



OFFICIAL USE ONLY
IDA/R2017-0143/1

May 9, 2017

**Closing Date: Friday, May 26, 2017
at 6:00 p.m.**

FROM: Vice President and Corporate Secretary

Pakistan - Sindh Enhancing Response to Reduce Stunting Project

Project Appraisal Document

Attached is the Project Appraisal Document regarding a proposed credit to Pakistan for a Sindh Enhancing Response to Reduce Stunting Project (IDA/R2017-0143), which is being processed on an absence-of-objection basis.

Distribution:

Executive Directors and Alternates
President
Bank Group Senior Management
Vice Presidents, Bank, IFC and MIGA
Directors and Department Heads, Bank, IFC and MIGA

This document has a restricted distribution and may be used by recipients only in the performance of their official duties. Its contents may not otherwise be disclosed without World Bank Group authorization.

Document of
The World Bank
FOR OFFICIAL USE ONLY

Report No: PAD2249

INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT APPRAISAL DOCUMENT

ON A

PROPOSED CREDIT

IN THE AMOUNT OF SDR 45.5 MILLION
(US\$61.62 MILLION EQUIVALENT)

TO THE

ISLAMIC REPUBLIC OF PAKISTAN

FOR A

SINDH ENHANCING RESPONSE TO REDUCE STUNTING PROJECT

MAY 4, 2017

Health, Nutrition & Population
SOUTH ASIA

This document has a restricted distribution and may be used by recipients only in the performance of their official duties. Its contents may not otherwise be disclosed without World Bank authorization.

This operation is part of the Agile Pilots initiative and uses a short version of the Project Appraisal Document.

CURRENCY EQUIVALENTS

(Exchange Rate Effective March 31, 2017)

Currency Unit = Pakistani Rupee (PKR)

PKR 104.830044 = US\$1

US\$ 1.35417 = SDR 1

FISCAL YEAR
July 1 - June 30

ABBREVIATIONS AND ACRONYMS

AAP	Accelerated Action Plan for Reduction of Stunting and Malnutrition
AC	Assistant Commissioner
ANC	Antenatal Care Visit
CCT	Conditional Cash Transfer
CMW	Community Midwife
DHIS	District Health Information System
DLI	Disbursement-linked Indicator
DOH	Department of Health
EEP	Eligible Expenditure Program
ENMCP	Enhanced Nutrition for Mothers and Children Project
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
EU	European Union
FMIS	Financial Management Information System
GDP	Gross Domestic Product
GoS	Government of Sindh
HNP	Health, Nutrition and Population
IFR	Interim Financial Report
IRR	Internal Rate of Return
LHW	Lady Health Worker
M&E	Monitoring and Evaluation
MICS	Multi-indicator Cluster Survey
MNCH	Maternal, Neonatal and Child Health
MSAN	Multi-Sectoral Action for Nutrition Project
NNS	National Nutrition Survey
NGO	Nongovernmental Organization
NSP	Nutrition Support Program

ODF	Open-Defecation-Free
OM	Operational Manual
P&D	Planning and Development
PDO	Project Development Objective
PLW	Pregnant and Lactating Women
PSC	Provincial Steering Committee
SBCC	Social and Behavioral Change Communication
SDG	Sustainable Development Goal
SWD	Social Welfare Department
TA	Technical Assistance
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WBG	World Bank Group
WFP	World Food Program

Regional Vice President: Annette Dixon

Country Director: Patchamuthu Illangovan

Senior Global Practice Director: Timothy Grant Evans

Practice Manager: E. Gail Richardson

Task Team Leader(s): Francisca Ayodeji Akala, Aliya Kashif

**BASIC INFORMATION**

Is this a regionally tagged project?

No

Country(ies)

Financing Instrument

Investment Project Financing

☐ Situations of Urgent Need of Assistance or Capacity Constraints☐ Financial Intermediaries☐ Series of Projects

Approval Date

26-May-2017

Closing Date

31-Dec-2021

Environmental Assessment Category

B - Partial Assessment

Bank/IFC Collaboration

No

Proposed Development Objective(s)

The Project Development Objective (PDO) is to contribute to the reduction of the stunting rate among children under 5 years of age by targeting the most affected districts in the Province of Sindh.

Components**Component Name****Cost (US\$, millions)**

Component 1 : Expanding Access to a Multi-sectoral Package of Services for Reducing Stunting

45.00

Component 2: Strengthening Key Cross-cutting Nutrition-related Interventions and Project Management

16.62

Organizations

Borrower :

Government of Pakistan, Economic Affairs Division

Implementing Agency :

Government of Sindh, Planning and Development



Safeguards Deferral

Will the review of safeguards be deferred?

☐ Yes ☐ No

PROJECT FINANCING DATA (IN USD MILLION)

<input checked="" type="checkbox"/> Counterpart Funding	<input type="checkbox"/> IBRD	<input checked="" type="checkbox"/> IDA Credit <input type="checkbox"/> Crisis Response Window <input type="checkbox"/> Regional Projects Window	<input type="checkbox"/> IDA Grant <input type="checkbox"/> Crisis Response Window <input type="checkbox"/> Regional Projects Window	<input type="checkbox"/> Trust Funds	<input type="checkbox"/> Parallel Financing
Total Project Cost: 437.00		Total Financing: 285.62 Of Which Bank Financing (IBRD/IDA): 61.62		Financing Gap: 151.38	

Financing (in US\$, millions)

Financing Source	Amount
Borrower	224.00
International Development Association (IDA)	61.62
Total	285.62

Expected Disbursements (in US\$, millions)

Fiscal Year	2017	2018	2019	2020	2021	2022
Annual	0.00	5.00	10.00	15.00	15.00	16.62
Cumulative	0.00	5.00	15.00	30.00	45.00	61.62



INSTITUTIONAL DATA

Practice Area (Lead)

Health, Nutrition & Population

Contributing Practice Areas

Agriculture

Education

Social Protection & Labor

Water

Climate Change and Disaster Screening

This operation has been screened for short and long-term climate change and disaster risks

Gender Tag

Does the project plan to undertake any of the following?

a. Analysis to identify Project-relevant gaps between males and females, especially in light of country gaps identified through SCD and CPF

Yes

b. Specific action(s) to address the gender gaps identified in (a) and/or to improve women or men's empowerment

Yes

c. Include Indicators in results framework to monitor outcomes from actions identified in (b)

Yes

SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)

Risk Category	Rating
1. Political and Governance	● Substantial
2. Macroeconomic	● Substantial
3. Sector Strategies and Policies	● Moderate
4. Technical Design of Project or Program	● Substantial
5. Institutional Capacity for Implementation and Sustainability	● Moderate



6. Fiduciary	● Substantial
7. Environment and Social	● Moderate
8. Stakeholders	● Moderate
9. Other	
10. Overall	● Substantial

COMPLIANCE

Policy

Does the project depart from the CPF in content or in other significant respects?

☐ Yes ☒ No

Does the project require any waivers of Bank policies?

☐ Yes ☒ No

Safeguard Policies Triggered by the Project

Yes

No

Environmental Assessment OP/BP 4.01

✓

Natural Habitats OP/BP 4.04

✓

Forests OP/BP 4.36

✓

Pest Management OP 4.09

✓

Physical Cultural Resources OP/BP 4.11

✓

Indigenous Peoples OP/BP 4.10

✓

Involuntary Resettlement OP/BP 4.12

✓

Safety of Dams OP/BP 4.37

✓

Projects on International Waterways OP/BP 7.50

✓

Projects in Disputed Areas OP/BP 7.60

✓

Legal Covenants

Sections and Description

The Project Implementing Entity shall ensure that, at all times during Project implementation, the Provincial Task Force Secretariat for AAP is headed by the Coordinator to the Chief Minister Sindh for Nutrition (Nutrition Coordinator) and adequately staffed with professional and administrative staff (including, procurement, financial



management, communication, monitoring and evaluation, safeguards; and Project related technical staff), with the necessary experience and qualifications with functions and responsibilities acceptable to the Association, including, inter alia, the responsibility of said team to coordinate and monitor the implementation of the Project.

Sections and Description

The Project Implementing Entity shall maintain, at all times during Project implementation, a provincial steering committee, with functions and responsibilities satisfactory to the Association, including inter alia, the responsibility of said steering committee to provide overall strategic policy guidance and planning, oversight, including, overall coordination among related sectors and stakeholders and support and review of implementation of progress and performance Project activities

Sections and Description

The Project Implementing Entity shall maintain, at all times during Project implementation, a dedicated district coordinator assigned with functions and responsibilities satisfactory to the Association, who will be responsible of overall Project coordination, communication and monitoring and evaluation at the district level.

Sections and Description

The Project Implementing Entity shall, by no later than the earlier of the date which is two (2) months after the Effective Date or the first date on which a Verification Protocol is proposed to be undertaken, prepare and thereafter maintain at all times during Project implementation, a Project Operations Manual (POM), in form and substance and by a date satisfactory to the Association, and thereafter implement the Project in accordance with said POM.

Sections and Description

The Project Implementing Entity shall undertake a verification process, in accordance with the Verification Protocols and terms of reference agreed with the Association, to certify the fulfillment of each DLR set out in Schedule 4 to the Credit Agreement; and furnish to the Association corresponding verification reports, in form and substance satisfactory to the Association.

Sections and Description

The Recipient shall, and shall cause the Project Implementing Entity to, carry out the Project in accordance with the Safeguards Instruments, and to refrain from amending, suspending, waiving, abrogating, and/or voiding any provision of the Safeguards Instruments, in whole or in part, without the prior written agreement of the Association.

Conditions


PROJECT TEAM
Bank Staff

Name	Role	Specialization	Unit
Francisca Ayodeji Akala	Team Leader(ADM Responsible)	Public Health	GHN19
Aliya Kashif	Team Leader	Public Health	GHN19
Rehan Hyder	Procurement Specialist(ADM Responsible)	Procurement	GGO06
Akmal Minallah	Financial Management Specialist	Financial Management	GGO24
Ajay Ram Dass	Team Member	Administrative	GHN19
Ashi Kohli Kathuria	Team Member	Nutrition	GHN06
Faly Diallo	Team Member	Disbursement	WFALA
Juan Carlos Alvarez	Counsel	Legal	LEGES
Lori A. Geurts	Team Member	Operations	GHN19
Melissa Williams	Team Member	Agriculture	GFA06
Mohammad Farhanullah Sami	Team Member	Water and Sanitation	GWA09
Mohammad Imtiaz Akhtar Alvi	Team Member	Agriculture & Rural Development	GFA06
Najm-ul-Sahr Ata-Ullah	Safeguards Specialist	Social safeguards	GSU06
Nasreen Shah Kazmi	Team Member	Administrative	SACPK
Peter D. Bachrach	Team Member	Project Management	GHN19
Quanita Mahmood Ali Khan	Team Member	Social Protection	GED06
Rahat Jabeen	Safeguards Specialist	Environmental Safeguards	GEN06
Shahzad Sharjeel	Team Member	Communication	SAREC
Silvia Kaufmann	Team Member	Nutrition	GHN19
Sohail Saeed Abbasi	Team Member	Social Protection	GSP06
Umbreen Arif	Team Member	Education	GED06
Victor Manuel Ordonez Conde	Team Member	Disbursement	WFALA
Zelalem Yilma Debebe	Team Member	Health Economics	GHN06



Extended Team

Name	Title	Organization	Location
Meredith Bradbury	Nutrition/Health Advisor	UKAID	Pakistan



PAKISTAN
SINDH ENHANCING RESPONSE TO REDUCE STUNTING

TABLE OF CONTENTS

I. STRATEGIC CONTEXT	9
A. Country and Sector Context	9
B. Higher-level Objectives to which the Project Contributes	11
II. PROJECT DEVELOPMENT OBJECTIVES	12
A. PDO.....	12
B. Project Scope and Beneficiaries	12
C. PDO-Level Results Indicators.....	14
III. PROJECT DESCRIPTION	15
A. Project Components.....	15
B. Project Cost and Financing.....	18
C. Lessons Learned and Reflected in the Project Design	19
IV. IMPLEMENTATION.....	20
A. Institutional and Implementation Arrangements.....	20
B. Results Monitoring and Evaluation.....	22
C. Sustainability	22
D. Role of Partners	23
V. KEY RISKS.....	23
A. Overall Risk Rating and Explanation of Key Risks	23
VI. APPRAISAL SUMMARY	24
A. Economic and Financial (if applicable) Analysis.....	24
B. Technical	25
C. Financial Management.....	27
D. Procurement	28
E. Environment and Social (including Safeguards).....	29
F. Other Safeguard Policies (if applicable).....	29
G. World Bank Grievance Redress	29
H. Gender.....	30
I. Citizen Engagement.....	30
VII. RESULTS FRAMEWORK.....	31
ANNEX 1: DISBURSEMENT-LINKED INDICATORS MATRIX.....	41
ANNEX 2: PROJECT’S THEORY OF CHANGE	43



Project Overview

1. Malnutrition in Pakistan affects nearly half of its children and mothers. The stunting prevalence (44.8%) has remained unchanged for the last fifty years, with Pakistan ranking third in the global burden of stunting. The prevalence of stunting is highest in Sindh (48%) and Balochistan Provinces. The Government of Sindh has approved an Accelerated Action Plan for Reduction of Stunting and Malnutrition (AAP) with the ambitious goal of reducing stunting from 48% to 30% by 2021. The Government has requested Bank support in achieving this goal through the implementation of the AAP during 2017-2021.
2. The proposed project, in the amount of US\$61.62 million, would support the implementation of the AAP in the 23 districts with the highest stunting rates through a results-based approach to link disbursements to the achievement of agreed pre-defined indicators. Disbursement-linked indicators (DLIs) have been used in other projects in Sindh and have contributed significantly to (i) enhance policy and sector dialogue (by focusing on political ownership of the Government's program); (ii) have a greater focus on results (by linking disbursements to planned progress and performance targets); and (iii) have more effective donor coordination (by facilitating planning, budgeting, and supervision within a common framework).
3. The project comprises two components. The first component, through a results-based approach using DLIs, will finance results set out in the AAP while the second component will finance technical assistance and other inputs needed for effective implementation of the AAP. Under Component 1 (US\$45 million), the project will support provision of a multisectoral package of services by financing results, measured by the achievement of DLIs, under a defined Eligible Expenditure Program (EEP). Under Component 2 (US\$16.62 million), the project will finance technical assistance and inputs to support (i) measures for implementing a pilot conditional cash transfer (CCT) program to assist targeted beneficiaries in the poorest quintile to access health and nutrition services; (ii) development and implementation of an overarching multisectoral communications strategy for social and behavioral change; and (iii) institutional arrangements for improving coordination, strengthening accountability, citizen engagement, operationalizing integrated multisectoral data information systems, strengthening monitoring, evaluation, and supervision.

I. STRATEGIC CONTEXT

A. Country and Sector Context

4. Pakistan is the world's sixth most populous country, with an estimated population of over 192.8 million in 2016. It is classified as a lower-middle-income country, with a 2016 per capita gross national income of US\$1,473. Despite significant gains in macroeconomic stability in recent years, Pakistan confronts many serious challenges: (i) insecurity; (ii) insufficient progress in achieving human development and Sustainable Development Goal (SDG) targets; and (iii) slow economic recovery and slow progress in addressing macroeconomic challenges.
5. Although during FY09-16, GDP growth has been limited to 3.4% (or about half the FY04-08 rates), a growth incidence analysis in the recent Country Partnership Strategy (CPS) has confirmed the pro-poor characteristics of Pakistan's growth. The Government of Pakistan, supported by the World Bank, recently undertook a validation exercise which found that poverty reduced from 34.7 percent to 9.3 percent between 2001 and 2014 under the old poverty line. The new poverty line shows a similar trend, identifying 29.5 percent of the population and 6.8 to 7.6 million households as poor, setting a higher, more inclusive standard for pro-poor policies. However, these gains remain fragile: many households are still clustered



near the poverty line (and therefore vulnerable to any kind of shock); and the share of the population considered vulnerable to any shocks increased from 53% in 1999 to 60% in 2011.

6. Sindh Province, the second most populous province of Pakistan, has an estimated population of 51 million¹, the majority of which lives in the urban areas. The province contributes 30-33% of the country's GDP, and its GDP per capita is roughly three times that of the country as a whole. However, 25% of the population of Sindh lives under the revised poverty line, and the 2011 National Nutrition Survey (NNS) found that Sindh was the most food-deprived province, with 72% of households being food-insecure. The 2014 Multi-indicator Cluster Survey (MICS) shows that 48% of children under five suffer from stunting and 15% from wasting with significant district variation (with the highest rates of stunting in the Districts of Tharparkar and Umerkot (63% and 66%, respectively) and as low as 33% to 36% in Karachi's urban districts).

7. Pakistan has the third-highest proportion of stunted children in the world and that more than 9.6 million Pakistani children face chronic malnutrition. In South Asia, Pakistan has the lowest rates of early initiation of breastfeeding and exclusive breastfeeding, the highest rate of bottle feeding, as well as low rates of timely initiation of complementary feeding, all of which contribute to chronic malnutrition. It is estimated that the malnutrition crisis in Pakistan costs the economy 2-3% of GDP per year (in comparison, the present energy crisis is estimated to cost 2% of GDP) by impairing health, growth and cognitive development, school readiness and learning outcomes, and thus loss in potential productivity and earnings. Furthermore, without an urgent response to significantly address malnutrition, the country will continue to experience the "demographic nightmare" of a large population whose human capital potential is not fully realized, resulting in an unskilled, economically unproductive population that is left behind in the global economy.

8. Pakistan's social indicators for health, nutrition, and education are low and lag seriously behind those of other countries in the region. The country also ranks among the lowest spenders on education and health in the region (less than 3% of GDP). In addition, provincial and district disparities in access to and quality of services have become an important concern since the delivery of health and education services became a provincial responsibility with the adoption of the 18th amendment to the constitution in 2010.

9. For decades, Pakistan, and Sindh Province in particular, have had persistently high rates of acute malnutrition (see Table 1).

Table 1: Trends in Stunting and Wasting in Pakistan and Sindh Province

	1965	1979	1985-87	1994	2001-02	2011	2012	2014
Stunting								
National	48.0%	43.3%	41.8%	36.3%	41.6%	43.7%	44.8%	
Sindh						49.8%	56.7%	48.0%
Wasting								
National	11.0%	8.6%	10.8%	11.8%	14.3%	15.1%	10.8%	
Sindh						17.5%	13.6%	15.4%

Sources: 1965-2011: NNS Annexes, Table 6.3; 2012: DHS, Table 11.1; 2014: MICS, Indicators 2.2 and 2.3

¹ Current Sindh Province population data may be found at <http://sindhbos.gov.pk/>. Population growth rates are based on UN estimates.



10. Spending on nutrition has been low, despite increased attention under the Pakistan Vision 2025. Nutrition has received increased attention, and the federal and provincial governments have established secretariats to coordinate and support scaling up nutrition interventions. Pakistan joined the global movement of Scaling Up Nutrition in 2013. However, nationally, about 10% of the national health budget is spent on nutrition, and 90% of this amount is financed by development partners in Pakistan. Nutrition-related activities are mainly delivered by nongovernmental organizations (NGOs), often contracted directly by the development partners. Nutrition-supported activities in Sindh Province that help reduce stunting and malnutrition include (i) the World Bank-financed “Enhanced Nutrition for Mothers and Children”; (ii) the EU-funded “Women and Children Improved Nutrition Sindh” (which ended in 2017); and (iii) the USAID-funded “Maternal and Child Nutrition Stunting Reduction” (implemented by UNICEF and WFP). With a contribution from DFID, the Pakistan Partnership for Improved Nutrition, a multidonor trust fund administered by the World Bank, plans to finance nutrition-sensitive² interventions to complement the health sector’s nutrition-specific interventions, focusing on sanitation and hygiene interventions in 13 districts and agriculture interventions in 4 districts.

11. The Government of Sindh (GoS) recently adopted an Accelerated Action Plan for Reduction of Stunting and Malnutrition (AAP). The AAP has the ambitious goals of reducing stunting from 48% to 30% by 2021 and to 15% by 2026 by increasing and expanding coverage of multisectoral interventions proven to reduce stunting in the first five years of life. It includes objectives and expected outcomes related to addressing the underlying causes (by sector) of stunting: health, population, sanitation and hygiene, agriculture (including livestock and fisheries), social protection, education, and behavioral change communication.

12. A coordinated multisectoral response is critical because of the potential impact of stunting on the country’s economic development. Stunting contributes to economic losses over the life cycle in three ways: (i) reduction in physical growth potential; (ii) neurological consequences leading to poor learning and grade attainment; and (iii) increased susceptibility to chronic diseases in adulthood. These factors in turn result in poor productivity, lost employment, and premature deaths. In addition, in the short run, child undernutrition is a risk factor for child morbidity and mortality and leads to increased health care costs and forgone income for caregivers. GoS has committed to match every US\$1 of overseas development aid to address malnutrition by US\$.50 in domestic financing and, as an indication of this commitment and ownership, has allocated 1 billion PKR per year for the next three years through its recurrent budget.

B. Higher-level Objectives to which the Project Contributes

13. In the context of the World Bank Group’s (WBG’s) twin goals of reducing poverty and promoting shared prosperity, the 2015-19 CPS takes a different approach than previous strategies. The CPS integrates better resource management (increasing revenues and allocations) with improved targeting (increasing the effectiveness and efficiency of pro-poor expenditures). The WBG is working with federal and provincial governments to (i) help improve revenues and expenditures to create the fiscal space necessary to fund essential services; and (ii) set more ambitious targets for areas in which the WBG has been involved that are not producing change fast enough (such as health and education).

² Nutrition-sensitive development seeks to accelerate national development by integrating and promoting nutrition as a goal of multiple sector policies.



14. The project is well aligned with the CPS and linked with its Results Area 4.2 by improving access to maternal and child health and nutrition services. It is also linked to Results Area 3 on Inclusion by reducing the vulnerability of at risk groups. The project also supports the SDG goal to end all forms of malnutrition by 2030, including by (i) achieving the internationally agreed targets on stunting and wasting in children under five years of age, and (ii) addressing the nutritional needs of adolescent girls, pregnant and lactating women, and older persons by 2025. The project results would contribute towards achievement of SDGs on well-being for all ages; access to clean water and sanitation; and reduction of income inequalities. In addition, while addressing maternal outcomes and fertility rates, the WBG will engage in a broader dialogue and analytical work on enhancing contraceptive use and child spacing.

II. PROJECT DEVELOPMENT OBJECTIVES

A. PDO

15. The Project Development Objective (PDO) is to contribute to the reduction of the stunting rate among children under 5 years of age by targeting the most affected districts in the Province of Sindh.

16. Reduction of stunting requires a multisectoral response. Achieving the PDO relies on a theory of change that envisages improved child nutrition, growth, and cognition through (i) improved dietary intake and (ii) reduced disease burden. These outcomes rely on improved maternal and child nutrition achieved by enhancing the coverage of health-related nutrition services; reduced exposure to fecal pathogens through better hygiene and sanitation practices; and improved quality and diversification of dietary practices. The interventions prioritized by this project which supports the Government's AAP are the most critical and effective interventions (nutrition-specific and nutrition-sensitive) leading to outcomes which contribute to reducing childhood stunting. These interventions will be implemented through the health/population, sanitation, social protection, education and agriculture sectors (see more details on the theory of change under the Technical Appraisal Section and Annex 2).

B. Project Scope and Beneficiaries

17. Sindh's AAP envisages six provincial-level departments (sectors) operating in all of Sindh's 29 districts at an estimated cost of US\$646 million. Financing to support the AAP has already been identified as follows : (i) the Government has pledged approximately US\$30 million over the next three years, (ii) the Bank is financing one ongoing project and preparing two new projects (including this proposed project), and (iii) other donors (including the EU, UNICEF, and USAID) are providing support. This proposed project will support the expansion of multisectoral nutrition interventions to 23 districts in Sindh with the highest stunting rates, with 20 over 50% and 3 over 40% (See Table 2). Project resources will finance only activities which are *additional* to those already financed by ongoing projects. Using a results-based approach, the proposed project will incentivize more effective and efficient implementation of the AAP by supporting the scale-up of a multisectoral package of interventions proven to reduce stunting.

18. To enhance impact, the project will target the 23 districts where stunting rates are above 40% and, within these districts, the nutritionally most vulnerable populations: (i) pregnant and lactating women (PLW) to improve their nutritional status and to reduce the risk of low-birthweight babies; and (ii) children aged 0 to 59 months—the first 1,000 days of life, when stunting and its associated pathologies are most responsive to or preventable by specific interventions by caretakers, and the following period when nutritional interventions and early childhood education programs can influence healthier future eating habits.



19. The project will provide complementary financing to expand the geographic reach of nutrition-specific interventions (financed by the Enhanced Nutrition for Mothers and Children Project (ENMCP) and supported by the Bank and other donors) from 9 districts in 2017 to 23 districts by 2021.

Table 2: Proposed Project-supported Roll-out to 23 Districts with the Highest Stunting Rates by Year and Sector

Year	District	Stunting Rate	NSP/MNCH	LG	Agriculture	Education	Population & Welfare	Livestock & Fisheries
2016 - 2017	Jamshoro	54	EU	New	New	New	New	New
	Mirpur Khas	55	New	New	New	New	New	New
	Tharparkar	63	NSP	SSS	A4N	New	New	New
	Sanghar	53	NSP	SSS	A4N	New	New	New
	Umer Kot	66	NSP	SSS	A4N	New	New	New
	Jacobabad	64	NSP	SSS	A4N	New	New	New
2017 - 2018	Ghotki	53	UNICEF	New	New	New	New	New
	Khairpur	51	UNICEF	New	New	New	New	New
	Naushehro Feroz	44	UNICEF	New	New	New	New	New
	Shikarpur	56	EU	SSS	New	New	New	New
	Kashmore	66	NSP	SSS	New	New	New	New
	Badin	67	NSP	SSS	New	New	New	New
	Qamber Shahdadkot	60	NSP	SSS	New	New	New	New
	Larkana	52	NSP	SSS	New	New	New	New
	TM Khan	59	NSP	SSS	New	New	New	New
	Sujawal	56	EU	SSS	New	New	New	New
	Thatta	60	EU	SSS	New	New	New	New
	Dadu	58	EU	SSS	New	New	New	New
2018 - 2019	Sh. Benazirabad	55	New	New	New	New	New	New
	Matari	55	EU	New	New	New	New	New
	Tando Allah Yar	49	EU	New	New	New	New	New
	Sukkur	51	New	New	New	New	New	New
	Hyderabad	44	New	New	New	New	New	New

Shaded cells indicate districts with new rollout of project interventions by sector and year. Acronyms: NSP: Nutrition Support Program; MNCH: Maternal, Neonatal & Child Health; EU: European Union; LG: Local Government for Sanitation & Hygiene; SSS: Bank supported MSAN project on Sanitation & Hygiene; A4N: Agriculture for Nutrition which is part of the MSAN project.

20. The project will support the rollout of the multisectoral interventions to new project districts (new districts are shaded by sector and year of intervention rollout in Table 2) and expand coverage of ongoing interventions in districts where coverage is currently not widespread enough. The coverage levels of existing and planned interventions vary: (i) several sectoral programs (maternal, neonatal & child health (MNCH), population, and education) are already province-wide in scope; (ii) the Nutrition Support Program (NSP) has 80% coverage in 9 districts; (iii) Local Government (hygiene and sanitation), agriculture, livestock & fisheries and CCT programs will initially be piloted in selected districts before further rollout; and (iv) other sectoral interventions (social and behavioral change communications) are cross-cutting in nature and will target the entire province. The number of project beneficiaries in the 23 priority districts is expected to more than double by the end of the project, with coverage increasing from 20.5% to 44.7% of the targeted populations (see Table 3).



Table 3: Proportion of the Provincial Target Population Covered

	2017	2018	2019	2020	2021
Priority districts					
PLW	833 262	1 094 470	1 498 308	1 846 983	1 954 399
Children 0-<59 mos.	1 281 141	1 682 747	2 303 649	2 839 737	3 004 888
Sindh Province					
PLW	4 064 108	4 142 545	4 220 840	4 298 925	4 375 876
Children 0-<59 mos.	6 248 566	6 369 164	6 489 541	6 609 597	6 727 909
Target population covered	20.5%	26.4%	35.5%	43.0%	44.7%

C. PDO-level Results Indicators

21. The project will contribute to the AAP's overall goal of reducing stunting by lowering the stunting rate by 1 percentage point per year, or from 48% to 43% by 2021. Because improvement in the stunting rate take time, it will be measurable only toward the end of the project; progress during implementation will be primarily monitored using the intermediate results indicators. These indicators will track progress in the project areas for those interventions that are known to have an impact on the nutritional status of PLWs and infants and children aged 0-59 months using available data sources (such as the NNS, MICS, Pakistan Demographic Health Survey, etc.). The project will finance one province-wide stunting survey before project completion in order to measure changes in the stunting rate in the province.

22. The project indicators will track interventions for each of the relevant sectors as follows:

- For the nutrition-specific interventions (health and nutrition), the following indicators will be used: (i) prenatal visits, iron supplementation, tetanus toxoid vaccination, and contraceptive use (for PLW); and (ii) micronutrient supplementation, screening of children for malnutrition, and Vitamin A supplementation (for children 0-59 months).
- For the nutrition-sensitive interventions, the project will track indicators addressing sanitation and hygiene (villages free of open defecation), household food production and diversity (kitchen gardens, fish ponds, and backyard livestock), and early childhood education (attendance and mothers' clubs). The project will also track indicators related to project implementation and citizen engagement. The results framework in Section VII includes details of all project indicators.

23. Because the project is financing an estimated 14% of the AAP cost for the targeted districts and is intended to incentivize the implementation of the program, the results framework indicators represent a subset of the broader Government AAP results. The project indicators have been selected for those activities under the AAP that are directly supported by the project, either through incentives (results-based/DLIs) or through inputs and technical assistance (TA). Data on achievement will rely on population estimates for the nutrition-specific indicators and projected results for the nutrition-sensitive indicators. Results will be disaggregated by district and gender. In addition to these indicators, DLIs will be tracked, as Annex 1 shows.



III. PROJECT DESCRIPTION

A. Project Components

24. The project includes two components that will finance (i) results contributing to outcomes required for reduction of stunting; and (ii) TA and other inputs needed by the Government for effective implementation of the project. Component 1 will deliver results related to improved maternal and child nutrition; better hygiene and sanitation practices; and improved quality and diversification of dietary practices. This will be achieved by financing the most critical and effective interventions (nutrition-specific and nutrition-sensitive) interventions. Component 2 beside supporting piloting of demand side CCT program will finance TA and other inputs for effective cross-sectoral communication, coordination and information systems contributing to achievement of results for the project.

25. **Component 1: Expanding Access to a Multisectoral Package of Services for Reducing Stunting (total estimated cost: US\$45 million)** would support expansion and increase coverage of a multisectoral package of services to deliver results related to maternal and child nutrition, hygiene and sanitation practices and quality and diversification of dietary practices. Detailed sectoral plans (for Health and Population; Education; Social protection; Sanitation and hygiene; Agriculture, Livestock & Fisheries) are included in the AAP for the project's target populations as shown in Table 4.

Table 4: Sectoral Interventions by Target Population

Sectors	PLW	Target populations Children 0-59 months	Households/Communities
MNCH	Antenatal care Skilled delivery attendance Postnatal care	Immunizations (0-23 months) Deworming Therapeutic zinc IMNCI	
Nutrition	Iron/folic acid supplementation Counseling on adequate diet and psycho-social stimulation Micronutrient supplementation	Promotion of exclusive breastfeeding (0-6 months) and adequate complementary feeding 6 to 24 months) Micronutrient supplementation; growth monitoring, screening & referral Micronutrient supplementation Treatment of SAM & MAM	
Population/Welfare Education	Family planning	Early childhood care & education	Health/Nutrition/Life skills education
Social Protection	Poverty targeted eligible PLW incentivized to attend ANC 4; skilled delivery attendance; postnatal care & counselling sessions on safe hygiene & sanitation; exclusive breastfeeding & child growth monitoring	EPI coverage Growth monitoring	Conditional cash transfers (pilots)
Sanitation/Hygiene Ag/Livestock/Fisheries	Hand washing	Hand washing	ODF certification Washing hands at critical times School latrines/Toilet construction Kitchen gardens Small animal husbandry & poultry Community fish ponds Food preservation & storage
Strategic communication			Communications/Advocacy



26. Component 1 will finance the achievement of six DLIs by increasing coverage of critical interventions related to maternal and child nutrition, hygiene and sanitation practices and quality and diversification of dietary practices, including: (1) the number of women accessing at least four pre-natal and ANC care visits at community or facility level and receiving nutrition-specific services, including counselling; (2) the number of children screened for malnutrition and appropriately referred; (3) the number of villages certified ODF; (4) the introduction of a nutrition and life-skills curriculum in Grades 6-10 (especially for adolescent girls); (5) the development and implementation of a province-wide, multisectoral media/communications campaign; and (6) the percentage of annually allocated nutrition financing actually expended by GoS. The project would support the GoS by (i) expanding the number and quality of interventions as listed in Table 4, and (ii) creating an enabling environment and incentives to encourage the behaviors that need to accompany the expansion of the multisectoral interventions. Results related to maternal and child nutrition will be delivered by:

- **Health and nutrition.** The Department of Health (DOH) is currently implementing the ENMCP in the 9 most vulnerable districts of Sindh with a basic package of nutrition-specific services (shown in Table 4), largely provided by the Lady Health Workers (LHW) Program and by contracted NGOs in areas that are not covered by LHW. **The project will support expanding** the ENMCP to an additional 14 districts and will also build institutional capacity to plan, implement, and monitor nutrition services at provincial and district levels. Successful implementation of the interventions will lead to achievement of the first 2 DLIs of the project by providing pre-natal and ANC services to pregnant women as well as the screening and treatment of malnourished children at the community and health facility levels.
- **Population.** On the basis of a costed implementation plan developed by the Population Welfare Department to meet the Family Planning 2020 targets, which are critical to reducing levels of stunting, **the project will provide support to incentivize** the training of LHWs to provide family planning counselling and supply short- and long-term family planning methods, as well as the delivery of special outreach family planning services to currently unserved communities in the 23 districts. These interventions will contribute to the achievement of DLI 1.
- **Education.** **The project will support** (i) the development and conduct of a *pilot* to reach mothers and caregivers of young children (under 3 years of age) with guidance on early learning and stimulation through the LHW platform; (ii) improved access to early childhood education in the public schools; and (iii) increased knowledge of nutrition and healthy living among girls enrolled in high schools in the public sector. Curricula and supplementary materials for training of teachers and adolescent girls in schools will be developed and rolled out in public sector schools. These interventions will lead to the achievement of DLI 4 and also contribute to the achievement of DLIs 5 and 6.

Results related to hygiene and sanitation practices will be delivered by:

- **Sanitation and hygiene.** **The project will build on** the proposed Multi-Sectoral Actions for Nutrition (MSAN) Project in 13 districts to make villages open-defecation-free (ODF) and to promote an enhanced program on handwashing. The project will support capacity development of the Local Government Department, village organizations, and schoolteachers who, in turn, will advocate and motivate communities to become 100% ODF. NGOs and private sector actors will be engaged to work as intermediaries to transform the behavior of villagers. Female residents will be selected as “Ambassadors of Change” to advocate for improved sanitation and hygiene



among women and other household dwellers. These interventions will lead to the achievement of DLI 3 and also contribute to the achievement of DLIs 1, 2 and 5. Results related with quality and diversification of dietary practices will delivered by

- **Agriculture (including livestock and fisheries). *Building on*** a flexible and demand-driven approach to be piloted in 20 union councils of 4 districts under the proposed MSAN Project, this project would support the Agriculture Department's plans to gradually *scale up* to more districts with a high incidence of stunting. The focus will be on nutrition-sensitive interventions that would contribute to (i) enhancing household food diversity and access to foods of high nutritive value, especially for the poorest and most food-insecure households; and (ii) increasing consumption of food of high nutrition content, especially by PLW, children under five, and adolescents. These interventions will contribute to the achievement of DLIs 5 and 6.

27. A detailed description of the DLIs and protocols for verifying compliance of each is presented in Annex 1. The results achieved through DLIs will be financed under a defined EEP that is part of the recurrent budget for the departments participating in the multisectoral program at the provincial and district levels. The EEPs will be personnel costs for selected categories of staff (LHW, Community Midwives, etc.) and the operational costs associated with the personnel who deliver the health and nutrition services.

28. **Component 2: Strengthening Key Cross-Cutting Nutrition-Related Interventions and Project Management (total estimated cost: US\$16.62 million)** would finance TA and selected inputs for effective cross-sectoral communication, coordination and information systems, in addition to a CCT demand side pilot that will contribute towards achievement of project results. Successful implementation of Component 2 will directly contribute to the achievement of DLIs 5 and 6. Component 2 will include:

- **Social protection/CCT (approx. US\$4.2 million):** To create demand, promote behavioral change, and increase uptake of health and nutrition services focused on the first 1000 days of life, the project would pilot a CCT program to (i) incentivize health check-ups of PLW, and (ii) promote growth monitoring and immunization of children under 2 years of age. Beneficiaries would be selected from the existing cohort of poverty-targeted beneficiary families identified from the National Socio-Economic Registry and would receive regular and predictable cash transfers.
- **Strategic communication (approx. US\$3 million):** To consolidate and scale up the existing sectoral communication plans, the project would support the development of a comprehensive multisectoral social and behavioral change communication (SBCC) package for use by all key sectors to disseminate more consistent and effective messages. The project would finance (i) formative research (to map ongoing and planned SBCC interventions; analyze knowledge, attitudes, and media habits of the target populations; etc.); (ii) elaboration of a comprehensive SBCC strategy; and (iii) development and pretesting of communication tools, including information, education and communication (IEC) materials, public service announcements, social media content, etc.
- **Cross-cutting interventions and project management (approx. US\$9.42 million):**
 - **Coordination support (approx. US\$1 million):** The project will support the operations of the structures established by the AAP at provincial and district levels to ensure the synergistic action required among the diverse sectors and stakeholders.
 - **Project supervision and management (approx. US\$2 million):** The project will provide financial support to the Secretariat to be led by the Nutrition Coordinator. Staffed by a



core team comprising specialists in such areas as project management, procurement and financial management, strategic communication, monitoring and evaluation (M&E), and social and environmental safeguards, the Secretariat will collaborate closely with the Planning and Development Department (P&D) to ensure smooth implementation of the multisectoral interventions under the project.

- **Nutrition expenditure tracking (approx. US\$1 million):** The project will support the existing integrated financial management information system (FMIS) to enable tracking of nutrition-related allocations and actual expenditures at provincial and district levels. By identifying the actual expenditures incurred at the various levels of implementation, the project would help policymakers and relevant stakeholders manage financial resources for nutrition and improve evidence-based decision-making related to the provincial budget.
- **Monitoring and evaluation, reporting, and impact evaluation (approx. US\$2.42 million):** The project will support comprehensive strengthening of the various sources of information on the achievement of the targets in the results framework, including (i) regular reporting from the departments, and especially the DOH's District Health Information System (DHIS); (ii) third-party monitoring for verification of DLIs; and (iii) specialized surveys (including at least one provincewide stunting survey) to assess the stunting rate and other project-relevant indicators.

The project will finance third-party verification of the disbursement-linked results (DLR) to prevent any possible overreporting. With support from the third-party verification firm, the GoS will provide evidence, in line with the verification protocol, of satisfactory achievement of each DLR for the respective year and for which payment is requested in the amount of the price agreed for each DLR. The GoS will share this report with the Bank by the end of January and July for the Bank's biannual implementation review. GoS and the Bank will discuss the verified results, agree on DLI performance recommendations, and determine the subsequent release of funds.

- **Citizen engagement (approx. US\$3 million):** The project will support efforts to enhance citizen engagement by strengthening advocacy, awareness, complaint registration, and grievance redress; these efforts will also contribute to results verification (for the DLIs, provision of services, ODF status, CCT, etc). A firm will be hired to (i) design an appropriate IT platform with GoS; (ii) develop a strategy to integrate all areas of interest of the project with protocols for the platform; and (iii) establish a team to answer questions from the population, send behavior change messages, and address complaints.

B. Project Cost and Financing

29. GoS has estimated the cost for implementing the approved AAP across all districts of the province at approximately US\$646 million. The cost of the AAP rollout to the 23 districts is estimated at about US\$437 million, which includes staff and non-staff costs. This proposed project will be financed by a US\$61.62 million equivalent IDA Credit, which accounts for about 14% of the AAP cost for the project intervention areas (see Table 5 below). The project financing instrument is investment project financing.



Table 5: Project Costs and Financing

Project Components	Project Cost (23 districts) (US\$ million)	IDA financing (US\$ million)	Project IDA financing as a % of total AAP cost (23 districts)	Other sources of Funds ³ (Govt. & Donors) for AAP costs (23 Districts) (US\$ million & %)	Financing Gap (US\$ million & %)
Comp. 1	437	45	14%	224 (51%)	151.38(35%)
Comp. 2		16.62			
Total		61.62			

30. Financial support for the implementation of the AAP in the selected districts has been identified from the GoS (US\$30 million) and other partners, including the EU, USAID (through UNICEF), and WFP, as well as from other Bank projects. These other sources of financing, including GoS, will contribute about 51% of the AAP cost for the selected districts (see Table 6 below and discussion in Section D: Role of Partners). The Government will seek support to cover the 35% financing gap through a donor conference planned for the second half of CY 2017. If the additional resources are not secured, the project-supported goal of a reduction of stunting to 43% by 2021 is still expected to be achieved, but it will likely take the GoS longer to achieve the reduction of stunting to 30% by 2021 province-wide that it is working towards.

Table 6: Other Source of Funds Support AAP (23 Districts)

Financing source (Agencies)	Allocated amounts
Government of Sindh budget allocation for 3 years	Approx. US\$30.00 million (3 billion PKR)
World Bank-financed Enhanced Nutrition for Mothers & Children Project (ongoing)	US\$47.95 million
World Bank-financed Multi-Sectoral Action for Nutrition Project (forthcoming)	US\$21.17 million
European Union WINS Project	Approx. US\$35.52 million (€33 million)
UNICEF-USAID Nutrition Project	US\$20.00 million
European Commission Humanitarian Aid and Civil Protection	US\$4.00 million
SIDA	Approx. US\$0.30 million (30.6 million PKR)
WFP	US\$0.41 million
European Union (upcoming new project)	Approx. US\$64.60 million (€60 million)
TOTAL	Approx. US\$224 million (51% of AAP total cost for 23 districts)

C. Lessons Learned and Reflected in the Project Design

31. The project design has incorporated lessons learned from previous and ongoing Bank engagements using results-based financing approaches (using DLIs), which can be very successful in

³ See Table 6 for detailed cost breakdown by source.



rapidly increasing the implementation of cost-effective interventions and in emphasizing results and outcomes. The use of pilots will allow the Government to explore options for future scale-up of these approaches. In other projects in the region, including in Pakistan (e.g., Punjab Education), the use of DLIs has contributed significantly to policy and sector dialogue by focusing on political ownership (supporting the Government's program), focusing on results (linking disbursements to results), and donor coordination (facilitating planning, budgeting, and supervision within a common framework).

32. International experience has demonstrated the importance of combining demand- and supply-side interventions to reduce stunting. The project will address both by (i) increasing the effectiveness of supply-side interventions by disbursing against verified delivery and use of services, and (ii) enhancing demand by piloting a CCT initiative targeted at the poorest people in four districts in Sindh. Including CCT in the project should reduce the financial barriers the poorest households face in using the project interventions, barriers that have demonstrably constrained access to nutrition-related services.

33. International experience has also shown that strong coordination mechanisms are crucial for the success of an intersectoral approach to improve nutrition. The GoS has gathered experience by building consensus, finalizing and operationalizing its intersectoral strategy for nutrition, and mobilizing resources for joint action through key sectors. The project will further strengthen coordination at the provincial, district, and community levels to ensure convergence and complementarity of efforts. Integrated and coordinated management information systems are essential for tracking progress, but their use must be combined with regular, population-based surveys to determine the impact of the multisectoral approach for reducing stunting. The project will rely on existing data systems while investing (through Component 2) in information systems strengthening and outcome evaluation.

IV. IMPLEMENTATION

A. Institutional and Implementation Arrangements

34. For Component 1, the project will use the framework of institutional arrangements established by GoS for implementing the AAP.

35. **Provincial-level arrangements.** The Government of Sindh will ensure the establishment/appointment and maintenance of (i) a Provincial Task Force for AAP of all relevant ministers participating in the implementation of the AAP, and (ii) a Coordinator to the Chief Minister Sindh for Nutrition (Nutrition Coordinator) to coordinate the task force's responsibilities to direct and oversee all programmatic and operational activities related to the achievement of the AAP's objectives. The Nutrition Coordinator will also support the Provincial Steering Committee (PSC), comprising the secretaries of all relevant and participating departments. The PSC will meet twice a year and will provide overall strategic policy guidance, planning, and oversight of the AAP; coordination among related sectors and stakeholders; and support and review of the project's implementation progress and performance.

36. A Provincial Task Force Secretariat for AAP (Secretariat) will assist the Nutrition Coordinator in the day-to-day management of the overall AAP and this project. The Secretariat will be staffed by a core team of technical specialists in such areas as project management, procurement, financial management, communication, M&E, and safeguards. With support from the P&D Nutrition Unit, the Secretariat will ensure coordination among the different sectors and smooth implementation and monitoring of the multisectoral interventions. The Secretariat will have specific responsibilities for (i) monitoring project performance; (ii) monitoring the implementation of the prioritized packages of multisectoral interventions as well as the activities under each DLI; (iii) overseeing the data collection and verification



process to ensure the validity of the evidence for the DLIs; and (iv) conducting project midterm and completion reviews.

37. **District-level arrangements.** All sectoral representatives—for example, those for nutrition, health, local government, education, population welfare, agriculture, livestock, fisheries, and the Social Welfare Department (SWD)—hold operational district-level offices. Health, nutrition, and population interventions will be delivered through existing LHWs and Community Midwives (CMWs); where there are no LHWs, NGOs will be contracted to deliver the package of services financed by the project. The local government representative will be the district focal person for water and sanitation, while the Secretaries of union councils will serve as the field force of the Local Government Department. For agriculture, the government's agriculture extension workers are available at the district level as Agriculture Officers.

38. Overall sectoral coordination at the district Level will be the responsibility of the Deputy Commissioner, assisted by a dedicated District Coordinator to be notified by the GoS for all 23 Districts. Monthly district coordination meetings will be arranged by the District Coordinator and chaired by the Deputy Commissioner, with representation from all the relevant sectors. The District Coordinator will be responsible for coordinating with all the sectoral focal persons to ensure that (i) quarterly work plans are prepared and implemented; (ii) activities are supervised and monitored; (iii) all sectors provide monthly reports to the Deputy Commissioner; and (iv) consolidated reports are transmitted to the provincial level. The District Coordinator will also be responsible for coordinating project communication and M&E activities in the district. In addition to the intersectoral reporting mechanisms, every sector will be responsible for its own sectoral and technical reporting. Front-line workers, such as LHWs and CMWs for the health sector, will compile information and present it to the district line departments; district reports will then be shared with the provincial line departments for technical review and feedback for quality improvements.

39. A Project Operations Manual (to be prepared by GoS within 2 months of project effectiveness) will set out procedures, processes, and systems to be followed by the management and staff of the project at all levels, including issues related to safeguards, procurement and financial management, and coordination among the sectors involved in project implementation.

40. For Component 2, the institutional arrangements for SBCC and CCT are as follows:

41. **Social and behavioral change communication.** To develop the widest possible awareness and ownership at various societal levels, the project will finance a multipronged outreach initiative aimed at both internal and external stakeholders and audiences. Each sector of the program will implement sectoral communication strategies designed to help achieve the stunting-reduction targets. To ensure a cohesive strategy, a Communication Coordination Cell will initially be established within P&D and then within the Secretariat. Staffed by communication specialists from the various sectors, the cell will build on the strategy and material developed under the ENMCP to develop an overall communication strategy and action plan in a consultative and participatory manner while ensuring synergies with sectoral communication strategies. It will also ensure quality control of outreach materials; coordinate event management, public information campaigns, and advertisements for print/electronic media; and help build relationships with media and civil society.

42. **Conditional cash transfers.** A Technical Working Group, chaired by the Chief Economist and including representatives of P&D, Health, Finance, Social Welfare Department (SWD), and the Benazir Income Support Program, proposed the delivery of the CCT pilot through SWD until the time that the Government of Sindh develops a comprehensive Social Welfare Policy to guide a comprehensive province wide CCT program. For certain elements, such as pro-poor targeting, the CCT pilot will use the available



National Socio-Economic Registry maintained by the Benazir Income Support Program. A detailed manual (as part of the project operational manual) will provide program rules and regulations, processes, and implementation procedures for targeting, beneficiary outreach, social mobilization, enrollment, payments, conditionality/co-responsibilities, compliance verification process, exit policy, grievance redress mechanism, management information system, communication strategy, and M&E.

B. Results Monitoring and Evaluation

43. M&E responsibilities have been established at the provincial and district levels and will contribute to tracking project indicators, including DLIs. Following current practice, each sector at the district level will collect, consolidate, and analyze data on the services provided and their use. Sector-specific monthly reports will be consolidated at the provincial level by the Secretariat with assistance from P&D. The provincial programs in different sectors will have the responsibility for preparing and disseminating semiannual results reports, which will be presented to the PSC for review of the results and resolution of any bottlenecks to implementation. For the DLIs, an independent third party will be contracted to conduct a semiannual verification of the DLIs reported through the routine system. The information obtained from the third-party monitoring will serve to confirm the routine system data and will be used to issue performance-based payments through EEPs.

44. Data for all proposed project indicators, including the beneficiary feedback indicator, will be collected through existing systems, but there is a need to consolidate the existing systems (often developed independently for specific purposes) into a well-coordinated and integrated provincial information management system for multisectoral interventions. To this end, a “bottom-up” approach will be used for collecting and analyzing the data, and capacity for this approach will be strengthened gradually through TA under Component 2. The project will also draw on the experience gained in the education sector to pilot and gradually expand the use of new information technology to improve the effectiveness of coordinated and overarching monitoring for the AAP and to enhance social accountability.

C. Sustainability

45. The sustainability of the project’s interventions will be enhanced by several factors. First, clear political leadership for dealing with the persistent problem of stunting in Sindh Province is shown by (i) the development and operationalization of the AAP; (ii) the establishment of a Provincial Task Force; (iii) the appointment of the Nutrition Coordinator; and (iv) the establishment of a Secretariat. Because there is high-level interest in the potential for a CCT arrangement to address stunting as well as broader poverty reduction and human development issues, the project may serve as a precursor to much-needed social protection reforms.

46. Second, the proposed project is fully integrated into the Government’s existing structures and budgetary procedures. The project will rely on sectoral planning, district implementation, and the Government allocation of US\$30 million, which has already been approved for the next three years (US\$10 million/year). Through the DLIs, the project will incentivize delivery of technical interventions and institutional strengthening measures that have already been agreed on and partially financed by the provincial authorities. This approach should also strengthen the Government’s ability to mobilize and coordinate stakeholders and counterpart participation in the implementation of the AAP.

47. Third, the project addresses the key issue of behavior change for (i) beneficiaries and communities by introducing coordinated communication strategies and a CCT to increase the demand for and access to services; and (ii) service providers across a range of sectors by introducing DLIs to ensure an adequate supply of quality services.



D. Role of Partners

48. As mentioned above, the Bank is financing the ENMCP (US\$47.95 million IDA credit) and preparing with GoS the MSAN Project (US\$21.17 million IDA grant), both of which are significant contributions to the AAP. Other support for nutrition is being provided by partners, including (i) USAID, which funds the Maternal and Child Stunting Reduction Program, financing nutrition-specific and water and sanitation interventions through UNICEF; (ii) WFP and NGO partners; and (iii) the European Commission Humanitarian Aid and Civil Protection, which supports emergency nutrition interventions implemented by UNICEF, WFP, and NGOs. EU support to nutrition for women and children ended in March 2017, and a new multisectoral nutrition program is being prepared and will be implemented by NGOs in coordination with GoS. As indicated above, a donor conference is planned by GoS to identify additional partner resources to support the implementation of the AAP.

49. Through the One UN framework, UN agencies (mainly UNICEF, WFP, and WHO) are providing technical assistance to GoS on matters related to coordination, implementation, and monitoring and are developing guidelines and standards for nutrition-related interventions. In addition, through EU funding, the FAO provides policy support relevant to the reduction of malnutrition through the agriculture and food security lens. The different interventions will be overseen by the PSC with the support of the P&D Nutrition Unit. A mapping exercise was carried out to ensure that (i) there is no duplication of financing among the project's priority districts; and (ii) there is complementarity and synergy among interventions within these districts, union councils, and communities to achieve the project's objectives.

V. KEY RISKS

A. Overall Risk Rating and Explanation of Key Risks

50. Based on the following assessment of risks, the overall project risk is rated as Substantial:

Table 7: Project Risk Ratings

Risk Category	Rating
1. Political and Governance	Substantial
2. Macroeconomic	Substantial
3. Sector Strategies and Policies	Moderate
4. Technical Design of Project or Program	Substantial
5. Institutional Capacity for Implementation and Sustainability	Moderate
6. Fiduciary	Substantial
7. Environment and Social	Moderate
8. Stakeholders	Moderate
Overall	Substantial

51. The Political and Governance and Macroeconomic risks apply to the portfolio as a whole and have been assessed as Substantial by the Country Management Unit. Among the remaining risks faced by the project, all but the Technical Design and the Fiduciary risks are considered Moderate. Sector policies and strategies have either been approved/agreed to or are included as DLIs. Provincial- and District-level institutional capacity to implement the AAP will be enhanced by the recruitment of additional staff where required. The previous nutrition-related projects approved by the Bank and the mitigation measures already established by GoS have reduced the Environment and Social and Stakeholder risks.



52. The Technical Design risk is considered Substantial because of the use of a multisectoral approach (the first of its kind in Sindh), the need to rapidly expand the number of districts, and the potential difficulties of measuring results. The introduction of the DLI mechanism, which—although it is innovative in Sindh Province—has been used in the education sector in Sindh and elsewhere in Pakistan, should mitigate this risk. Regular communication and adequate tracking of nutrition expenditures by the Government will be required, and the project has included these measures as part of Component 2.

53. The financial assessment has concluded that management arrangements for the project are based on the country financial management systems and provide reasonable assurance that the credit proceeds will be used for the intended purposes. Experience with similar operations in other provinces provides a useful reference for Sindh's provincial authorities. Procurement-related risks have been reduced by using the DLI, since disbursements will be made against EEPs (including salaries and operational costs of selected personnel). A procurement assessment has been conducted, and measures to mitigate key procurement risks are envisaged under Component 2 to strengthen procurement processes and contract management.

54. Given these risks as well as the Substantial Political/Governance and Macroeconomic risks, the overall risk is Substantial.

VI. APPRAISAL SUMMARY

A. Economic and Financial (if applicable) Analysis

55. Economic analysis of this multisectoral program requires a life-cycle framework as investment to reduce stunting in early life may have impacts in the long term. Stunting may cause reduction in physical growth potential, neurological consequences that lead to poor learning and grade attainment, and increased susceptibility to chronic diseases in adulthood—factors that in turn may result in poor productivity, lost employment, and premature death. In addition, in the short run, child undernutrition is a risk factor for child morbidity and mortality and leads to increased healthcare costs and forgone income for caregivers.

56. Separately estimating the monetary benefits of the various sources and aggregating them may not be appealing, because monetizing each source involves strong assumptions and because benefits may not be additive. Thus the Hoddinott et al. (2013) methodology is followed, which takes a direct approach to estimating the economic benefits of reducing stunting that is based on the Hoddinott et al. (2011) estimate of the effect of childhood stunting on per capita consumption expenditure in adulthood (66% lower). To be conservative, it is assumed that only 90% of the consumption gain from reducing stunting is realized during the child's working age. Children born in 2017 are assumed to join the labor market at age 20 (year 2037) and retire at age 60 (year 2077). In estimating total benefit, one assumes that the package of multisectoral interventions can reduce stunting by 10.4 percent (from 48% to 43% in 2021). The cost of implementing the AAP in the 23 districts this project supports is estimated to be approximately US\$437 million. A sensitivity check is also conducted for 10% additional program cost.

57. With an internal rate of return (IRR) of 14% and benefit-cost ratio of 1/28 (at 5% discount rate), the program is found to be highly economically sound. This means that, for each dollar invested in this program, one can expect US\$28 in benefits. Even at higher discount rates (8% and 10%) the benefit-cost ratio is favorable (18 and 14, respectively). As expected, the ratio increases when assuming a greater reduction in stunting and declines when considering higher costs as sensitivity analyses. However, even in the most conservative combination of assumptions (10% discount rate, spending 10% more than the



program estimated cost and achieving only a 10% reduction in stunting), the program is worth investing in (benefit-cost ratio of 13 and IRR of 13%). Given various unaccounted benefits (including addressing micronutrient deficiencies that also negatively affect productivity and cause losses to GDP), the estimate of the benefit-cost ratio and IRR indicate that the program is an economically sound development intervention. Among development interventions, investment in nutrition in the early years, and especially in the age group this program is primarily targeting, is internationally recognized as one of the world's smartest investments (Copenhagen Consensus 2012).

58. The proposed intervention by Government under this project is justified on the following grounds: (i) need for coordination of sectors, (ii) market failure due to information asymmetry and externalities, and (iii) equity considerations. People underinvest in nutrition partly because they lack information about the potential consequences and irreversibility of the damage caused by undernutrition in early life. Even parents who are well aware of the consequences of malnutrition in children tend to invest less than what is socially desirable if they do not internalize all the social benefits of proper nutrition. The negative effects of child undernutrition could be intergenerational; therefore, breaking the low nutrition/low income generational trap requires public investment in human capital development. Even if parents foresee the long-term benefits of proper nutrition, in a context like Sindh where the credit market is imperfect, it is difficult for them to invest in the future through borrowing. Thus, public sector financing is required.

59. The fiscal impact and sustainability of such interventions would be significantly positive in terms of human and economic development, since undernutrition is a risk factor for various types of child morbidities, for child mortality, and for chronic diseases in adulthood that arguably account for a huge portion of public expenditure on health. By reducing the otherwise inevitable high treatment costs, better nutrition has the advantage of containing expenditure over the medium and long term; and by increasing productivity in the long run, it increases the tax base of the economy.

B. Technical

60. The determinants of nutrition are multiple, and appropriate actions to improve nutrition outcomes rely on multiple sectors. Consequently, the project is designed to bring the most critical interventions of several sectors to converge for maximal impact. These technical interventions, which are fully aligned with the AAP, include institutional arrangements to ensure commitment, coordination, and monitoring at all levels. The proposed package of multisectoral interventions, both nutrition-specific and nutrition-sensitive, is presented in Table 8.

61. The project's "theory of change" is sound and evidence-based (see Annex 2). Recent scientific literature shows that the interventions prioritized by the project are among the most critical and effective interventions leading to outcomes which contribute to reducing childhood stunting, improving physical growth, and improving cognitive development (Black et al., Lancet 2013). The nutrition-specific interventions are provided largely through the health, nutrition and population sector, while sanitation and hygiene, social protection, education and agriculture sectors contribute through interventions that lie within their domains. The project builds on the existing base of operations in the province that are supported by the World Bank and other donors.



Table 8: Overview of the Proposed Nutrition Interventions

Nutrition-specific interventions	Nutrition-sensitive Interventions				
	Population	Agriculture, Fisheries, and Livestock	Sanitation & Hygiene	Social protection	Education
Health and Nutrition Maternal Care: ANC, PNC, IFA Multi-micronutrient supplements for children 6-24 mos. IYCF Promotion Child screening, referral, and treatment (SAM/MAM) Immunization Counselling & BCC De-worming Early learning & stimulation IFA for adolescent girls	Family	Kitchen Small animal rearing Fish farming Backyard poultry Food storage	Sanitation Hand-washing ODF	CCT	Child care / ECE Health, nutrition & life skills education Retaining girls in
Cross-cutting interventions Institutional strengthening for multi-sectoral coordination, monitoring, and evaluation Integrated strategic communications Citizen engagement Gender and Equity					

62. In each sector, priority is given to the interventions with the most significant contributions to reduce stunting, and to the target populations: (i) women, especially from the poorest and most disadvantaged households, PLW, and mothers of children under 5; (ii) children under 2 years of age; and (iii) children aged 0-59 months. For example, agriculture, livestock, and fisheries interventions will help the most vulnerable households improve their food security and diet diversity; sanitation and hygiene activities will reduce fecal contamination (human and animal) in children's living and play environments by supporting ODF communities, hand-washing, and SBCC; and education sector activities will promote positive nutrition behaviors in families by introducing nutrition and life skills curricula for adolescent boys and girls, training teachers on nutrition, and disseminating early childhood development messages among mothers of young children. Testing of targeted CCTs among the poorest households in four districts will contribute to increased access to and use of maternal, child health, and nutrition services.

63. The project will also pilot the integration of parental guidance on early learning and stimulation for children under 3 years of age, with the existing nutrition, health, hygiene, and family planning counselling package delivered through the health platform. Evidence indicates that early learning and stimulation has a positive role in promoting cognitive development, and that integrating interventions for early childhood development, especially those for mothers and families of children under 3 years of age, on existing health and nutrition service delivery platforms is an effective and efficient way to reach large numbers of families and children at this critical stage of their development.

64. The proposed overarching integrated communication strategy, including mass media and institutional arrangements for intersectoral coordination, monitoring, and evaluation, will buttress the impact of interventions across sectors. For the greatest impact, priority will be given to districts with the highest prevalence of stunting. To increase synergy among the interventions, sectoral interventions will be simultaneously rolled out in the same geographical areas—villages, union councils, and districts. Convergence will be ensured through coordination committees at all levels, including village development committees at the field level.



C. Financial Management

65. The Financial Management assessment covers the entire project to be implemented in the 23 targeted districts estimated to cost US\$ 437 million. The project will follow the Government rules for the preparation of annual budget and Project's budget will be a part of the Government's annual budget under the heading "Estimates of Foreign Assistance". For Component 2 (Technical Assistance), the project will maintain separate books of accounts on cash basis of accounting in accordance with the government policies as stated by the Accountant General Office. The Accountant General will maintain the accounts with respect to EEPs using the government's Financial Management Information System (FMIS). The Project's annual financial statements will be prepared in accordance with the Generally Accepted Cash Basis IPSAS. Project financial statements will be audited by the Auditor General of Pakistan (AGP). The audited financial statements of the Project will be submitted to the Bank within six months of the close of the financial year.

66. Component 1, Expanding Access to a Multi-Sectoral Package of Services for Reducing Stunting. Eligible expenditures (i.e. personnel cost of participating sectors in targeted districts) for this component will be pre-financed through the regular budget, and then the Bank will reimburse the government by transferring corresponding Credit proceeds into the Provincial Consolidated Fund Account (under the country system all revenues, loans and moneys received by the provincial government are part of this fund). The Bank will reimburse eligible expenditures as reported in the biannual Interim Financial Reports (IFRs) capped to the price of DLIs achieved. For this project, eligible activities are defined as nutrition related (nutrition sensitive) expenditures attributed to the sectors targeted in the project. Nutrition sensitive development seeks to integrate and promote nutrition as a goal of multiple sector policies in order to accelerate national development. All departments have specific interventions and services they will contribute to improve nutrition outcomes of the population. Since existing staff, in addition to their normal functions would be performing nutrition related activities in the targeted districts, 10% of personnel cost of the participating sectors in targeted districts comprises of EEP for the project. These expenditures are clearly identifiable in the government budget, FMIS and the Chart of Accounts. The Bank funds would not be separately tracked, and the Bank will accommodate withdrawal applications from the Credit when the overall expenditures eligible under the EEPs are more than or equal to the amount to be withdrawn from the Credit. The expenditure mechanism satisfies Bank policy.⁴ Disbursement from the credit proceeds in US Dollars will be translated to Pakistani Rupees by the State Bank of Pakistan, and the local currency shall form the transaction basis for the operation's accounting and reporting.

67. For Component 2, a Designated Account will be established in US Dollar at the National Bank of Pakistan and an advance amount equivalent to a six-month cash forecast will be provided.⁵ Subsequent IFRs will be used to document the expenditures and determine the amount of the advances. The template of the IFRs will be agreed during negotiations and will be used to report advances and actual project expenditure incurred against the eligible expenditures supported by the Bank under the program. IFRs will be prepared using information from the GoS accounting system through GFMS terminal and approved by the Department of Finance. The IFRs will be due for submission to the Bank within 45 days of the end of the six-month period ending December 31 and June 30, for each year financial year.

⁴ In particular, OP 6.0's three pillars: (a) expenditures are productive; (b) they contribute to solutions within a fiscally sustainable framework; and (c) acceptable oversight arrangements are in place.

⁵ Use of advance will be available to the Project only when the issue of the lapsed loan in the Pakistan portfolio is fully resolved.



68. Table 9 summarizes the project's disbursement arrangements:

Table 9: Disbursement Arrangements

Disbursement categories	Amount of credit	% of expenditure to be financed	Disbursement cycle	Disbursement condition
(1) Eligible expenditure program (EEP)	US\$ 45 million	100%	Reimbursement of eligible expenditures based on certification of DLIs achieved and incurred expenditures reported in semiannual IFRs	Achievement of DLI targets and spending of eligible expenditures
(2) Goods, consultants' services, non-consulting services, incremental operating costs, training, and workshops	US\$ 16.615 million	100% inclusive of taxes, customs duties, tolls, or other charges on importation of vaccines and related supplies	As per the DL Instructions	OM for cash transfers

69. The P&D Department is using the country financial management system, but it lacks detailed knowledge of World Bank processes and procedures. To ensure adequate project financial management, measures have been included in Component 2 of the project to strengthen P&D's financial management capacity. The Secretariat will, not later than three months after the project effectiveness date, recruit a financial management specialist who will be responsible for preparing project-level periodic financial reports, reviewing financial and nonfinancial reports extracted from Sindh's financial management information systems, managing project disbursements, and coordinating with auditors the preparation of the project's audited financial statements.

D. Procurement

70. Under Component 1, the DLIs will have a defined EEP that consist of nutrition-specific and nutrition-sensitive expenditures incurred against the personnel costs and operational costs of the participating departments. Therefore, procurement under Component 1 will follow the Government's guidelines. Under Component 2, procurement will be undertaken in accordance with World Bank: Investment Project Financing Goods, Works, Non-Consulting and Consulting Services (July 2016). A Project Procurement Strategy for Development has been prepared as an appraisal requirement. The key output of the strategy is the initial Procurement Plan covering the first 18 months of project implementation. Major consultancies are BCC, Nutrition Tracking FMIS, M&E, and a TPV for DLI verification.

71. Within the Provincial Secretariat, a procurement specialist will oversee project procurement and financial support for this position has been included in Component 2 of the project. Procurement, communication, financial management and M&E consultants would be identified and selected in accordance with the World Bank's Procurement Regulations. However, the Recipient may select other project implementation staff—for example, project management specialist (project coordinator), communications specialist, M&E specialist—in accordance with its personnel hiring procedures for such activities, as reviewed and found acceptable by the Bank during appraisal.

72. To ensure that the national market approach is aligned with Bank's Procurement Regulations, an assessment has been undertaken, and the following will be included in the project legal agreements: The Bank's Anti-Corruption Guidelines, the right of the Bank to review procurement documentation and activities, and the use of the Request for Quotation method up to US\$100,000.



E. Environment and Social (including Safeguards)

73. The project has been assessed as Category B (Partial Assessment) under OP 4.01, *Environmental Assessment*, and an environmental assessment was carried out by the Local Government Department as part of the preparation of the MSAN Project. The existing Environmental and Social Management Framework (ESMF) of the MSAN project has been reviewed and updated to reflect the scale-up of activities to the 23 target districts under this project. The ESMF includes guidance on developing management plans, such as Environmental and Social Management Plans (EMPs), to provide the basis for identifying and costing measures to mitigate the adverse impacts of subprojects, such as proper construction of soaking pits for effective drainage to prevent the accumulation of stagnant water; appropriate siting of latrines to avoid water contamination and undue pressure on aquifers; and community involvement in latrine management and leakage detection.

74. The project may need to acquire small pieces of land for certain interventions (for example storage facilities) and so OP 4.12 is triggered. A Resettlement Policy Framework (RPF) has been prepared and will be applicable for such cases. Resettlement Action Plans will be prepared where land is acquired for such interventions. In most other cases, small pieces of land for interventions (such as for demonstration plots, etc.) will be taken using Voluntary Land Donation (VLD) with appropriate screening to ensure that land is truly donated without any pressure. Monitoring will be undertaken to ensure that VLD procedures are properly documented and accepted by the community.

75. Component 1 involves agriculture enhancement technologies at the farm level, which may involve the use of some pesticides to enhance crop production. GoS has an approved and disclosed an Integrated Pest Management Plan that it uses for the ongoing Sindh Agricultural Growth Project, and this plan will also be applied to the agriculture activities under this project.

76. The Secretariat will also include safeguards specialists to monitor the ESMF implementation progress and compliance.

F. Other Safeguard Policies (if applicable)

77. No other safeguard policies are triggered

G. World Bank Grievance Redress

78. Communities and individuals who believe that they are adversely affected by a project supported by the World Bank (WB) may submit complaints to existing project-level grievance redress mechanisms or the WB's Grievance Redress Service, which ensures that complaints are promptly reviewed and project-related concerns addressed. Project-affected communities and individuals may submit their complaint to the WB's independent Inspection Panel, which determines whether harm occurred, or could occur, as a result of the WB's noncompliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank's corporate Grievance Redress Service, please visit <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.



H. Gender

79. As Table 10 shows, women of child-bearing age, PLW, and adolescent girls will especially benefit from the proposed multisectoral interventions under the project.

Table 10: Gender-related interventions

Sectors	Female populations		
	Women of CBA (15-49)	PLW	Adolescent Girls (10-19)
MNCH	Immunization (TT2)	Antenatal care (incl. TT2) Skilled delivery attendance Post natal care	
Nutrition	Iron/folic acid supplementation Counseling on adequate diet Micronutrient supplementation	Iron/folic acid supplementation Counseling on adequate diet Micronutrient supplementation	Iron/folic acid supplementation Counseling on adequate diet
Population/Welfare	Family planning	Family planning	Family planning
Sanitation/Hygiene	Hand washing	Hand washing	School latrines
Ag/Livestock/Fisheries	Kitchen gardens Small animal husbandry & poultry Food preservation & storage		
Education	Literacy education		Promotion for staying in school Health/Nutrition/Lifeskills education
Social Protection	Conditional cash transfers		

80. From the perspectives of nutrition-related service delivery and results monitoring, the project will have a significant emphasis on gender. From the broader perspective of women's empowerment, the Demographic and Health Survey (DHS) 2012 provides some information on the relationship between women's empowerment and the improvement of the nutritional status of women and children. First, the project will improve women's access to livelihood options, social protection, education, hygiene, and sanitation while also influencing the behaviors and attitudes of community women, men, boys, and girls on gender issues, with the potential to reduce gender discrimination, especially in nutrition. Second, the project will promote women's participation in decisions regarding better nutrition outcomes for all, and specifically (i) their own health care (particularly reproductive health care), (ii) family size and contraceptive use, and (iii) infant and child health care.

81. The strategic communications will also highlight the important role of men in reducing gender-based discrimination and recognizing and sharing with women the work of unpaid care. Addressing women's disadvantage at the household and community levels will help women as citizens be more engaged in household- and community-level activities (Table 9).

I. Citizen Engagement

82. The AAP offers many possibilities for citizen engagement in consultation (on coordination and planning), collaboration (on implementation), and especially feedback (on the M&E of service delivery). Table 11 identifies a range of potential entry points for increasing citizen engagement and would serve as a beneficiary feedback indicator.

83. GoS has yet to develop an overall framework for effectively channeling these possibilities. Thus, citizens' feedback on the results and lessons learned from previous interventions, and their involvement



in planning for current priorities and in collaborating to implement the proposed interventions, have not been systematically addressed.

Table 11: Planned Activities with Potential Entry Points and Approaches for Citizen Engagement

Sectors	Provincial Consultation	Levels and Appropriate Approaches	
		District/Taluka/UC Collaboration	Households/Communities Feedback
Planning and Development	Nutrition TF/Secretariat		
MNCH/Nutrition/Population		PPI/NGO's Health facility service delivery	LHW/CMW Growth monitoring activities Family health days, Mother Support Groups
Sanitation/Hygiene		UC/NGO (ODF jurisdictions, cert.)	Ambassadors of change ODF awards
Ag/Livestock/Fisheries		Extension worker visits	Community fish pond management Radio Awareness raising-male/female farmers
Education		Teacher Training-Nutrition/ECE	School Management Committees
Social Protection	Capacity-building		CCT/BISP female beneficiaries & families
Cross-cutting		Capacity-building	Mass awareness/Social mobilization

84. Two departments have proposed ideas that would be considered during project implementation. First, the Education Department is experimenting with a management information system that provides useful education-related data and could be expanded (using the School Management Committees comprising parents, teachers, and administrators) to engage the larger community on the stunting agenda. Second, the Local Government Department envisages a continuing information forum combining (i) awareness-raising on issues related to nutrition/health, sanitation, agriculture, education, etc.; (ii) exchanges to acquire information, pose questions, solve problems, etc.; (iii) complaint registration and grievance redress where appropriate; and (iv) monitoring of AAP indicators, service satisfaction, or other results of interest to GoS. This has been included in the results framework as a beneficiary feedback indicator for the project.

85. The project will support these efforts and has included as an indicator a functioning system of information exchange between local authorities and beneficiaries of nutrition-specific and -sensitive services.

VII. RESULTS FRAMEWORK



Results Framework

COUNTRY : Pakistan

Sindh Enhancing Response to Reduce Stunting

Project Development Objectives

The Project Development Objective (PDO) is to contribute to the reduction of the stunting rate among children under 5 years of age by targeting the most affected districts in the Province of Sindh.

Project Development Objective Indicators

Indicator Name	Core	Unit of Measure	Baseline	End Target	Frequency	Data Source/Methodology	Responsibility for Data Collection
Name: Stunting prevalence (moderate/severe)		Percentage	48.00	43.00	Periodic	Provincial survey	Nutrition Program
Description: Percentage of children under age 5 who fall below minus two standard deviations (moderate and severe). Baseline information is based on the results of the Multi-indicator Cluster Survey (MICS) of 2014.							
Name: Minimum acceptable diet		Percentage	8.90	20.00	Periodic	Provincial survey	Nutrition Program
Description: Percentage of children age 6-23 months who received appropriate liquids and solid, semi-solid or soft foods the minimum number of times or more during the previous day. Baseline information is based on the results of the Multi-indicator Cluster Survey (MICS) of 2014.							
Name: Micro-nutrient sachet distribution		Amount(US D)	0.00	2650000.00	Annual	Nutrition Support Program MIS	Nutrition Program



Indicator Name	Core	Unit of Measure	Baseline	End Target	Frequency	Data Source/Methodology	Responsibility for Data Collection

Description: Among children aged 6-24 months, the cumulative number who receive yearly a minimum of 90 micronutrient sprinkles sachets for three months in intervention areas

Intermediate Results Indicators

Indicator Name	Core	Unit of Measure	Baseline	End Target	Frequency	Data Source/Methodology	Responsibility for Data Collection
Name: Prenatal care visits at community level		Number	0.00	1950000.00	Annual	LHW and MNCH MIS	LHW Program, MNCH Program

Description: Among pregnant women, the cumulative no. who received at least four prenatal care visits at community level.

Name: Iron supplementation among PLW		Number	0.00	1850000.00	Annual	Nutrition MIS	DOH/Nutrition Support Program
---	--	--------	------	------------	--------	---------------	-------------------------------

Description: Among pregnant women, the cumulative number who received iron tablets or syrup during the pregnancy.

Name: TT2 at primary and secondary health services		Number	0.00	1100000.00	Annual	EPI Routine MIS	DOH/EPI Program
---	--	--------	------	------------	--------	-----------------	-----------------



Indicator Name	Core	Unit of Measure	Baseline	End Target	Frequency	Data Source/Methodology	Responsibility for Data Collection
Description: Among pregnant women, the cumulative number who received two or more tetanus toxoid injections during the pregnancy of the last live birth.							
Name: Users of Modern Contraceptive Methods		Number	0.00	12000000.00	Annual	Routine MIS, Routine DHIS and CMW data	Population Program, MNCH Program
Description: Among women of reproductive age, the cumulative number using public sector facilities to obtain modern contraceptives.							
Name: MUAC screening at community level		Number	0.00	7950000.00	Annual	Nutrition Support Program MIS	Nutrition Program
Description: Among children age 6-59 months, the cumulative number who have been screened (MUAC) for malnutrition at community level by LHW and CHW.							
Name: Cumulative number of villages certified ODF		Number	0.00	8600.00	Quarterly	ODF certification process	Local Government Sanitation Directorate
Description: Cumulative number of villages certified Open Defecation Free							
Name: Cumulative number of kitchen gardens established		Number	0.00	2600.00	Annual	Agriculture MIS	Agriculture Department



Indicator Name	Core	Unit of Measure	Baseline	End Target	Frequency	Data Source/Methodology	Responsibility for Data Collection
<p>Description: Cumulative number of demonstration kitchen gardens established (estimated at 870) along with the resulting replicated kitchen gardens (estimated at two per demonstration kitchen garden or 1740) established.</p>							
<p>Name: Cumulative number of households establishing backyard poultry raising and goat farming</p>		Number	0.00	26000.00	Annual	Livestock MIS	Livestock Department
<p>Description: Cumulative number of households establishing backyard poultry raising (5 HH x 100 villages x 24 districts) and establishing backyard goat farming (5 HH x 100 villages x 24 districts).</p>							
<p>Name: Cumulative number of community fish ponds established</p>		Number	0.00	2600.00	Annual	Fisheries MIS	Fisheries Department
<p>Description: Cumulative number of demonstration fish ponds established (estimated at 1209) along with the resulting replicated fish pond gardens (estimated at 1480) established.</p>							
<p>Name: Cumulative number of children (36-59 months) attending Early Childhood Education</p>		Number	0.00	3500000.00	Annual	Sindh Education MIS	RSU-SED
<p>Description: Cumulative number of children in grades K-K2 (approximately 36-59 months) who attend early childhood education.</p>							



Indicator Name	Core	Unit of Measure	Baseline	End Target	Frequency	Data Source/Methodology	Responsibility for Data Collection
Name: Number of Mothers' Groups established		Number	0.00	3900.00	Annual	Education MIS	RSU-SED
Description: Cumulative number of Mothers' Groups established to transfer nutrition information from school children to households with young children.							
Name: Provincial Nutrition Steering Committee functioning		Number	0.00	20.00	Quarterly	Sector Progress Reports	Nutrition Secretariat
Description: Cumulative number of Quarterly Provincial Steering Committee Reports submitted in a timely manner							
Name: Implementation of a system to strengthen coordination, collaboration and feedback between the AAP service providers and target beneficiary populations		Text	No	Yes		Sector Progress Reports	Nutrition Secretariat
Description: Establishment of a functional forum addressing: (i) awareness raising; (ii) informational exchanges; (iii) complaint registration and grievance redress; and (iv) monitoring of AAP indicators, service satisfaction, or other results of interest to GoS							
Name: Pregnant/lactating women, adolescent girls and/or children under age five-reached by basic nutrition services (number)		Number	0.00	7950000.00			



Indicator Name	Core	Unit of Measure	Baseline	End Target	Frequency	Data Source/Methodology	Responsibility for Data Collection
Children between the age of 6 and 59 months receiving Vitamin A supplementation (number)		Number	0.00	7950000.00	Annual	Expanded Program on Immunization	Nutrition Program
Description: This indicator includes total beneficiaries reached by any of the following services: direct feeding programs; programs promoting appropriate infant and young child feeding; nutrition programs for adolescent girls; provision of micronutrient supplements to pregnant/lactating women and children under five; food fortification; deworming; monitoring of nutritional status; nutrition and food hygiene education; nutrition components of early childhood development programs, home gardens and small livestock production for improved dietary diversity; targeted emergency food aid and treatment of severe acute and moderate acute malnutrition.							



Target Values

Project Development Objective Indicators

Indicator Name	Baseline	YR1	YR2	YR3	YR4	YR5	End Target
Stunting prevalence (moderate/severe)	48.00	47.00	46.00	45.00	44.00	43.00	43.00
Minimum acceptable diet	8.90						20.00
Micro-nutrient sachet distribution	0.00	190000.00	450000.00	870000.00	1750000.00	2650000.00	2650000.00

Intermediate Results Indicators

Indicator Name	Baseline	YR1	YR2	YR3	YR4	YR5	End Target
Prenatal care visits at community level	0.00	350000.00	725000.00	1100000.00	1525000.00	1950000.00	1950000.00
Iron supplementation among PLW	0.00	340000.00	500000.00	740000.00	1575000.00	1850000.00	1850000.00
TT2 at primary and secondary health services	0.00	750000.00	825000.00	900000.00	925000.00	1100000.00	1100000.00
Users of Modern Contraceptive Methods	0.00	2175000.00	4450000.00	6850000.00	9375000.00	12000000.00	12000000.00
MUAC screening at community level	0.00	575000.00	1370000.00	2600000.00	5280000.00	7950000.00	7950000.00
Cumulative number of villages certified ODF	0.00	0.00	400.00	2200.00	5400.00	8600.00	8600.00



Indicator Name	Baseline	YR1	YR2	YR3	YR4	YR5	End Target
Cumulative number of kitchen gardens established	0.00	0.00	1125.00	1665.00	2025.00	2600.00	2600.00
Cumulative number of households establishing backyard poultry raising and goat farming	0.00	0.00	6000.00	12000.00	18000.00	26000.00	26000.00
Cumulative number of community fish ponds established	0.00	0.00	650.00	1300.00	2000.00	2600.00	2600.00
Cumulative number of children (36-59 months) attending Early Childhood Education	0.00	640000.00	1310000.00	2000000.00	2750000.00	3500000.00	3500000.00
Number of Mothers' Groups established	0.00	0.00	0.00	230.00	2000.00	3900.00	3900.00
Provincial Nutrition Steering Committee functioning	0.00	4.00	8.00	12.00	16.00	20.00	20.00
Implementation of a system to strengthen coordination, collaboration and feedback between the AAP service providers and target beneficiary populations	No	No	No	Yes	Yes	Yes	Yes
Pregnant/lactating women, adolescent girls and/or children under age five-reached by basic nutrition services (number)	0.00						7950000.00
Children between the age of 6 and 59 months receiving Vitamin A	0.00						7950000.00



Indicator Name	Baseline	YR1	YR2	YR3	YR4	YR5	End Target
supplementation (number)							



ANNEX 1: DISBURSEMENT-LINKED INDICATORS MATRIX

DLI		Total (\$US million)		Baseline	Indicators of DLI Achievement and Indicative Disbursements (US\$ Million)							
		Amount	%		2017-2018		2018-2019		2019-2020		2020-2021	
		Amount	%		Target	Amount	Target	Amount	Target	Amount	Target	Amount
1a	Cumulative number of pregnant women who received 4 prenatal care and counseling visits at community level. Definition/Description of Achievement:	7.0	16%	0	350 000	1.0	725 000	1.5	1 100 000	2.0	1 525 000	2.5
Cumulative number of pregnant women in the intervention areas who received at least four prenatal care visits at the community level.												
1b	Cumulative number of women who received 4 ANC at primary and secondary health care facilities (BHU, RHC, THQ, and DHQ) Definition/Description of Achievement:	7.0	16%	0	190 000	1.0	415 000	1.5	675 000	2.0	1 000 000	2.5
Cumulative number of pregnant women in the intervention areas receiving at least four antenatal care visits at primary health care facilities (BHU, RHC, THQ, and DHQ).												
2a	Cumulative number of children 6-59 mos. who are screened (MUAC) for malnutrition at community level Definition/Description of Achievement:	7.0	16%	0	575 000	1.0	1 370 000	1.5	2 600 000	2.0	5 280 000	2.5
Cumulative number of children 6-59 mos. screened (MUAC) at community level. Limited to districts covered by the Nutrition Support Program (NSP).												
2b	Cumulative number of malnourished children aged 6-59 months who are registered in Outpatient Therapeutic Program (OTP) centers at health facilities and mobile health clinics Definition/Description of Achievement:	7.0	16%	0	95 000	1.0	135 000	1.5	310 000	2.0	320 000	2.5
Cumulative number of children 6-59 mos. screened (MUAC) by LHW and CMW at community level. Limited to districts covered by the Nutrition Support Program (NSP).												
	Cumulative no. of villages certified open defecation free		14%									
3a	No. of signed NGO contracts	1.5		0	2	0.5	5	0.5	10	0.5		
3b	Cumulative number of villages certified ODF Definition/Description of Achievement:	5.0			400	0.5	2 200	1.0	5 400	1.5	8,600	2.0
Contract signature indicating recruitment of the NGO to support the initiative followed by certification of Open Defecation Free (ODF) villages.												
4	Introduction of nutrition and life-skills curriculum/instructional materials in Grades 6-10 Definition/Description of Achievement:	2.0	4%		Curriculum introduced	2						
Development of a curriculum and instructional materials, teacher training, and introduction in Grades 6-10 of (primarily) female schools.												
5	Implementation of a province-wide, multi-sectoral media/communications campaign Adoption of BCC plan / Launch of campaign Definition/Description of Achievement:	2.0	4%		Plan adopted	0.5	Campaign launched	1.5				
Adoption of the BCC plan followed by launch of the campaign described in the plan.												
	% of allocated nutrition financing actually expended		14%	0								
6a	Amount of nutrition-related releases for AAP by June 30	2.0			500M PKR	1.0	500M PKR	1.0				
6b	Establishment of nutrition expenditure tracking program	1.5					Functional	1.5				
6c	Annual amount of nutrition-related expenditures by AAP sector Definition/Description of Achievement:	3.0							XXX	1.5	XXX	1.5
Annual amount to be calculated after the tracking system is functional												
Disbursements will initially focus on the total annual amount of AAP allocation (1 billion PKR) and the proportion released to the priority districts. Once the nutrition expenditure tracking program is established; disbursements will be based on the annual amount of nutrition-related AAP expenditures.												



DLI Verification Protocol Table

DLI		Scalability of Disbursements (Yes/No)	Protocol to Evaluate Achievement of the DLI and Data/Result Verification		
			Data Source/Agency	Verification Entity	Procedure
1a	Cumulative no. of pregnant women who received 4 prenatal care visits at community level	No	MIS: LHW/CMW	Third-party agent	Third-party verification of the results data
1b	Cumulative no. of women who received 4 ANC at primary and secondary health care facilities (BHU, RHC, THQ, and DHQ)	No	DHIS: MNCH	Third-party agent	Third-party verification of the results data
2a	Cumulative no. of children 6-59 mos. who are screened (MUAC) for malnutrition at community level	No	NIS: NSP	Third-party agent	Third-party verification of the results data
2b	Cumulative no. of malnourished children aged 6-59 months who are registered in Outpatient Therapeutic Program centers at health facilities and mobile health clinics	No	NIS: NSP	Third-party agent	Third-party verification of the results data
3	Cumulative no. of villages certified open defecation free	No	MIS: Local Gov't	Third-party agent	Third-party verification of the results data
4	Introduction of nutrition and life-skills curriculum/instructional materials in Grades 6-10	No	SEMIS: Education	Third-party agent	Third-party verification of the results data
5	Implementation of a province-wide, multi-sectoral media/communications campaign	No	Nut. Sec.: P&D	Third-party agent	Third-party verification of the results data
6	% of allocated nutrition financing actually expended	No	FMIS: Finance	Third-party agent	Third-party verification of the results data



ANNEX 2: Project's Theory of Change

