Report Number: ICRR0022246

1. Project Data

Project ID	Project Name
P131850	Enhanced Nutrition for Mothers and Child
Country	**Practice Area(Lead)**
Pakistan	Health, Nutrition & Population

L/C/TF Number(s)	Closing Date (Original)	Total Project Cost (USD)
IDA-55360,TF-18108,TF-A6558	31-Dec-2018	45,480,079.33
Bank Approval Date	**Closing Date (Actual)**	
29-Aug-2014	31-Dec-2019	

	IBRD/IDA (USD)	Grants (USD)
Original Commitment	36,240,000.00	16,710,000.00
Revised Commitment	52,950,000.00	13,568,636.74
Actual	47,245,826.32	12,817,804.75

Prepared by	Reviewed by	ICR Review Coordinator	Group
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Project ID	Project Name
P161703	AF: Enhanced Nutrition Project-KP (P161703)

L/C/TF Number(s)	Closing Date (Original)	Total Project Cost (USD)
		0
Bank Approval Date	**Closing Date (Actual)**	
22-Dec-2017		

	IBRD/IDA (USD)	Grants (USD)
Original Commitment	0.00	0.00
Revised Commitment	0.00	0.00
Actual	0.00	0.00

2. Project Objectives and Components

a. Objectives

The Financing Agreement (FA, p5) stated the PDO as follows: “The objective of the Project is to increase the coverage of interventions, in the Project Areas, that are known to improve the nutritional status of children under two years of age, as well as of pregnant and lactating women.” The wording was slightly different in the PAD, which omitted the words “as well as”, but this is not a material difference. The ICR used the PAD wording, which was: "The project development objective is to increase the coverage of interventions, in the Project Areas, that are known to improve the nutritional status of children under two years of age, of pregnant and of lactating women.” (PAD p.vi and p4.)

In December 2017, during the AF and restructuring, several outcome targets were revised. Targets for three PDO indicators were increased to take account of the addition of activities in a third province. Targets for one PDO and one IO indicator were decreased to adjust for delays in starting project implementation.

A split evaluation is not applied because it was clear from the outset that it would not affect the final outcome rating.

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

22-Dec-2017

c. Will a split evaluation be undertaken?

No

d. Components

Component 1. Addressing General Malnutrition in Women and Children (Appraisal: US$31.19 million of which IDA US$26.08 million and Pakistan Partnership for Improved Nutrition (PPIN) US$5.11 million.

Additional financing of US$10.92 from PPIN for Khyber Pakhtunkhwa (KP) province. Actual: US$ 31.19 million).

This component would support three sets of key nutrition interventions targeting pregnant and lactating women, and children under two years of age:

Infant and Young Child Feeding (IYCF). A set of IYCF Behavior Change communication (BCC) interventions was to be implemented in an evidence-based manner at community level, targeting key behaviors to improve nutritional outcomes. The specific behaviors were to be determined by a review of data and additional formative research on perceptions of IYCF to identify key risk factors and barriers that inhibited child growth in each province, and a specific IYCF strategy was to be developed in each province. It was expected that a mix of inter-personal communication and mass media would be used, mainly targeting women, but also men because they influence household decisions on food purchases and health care seeking. Implementation of the IYCF strategy would include provision of micronutrient powders to enhance the nutritional value of complementary food, through the existing delivery mechanism of Lady Health Workers (LHWs). The IYCF interventions were to be phased in in seven districts in Balochistan and nine districts in Sindh.

Community Management of Acute Malnutrition (CMAM) with referral services for complicated cases. The project planned to finance the use of specifically prepared and packaged foods to treat children with severe acute malnutrition (SAM) at the community level, and to explore the feasibility of producing a similar product in Pakistan. This activity would treat children under five years of age, according to the national protocol. The project would build on the experience in which international organizations had contracted NGOs to implement CMAM in several districts in each province after the floods of 2010, 2011 and 2012. The project would enhance the capacity of the provincial Departments of Health (DoH) to lead delivery of the CMAM interventions, either directly through the DoH staff or by contracting NGOs (for example, in areas not covered by LHWs). The Pakistan People's Primary Health Initiative (PPHI) managed the Basic Health Units (BHUs) in the two provinces and was expected to be a key partner in delivering the CMAM and other nutrition services offered in BHUs (including zinc supplements and iron tablets).

Maternal Malnutrition Interventions. The project would support scaling up proven maternal nutrition interventions, an improved focus on nutrition in antenatal visits, and provision of daily iron and folic acid (IFA) supplements for pregnant women.

The component would also finance training of health workers; design and production of communications materials; community mobilization activities (e.g. meetings, nutrition screening sessions for CMAM); procurement, transportation and storage of nutrition products (e.g. iron folic acid tablets, prepared foods); formative research and design of the IYCF behavior change communications strategy; and dissemination of operational results.

Component 2. Addressing Micronutrient Malnutrition (Appraisal: US$5.96 million of which IDA US$4.46 million and PPIN US$1.50 million. Additional Financing of US$1.42 from PPIN for KP. Actual US$ 5.96 million).

This component would support micronutrient interventions for women and young children, focusing on increasing access to the micronutrient supplements of vitamin A, iron, iodine, folic acid, and zinc, in line with global evidence of their nutritional importance, and developing legislation and enforcement mechanisms for food fortification in Balochistan.

Vitamin A. The project aimed to build capacity in Balochistan province to refine microplanning and monitoring of delivery of vitamin A supplements twice yearly during the national polio immunization drives. It was anticipated that the vitamin A capsules would continue to be donated to Pakistan by the Micronutrient Initiative. Refined monitoring was expected to identify areas of relatively low coverage of vitamin A, and the project would support development and implementation of plans to address these coverage gaps. The project would also support Balochistan to define a regulatory monitoring system for fortifying edible oil and ghee with vitamins A and D to address underlying deficiencies in the diets of all household members.

Iron and Folic Acid (IFA). The project would enable the province of Balochistan to define a regulatory monitoring system for the fortification of wheat flour with IFA. It was anticipated that development partners such as the Global Alliance for Improved Nutrition (GAIN) and Micronutrient Initiative would continue to work directly with private sector wheat flour millers to build their capacity to fortify wheat flour. The project would complement these investments and enhance their sustainability.

Iodine. The project would enable Balochistan province to define a legislative/enforcement system for the fortification of salt with iodine. This would complement the interventions of development partners (GAIN, the Micronutrient Initiative, United Nations Children's Fund (UNICEF), and the World Food Programme) working directly with the salt processors to ensure that the salt available in the markets of Pakistan contained adequate levels of iodine.

Zinc. The project would build the capacity of the Balochistan and Sindh provincial health systems to expand the availability of zinc supplements (along with oral rehydration solution) for the treatment of diarrhea. Zinc supplements were to be provided mainly by the LHWs but were also to be available at basic health units (BHUs) and through NGOs in areas not covered by the LHWs.

The component would finance training of health workers; design and production of communications materials; procurement, transportation, and storage of products (e.g. zinc supplements); the design of a regulatory monitoring system for fortified foods; and planning to refine distribution of vitamin A.

Component 3: Communication for Development (Appraisal: US$4.51 million, of which IDA US$3.65 million and PPIN US$0.86 million. Additional Financing of US$1.15 from PPIN for KP. Actual: US$4.51 million).

This component would support advocacy activities, mass media campaigns, and interpersonal communications.

Advocacy. The project would enhance the capacity of the two provincial Departments of Health (DOH) to advocate with key stakeholders (political leaders, senior policy makers, media, religious leaders, and other civil society entities) about the magnitude of the malnutrition challenge in their provinces and need to address it through a range of sectors. Nutrition policy guidance notes developed by the provinces in 2012 would be the basis for the advocacy activities. The advocacy goals were to help build support for the project and to encourage actions to complement the project in key sectors such as agriculture, education, social protection, water, and sanitation.

Mass media campaigns for behavior change. The project would finance the use of mass media to improve knowledge and attitudes relating to nutrition. Activities would include formative research, development of a strategy including selecting the tools and media mix, and mass media campaigns that would air in Sindh

and Balochistan. The PAD referred to recent experience using a data-driven approach to BCC and use of modern mass media in Bangladesh, Vietnam, and Ethiopia as models (PAD p22).

Interpersonal communications. The LHWs and other health workers would be trained and provided with communications tools to facilitate interpersonal communication for behavior change to improve nutrition, for example to encourage exclusive breastfeeding of infants during their first six months of life.

Component 4: Strengthening Institutional Capacity (Appraisal: US$6.27 million of which IDA US$2.04 million and PPIN US$4.23 million. Additional Financing of US$1.29 from PPIN for KP. Actual: US$6.27 million).

The component would strengthen existing institutional capacity for nutrition within the health sector at the provincial and district levels. Seven areas of activity were planned: (a) Additional Staff. The Provincial Nutrition Cells and District Health Offices would be strengthened with a few additional staff with key skills and knowledge areas such as planning, monitoring, IYCF and micronutrients. (b) Accountability for results. Systems for effective accountability between district and provincial levels were to be strengthened, as well as the provinces' capacity for effective results-based contracting, given the importance of these subcontracts to project implementation. (c) Capacity building. New and existing staff would be trained in priority technical knowledge areas and management skills. (d) Technical assistance (TA) for service delivery. The provinces were to outsource TA to NGOs, individual consultants, and development partners (including United Nations agencies) to support the delivery of services. (e) Monitoring and Evaluation (M&E). The plan was to roll-out project implementation in phases, using the lessons of experience to adjust and improve each phase of the implementation. This component intended to strengthen the provinces' capacity to monitor programs and manage them in a data-driven manner, and to effectively contract out evaluations to firms. The overall impact evaluation of the project was to be undertaken as a World Bank-executed activity with financing from the PPIN Trust Fund. (f) Social accountability. The project would support the provincial DOH to establish mechanisms to enhance social accountability, such as stakeholder consultation and complaint redressal mechanisms. (g) Multisectoral coordination. The project planned to provide additional staff and training for the intersectoral coordination structures that the provinces had developed. The role of these structures was to plan nutrition interventions multi-sectorally, and then review the performance of the sectoral activities.

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

Project Costs, Financing, and Borrower Contribution: Total project costs were estimated at appraisal at US$ 55.01 million, financed by an IDA credit for Sindh province of US$ 36.24 (SDR 23.5 million) and a grant through the Pakistan Partnership for Improved Nutrition (PPIN) of US$ 11.71 for Balochistan, provided by the Australian Department of Foreign Affairs (DFAT). The PAD also referred to an (unspecified) additional amount being discussed with the United Kingdom Department for International Development (DFID) and future additional financing from the PPIN Trust Fund for nutrition interventions in the province of Khyber Pakhtunkhwa (PAD p7). The borrower's contribution was expected to be US$ 4.134 from Singh province and US$ 2.927 million from Balochistan, a total of US$ 7.061 million. Additional financing of US$ 14.78 million was approved for the government of Khyber Pakhtunkhwa (GoKP) through the PPIN Trust Fund in a restructuring in December 2017, to finance the scale-up of interventions in that province. Of this, only $5 million was actually released. The Government of KP was expected to contribute $13.85 million, which would have brought the total revised project cost to $82.86 million. Final disbursements after closing were US$ 47,245,827, 68 percent of the total IDA and grant commitments of $62.55 million (including the full

intended amount of the AF). The ICR reported no actual disbursements from the Borrower/Recipient's own funds (ICRR p2.)

Dates: The project was approved on August 29, 2014, signed on October 31, 2014, and became effective on January 15, 2015, which was within the 90 days of signing specified in the FA as the deadline for effectiveness (FA p3). A Mid-Term Review (MTR) was completed in May 2017, a year later than envisaged – the FA had specified that a MTR report would be provided by the borrower no later than May 2016. The project closed one year later than originally expected, on December 31, 2019, after being extended. There were three restructurings. **Restructuring 1**: In December 2017 restructuring provided for additional financing of US$ 14.78 million to scale up the project into Khyber Pakhtunkhwa (KP), although only US$ 5 million was transferred from the PPIN to the project grant before the project closed (as noted above). The addition of KP also required changes in the implementing agency and implementation arrangements, financial management, disbursement and procurement arrangements, legal covenants, and description of the project design to include KP, but without making any changes in these provisions relating to Sindh and Balochistan provinces. This restructuring also revised the results Framework to capture provincial-level data for each PDO and IO indicator, increase targets for three PDO indicators to include additional coverage in KP, and decrease targets for one PDO and one IO indicator to adjust for the delayed start of the project. **Restructuring 2**: In June 2018, the closing date for Balochistan was extended by six months from June 30, 2018 to December 31, 2018, to align with the closing dates for the IDA Credit (Sindh) and the KP PPIN grant. **Restructuring 3**: In December 2018 the closing dates of the IDA Credit and the two PPIN grants were extended by one year to December 31, 2019, to provide additional time for implementation. In addition, a corporate results indicator, 'number of women and children who have received basic nutrition services', was added as a PDO indicator. The ICR noted that the data for this core corporate indicator were already being captured under a different name (Pregnant/lactating women, adolescent girls and/or children under age five reached by basic nutrition services) (ICR p13).

3. Relevance of Objectives

Rationale

The project addressed Pakistan's persistently high malnutrition rates, described in the PAD (pp1-3) and ICR (p5-6), and focused on the provinces with the most severe malnutrition. Severe floods in 2010 and 2011, and the National Nutrition Survey (NNS) of 2011 had brought new attention to malnutrition. The NNS found rates of child stunting that were no better than in 1965, although there had been some progress in maternal mortality, total fertility, contraceptive use, skilled birth attendance and immunization rates. Nationally, 44 percent of children were stunted (< -2 standard deviations height for age) and 22 percent were severely stunted (<-3SD). One third of children under 5 years were underweight (<-2 SD weight for age), 12 percent severely so. Fifteen percent of children under 5 were acutely malnourished (<-2 SD weight for height) and 6 percent had severe acute malnutrition. Two thirds of children under 5 and half of all pregnant women were anemic. Eighteen percent of all women of reproductive age were malnourished (low body mass index), which contributed to the high prevalence (22 percent) of low birth weight. By age 6 months, 24 percent of children were stunted, rising to 48 percent by 24 months. During the critical risk period from 6-24 months, only 3.6 percent of infants were receiving adequate complementary feeding – an important cause of growth faltering.

Malnutrition contributes to infant, child and maternal mortality and low life expectancy at birth, affects cognitive development, and reduces productivity and life-time earnings. The activities supported by the project align with the main causes of malnutrition in Pakistan and main reasons for the lack of progress in addressing it, which were noted in the PAD.

The **project objective aligned with national and provincial policies on nutrition.** Nutrition was included as a key challenge in the Pakistan 11th Five Year Plan 2013-2018 and in the "Pakistan Vision 2025" (GoP 2014). Pakistan joined the global Scaling Up Nutrition (SUN) movement in April 2013. The provinces had developed Nutrition Policy Guidance Notes, and legislation to promote breastfeeding (Sindh in 2013, Balochistan in 2014, and KP in 2015). In 2015, Pakistan and its development partners finalized a National Strategy on Infant and Young Child Feeding (IYCF) practices for 2016-2020.

The project was consistent with the WB's assistance strategy in Pakistan. The Country Partnership Strategy (CPS) FY15–FY19 (Report No. 84645-PK), approved in May 2014, recognized service delivery in health as important to the World Bank engagement goals of poverty reduction and shared prosperity in Pakistan. The project contributed to the CPS fourth pillar of improving service delivery. Under outcome 4.2, the CPS was to support provinces in rolling out plans for SUN interventions and strengthening cross-links across health, agriculture, and related sectors. (This remained the relevant CPS at the end of the project, having been extended to cover FY20.)

Rating
High

4. Achievement of Objectives (Efficacy)

OBJECTIVE 1
Objective
To increase coverage, in the project areas, of interventions that are known to improve the nutritional status of children under two years of age.

Rationale
The theory of change was that project support for sound policies on nutrition, strengthening of institutional capacity in nutrition, training for health workers, provision of nutritional supplements, contracts with NGOs to provide treatment for acute malnutrition, and improved monitoring and evaluation, would increase the availability of evidence-based nutrition interventions for young children. Targeted advocacy and behavioral change communication based on formative research, were expected to increase uptake of available services. The combination of increased supply of services and increased demand were expected to increase coverage of key nutrition interventions. Phased implementation and frequent monitoring were expected to enable project performance to improve over the course of implementation. The longer-term goal of the increased coverage of nutrition interventions was to improve nutritional status and health outcomes in the target group.

Outputs (ICR pp17-22 and Annex 2, and selected Implementation Status Reports)

(Note: Where outputs and intermediate results apply both to the objective relating to children and to the objective relating to women, they are listed under the first objective and not repeated in the section on the second objective. This applies, for example to policy development, guidelines, training, contracting of NGOs, etc..)

Addressing General Malnutrition in Children

- With project support, Sindh Province developed an Accelerated Action Plan for Addressing Malnutrition. Balochistan and KP had “less well developed plans” by the end of the project (ISSR Dec 2019).
- Guidelines were drawn up for the nutrition services to be delivered by LHWs and NGOs at community level and to be provided at health facilities.
- NGOs were contracted to support CMAM in all project districts in Sindh and Balochistan.
- Outpatient therapeutic programs for treating malnutrition were set up in health facilities in all project districts, and stabilization centers set up in a secondary care hospital in most project districts.
- Supplies of IFA, equipment for weighing and measuring children, micronutrient powders, oral rehydration solution (ORS), deworming medicine, antibiotics, and therapeutic and supplementary foods were procured and supplied to health facilities and LHWs.
- LHWs were trained to identify malnourished children, provide micro-nutrient supplements, and refer children as needed for CMAM.
- Children were screened for moderate and severe acute malnutrition (MAM and SAM).
- A manual on nutrition was developed for use by fieldworkers.

Addressing Micronutrient Malnutrition

- Vitamin A capsules were procured and distributed to health facilities for distribution during NIDs, and distributed to 3.8 million children under the age of 5.
- Supplies of zinc and ORS were procured and provided to health facilities and LHWs.

Communication for Development

- Sindh and Balochistan implemented BCC and advocacy events. Sindh appointed Zeekay Films in 2017 to undertake BCC using mass media. Media communication trainings were completed; six short documentaries were developed; TV programs were aired on various aspects of nutrition; and various workshops, seminars, and docudramas were conducted to advocate for nutrition. In Balochistan, advocacy meetings were conducted with stakeholders, and quarterly newsletters were developed, published, and disseminated to officials of the Health Department, agriculture, livestock, Education Department, NGOs, international NGOs, and United Nations agencies in all target districts and at provincial level. The PIU developed and distributed a Ramadan (fasting) calendar to raise awareness on the causes of malnutrition and its prevention through a balanced diet, and spread messages through mass media about IYCF, complementary feeding for children. KP did not carry out BCC activities because delays led to a failure to contract a firm to undertake the intended mass media activities.

Strengthening Institutional Capacity

- Additional staff were recruited at provinces level and in project districts.
- Health personnel were trained in treatment of malnutrition. LHWs were trained to deliver nutrition messages to households, and to screen and refer malnourished children to OTP sites. A total of 29,712 health personnel were trained.
- In Sindh, nutrition chapters were added to the revised LHW curriculum.
- Additional staff were hired for the PIU (although there were delays in hiring and frequent turnover of project managers.
- Annual district plans for nutrition were drawn up in all 41 project districts, and budgets were allocated to enable districts to carry out their plans.
- A Grievance Redress Mechanism (GRM) was set up, and banners and leaflets developed to inform people on how to submit complaints.

Intermediate results

Strengthening Institutional Capacity

The three relevant Intermediate Outcome (IO) Indicators were all met.

1. **Health personnel having received training.** The original target of 45,000 was revised to 29,712. A total of 30,981 were trained, 104 percent of the revised target. KP trained 15,210 people, 97 percent of the target of 15,712. Balochistan trained 4,341, 109 percent of the target of 4,000. Sindh trained 11,340, 113 percent of the target of 10,000.

2. **Annual district plans for nutrition available**. The original target was the 16 project districts in Sindh and Balochistan. This was not revised to include the 25 districts in KP added at the December 2017 restructuring. This indicator was fully achieved in all three provinces, with a reported actual of 41 plans, 7 districts in Balochistan, 9 in Sindh and 25 in KP.

3. **Project budget execution**. The target of 90 percent was surpassed in all provinces. The overall actual achieved was 96.9 percent. KP reported 100 percent execution, Balochistan 99.8 percent, and Sindh 91 percent.

Improved knowledge and attitude of caretakers for better nutrition outcomes

One indicator was included in the results framework on households' knowledge and attitudes related to nutrition, and one for the nutrition knowledge of health workers. However, these were not measured, so no conclusion can be reached as to whether any change was achieved. Although it was agreed between the World Bank and Project team that these indicators would be removed during the 2018 refinancing, this was not done. The ICR gave no clear explanation for this, but indicated that there were gaps in supervision and project documentation after the Mid-Term Review for a time (paragraphs 36 and 110, and gave a "Moderately Unsatisfactory" rating for the Quality of Supervision.

Outcomes (ICR pp17-22 and Annex 2)

Improvements in Coverage of Interventions to address general malnutrition in children

Only one of three PDO indicator goals for changes in coverage of services to address general malnutrition in children was achieved.

1. **Percentage of children 6–24 months fed in accordance with all three IYCF guidelines.** The target was 20 percent, the baseline was 3.6 percent, the actual achieved was 7 percent, or 21 percent of the intended increase. Balochistan was the only province to improve on its baseline, expanding coverage from a baseline of 5.1 percent to 15.8 percent, which was 72 percent of the targeted increase. In Sindh coverage fell from the baseline of 5.8 percent to 2.2 percent; similarly, coverage fell in KP from the baseline of 5.8 percent to 3.1 percent.

2. **Children under five treated for moderate or severe acute malnutrition.** The baseline was 0, the original target of 150,556 was revised to 473,569 when KP was added to the project. The actual achieved was 230,350, or 49 percent of the target. The ICR notes that only severe cases were treated although the original intention – reflected in the indicator - was to treat moderate cases as well. KP treated 38,426 children or 12 percent of its target of 313,569. Balochistan treated 28,712 children, 57 percent of its target of 50,000. Sindh treated 163,212 children, surpassing its 110,000 target by 148 percent.

3. **Pregnant/lactating women, adolescent girls and/or children under age five reached by basic nutrition services.** The original target of 6,000,000 was revised to 4,275,413. The actual total of 3,631,278 is 85 percent of the target increase (from a baseline of 0). KP fell far short of its target, the other two provinces greatly surpassed their targets. The actual in KP was 457,848, 13 percent of the 3,575,413 target. Balochistan actual was 1,044,251, 216 percent of the target of 400,000. Sindh reached 1,096,237, 365 percent of the target of 300,000.

Addressing micronutrient malnutrition

The targets for the two indicators for this component were met. The delivery mechanisms – National Immunization Days (NIDs), and ORS treatment – were already in place, and the project was able to add vitamin A supplements to NIDs and zinc to ORS treatment being provided to children with diarrhea.

1. **Children between the ages of 6 and 59 months who received vitamin A supplementation.** The original target of 779,700 was revised to 3,843,822. The actual number, 12,162,867 was 316 percent of the target. All three provinces surpassed their targets: KP by 172 percent (target 3,243,822, actual 5,591,082), Balochistan by 215 percent (target 350,000, actual 752,854), and Sindh by 2327 percent (target 250,000, actual 5,818,931). (The huge difference between the target and actual in Sindh suggests that there might have been a typo that was not flagged in the ICR.)

2. **Episodes of diarrhea in children between the ages of 6 and 59 months treated with zinc and ORS.** The baseline was listed as 5 percent in the PAD but 1 percent in the December 2017 restructuring. Although it seems unlikely that all three provinces had the same baseline of 1%, this is the baseline used in assessing achievement. The target of 50 percent was surpassed, with an overall actual of 58.8 percent. Sindh treated 42 percent, or 88 percent of the targeted increase. KP and Balochistan surpassed the target with actuals of 50.9 percent and 50.5 percent respectively.

Rating
Modest

OBJECTIVE 2
Objective
To increase coverage, In the project areas, of interventions that are known to improve the nutritional status of pregnant and lactating women.

Rationale
The **theory of change** is the same as for Objective 1.

Outputs and intermediate results (ICR pp. 17-22 and Annex 2, and selected Implementation Status Reports)

In addition to the outputs and intermediate results listed above under Objective 1 that relate both to services for children and for women (policies, planning etc), the following activities and results were accomplished that led to increased services specifically for pregnant and lactating women:

Addressing General Malnutrition in Pregnant and Lactating Women

- Mothers received counseling on the importance of regular ANC checkups, adequate nutrition, and IFA. Pregnant and lactating women were advised to attend pre/post-natal care.

Addressing Micronutrient Malnutrition

- The project intended that Balochistan would develop a regulatory monitoring system for fortification of edible oil and ghee with vitamins A and D to address deficiencies in the diets of all household members. The ICR reported that the Government informed the ICR mission in February 2020 that draft integrated food fortification legislation was under review by the Department of Food (ICR p21).

Communication for Development

- The communication activities listed above under objective 1 also included information about proper nutrition for pregnant and lactating mothers.

Outcomes (ICR pp17-22 and Annex 2)

The PDO indicator goal for expanding coverage of supplements for pregnant women was not met.

Pregnant women who received IFA supplements. The original target of 3,325,215 was revised to 5,170,590 to include the KP target. The actual achieved was 2,331,213, 45 percent of the target increase from the stated baseline of 0. No province achieved its target. KP's result was 1,065,350, or 58 percent of the target of 1,845,375. Sindh reached 1,096,237 women, 49 percent of its target of 2,216,810; Balochistan reported provision to 169,626 women, 15 percent of its target of 1,108,405.

The more general goal for the number of pregnant/lactating women and adolescent girls reached by the expanded coverage of services was reported under Objective 1, since the target for women was not

disaggregated from the target for young children reached with basic nutrition services. The target was not met.

Rating
Modest

OVERALL EFFICACY

Rationale
Since the project objectives were partly achieved, overall efficacy is rated modest.

Attribution of Results to the Project:

The results measured by the indicators that relate to project inputs and outputs (training, budgets, budget execution, micronutrients supplied by the project and distributed through existing programs) were attributable to the project, as direct project expenditures and activities. Regarding the primary project objective of increased services coverage achieved, no information was provided in the ICR as to whether the increases in coverage of CMAM, and of nutrition services (including IFA supplements) for pregnant and lactating women might be partially attributed to other factors or actors. The PAD Annex 8 (pp 49-51) noted that support for nutrition also was being provided by other development partners. This included activities in several project areas: advocacy, policy and strategy development, community-based services, micronutrients, and M&E. It is possible that this support contributed to some of the of the reported results, although the PAD noted that most nutrition activities prior to the project were limited in scope. This relates to the counterfactual of what the situation might have been in the absence of the project. The project provided substantial additional resources which would not otherwise have been available, given the limited spending on nutrition by the government and other donors.

The project objective of increased service coverage was expected, in the long run, to contribute to improved nutrition outcomes. The ICR presented data for Sindh province from MICS surveys in 2014 and 2018 that show substantial declines in stunting (more than one percent per year) in six of the nine project districts, but large increases in wasting in eight districts, which are attributed to drought. There were also large increases in exclusive breastfeeding in seven of the nine project districts (ICR pp 25-27). These data would have been more informative if project districts had been compared to non-project districts. The ICR noted that similar district-level data were not available for the other two project provinces.

Validity of Indicators:

The PDO indicators are valid measures for the project objective of increased coverage of nutrition services. The PAD (Annex 1, Results Framework, pp16-18) listed project-specific district-level surveys as the expected data source for many of the indicators, and the District health Information Systems for others. At least some of the planned surveys did not take place, however. The ICR noted that “the project relied on the findings of

the National Nutrition Survey (NNS) (2011 and 2018) and Multiple Indicator Cluster Survey (MICS) (2014 and 2018)".

Overall Efficacy Rating	Primary Reason
Modest	Low achievement

5. Efficiency

Ex-ante analysis of efficiency. The PAD (pp11-12) provided a qualitative assessment to justify the project as an investment. It cited "a recent study in Pakistan" that estimated losses to GDP "in the range of 2.7-4.1 percent annually" from maternal and child malnutrition (PAD p 12, "Economic Costs of Malnutrition", Institute of Public Policy, Social Policy and Development Center, and Macroeconomic Insights, 2012). It noted that the burden of malnutrition fell disproportionately on the poor, and that public investment was justified by market failures resulting from limited information, and the externality arising from the benefit to society from lower disease impact and higher national productivity resulting from improved nutrition. It cited "The Copenhagen Consensus 2008" that ranked five nutrition interventions as among the top ten best ways to advance global welfare (PAD p 12, "Global Crises, Global Solutions" edited by Bjorn Lomborg, 2004). The PAD stated that the interventions in the project were selected on the basis of the likely impact on Pakistan's malnutrition burden and proven effectiveness, affordability, scalability, and equity in access, based on reviews of the literature, and stakeholder consultations on the likely feasibility of implementation. The December 2017 AF cited a 2013 study by Hoddinott et al. that estimated a benefit-cost ratio of 29:1 for investments to reduce stunting to justify the AF (ICR p22).

Ex-post analysis of efficiency. The ICR did not attempt any quantitative estimate of the project returns or efficiency. The ICR cited a 2017 study for South Asia that estimated benefits of 15 times the cost of interventions to reduce stunting, and benefits of twice the costs for SAM treatment, assuming coverage reached 90 percent over 10 years (Shekar et al, 2017, "An investment Framework for Nutrition, World Bank, ICR p 23). However, the project included only a subset of the interventions in the study, and achieved much lower coverage, and no data were provided on how the project unit costs compared to those in the study.

The ICR rated the technical efficiency of the project as modest because of the shortfalls in achieving project targets, noting that "the investments … were not sufficient to produce the intended results", "delivery platforms (the LHWs and health facilities) were not technically efficient to reach the intended targets" (ICR p23). It noted inefficiency in implementation, that began with "delays in signing and effectiveness…both of the original project and the AF. Numerous implementation delays once the project was effective were attributed to frequent changes of project managers, delays in opening Designated Accounts (for the original project and the AF in KP), delays in recruiting key staff, limited capacity, slow decision making, and slow procurement actions in the first year of the project (ICR p24). Limited procurement capacity was exacerbated by slow hiring processes and by staff turnover, which contributed to procurement delays and slow implementation. Weak capacity for managing major contracts affected the hiring of the implementing NGOs, BCC firms, and third-party monitoring firms. A general election in 2018 caused further delays (ICR p24). The ICR noted that more systematic and proactive use of Technical Assistance could have helped supplement inadequate capacity (ICR p38, p129). Counterpart funding was a persistent issue during implementation, with frequent delays in budget authorizations, fund releases, and reauthorization of project accounts.

By the Mid-Term Review in June 2017, the project had disbursed 31 percent of the IDA Credit (Sindh) and 39 percent of the PPIN Trust Fund (Balochistan). By June 2020, the project had documented expenditures of 94

percent of the total IDA commitment (SDR 23.5 million/US$36.24 million) in Sindh, 73 percent of the PPIN grant in Balochistan (US$11.71 million), and 65 percent of the PPIN grant in KP (US$5 million).

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 ☐ Not Applicable
ICR Estimate		0	0 ☐ Not Applicable

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

6. Outcome

Relevance of objectives is rated High because the project addressed important development challenges, and aligned with country conditions and with current Bank and Government strategy. The achievement of project objectives is rated Modest, as the objectives were partly achieved. Efficiency is rated Modest because of significant shortcomings in the efficiency of implementation and mixed utilization of project funds.

a. Outcome Rating

Moderately Unsatisfactory

7. Risk to Development Outcome

Looking at the project itself and the national context, the risks to development outcome seem substantial. On the positive side, the project objectives are consistent with state and national policies and strategies on improving nutrition. All project districts developed nutrition plans, and budget execution was reported to be high. The TTL noted (in an on-line meeting on September 14, 2020) that in Sindh, the project resulted in nutrition services being included in an expanded package of basic health services. There are plans for sustaining the project activities in all three states. In Sindh, this is under the Accelerated Action Plan, and the World Bank-financed Sindh Enhancing Response to Reduce Stunting Project (P161624). Balochistan has a pipeline ‘Federal Stunting Project’ to be financed by the federal government, a Planning Commission proposal for addressing childhood wasting in the 22 most affected districts, and financing for limited nutrition interventions in selected areas with high prevalence of refugees under a proposed World Bank-financed Balochistan Human Capital Investment Project (P166308). The government of KP intends to continue project activities at existing health centers and to integrate BCC for nutrition into its primary health campaigns, and

the possibility of financing through the refugee window of the planned World Bank-financed KP Human Capital Project might sustain some nutrition activities.

However, there are notable risks to the project development outcome. Repeated delays in procurement and in contracting implementing agencies undermined achievement of intended results and raise questions as to whether the reasons for the delays have been addressed. Although planned training and some behavior-change communication were carried out, there is no information on whether nutrition-related knowledge was improved among LHW and other health staff or in communities. Most worrying, it is likely that precarious food security and hence malnutrition will persist because of poverty, and the impact of climate change, and of Covid-19 on growth, budgets, incomes, and health care services.

8. Assessment of Bank Performance

a. Quality-at-Entry

The project addressed an important development challenge. It drew on existing analytic work and experience in Pakistan, and on global evidence on addressing malnutrition. It aimed to help enable selected states to implement their recently developed nutrition policy guidance notes and strategies. The team coordinated well with other development partners working on nutrition. Implementation arrangements were generally clearly described.

The project objective was pragmatic and realistic in its focus on increasing coverage, although many key targets proved over-ambitious given the limited capacity to deliver nutrition services (ICR, p27, para 62). The project was clearly focused on maternal and child nutrition and on a few priority activities that were relatively low-cost. The logic of the results chain was clear, and the activities were well-chosen to achieve the project objective. it was appropriately selective in its geographic focus. The December 2017 Restructuring and AF was over-optimistic in its timeframe, especially given the implementation experience thus far, in particular, the repeated delays that had affected the project.

The risks were identified and described in detail in the PAD (Annex 4), and reasonable measures identified and planned to mitigate them. Given that capacity was identified as a major risk, one of the four project components was dedicated to building capacity for nutrition action, including hiring staff and providing training.

The Results Framework selected a generally well-chosen set of indicators to monitor project outputs and progress towards the PDO. The number of indicators was manageable. The PAD outlined monitoring and evaluation arrangements, including the intention to use third-party monitoring to verify data, and planned project-specific surveys. There could have been better alignment between the PDO and RF in one respect: the PDO refers to children under two years as a key target group, but many of the indicators relate to children under five. Although the PAD text stated that the targets would be disaggregated by state, the Results Framework (Annex 1) had no breakdown; state-specific targets were provided only at the December 2017 Restructuring, and there were some inconsistencies in some of the numbers (most of which are documented in the ICR, p17).

Quality-at-Entry Rating
Moderately Satisfactory

b. Quality of supervision
The project became effective without undue delay, but the mid-term review took place nearly a year later than originally scheduled. There was good continuity in team membership throughout the project, with most of the team based in Pakistan. However, there were four different task team leaders during preparation and implementation. Formal supervision missions occurred regularly twice each year until the MTR. Detailed Aide-Memoires were written and an Issues Paper produced before the MTR. ISR ratings were responsive to changes in progress, setbacks and improvements, although the rationale for rating changes during the last 18 months were not well documented. The Bank team provided hands-on support for procurement to all provinces during implementation. Academies were arranged to provide project staff with learning and networking opportunities. After the MTR, formal supervision occurred only once each year and the ICR reported that the quality of project reporting declined (ICR p35). There were inconsistencies in results reporting across various project documents (ICR p17 and p31).

The main project restructuring and AF in December 2017 omitted the correction needed to the RF to add state-level targets. It should have anticipated the need to extend the closing date, instead of this being done in two later restructurings. The ICR noted that the December 2017 restructuring was a missed opportunity to add TA to help accelerate some of the lagging project activities that had been affected by hiring and procurement delays. In particular, action of this sort might have helped achieve a stronger focus on community activities, which were central to the project being able to achieve its objectives.

Quality of Supervision Rating
Moderately Unsatisfactory

Overall Bank Performance Rating
Moderately Unsatisfactory

9. M&E Design, Implementation, & Utilization

a. M&E Design
The positive features of the M&E design were that the PDO was realistic and consistent with the design of the project; the theory of change is sound, a manageable number of clearly defined indicators were chosen to track most major project activities and outputs that met most of the “SMART” criteria (the exception is several key indicators fall short on the “achievable” dimension). The results framework included baseline and target values for all years of the project, and clearly specified responsibility for data collection. The project included plans for third-party monitoring and verification of data, and for an impact evaluation to be funded through the Pakistan Partnership for Improved Nutrition trust Fund as an activity executed by the World Bank.

There were shortfalls in the M&E design, however. There were mismatches between some of the indicators and the PDO in that the PDO referred to children under two, but several indicators covered children under five years. The project's baseline data were drawn from the 2011 National Nutrition Survey, whereas the project became effective in 2015 (and at the end of 2017 for KP), and the data related to the entire province rather than the project districts. No province-specific targets were set until 2017. Although defining simple numerical targets simplifies monitoring, it would have been useful to know how the target numbers related to the total number of potential beneficiaries, since "coverage" in public health usually refers to the percentage of potential beneficiaries reached. More detailed attention to the arrangements for the periodic project-specific surveys during project preparation would have been useful.

b. M&E Implementation

In Sindh, a small team was tasked with field monitoring of the program. A third-party firm was hired and reported on the structures and processes for project interventions. Balochistan established a functional and robust monitoring system to track quality and pace of the deliverables, including improved monitoring of the LHW program and a tracking system for management issues reported by District Nutrition Officers, and third-party monitoring. KP had barely 10 months of implementation and used an existing monitoring mechanism. No third-party monitoring firm was hired in KP.

The midterm review (MTR) mission in June 2017 identified issues in data quality with incomplete reporting and inconsistencies between data gathered at facilities and communities (ICR p32). Field data were not analyzed at the district or provincial levels. The ICR noted that "Without the presence of adequate field-level staff and support mechanisms, even routine information could not be collected." (ICR p31). Data were not collected for the indicators intended to measure changes in knowledge about nutrition among communities or health workers. By the end of the project, nutrition indicators had been integrated into the District Health Information System-2 (DHIS2).

The planned project evaluation was not undertaken.

c. M&E Utilization

In Balochistan, quarterly BCC meetings assessed BCC activities against targets, identified gaps during field visits, and follow-up meetings were held with implementing partners to discuss and resolve key issues. The ICR did not provide any examples of data being used in Sindh. The restructuring did not use the data showing shortfalls in performance from interim targets to motivate changes in implementation arrangements.

The TTL noted one example of use of data (on-line meeting with TTLs on September 14, 2020). In parts of Balochistan, results from a survey of indicators of severe malnutrition that showed alarming levels of malnutrition prompted some redirection of project resources.

M&E Quality Rating

Modest

10. Other Issues

a. Safeguards

No environmental safeguards were triggered in the project, which was classified as category C. Environmental and social risks were rated Moderate during project preparation: “A possible social risk may be a failure to reach the most at risk of malnutrition due to social status, ethnicity (e.g. Balochistan), security (Balochistan and Sindh), gender, and/or remoteness.” (PAD p43). The project minimized this risk by focusing on the poorest districts and contracting out to NGOs in the areas not served by LHW.

The Project had a positive social impact by seeking to improve knowledge about good nutrition, screening children for malnutrition and referring them for treatment and expanding access to treatment. A social grievance mechanism was established, and the ICR stated that “It appeared that complaints received were effectively handled and there were no pending complaints.” (ICR p33).

b. Fiduciary Compliance

Fiduciary performance was moderately unsatisfactory.

FM staffing was adequate, but there were delays in hiring FM specialists in all three provinces. The project was largely compliant with the agreed procurement arrangements, although the TTL noted that there were unresolved procurement issues after the end of the project in one province (conversation with TTL on September 14, 2020).

There were delays in setting up an internal audit system, especially in Balochistan. Interim unaudited financial reports were received on time and no significant issues were identified. Audit reports were submitted on time and were found acceptable. However, the end-of-project internal audit in Sindh appeared likely to be delayed (ICR p33).

Delays in opening the Designated Accounts, a slow start to project activities, and referral of even small purchases to the Secretary of Health instead of the project directors (as specified in the Project Operations Manual) contributed to procurement delays, and kept disbursements low in the early years of the project. The ICR considered fiduciary performance to be moderately unsatisfactory (ICR, p. 33).

c. Unintended impacts (Positive or Negative)

None reported.

d. Other

None.

11. Ratings

Ratings	ICR	IEG	Reason for Disagreements/Comment
Outcome	Moderately Unsatisfactory	Moderately Unsatisfactory	
Bank Performance	Moderately Unsatisfactory	Moderately Unsatisfactory	
Quality of M&E	Modest	Modest	
Quality of ICR	---	Substantial	

12. Lessons

These lessons are drawn from the ICR (pp 37-39), and restated by IEG.

Projects that have performed poorly for several years are strong candidates for substantial restructuring and corrective measures. The process of restructuring is an opportunity to address implementation bottlenecks, correct shortcomings in project design, and adjust to new circumstances. It is not realistic to hope that projects will "self-correct" without taking action to change the institutional arrangements or other factors that are slowing project implementation. A clear-eyed assessment during the MTR of the reasons that expectations are not being met can help identify changes needed to improve project outcomes.

Explicit and legally binding TA arrangements may be preferable to loosely defined, opportunistic TA support from partners and development partners. When governmental implementing agencies lack the capacity and expertise needed to implement a project, it is important to ensure that adequate TA is available as needed. Relying on TA available through co-financed parallel programs of development partners may not be adequate. Instead, a well-coordinated, dedicated source of external TA with secure financing (such as through a Trust Fund) outside of the Government's regular budget may be important for providing the implementing agencies with the support they need to achieve the project goals.

13. Assessment Recommended?

No

14. Comments on Quality of ICR

The ICR was clear, thorough and very candid. It provided a comprehensive account of the project context, design, restructurings, implementation, and results. The theory of change was logical and well-developed. The ICR was forthright in describing the shortcomings in the project, and presented details and data to support comments . It mostly followed Guidelines (exceptions noted below). It provided a very useful tabulation and correction of inconsistencies in some details in the results framework (differences between the sum of provincial targets and the project-wide totals), although it missed two of these errors (the total numbers of health personnel who received training did not add up in the ICR Table 3, and the total number of children in Sindh who received Vitamin A was shown in ICR Annex 1 as 5.8 million, compared to a target of 0.25 million – a likely error that the ICR did not flag). The lessons and recommendations were thoughtfully selected.

However, the ICR did not break down the compound project objective to discuss the two target groups and assess intended outcomes separately. There was no discussion of the reliability of the data on project results, and data sources were not explained. It did not discuss whether or the extent to which results were likely to be attributable to the project. The data on nutrition outcomes drawn from the 2014 and 2018 Sindh MICS surveys were presented only for project districts, without comparing project and non-project districts. Annex 1 Table B provided only cursory information on project activities and outputs. The table in ICR Annex 3 had the wrong numbers in the second two columns. The Column headed " "Actual at Project Closing" contained the Revised Project Costs and not the actual numbers at closing, which were provided in the ICR pp2-4 , i.e., Component 1: $31.19 million, Comp. 2: $5.96 million, Comp. 3: $4.51 million, Comp. 4: $6.27 million, with a total of $47.93. The "Percentage of Approval" column should have shown these actual disbursement numbers as a percent of the Revised Approved Amounts. These shortcomings are fairly minor, however, compared with the overall high quality of the ICR, which therefore warrants a rating of Substantial.

a. Quality of ICR Rating
Substantial