected to include small-scale civil works such as for latrines in schools and water supply. The project also triggered safeguard policy OP/BP 4.10 - Indigenous Peoples. Environmental and Social Risk Screening and Management Guidelines were prepared and disclosed. The guidelines included parameters for environmental assessment and measures to ensure that project benefits were culturally appropriate and beneficial to indigenous populations. Both safeguards were complied with, although a few sub-projects in two districts were not fully compliant with environmental safety standards. These issues were subsequently addressed.

b. Fiduciary Compliance

Financial Management. Financial management was the responsibility of the Ministry of Federal Affairs and Local Development. Overall, financial management performance was inadequate throughout the project implementation period. Financial management was intertwined with delays in developing institutional arrangements required to roll-out community sub-projects. The lack of capacities was significant at the district level (ICR, p. 28). There was no dedicated accountant during the first year of the project. The delays in the provision of statements of expenditures by sub-projects in turn delayed financial settlements, and the last two ISRs rated financial performance as moderately unsatisfactory. No further information was provided by the ICR on compliance and audits, but the TTL confirmed that there were no qualified audits (TTL clarifications, 5/3/18).

Procurement. The Ministry of Federal Affairs and Local Development was responsible for procurement which included small-value goods, computers, small civil works, and consulting services (PAD, p. 17). The project had two high-value procurements related to the engagement of UNICEF for the earthquake relief activities, under a “Technical Assistance and Related Supplies Agreement,” and the hiring of coaches through consulting firms known as national service providers. UNICEF undertook the procurement of therapeutic feeding and sanitation and hygiene kits. The TTL confirmed that Bank procurement guidelines were followed (TTL clarification, 5/3/18). Despite variable delays, notably in the initial stages of implementation, planned procurements were completed by project closing (ICR, p. 28).

c. Unintended impacts (Positive or Negative)



None reported.

d. Other

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11. Ratings

Ratings	ICR	IEG	Reason for Disagreements/Comment
Outcome	Satisfactory	Moderately Satisfactory	The ICR rated efficiency as Substantial, and this ICR Review rated efficiency as Modest because of significant shortcomings. The aggregation with other harmonized evaluation criteria under the majority of disbursements (High relevance of objectives, and Substantial efficacy), leads to an overall Outcome rating of Moderately Satisfactory.
Bank Performance	Satisfactory	Moderately Satisfactory	Both the ICR and this ICR Review rated Quality at Entry as Moderately Satisfactory, and the Quality of Supervision as Satisfactory. The aggregation of both sub-ratings leads to a Moderately Satisfactory rating for overall Bank Performance.
Quality of M&E	Substantial	Substantial	---
Quality of ICR		Substantial	---

12. Lessons

The ICR (pp. 30-31) offered several useful lessons, including the following lessons restated by IEG:

1. Activities based solely on community selection tend to focus on tangible outputs -- such as latrines, piped water, and stoves -- rather than on less tangible, but equally important, outputs -- such as breastfeeding or reproductive health. This pattern was demonstrated under the project, as shown by the selection percentages (ICR, p. 16, Table 4).



2. The implementation of an innovative operation such as Rapid Results for Nutrition Initiatives in settings with limited human resources requires overcoming a steep learning curve. The project adapted by hiring additional human resources in each district to facilitate RRNIs, and additional capacities for M&E and financial management. The project focused on hiring married women as coaches because they tend to stay in their communities, thus providing more stability (Section 4).

3. Collaboration with development partners in emergency relief facilitates effective responses. Under this project, the Bank team worked jointly with UNICEF and the Ministry of Federal Affairs and Local Development to undertake relevant nutrition activities, as UNICEF had a comparative advantage in providing effective relief operations in nutrition and sanitation.

13. Assessment Recommended?

No

14. Comments on Quality of ICR

The ICR was well-written and provided a comprehensive overview of the project, both in improving practices that contribute to better nutritional status and sanitation, and in providing earthquake relief. The ICR was candid and generally aligned its analysis to the project development objectives. The quality of the evidence was adequate. The results chain built on UNICEF's framework that illustrates the multisectoral nature of causes of malnutrition, and that these causes require a combination of multiple interventions to improve malnutrition. The narrative reflected adequately the available evidence and main conclusions. Most of the ICR's lessons were clear, useful, and based on evidence outlined in the ICR.

The ICR followed the majority of the guidelines, with two exceptions: (1) the ICR did not apply a split evaluation, which was indicated, as development objectives were revised, one objective was dropped, a new objective was added, and some outcome indicators with new targets were added; (2) the ICR did not provide adequate information about financial management and procurement compliance with Bank guidelines; these were subsequently confirmed by the TTL clarifications.

a. Quality of ICR Rating Substantial