



**OFFICIAL USE ONLY**

IDA/R2018-0001/1

January 2, 2018

---

<p><b>Closing Date: Friday, January 19, 2018 at 6 p.m.</b></p>
--

FROM: Vice President and Corporate Secretary

**Cote d'Ivoire - Multisectoral Nutrition and Child Development Project**

**Project Appraisal Document**

Attached is the Project Appraisal Document regarding a proposed credit to Cote d'Ivoire for the Multisectoral Nutrition and Child Development Project (IDA/R2018-0001), 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



Document of  
**The World Bank**  
**FOR OFFICIAL USE ONLY**

Report No: PAD2490

INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT APPRAISAL DOCUMENT

ON A

PROPOSED CREDIT

IN THE AMOUNT OF EURO 43 MILLION

US\$50 MILLION EQUIVALENT

AND

A PROPOSED GRANT

IN THE AMOUNT OF US\$10.4 MILLION

FROM THE POWER OF NUTRITION TRUST FUND

TO THE

REPUBLIC OF COTE D'IVOIRE

FOR THE

MULTISECTORAL NUTRITION AND CHILD DEVELOPMENT PROJECT

December 27, 2017

Health, Nutrition & Population Global Practice  
Africa Region

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.

## CURRENCY EQUIVALENTS

(Exchange Rate Effective October 31, 2017)

Currency Unit = Franc CFA

---

FCFA 564 = US\$1

---

US\$1 = 0.85980826 Euro

### FISCAL YEAR

January 1 - December 31

Regional Vice President: Makhtar Diop

Country Director: Pierre Frank Laporte

Senior Global Practice Director: Timothy Grant Evans

Practice Manager: Gaston Sorgho

Task Team Leaders: Menno Mulder-Sibanda, Patrick Philippe  
Ramanantoanina

## ABBREVIATIONS AND ACRONYMS

ACV	Contracting and Verification Agency ( <i>Agence de Contractualisation et de Vérification</i> )
AfDB	African Development Bank
ANC	Antenatal Care
ANDE	National Environment Agency ( <i>Agence National de l'Environnement</i> )
CBO	Community-Based Organization
CNN	National Nutrition Council ( <i>Conseil National de Nutrition</i> )
CPAR	Country Procurement Assessment Report
CPC	Community Preschool Centers
CPF	Country Partnership Framework
CQS	Consultant Qualification Selection
CRF	Common Results Framework
CSO	Civil Society Organization
CT-RBF	Technical RBF Unit ( <i>Cellule Technique RBF</i> )
DHS	Demographic and Health Survey
EAP	East Asia and the Pacific
ECA	Europe and Central Asia
ECD	Early Childhood Development
ESMF	Environmental and Social Management Framework
FAO	Food and Agriculture Organization
FCFA	West African CFA Franc ( <i>Franc de la Communauté Financière Africaine</i> )
FM	Financial Management
FRANC	Community Nutrition Activity Enhancement Hearths ( <i>Foyers de Renforcement des Activités de Nutrition Communautaire</i> )
GDP	Gross Domestic Product
GiZ	German Development Agency ( <i>Deutsche Gesellschaft für Internationale Zusammenarbeit</i> )
GNI	Gross National Income
GRS	Grievance Redress Service
HKI	Helen Keller International
HMIS	Health Management Information System
HNP	Health Nutrition Population
HSSEPP	Health Systems Strengthening and Ebola Preparedness Project
ICB	International Competitive Bidding
IDA	International Development Association
IEG	Independent Evaluation Group
IFAD	International Fund for Agricultural Development
IFR	Interim un-audited Financial Report
IGF	General Finance Inspectorate ( <i>Inspection Generale des Finances</i> )
IPF	Investment Project Financing
IRC	International Rescue Committee
IVA	Independent Verification Agency
IYCN	Infant and Young Child Nutrition
JHPIEGO	International non-profit health organization affiliated with Johns Hopkins University
JICA	Japan International Cooperation Agency
KOICA	Korea International Cooperation Agency
LAC	Latin America and the Caribbean
LCS	Least Cost Selection
LIA	Local Implementing Agency
LiST	Lives Saved Tool

M&E	Monitoring and Evaluation
MEF	Ministry of Economy and Finance
MENA	Middle East and North Africa
MICS	Multiple Cluster Indicator Survey
MNCDP	Multisectoral Nutrition and Child Development Project
MNCH	Maternal, Neonatal and Child Health
MOHPH	Ministry of Health and Public Hygiene
NCB	National Competitive Bidding
NGO	Non-Governmental Organization
NPF	New Procurement Framework
PA	Project Account
PAD	Project Appraisal Document
PDO	Project Development Objective
PIM	Project Implementation Manual
PIU	Project Implementation Unit
PNMN	National Multisectoral Nutrition Plan ( <i>Plan National Multisectoriel de Nutrition</i> )
PNN	National Nutrition Program ( <i>Programme National de Nutrition</i> )
PoN	Power of Nutrition
PPA	Project Preparation Advance
PPR	Post Procurement Review
PPSD	Project Procurement Strategy for Development
PSP	Public Service Provider
QCBS	Quality and Cost Based Selection
RBF	Results-Based Financing
RFP	Request for Proposals
RMNCH	Reproductive, Maternal, Newborn and Child Health
RNC	Regional Nutrition Committee
SAR	South Asia Region
SBD	Standard Bidding Documents
SCD	Systematic Country Diagnostic
SitAn	Situation Analysis
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SSA	Sub-Saharan Africa
STP	Permanent Technical Secretariat ( <i>Secrétariat Technique Permanent</i> )
SUN	Scaling Up Nutrition
SWEDDP	Sahel Women's Empowerment and Demographic Dividend Project
TOR	Terms of Reference
TRECC	Transforming Education in Cacao Communities
UNAIDS	United Nations Program on HIV/AIDS
UNDB	United Nations Development Business
UNDP	United Nations Development Program
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WAEMU	West Africa Economic and Monetary Union
WBG	World Bank Group
WDI	World Development Indicators
WFP	World Food Program
WHO	World Health Organization



**BASIC INFORMATION**

Is this a regionally tagged project? No	Country(ies)	Financing Instrument Investment Project Financing
<input type="checkbox"/> Situations of Urgent Need of Assistance or Capacity Constraints <input type="checkbox"/> Financial Intermediaries <input type="checkbox"/> Series of Projects		
Approval Date 19-Jan-2018	Closing Date 30-Jun-2023	Environmental Assessment Category B - Partial Assessment
Bank/IFC Collaboration No		

**Proposed Development Objective(s)**

The development objective is to increase the coverage of early childhood nutrition and development interventions in selected areas in the Recipient’s territory.

**Components**

Component Name	Cost (US\$, millions)
Early child nutrition and development interventions	49.40
Nutrition governance and management	8.00
Project management	3.00

**Organizations**

Borrower : Republic of Côte d'Ivoire

Implementing Agency : Permanent Technical Secretariat of the National Nutrition Council



**PROJECT FINANCING DATA (US\$, Millions)**

<input type="checkbox"/> Counterpart Funding	<input type="checkbox"/> IBRD	<input checked="" type="checkbox"/> IDA Credit	<input type="checkbox"/> IDA Grant	<input checked="" type="checkbox"/> Trust Funds	<input type="checkbox"/> Parallel Financing
--	-------------------------------	--	------------------------------------	---	---

Total Project Cost:  
60.40

Total Financing:  
60.40

Of Which Bank Financing (IBRD/IDA):  
50.00

Financing Gap:  
0.00

**Financing (in US\$, millions)**

Financing Source	Amount
IDA-61740	50.00
Scaling up Nutrition	10.40
<b>Total</b>	<b>60.40</b>

**Expected Disbursements (in US\$, millions)**

Fiscal Year	2018	2019	2020	2021	2022	2023
Annual	0.75	4.10	7.01	13.86	21.16	3.13
Cumulative	0.75	4.85	11.86	25.71	46.87	50.00

**INSTITUTIONAL DATA**

**Practice Area (Lead)**

Health, Nutrition & Population



**Contributing Practice Areas**

**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	● Moderate
5. Institutional Capacity for Implementation and Sustainability	● Substantial
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**

Schedule 2, Section 1.A.3(a): The Recipient shall establish, no later than three (3) months after the Effective Date, and maintain at all times until the completion of the Project, a Project implementation unit with terms of reference and resources satisfactory to the Association (“Project Implementation Unit” or “PIU”).

**Sections and Description**

Schedule 2, Section 1.C.1: No later than three (3) months after the Effective Date, the Recipient shall prepare or cause to be prepared, in accordance with terms of reference acceptable to the Association, a manual for the RBF component of the Project (“RBF Operations Manual”).

**Sections and Description**



Schedule 2, Section 1.E.3: The Recipient shall furnish to the Association, the annual work plan and budget for the Project for the first year of Project implementation, which shall be furnished no later than one (1) month after the Effective Date.

**Conditions**

Type Effectiveness	Description The Grant Agreement and the Financing Agreement have been executed and delivered and all conditions precedent to its effectiveness or to the right of the Recipient to make withdrawals under them (other than the effectiveness of those Agreements) have been fulfilled.
Type Effectiveness	Description The Recipient has adopted the PIM with the specifications described in Part B of Schedule 2 of the Financing Agreement.
Type Effectiveness	Description This Agreement shall not become effective until evidence satisfactory to the World Bank has been furnished to the World Bank that the conditions specified below have been satisfied (a) The execution and the delivery of this Agreement on behalf of the Recipient has been duly authorized or ratified by all necessary governmental action.
Type Disbursement	Description Schedule 2, Section 3.B.1(b): Notwithstanding the provisions of Part A above, no withdrawal shall be made under Category (2), unless and until the Association is satisfied that the following condition has been met: the Recipient has finalized and adopted the RBF Operations Manual in form and substance acceptable to the Association.

**PROJECT TEAM**

**Bank Staff**

Name	Role	Specialization	Unit
Menno Mulder-Sibanda	Team Leader(ADM Responsible)	Nutrition	GHN13
Patrick Philippe Ramanantoanina	Team Leader	Education	GED07
Maurice Adoni	Procurement Specialist(ADM	Procurement	GGO07



Responsible)			
Name	Title	Organization	Location
Jean Charles Amon Kra	Financial Management Specialist	Financial Management	GGO26
Abdoul Wahabi Seini	Social Safeguards Specialist	Social Safeguards	GSU01
Abdoulaye Gadiere	Environmental Safeguards Specialist	Environment Safeguards	GEN07
Aissatou Seck	Counsel	Legal agreements	LEGAM
Catherine Audrey Balife Seya	Team Member	Early childhood development	GED07
Emre Ozaltin	Team Member	Health	GHN13
Gabriel Deussom Noubissie	Team Member	Community Mobilization, Institutional Development	GHN13
Issa Thiam	Team Member	Financing	WFALA
Jakub Jan Kakietek	Team Member	Economist	GHN07
Michel J. Welmond	Team Member	Human development	AFCF2
Safietou Toure	Team Member	Communication	GHN07
Salimata D. Follea	Environmental Safeguards Specialist	Environmental Safeguards	GEN07
Valerie F. Trouillot-Ligonde	Team Member	Administrative Support	GHN13
<b>Extended Team</b>			
Name	Title	Organization	Location



COTE D'IVOIRE  
MULTISECTORAL CHILD NUTRITION AND DEVELOPMENT SUPPORT PROJECT

**TABLE OF CONTENTS**

<b>I. STRATEGIC CONTEXT .....</b>	<b>9</b>
A. Country Context .....	9
B. Sectoral and Institutional Context .....	9
C. Higher Level Objectives to which the Project Contributes .....	13
<b>II. PROJECT DEVELOPMENT OBJECTIVES .....</b>	<b>14</b>
A. PDO.....	14
B. Project Beneficiaries.....	14
C. PDO-Level Results Indicators.....	15
<b>III. PROJECT DESCRIPTION .....</b>	<b>15</b>
A. Project Components.....	15
B. Project Cost and Financing.....	17
C. Lessons Learned and Reflected in the Project Design .....	18
<b>IV. IMPLEMENTATION .....</b>	<b>19</b>
A. Institutional and Implementation Arrangements.....	19
B. Results Monitoring and Evaluation .....	21
C. Sustainability .....	22
D. Role of Partners.....	23
<b>V. KEY RISKS .....</b>	<b>23</b>
A. Overall Risk Rating and Explanation of Key Risks.....	23
<b>VI. APPRAISAL SUMMARY .....</b>	<b>24</b>
A. Economic and Financial (if applicable) Analysis.....	24
B. Technical.....	25
C. Financial Management.....	25
D. Procurement .....	27
E. Social (including Safeguards).....	27
F. Environment (including Safeguards) .....	28
H. World Bank Grievance Redress.....	29



<b>VII. RESULTS FRAMEWORK AND MONITORING .....</b>	<b>30</b>
<b>ANNEX 1: DETAILED PROJECT DESCRIPTION .....</b>	<b>39</b>
<b>ANNEX 2: SUPPLY-SIDE RESULTS-BASED FINANCING .....</b>	<b>47</b>
<b>ANNEX 3: IMPLEMENTATION ARRANGEMENTS .....</b>	<b>52</b>
<b>ANNEX 4: ECONOMIC AND FINANCIAL ANALYSIS.....</b>	<b>73</b>



## I. STRATEGIC CONTEXT

### A. Country Context

1. After almost two decades of strong economic growth, Côte d'Ivoire experienced a series of economic and political crises (2002 – 2011) which culminated in a short war following the 2010 elections. The crises resulted in widespread deterioration of living standards. Since mid-2011, stability has been restored and economic growth has resumed with GDP increasing by 9.8 percent in 2012, 8.4 percent in 2015. Despite economic growth, poverty remains high. In fact, since the 1980's, and following successive economic shocks and political instability, poverty has continued to increase. In 2015, about 46.3 percent of the population was classified as poor compared to 10 percent in 1984. According to the 2015 UNDP Human Development Report, the incidence of poverty declined only marginally between 2008 and 2011, but the depth and incidence increased in a number of regions, including the North, Center North, and North East. Moreover, growth in Côte d'Ivoire continues to be inequitable. A large proportion of the population lives in high vulnerability without any social protection. One key factor hampering the development of high quality formal employment are low levels of human capital. Low human capital stock remains one of the key challenges in reducing poverty and achieving greater socio-economic equity. The Human Development Index (2015) shows that Côte d'Ivoire ranked 171 out of 188 countries with a value of 0.474.

### B. Sectoral and Institutional Context

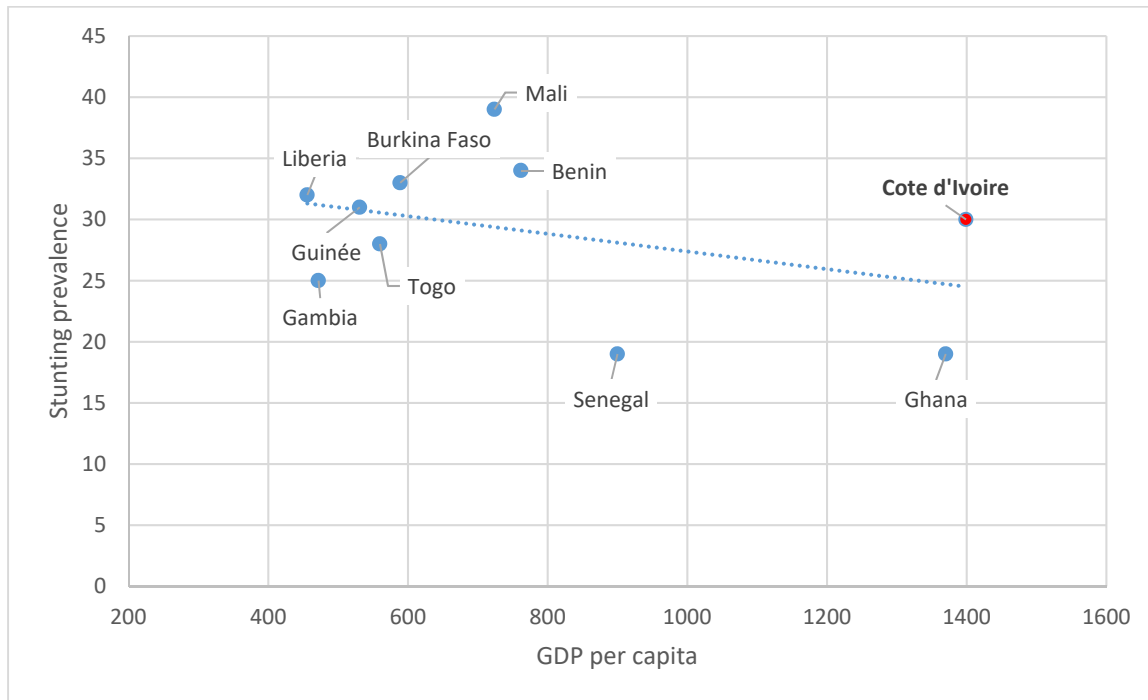
2. In addition to the loss of human life, the political crises of the 1990s and 2000s left close to 200,000 people displaced in and outside the country. Vulnerability has increased dramatically, particularly in the rural areas of the northern and western parts of the country mainly as a result of food insecurity due to loss of income and food price inflation, poor sanitation and poor access to basic health care. Children have been particularly vulnerable to the direct and indirect effects of the political turmoil and economic downturn. Under 5 mortality remains high (93 per 1,000 compared with 62 in Ghana). More importantly, declines in mortality rates in Côte d'Ivoire since 1990s have been substantially smaller than in any of the neighboring countries. Child malnutrition, an underlying cause of up to 45 percent of under 5 deaths, has emerged as one of the key markers of poverty and vulnerability as well as a major challenge in ensuring optimal accumulation of human capital in the country.

3. Global evidence demonstrates that stunting (a manifestation of chronic malnutrition), is associated not only with increased risk of illness and death, but also with poor cognitive development, lower educational attainment, lower productivity, wages, and income in adulthoods, and costs countries in Africa and Asia between 4 percent and 11 percent of GDP annually. In Côte d'Ivoire, the prevalence of stunting remains alarmingly high. Per the most recent Demographic and Health Survey (DHS; 2011-2012), 30 percent of children are stunted. That is considerably higher than would be expected following Côte d'Ivoire's per capita income level (Figure 1).

4. This national average masks considerable regional variation. While stunting prevalence is relatively low in Abidjan (18 percent), it substantially exceeds the national average in 5 out of 11 areas. In two areas, North and Northeast, stunting prevalence reaches nearly 40 percent. This variation reflects and further perpetuates the pronounced socio-economic inequities between north and south, and rural and urban areas (in particular Abidjan). Other indications of child malnutrition are equally precarious, with 8 percent of children suffering from acute malnutrition (wasting), 14 percent from low birthweight, and 75 percent from anemia. Estimates suggest that chronic malnutrition costs the economy of Côte d'Ivoire every year about US\$970 million (SitAn, 2015).



Figure 1: Stunting prevalence and GDP per capita in selected West African countries



5. Child stunting is a result of inadequate food intake (both in terms of quantity and quality) and repeated and untreated infections such as diarrhea, acute respiratory illness, or malaria. Recent data indicate that over 20 percent of the population in Côte d’Ivoire do not reach minimum daily caloric intake recommended by the WHO and that for the majority of the population the bulk of intake comes from food types of low nutritional value (low content of protein and micronutrients) (SitAn, 2015). The proportion of children aged 6-23 months benefitting from a minimum acceptable diet (a composite indicator of feeding frequency and diversity of food) was only 7 percent with the lowest proportions in the northern and western parts of the country. The proportion of children 0-6 months exclusively breastfed is just 12 percent (DHS 2011-2012), substantially lower than any of Côte d’Ivoire’s neighbors (52.3 percent in Ghana (UNICEF, 2014); 50.1 percent in Burkina Faso (UNICEF, 2014).

6. Prevalence of preventable and treatable childhood infections is high and is another contributing factor to child stunting. Based on the most recent DHS, prevalence of diarrhea is about 30 percent, which is alarming given that about 25 percent of all cases of stunting in Côte d’Ivoire have been attributed to recurrent episodes of diarrhea (Tchekly et al., 2009). Prevalence of other illnesses contributing to the risk of stunting, such as acute respiratory infections and malaria is also high (18 and 4 percent, respectively; DHS 2011-12). This high prevalence is associated with inadequate utilization of basic services aimed at prevention and treatment: only 27 percent of children suffering from acute diarrhea received treatment, and 38 percent of cases of acute respiratory infections, and just 18 percent for malaria in children under 5 are treated.

7. More distant factors underlying the risk of childhood stunting comprise food insecurity including low availability and low diversity of foods, poor health and nutrition status of mothers and, more generally, low levels of maternal education and low status of women in households and communities, and unsanitary behaviors and environments. In Côte d’Ivoire, about 13 percent of households live in chronic food insecurity, with rates



exceeding 20 percent in several regions, particularly in the north and the northeast. Persistent food insecurity results from poor productivity, high prices of agricultural inputs, especially those that assure high quality nutrition and low capacity to conserve food after harvest, with post-harvest waste reaching 30 percent - 40 percent. Similarly, in addition to low availability of water infrastructure, unsanitary behaviors are a major contributor to the high prevalence of diarrhea and parasitic infections and, consequently, to child malnutrition in Côte d'Ivoire. Over 33 percent of the population practices open defecation and only 47 percent of mothers report hygienic disposal of children's stool (only 28 percent in rural settings) (DHS 2011-12).

8. Maternal mortality in Côte d'Ivoire is extremely high (645 per 100,000) while utilization of health services among pregnant women remains low: only 44 percent of women had at least 4 antenatal care (ANC) visits and only 30 percent have had their first visit during the first trimester of pregnancy; and only 18 percent of women received antimalarial prophylaxis – an intervention that reduces a risk of low birth weight and stunting in early childhood (SitAn, 2015). More fundamentally, gender inequality, insufficient empowerment of women within households and communities, low education levels, and harmful traditional practices contribute both to poor health status of women and to mothers' inability to ensure adequate nutrition for their children.

9. There is increased recognition of the importance of early stimulation and responsive and nurturing interactions between young children and their parents to promote child development during this period. Children vulnerable to the multiple risk factors for stunting are the same children most at risk for long term disadvantages in learning and human capital associated with poor early childhood development (ECD), which further contributes to the intergenerational transmission of poverty. A recent Lancet review found improvements in child development are associated with early stimulation and parental support (Richter et al, 2017).

10. Although there is still limited evidence on the best approach to deliver these services at scale, early experiences indicate that incorporating these early stimulation interventions into existing community-based health and nutrition services is more cost effective than delivering ECD interventions alone (Gowani et al., 2014), and provide natural entry points, such as responsive breastfeeding and complementary feeding. Moreover, it is more cost-effective to intervene early in life, as the brain is developing and before development trajectories are established. A key aspect of the effectiveness of these programs is delivery of multiple behavior-change approaches, e.g., Reach Up and Learn and the Care for Child Development (UNICEF/WHO; Britto et al, 2017).

11. There is limited support for parents to adequately stimulate the cognitive development of their children. A pilot study exploring parental education platforms conducted in Côte d'Ivoire found that economic and cultural obstacles faced by parents contributed to high levels of malnutrition, insufficient education attainment and violations of children's rights, and that a parental education program could improve parental behavior and consequently the physical, intellectual and emotional wellbeing of their children (TRECC/IRC, 2017). Another insight into Côte d'Ivoire's state of early cognitive development comes from the 2006 Multiple Indicator Cluster Surveys (MICS), which found that in only 37 percent of households with children aged 0-5 years, an adult had engaged in at least four learning and education promoting activities for the child in the three days preceding the survey.

12. Improving child nutrition and development requires addressing the direct and underlying causes through government engagement and multisectoral actions. Since 2012, new efforts are underway to build a comprehensive nutrition policy agenda. Recognizing the impact of malnutrition on human development and



economic growth, the Government identified the fight against malnutrition and, more broadly, the investments in the early years as priorities in the national strategy for poverty reduction and economic development.

13. In June 2013, Côte d'Ivoire joined the global Scaling Up Nutrition (SUN) movement with a letter of commitment from the Prime Minister. The deputy Chief of Staff at the Prime Minister's office was appointed as the SUN Focal Point. A multisectoral National Nutrition Council (CNN) was established under the Prime Minister's Office by Presidential decree on July 16, 2014, affirming the recognition of the multisectoral nature of food and nutrition policies and programs. The operational arm of the CNN is the Permanent Technical Secretariat (STP). The STP/CNN has steered the development of the national nutrition policy, adopted in 2014, and led the development of the new Multi-Sectoral National Strategic Plan (PNMN), adopted by the council of ministers in 2016. The adoption of the PNMN was a culmination of a process that re-focused national policy around chronic malnutrition as one of the key challenges for Côte d'Ivoire's human and economic development.

14. In September 2016, the Prime Minister hosted a high-level donor Round Table to launch the PNMN and mobilize financing for its implementation. During the Round Table, the Prime Minister, accompanied by Ministers of Health, Education, Finance, Budget and Planning, Agriculture, and representatives from other key ministries confirmed the Government's commitment to nutrition and pledged over US\$80 million over the next five years to implement actions included in the Plan. As a result, Côte d'Ivoire has emerged as an example of government engagement at the highest level. In recognition of this high-level political commitment, former Prime Minister, Daniel Kablan Duncan was invited as a key speaker to the human development summit focusing on child malnutrition and early child development, which was held in October 2016 in Washington DC and was hosted by the President of the World Bank. A repeat of this took place in October 2017 during the Human Capital Summit in which the WBG President Jim Kim was joined by the current Prime Minister of Côte d'Ivoire, Mr. Amadou Gon Coulibaly, together with the President of Rwanda and the Finance Ministers from Indonesia and Argentina.

15. The Government is also in the process of developing key policy documents for ECD. The national ECD strategy is being developed with technical assistance from UNICEF (the launch of the strategy is planned for 2018). This development is part of a long-standing recognition of the importance and multisectoral nature of ECD, which led to the creation of an inter-ministerial committee for ECD under the Ministry of Planning and Development back in 2009. This committee was set up to lead an effort to develop a set of materials and messages for the promotion of ECD that could be used across different sectors.

16. Côte d'Ivoire opted for the community convergence strategy for the implementation of child nutrition and stimulation interventions at community level. The strategy implies geographic and operational convergence based on complementarity and synergy of interventions promoting child growth and development, and a multisectoral approach based on effective collaborative work of stakeholders around common objectives in the same geographical area. This strategy permits the decentralization of child nutrition and development interventions by promoting the collaboration among and coordination of stakeholders closest to the communities by strengthening their implication in addressing child nutrition and stimulation. An organizational assessment identified the sub-prefectural level as the best platform to institute the coordination of multisectoral interventions for community nutrition and child development.<sup>1</sup>

17. Implementation remains a challenge. One major impediment to the roll out of multisectoral interventions is the limited human resources at the regional and sub-prefectural levels compounded by the scarcity of strong

---

<sup>1</sup> The country is administratively divided in 12 Districts, 31 Regions, 108 Departments and 510 sub-Prefectures.



Non-Governmental Organizations (NGO). Another major bottleneck is the fragmentation and lack of coordination among key players in different sectors (horizontal coordination) and across the national, regional, and local level (vertical coordination). Currently, interventions and programs are implemented in sectoral silos which impedes their impact and results in significant inefficiencies. Virtually all sectoral programs are planned and managed at the central level, with no meaningful involvement from the regions, and most importantly, local communities. Consequently, the interventions have no community ownership and are not responsive to community needs.

18. In sum, key challenges impeding the effectiveness of the national efforts to improve child nutrition and development outcomes include: (i) low coverage and utilization of key high impact nutrition and health interventions as well as interventions aimed at increasing food security of households; and (ii) poor coordination across sectors at the central, regional, and local level results in centralized and fragmented programming that is not responsive to community needs. The Project aims at addressing those challenges by providing financing to improve utilization of community-level interventions and strengthening coordination across different governance levels but with a particular emphasis on the community-driven responses.

### **C. Higher Level Objectives to which the Project Contributes**

19. This Project supports the implementation of the PNMN and selected ECD interventions. It will contribute to the achievement of the Plan's key goals, namely, to ensuring that the population of Côte d'Ivoire has optimal nutrition status to improve its well-being and more productively contribute towards the country's sustainable and inclusive development.

20. The Project also contributes to the achievement of the goals of the current Country Partnership Framework (CPF) FY16-FY19<sup>2</sup>. The CPF identifies building human capital as one of two key pathways to achieve the goals of eliminating extreme poverty and boosting shared prosperity in Côte d'Ivoire, and calls for investments improving the delivery of quality health, nutrition, and water services. The Project directly supports those objectives: its central goal is to strengthen human capital accumulation and growth by ensuring that the children benefiting from the investment achieve their full physical and cognitive potential, and that communities are resilient and protected from food insecurity. The Project directly addresses two cross-cutting issues identified in the CPF, including: 1) strengthening governance and institutional capacity; and 2) reducing spatial inequalities (inequalities between urban and rural areas; inequalities between the southern and northern regions). These contributions come through governance strengthening as one of the key project components and by prioritizing rural and peri-urban regions in the north of the country. Finally, the Project reflects the CPF's strong emphasis on gender. It focuses on women as the key target group and supports activities aimed at strengthening women's empowerment and economic autonomy, changing harmful social practices and gender roles that lead to suboptimal health and nutrition status of women and children, and fostering women's engagement in community-level decision-making.

21. In the long term, the Project supports the achievement of the World Bank's twin goals of ending extreme poverty and boosting joint prosperity in Côte d'Ivoire. Improving the nutrition status of women and children in the critical period of 1000 days, will help ensure that children reach their full physical and cognitive potential, and increase their productivity as adults, leading to higher incomes. By focusing on the northern regions and rural and peri-urban areas, it will also aim at decreasing economic inequality and improving the livelihoods to

---

<sup>2</sup> Report No. 96515-CI approved on August 17, 2015



those in the bottom 40 percent of the income bracket. With its emphasis on child growth promotion and enhanced service delivery, the Project also contributes to the Health, Nutrition, Population Global Practice goal of achieving universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.

## II. PROJECT DEVELOPMENT OBJECTIVES

### A. PDO

22. The development objective is to increase the coverage of early childhood nutrition and development interventions in selected areas in the Recipient’s territory.

### B. Project Beneficiaries

23. The Project will be implemented in 14 Administrative Regions (equivalent to nine Health Regions) in the North, North-East, North West, Center, and Center-West regions of the country. The regions were selected based on the high prevalence of chronic malnutrition among children under 5 years of age. Together, those regions account for about 33 percent of the overall population of Côte d’Ivoire and based on the most recent DHS data, about 37 percent of the total number of stunted children under 5 reside in the project target regions. Implementation of the sub-prefectural community-based interventions will follow a phased approach as shown in Table 1.

**Table 1:** Project roll-out of beneficiary population covered with the basic package of community nutrition services

	Number of Administrative Regions	Annual coverage				
		2018	2019	2020	2021	2022
First round of regions	2	0.0%	15.0%	30.0%	45.0%	45.0%
Second round of regions	6	0.0%	0.0%	15.0%	30.0%	45.0%
Third round of regions	6	0.0%	0.0%	0.0%	22.5%	45.0%

24. The principal project beneficiaries are those in the critical 1,000 days period between a woman’s pregnancy and her child’s second birthday in the project intervention areas. Additional target groups include children between 2 and 5 years or age, women in reproductive age (15-49), and adolescent girls. In total, it is projected that about 265,000 pregnant women and 1,100,000 children under 5 will benefit from the Project over the five years. Table 2 presents the projected number of beneficiaries covered by the package of community maternal and child services each year. This projection is done under the conservative assumption that during year 1, the Project will focus mostly on preparatory activities, policy development, and capacity strengthening and that the service scale-up in that year will be very limited. The projections presented here likely underestimate the number of beneficiaries reached.



**Table 2:** Projected number of pregnant women and children under 5 years of age benefiting from the package of community nutrition services by year.

	2018	2019	2020	2021	2022
Pregnant women	0	6,549	32,746	88,413	137,531
Children under 5 years of age	0	26,249	131,245	354,362	551,230

### C. PDO-Level Results Indicators

25. In the medium to long term, the Project will contribute to enhanced child nutrition and development outcomes, including a reduction of stunting, anemia and acute malnutrition. To achieve this, the Project will focus on public health nutrition service delivery and health environment, social and behavior change at the community level, household food security, and governance of nutrition policies and programs. Accordingly, proposed outcome indicators of the project development objective are:

- Percentage of children 6-23 months of age who receive a minimum acceptable diet
- Percentage of pregnant women attending 4 prenatal care visits
- Number of caregivers educated on parenting practices on the basis of national module in last 3 months
- Number of mothers of children under 5 years or age and pregnant women who have been trained by the Project and engage in the production or processing of diversified and micronutrient-rich foods
- Number of households with handwashing facilities/stations

## III. PROJECT DESCRIPTION

### A. Project Components

26. In supporting the Government with the implementation of the PNMN and selected ECD development interventions, this Project will have three components that together will address key challenges impeding the effectiveness of national efforts to enhance child nutrition and development outcomes (paragraph 18).

27. **Component 1: Early child nutrition and development interventions** (estimated financing US\$49.4 million: IDA US\$40.8 million, PoN US\$8.6 million). This component will support the scaling up of selected interventions to improve child growth, nutrition and development. This component will consist of three sub-components: 1) Community-based nutrition and stimulation; 2) Nutrition service delivery; and 3) Results-based financing for public health nutrition (community-based and/or demand-side). This component will target the northern regions where malnutrition is concentrated, starting with the North and North East, followed by the North West, Center and Center West. This component would typically finance activities like training, supervision, monitoring, reproduction and distribution of communication materials, social marketing, material and equipment, supplies (basic pharmaceutical inputs, seeds, small ruminants and poultry), and community subprojects by local implementation agencies (LIA) essentially for the implementation of subcomponent 1.1.

28. **Subcomponent 1.1: Community-based nutrition and stimulation** (estimated financing US\$30.2 million: IDA US\$25 million, PoN US\$5.2 million). This subcomponent will be implemented by LIAs which will be recruited to implement subprojects for community-based interventions at the level of the Sub-Prefecture (or *Département* depending on the context). These subprojects typically support community mobilization for child nutrition and



development action centered on nurturing care, child growth promotion and cognitive development, infant and young child feeding practices, community management of acute malnutrition and childhood illnesses, and food diversification in terms of production, transformation and utilization. These activities will be implemented by setting up Community Nutrition Activity Enhancement Hearths (FRANC; *Foyers de Renforcement des Activités de Nutrition Communautaire*), which are essentially groups of community members engaged in nutrition promotion activities. Many of these activities involve social and behavior change communication including community-based promotion of key family and community practices that promote health and nutrition needs of pregnant women and adolescents; child survival, growth and development; cognitive stimulation and social support to young children; hygiene and sanitation; household food diversification; and health care seeking behaviors.

29. **Subcomponent 1.2: Nutrition service delivery** (estimated financing US\$9.1 million: IDA US\$7.5 million, PoN US\$1.6 million). The financing under this subcomponent will serve to ensure adequate supply of quality primary-level services related to: (i) maternal and child health and nutrition with a special focus on high impact nutrition interventions including antenatal, delivery and postnatal care; (ii) agricultural extension on household food production, conservation and transformation to promote dietary diversification as well as address the debilitating effects of recurrent household food insecurity on child care and feeding practices; and (iii) safety nets for poor and/or vulnerable women and children. The Project will support intensified outreach and (complementary) supplies. Project support for agricultural extension will include intensified outreach as well as supply of productive inputs, such as seeds and small animals. This Project will not finance actual cash transfers, however, strong collaboration with the World Bank supported productive safety net project will be established to maximize joint coverage. Other public services will also be considered including community-based preschool education, life skills education for young people, and women literacy training. These services will be identified at the operational level through a consultative process at sub-prefectural level where planning and implementation will be coordinated based on joint results frameworks. There is scope under this subcomponent to support small rehabilitation works of primary health centers, community preschool facilities, and community food storage and food transformation facilities. This excludes any construction and only refers to small repairs to existing structures at primary and community level.

30. **Subcomponent 1.3: Results-based financing (RBF) for public health nutrition** (estimated financing US\$10.1 million: IDA US\$8.3 million, PoN US\$1.8 million). This subcomponent will complement the results-based financing (RBF) component under the Health Systems Strengthening and Ebola Preparedness Project (HSSEPP; P147740) which aims to increase the volume and quality of health and nutrition services, with a specific focus on maternal, neonatal and child health and nutrition interventions, through RBF in selected regions. The experience so far includes facility-based supply-side RBF in selected regions that have limited overlap with the regions of this Project. This subcomponent will complement this experience by: (i) introducing the same facility-based supply-side RBF, with selected nutrition relevant-indicators, in the regions where community nutrition interventions are being implemented; and (ii) piloting community-based and/or demand-side RBF at small scale. The RBF pilot will be based on the lessons learned from the implementation of RBF in the HSSEPP as well as the experience in The Gambia, which has been pioneering innovative approaches to community-based and demand-side approaches to results-based financing that are showing impact already after 18 months of implementation. A more detailed description of the supply-side RBF, including the implementation arrangements, is provided in Annex 2.

31. **Component 2: Nutrition governance and management** (estimated financing US\$8 million: IDA US\$6.7 million, PoN US\$1.3 million). This component will provide financing to cover costs of strengthening the capacity of the immediate stakeholders that are part of the multisectoral technical and operational coordination



platforms for investments and operations on early child growth, nutrition and development at the national, regional and sub-regional levels. Operating costs of the coordination structures of nutrition activities at the central, regional, and local levels are part of this and can be supported through this Project. This component will also cover the cost of strengthening the monitoring capacity of the subnational and national institutions involved in the management and implementation of nutrition activities. This will involve strengthening of data collection and reporting systems, piloting innovative data collection and reporting methods (e.g., using mobile technology for data collection and reporting at the community level) and expanding analytic capacity within national monitoring and evaluation (M&E) units in the relevant ministries. Similarly, this component will support research and evaluation activities such as operational research, process and impact evaluations, capacity assessments, and other types of research and analytic activities needed to support service delivery, Project management and policy development. Other important activities include institutional communication, advocacy, study and learning exchanges, joint monitoring, sector reviews, and technical assistance.

32. Key strategic approaches in the PNMN and this Project are convergence of actions and decentralized management. Accordingly, this component aims to strengthen the operational coordination capacity at sub-prefectural level, the technical coordination capacity at regional level and the policy coordination capacity at central level as the basis for a new/innovative platform for service delivery and community action, using existing structures, but developing operational coordination mechanisms. The sub-prefectural level was identified as the ideal level to institute operational coordination. However, an organizational and institutional assessment also found organizational presence and capacity to vary considerably between sub-Prefectures. The Project will need to be flexible to accommodate these variations. For example, in case of weak capacity at sub-Prefectural level, the Project may seek to engage with LIAs at the level of the *Département*. The Project will support institutional evaluations in each of the project *Département* to assess the capacity and determine which approach to adopt.

33. The Project will also strengthen the stewardship capacity of the STP of the CNN to implement the PNMN through a decentralized management structure and the application of the convergence strategy. Adaptive learning will be a key element under this component, which in addition to operational research and process evaluation can include learning exchange visits and events. Typical outcomes under this component are joint diagnostics, joint work plans, M&E framework, knowledge management system, exchange visits, evaluation, resource tracking system, and study reports, etc.

34. **Component 3: Project management** (estimated financing US\$3 million: IDA US\$2.5 million, PoN US\$0.5 million). This component will finance the costs associated with the day-to-day project management including the costs of running the Project Implementation Unit (PIU), the Project Steering Committee and Technical Planning Committee. The PIU already exists and is currently managing the HSSEPP (P147740). This unit will be in charge of managing the fiduciary aspects as well as the monitoring and evaluation of the proposed operation.

**B. Project Cost and Financing**

Project Components	Project cost	IDA Financing	Trust Funds
Component 1: Early child nutrition and development interventions	49,400,000	40,800,000	8,600,000
Component 2: Nutrition governance and management	8,000,000	6,700,000	1,300,000



---

Component 3: Project management	3,000,000	2,500,000	0,500,000
<b>Total Costs</b>	60,400,000	50,000,000	10,400,000
<b>Total Financing Required</b>	60,400,000	50,000,000	10,400,000

---

### C. Lessons Learned and Reflected in the Project Design

35. The Project builds on the information produced under the Programmatic Approach (P156432) on Nutrition Programming and Financing, which provided targeted technical assistance on nutrition programming on one hand and nutrition financing on the other. Under this PA, the World Bank supported the costing of the national strategic plan and the Round Table for nutrition. The World Bank is also supporting a comprehensive mapping exercise of actors and interventions; it supported an organizational capacity assessment of local level structures; as well as the drafting of an ordonnance for the establishment of Regional Nutrition Coordination Committees as indicated in the decree that created the National Nutrition Council. The design of the Project was informed by the outcomes of these activities, particularly the convergence strategy of nutrition interventions.

36. Gender roles are at the heart of child growth and development in the early years. The Project has taken a strong gender approach in its design. For example, parental education addresses the complementary roles of both parents while women empowerment through social and behavior change communication, functional, literacy training, and support for diversified food production and transformation are integrated into the activities supported by the Project. The Project also envisages to strengthen the knowledge on the role of gender norms in child caring practices. A review of current knowledge on the role of gender norms is underway, while a comprehensive study is planned as part of Project implementation.

37. The Project uses information from experiences with multisectoral nutrition policies and programs in other countries, most notably Senegal where Independent Evaluation Group (IEG) evaluated 12 years of World Bank support to the nutrition sector. This evaluation provided important lessons on the management of successful large-scale community nutrition programs. Among the key lessons are: (i) the importance of decentralizing many of the management functions of planning, implementation and monitoring to the lowest level possible and invest in their capacity building; and (ii) the importance of building strong engagements with communities as the foundation for empowering parents in raising healthy children. Other important lessons from Senegal and other experiences in the region are: (i) the central role of social and behavior changes communication in producing results; (ii) the need to have inclusive participation and support by all stakeholders at all levels; and (iii) engage stakeholders through results-based project management approaches.

38. Côte d'Ivoire has had a relatively good but small-scale experience with a community nutrition approach that can be referred to as the Hearth Model or Positive Deviance approach. This approach has its origin in finding ways to treat moderate malnutrition at community level by bringing parents of malnourished and children in good nutritional status children together to learn how to prevent malnutrition and get children to grow healthily. In French, this approach went by the name of *Foyer d'Apprentissage et de Récupération Nutritionnelle* (FARN). Using this experience, the Government of Côte d'Ivoire has adapted this approach to broaden the focus of community mobilization to integrated child growth promotion interventions. This Project will use this approach as the basis of the community nutrition strategy and support the scaling up of FRANCs at community level.



39. The design of the Project was also informed by international evidence on cost-effective interventions to improve child growth, including direct nutrition interventions during the window of opportunity of the child's first 1,000 days from conception to the child's age of 24 months for maximum impact on nutrition outcomes. In addition, this Project recognizes the need to assist parents to adopt practices and behaviors by supporting nutrition sensitive interventions for issues that represent bottlenecks for changing behaviors (for example, food insecurity, inadequate access to safe water, and the role of gender norms).

## IV. IMPLEMENTATION

### A. Institutional and Implementation Arrangements

40. The Project will be implemented by a dedicated PIU which shares its offices with the PIU of the HSSEPP (P147740). In essence, this PIU will be implementing two projects, the HSSEPP and the Multisectoral Nutrition and Child Development Project (MNCDP: P161770) sharing project management resources, such as fiduciary staff, offices space, vehicles and financial management software. The PIU-MNCDP will report to the STP of the CNN as the institutional home of the National Nutrition Policy and the PNMN which this project supports. To enable this, the Government will have to amend the ordinance, which created the PIU-HSSEPP, to establish the PIU-MNCDP within the same unit. This should happen no later than three months after the effective date.

41. The CNN is composed of five structures including: (i) a high-level Decision-making Committee; (ii) a Technical Committee; (iii) a Focal Point for the Scaling Up Nutrition (SUN) Movement; (iv) the STP; and (v) Regional Nutrition Coordination Committees. After analyzing responsibilities, it was noted that the functions of the Project Steering (or Oversight) Committee are to a large extent aligned to the functions of the Decision-making Committee. Hence, project oversight will be provided by a Project Steering Committee to be established by the Decision-making Committee.

42. Before the effective date, the Government will have to prepare a Project Implementation Manual (PIM), containing detailed arrangements and procedures for: (i) institutional coordination and Project implementation; (ii) the roles and responsibilities of all involved stakeholders; (iii) Project budgeting, accounting, disbursement and financial management; (iv) procurement; (v) safeguards; (vi) monitoring, evaluation, reporting and communication; (vii) the selection criteria of the LIAs; and (viii) other such administrative, financial, technical and organizational arrangements and procedures.

43. In addition, within three months after the effective date, the Government should also provide a manual for the RBF component of the Project. This RBF Operations Manual shall contain detailed arrangements, procedures and mechanisms for the selection of the Public Service Providers and implementation of Subprojects, including accounting, disbursement and financial management; procurement; the eligibility and selection criteria, transfer and verification mechanisms; safeguards; monitoring, evaluation, reporting and communication; and other such administrative, financial, technical and organizational arrangements and procedures as shall be required for purposes of implementing the RBF activities.

44. The multisectoral nature of the Project requires inputs from different sectors that are directly involved in project implementation. Accordingly, a multisectoral planning group will be set up to provide technical directions to the PIU. However, the responsibilities and composition of such a group do not fully align with those of the CNN Technical Committee, which is chaired by the Focal Point for SUN, which is much larger and engages in much



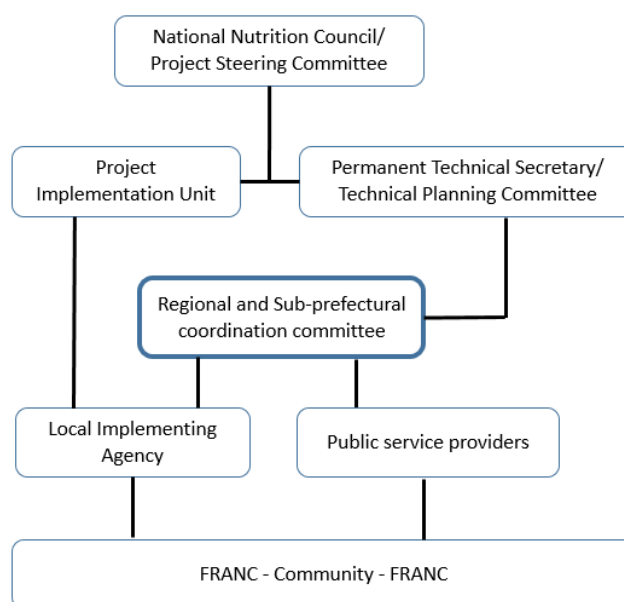
broader discussion. Therefore, the project technical planning committee will be a sub-committee of the Technical Committee, chaired by the National Coordinator of the STP and include the project coordinator of the PIU. The technical planning group will be responsible for the preparation of the annual plan of work and budget (APWB), to be approved by the Project Steering Committee. The STP and PIU will jointly present (and defend) the APWB to the Steering Committee.

45. The implementation arrangements will follow the local government structure for coordination, planning and monitoring. In particular, the administrative authorities have a strong mandate for the coordination of local and community development and is therefore well suited to be at the center of the multisectoral nutrition coordination. The decree for the creation of the CNN already envisages the creation of Regional Nutrition Coordination Committees. At the head of each Region is the Regional Prefect. The ordonnance that will create the Regional Committees will also set out the creation of the sub-Prefectural coordination committees. Their role, among others, is to ensure the coordination of local development efforts.

46. At community level, the Project will support the setting up of FRANCS, which are essentially groups of community members engaged in nutrition promotion activities. The organization and activities will be planned and overseen by the FRANC steering committee. This village level committee will operate next to other theme-based committees at village level to singularly focus on the management and operations of the FRANCS. The FRANC Steering Committee operates under the direct supervision of the village chief and local authorities. Getting communities to set up FRANCS requires local facilitation and training, which will be a task assigned to LIA with adequate community presence to engage and facilitate the mobilization process. Typically, this would be a NGO but given the relative shortage of NGOs in Côte d'Ivoire, other alternatives will be considered including consortiums of NGO and Community-Based Organizations (CBO), local private firms, and development agencies.

47. The LIA will be recruited by the PIU-MNCDP in close collaboration with sub-prefectural authorities. The LIA will be an integral member of the sub-Prefectural coordination committees together with the local public service providers (for health, agriculture and education) and any other relevant actors at the local level. As part of the preparations, the Project will develop and implement: (i) an institutional communication plan that correctly and timely communicates program matters to the stakeholders at all administrative levels; and (ii) a community mobilization strategy that takes into account the sociocultural context of community participation and development. Figure 2 provides a simplified diagram of the implementation arrangements for the Project.

**Figure 2:** Implementation arrangements with key stakeholders in the Project



48. And finally, the Project will build on and work with three other World Bank funded projects. Table 5 summarizes the synergies and collaboration areas. Additional detail is provided in Annex 3.

**Table 5:** Areas of synergies and collaboration with other World Bank supported projects

World Bank supported projects	Area of synergy and collaboration
Health System Strengthening and Ebola Preparedness Project (P147740)	<ul style="list-style-type: none"> <li>Introduce (nutrition-focused) performance-based financing in the regions where the HSSEPP is not located</li> <li>Pilot community and/or demand-side results based financing</li> </ul>
Productive Safety Net (P143332)	<ul style="list-style-type: none"> <li>Strengthen the accompanying measures of the unconditional cash transfers through training in areas where the two projects are not co-located and through FRANC where the projects co-locate</li> </ul>
Education Service Delivery Enhancement Project (P163218; pipeline)	<ul style="list-style-type: none"> <li>Enhance geographical overlap of the pipeline additional financing</li> <li>Enhance geographical overlap with community preschool education interventions</li> <li>Jointly work on early childhood development tools and material</li> <li>Jointly evaluate the effectiveness of parental education through different service delivery platforms</li> </ul>
Support to Nutrition Sensitive Agriculture and Capacity Development of Small and Marginal Farmers (P155081)	<ul style="list-style-type: none"> <li>Enhance geographical overlap with food security and diversification measures</li> <li>Strengthen the platform for multisectoral coordination of service delivery at community level</li> </ul>

## B. Results Monitoring and Evaluation

49. The progress and results of project implementation will be monitored in a routine basis throughout the



life of the Project. The general principle underlying the M&E approach is the alignment of the M&E process developed for the Project with the M&E framework of the PNMN. The World Bank is currently providing technical assistance to the Government of Côte d'Ivoire to develop the M&E framework for the Plan. The framework will rely on data collected on a routine basis within each of the sectors. It will also include a new information platform for community-based service delivery, because none of the existing systems collect data at the community level. The Project will finance the scale-up of the platform and use it to monitor project implementation at the community level. The alignment approach will increase the efficiency of the project investment. Furthermore, it will allow the Project to benefit from and build upon the M&E capacity strengthening delivered through previous WBG investments in Côte d'Ivoire (e.g. the HMIS strengthening under the HSSEPP). In addition to routine data, the progress of the Project will also be monitored using national surveys such as the DHS or MICS that include a model on child development and Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys to which the Project can make contributions.

50. Process evaluations are planned for two key project elements: 1) strengthening of nutrition governance and coordination at the regional and local level and 2) the implementation of the FRANC approach. The key objective of the evaluations will be to course-correct and adjust the implementation as the Project scales up.

51. The development of a platform that allows each community to identify its specific needs and mobilize specific solutions constitutes the key rationale of the proposed WBG investment. Given the heterogeneity of both needs and solutions, it will not be possible to conduct an impact evaluation of the Project as a whole using traditional methodologies (e.g., random control trials). However, impact evaluations are planned for specific project elements including, for example, the parental education for early childhood nutrition and stimulation practices. The evaluation will not only examine the impact of parental education, but also include an operational and delivery science component and assess the effectiveness and cost-effectiveness of different delivery modalities (e.g. FRANC, community preschools). These evaluations will be jointly conducted with the Education Service Delivery Enhancement Project (P163218).

### **C. Sustainability**

52. The MNCDP is part of a broader government strategy to improve nutrition and child development, as enshrined in the key policy documents, including the National Development Plan and the PNMN, as well as in the agreements with the key development partners (e.g. the World Bank Country Partnership Framework). This increases the likelihood that the actions implemented under this project which show significant impact will be sustainable and sustained.

53. Relying heavily on behavior change outcomes, sustainability depends on the program's ability to influence the adoption of positive behaviors and attitudes by parents, grandparents, and other community members. This in turn depends on support from community workers, village and community leaders, the local government, CSOs and NGOs, public service providers and regional authorities. The Project will support the strengthening of capacity of local actors and stakeholders through traditional approaches like training, supervision and inputs but above all through learning by doing approaches with an emphasis on performance through results. Through this results-based management approach, which has worked well in other countries in the Region, notably Senegal, much emphasis will be put on strengthening and communicating roles and responsibilities of the stakeholders at all levels of management and leadership to generate broad ownership of the program.



54. Côte d'Ivoire has made significant progress in recognizing: (i) food and nutrition insecurity as an important policy priority for poverty reduction and economic development; and (ii) nutrition as a critical investment area for poverty reduction, enhanced equity and economic development. It joined the global SUN movement in 2013, established a National Nutrition Committee in 2015, adopted a national nutrition policy in 2015, and organized a high-level Donor Round Table for the implementation of the multisectoral strategic plan in 2016. The Government continues to place nutrition prominently on the development agenda and creating demand for nutrition-relevant action at all levels and across multiple sectors by putting in place enhanced coordination and service delivery platforms at regional and local levels. In strengthening the institutions and institutional behaviors, this Project will enhance the long-term perspectives of human development programs targeted at the early years.

55. The perspectives for financial sustainability are also encouraging but not guaranteed. There is ample scope for continued mobilization of public and private resources complemented with resources from (traditional) donors. This Project will support efforts towards the development of multisectoral resource tracking and financing systems for early child nutrition and development.

#### **D. Role of Partners**

56. Currently, few donors and development partners directly support nutrition activities in Côte d'Ivoire. The UN specialized agencies have been the main organizations providing direct support to nutrition action, notably UNICEF which support a range of public health nutrition interventions, including the roll out of community management of acute malnutrition, and support to experimental implementation phase of the PNMN in approximately 140 villages in the North through the Ministry of Health. Other development partners, including WFP, FAO and African Development Bank (AfDB) are also involved in the policy dialogue and support the implementation of nutrition actions at the community level in partnership with the Government and the WBG, including mobilization of additional technical and financial resources.

57. Several donors providing support to the health and agricultural sectors are demonstrating a growing interest in supporting efforts for the improvement of food and nutrition outcomes. Many of these development partners have joined the donor group for nutrition which was set up in response to Côte d'Ivoire's adherence to the SUN movement in 2013. UNICEF is currently the chair of this group and AfDB is the co-chair. This platform meets every quarter and invites the STP when necessary and is meant to coordinate action and rally in support of Government's efforts to scaling up nutrition.

### **V. KEY RISKS**

#### **A. Overall Risk Rating and Explanation of Key Risks**

58. Overall project risk is rated as substantial. Five risks emerged from the systematic operations risk-rating tool that could affect the achievement of the PDO.

59. The political and governance risk is substantial. The political turmoil of the past has not yet fully settled and bouts of social unrest still occur. Most of the unrest takes place in the center and north of the country, which is where the Project will be rolled out first. The macroeconomic risk is substantial based on the economic



performance and outlook of the country. The main risk here refers to the threats coming from climate change that may cause unpredictable havoc in the northern (Sahel) parts of the country on which the Project will largely focus.

60. The risk associated with the institutional capacity for implementation is substantial. Multiple stakeholders will be involved and needed to implement the PNMN. Many front-line positions are not filled, but the Project has no control over the human resource management of stakeholders. The Project will promote inclusive involvement and capacity strengthening as the main strategies to cope with the human resource risk.

61. In addition to the human resource management risk, there is the issue of capacity. The country has limited experience with and capacity in community mobilization. At present, a stakeholder mapping and an organizational capacity assessment is being conducted in order to generate a better understanding of the challenges ahead. Most likely, there will be a shortage of local actors with the right experience to work on community mobilization. Considerable capacity strengthening is needed to overcome the risk associated with weak implementation capacity at the local level.

62. Similarly, the country has limited experience with multisectoral coordination. Most structures have the habit of working vertically and these habits pose a risk for the nutrition program to be verticalized as a result. At national level, structures have started to work together on issues of policy coordination. Such transversal experience is still lacking at the regional and local levels. The project design will prioritize the strengthening of the operational and technical coordination at the local and regional levels, respectively. This decentralized design aims to mitigate against the risk of verticalizing the nutrition program.

63. The fiduciary risk is substantial. The Project envisages fiduciary capacity building of the PIU to be set up by the Government and defining institutional arrangements to allow the PIU to follow the World Bank rules and procedures autonomously. The Project will also provide technical and implementation support to local actors to assist them in the implementation of project activities.

## **VI. APPRAISAL SUMMARY**

### **A. Economic and Financial (if applicable) Analysis**

64. Benefit-cost analysis was carried out to estimate the potential return on investment in terms of increases in economic productivity and incomes and the overall economic impact. The detailed methodology used in the analysis is presented in Annex 4. The estimation of the benefits was based on the scale up of nutrition-specific interventions, for which impact on health and nutrition status and, consequently, economic benefits could be estimated and on improvements in food availability and diversity for which the impact on stunting prevalence can be approximated based on the extant literature. The economic benefits were calculated based on reduced child and maternal mortality and morbidity, on averted cognitive losses due to reductions in stunting prevalence, and on prevented productivity losses due to anemia. The cost and benefits were discounted at 3 percent (and varied from 0 percent and 5 percent in sensitivity analyses). The analysis showed that, in the base-case scenario, the project investment would generate economic benefits with a net present value of US\$596 million and an internal rate of return of 7 percent. The investment would have a very attractive 10.4 benefit-cost ratio, indicating that each dollar invested has the potential of generating more than 10 dollars in economic benefits over the productive lives of women and children who will benefit from the Project. The analysis confirms the findings of



the large body of literature regarding substantial economic benefits resulting from investments in child health, nutrition, and early development, and suggests that the Project will have a positive economic impact for beneficiaries and the country's economy.

## **B. Technical**

65. This Project builds on the global consensus of the importance of community nutrition programs as articulated in an array of literature, including the World Bank's strategy document "Repositioning Nutrition as Central to Development" (2006). A cross-country review of successful programs has indeed shown that malnutrition can be reduced two to four times faster than in the absence of such a program.<sup>3</sup> The main thrust of community-based nutrition programs is education and counseling to improve maternal and child care practices and use of available health and social services.

66. The Project combines parental education for nurturing care with nutrition and multisectoral interventions to improve child nutrition and development outcomes, in application of the evidence reviewed in the 2016 Lancet series, *Advancing Early Childhood Development: from Science to Scale*.

67. Working multisectorally to deliver nutrition-sensitive interventions and programs through agriculture and social protection has been identified in the recent *Lancet* Maternal and Child Nutrition Series as holding enormous potential to enhance the scale-up and effectiveness of nutrition-specific interventions. Such programs and sectors can play an important role in mitigating potentially negative effects of global changes and man-made environmental shocks, in supporting livelihoods, food security, diet quality, and women's empowerment, and in achieving scale and high coverage of nutritionally at-risk households and individuals.<sup>4</sup>

68. The Government of Côte d'Ivoire benefitted from an advance on the credit, also known as a Project Preparation Advance (PPA), of US\$595 thousand to enable the STP to conduct and implement activities which contribute to Project preparation and readiness. The PPA is managed by the PIU-HSSEPP, runs up to end of April 2018 when the Project is expected to become effective, and pays for studies, technical assistance, a limited number of key officers who will become part of the PIU-MNCDP, and operational experience through the experimental phase in a limited number of sub-prefectures in the North.

## **C. Financial Management**

69. The PIU, created under the ongoing HSSEPP (P147740), under the oversight of a steering committee chaired by the Minister of Health or his representative, will also have the overall fiduciary responsibility of the new Multisectoral Nutrition and Child Development Project. The use of this PIU to manage the resources of the new project is part of the overall strategy to set up the Integrated Project Fiduciary Management Unit within the MOHPH under the Finance Directorate of the Ministry. The financial management arrangements for the new project will be based on the existing arrangements in place under the HSSEPP with some additional measures. The overall FM performance of HSSEPP following the last supervision mission conducted in August 2017 was rated moderately satisfactory.

---

<sup>3</sup> Mason, JB., D. Sanders, P. Musgrove, Soekirman, R. Galloway. "Community Health and Nutrition Programs" in *Disease Control Priorities in Developing Countries (2<sup>nd</sup> Edition)*, ed., 1,052-1,074. Oxford University Press, New York, 2006.

<sup>4</sup> Executive Summary of *The Lancet* Maternal and Child Nutrition Series, 2013.



70. An in-depth review of HSSEPP was conducted in January 2017 and revealed some irregularities leading to rate the FM performance of the project as moderately unsatisfactory. Since then, in addition to the reimbursement of the ineligible expenditure by the Government, several measures have been put in place to improve the project FM performance including compliance with the World Bank FM requirements. The assessment of the status of the implementation of the action plan deriving from the in-depth review of HSSPP has concluded that significant improvements have been made.

71. Overall, staffing has remained adequate and proper books of accounts and supporting documents have been kept regarding all expenditures. The PIU is familiar with the World Bank FM requirements. In line with the Use of Country System as stipulated in the new decree n° 475 governing the modalities of donors-financed project implementation in Côte d'Ivoire, a Financial Controller from the Ministry of Budget and a Public Accountant from the Ministry of Economy and Finance (MEF) have been assigned to the PIU. Their overall performance is deemed globally acceptable. The audit report for the year ending on December 31, 2016 for the HSSEPP was submitted on time, and the external auditor expressed an unqualified opinion (clean) but with some observations. Most of the recommendations related to the weakness of internal control have been addressed or are currently being addressed. The interim un-audited financial reports (IFR) for the on-going project are also submitted on time and generally deemed acceptable to the World Bank.

72. The overall FM risk for the Multisectoral Nutrition and Child Development Project is rated substantial. In addition to the current risk level of the proposed PIU, the fiduciary risk of the new project is rated substantial mainly because of the design of the project and the following factors: (i) small value and multiplicity of actors leading to large number of transactions expected; (ii) beneficiaries based in remote and geographically dispersed locations within the country; (iii) scattered locations of subproject; and (iv) disbursement to beneficiaries based on progress reports (achievement of results - RBF). Consequently, additional mitigation measures will be incorporated into the design of the project FM arrangements. Those measures will include (i) clear transparency rules; (ii) integrating fiduciary management supervision with monitoring and evaluation; (iii) accountability mechanisms (e.g. participation, public announcement and training and empowering community to exercise fiduciary control over their leaders).

73. The FM assessment has determined that the financial management satisfies the World Bank's minimum requirements under World Bank Policy and Directive for Investment Project Financing (IPF); and therefore, is adequate to provide, with reasonable assurance, accurate and timely financial management information on the status of the project required by the World Bank. However, in order to maintain the continuous timeliness and reliability of information produced by the PIU and an adequate separation of duties, the following staff with qualifications and experiences satisfactory to the World Bank will be hired: (i) one Senior Accountant (Comptable Principal) assigned to the PIU to oversee the accounting activities performed by the teams of accountants of the two projects; and (ii) one Assistant Accountant fully dedicated to the accounting and disbursements tasks of the MNCDP.

74. The PIM including fiduciary procedures will also be updated to include specific arrangements related to the management of this new project. The accounting software will be configured and customized to include the new project chart of accounts. A designated account (DA) in XOF and a transaction bank account (PA) in XOF managed by the Public Accountant (a civil servant from the Ministry of Finance), will be opened, respectively, at the central bank (BCEAO) and in a commercial bank on terms and conditions acceptable to the World Bank. Interest income on the DA/PA will be deposited into a specific account opened in a commercial bank. As needed,



regional bank accounts (sub-accounts) will be also opened in commercial banks at regional level to transfer funds to Local Implementation Agencies (LIA). A mechanism for sharing the operating costs among the two projects managed by the PIU will be designed; this will allow to reflect the contribution of each project to the overall operating cost of the PIU. Finally, an external auditor will be recruited on a competitive basis. Most of these mitigation measures are dated covenants and should be implemented within two (2) to five (5) months following the effectiveness of the project. However, the selection of the Senior Accountant and the preparation of the PIM and the design of the mechanism for sharing the operating costs should be completed by project effectiveness.

#### **D. Procurement**

75. Project implementation responsibility will be vested with the PIU that currently implements the HSSEPP without any major procurement issues. The disbursement rate is acceptable and in line with the forecasted disbursement in the project appraisal document (PAD). The same unit will manage the financial and procurement needs of the new project. The capacity assessment revealed that the level of risk is "average" due to changes in the conditions of implementation and requirements for the application of the new procurement framework "Procurement Regulation for IPF Borrowers". This risk will be mitigated by the development of the PIM accounting for the requirements for complaint management as described in the new procurement framework. "Procurement regulation for IPF Borrowers" and use these regulations in general.

76. The PIU has been managing the World Bank-financed project with experience, skills, knowledge, personnel, and a procedure manual acceptable to the World Bank, which means it can act as PIU for the new project as they do with the HSSEPP as per the provisions of the procurement guidelines in force. The PIU-HSSEPP has two procurement specialists and a procurement assistant. The current portfolio includes the HSSEPP and the Project Preparation Advance for the MNCDP, as well as technical assistance to other projects such the Sahel Women's Empowerment and Demographic Dividend Project (SWEDDP; P163656). The PIU staff, as in the other PIUs in Côte d'Ivoire, has received training on the New Procurement Framework, especially on the Project Procurement Strategy for Development (PPSD). Notwithstanding, the PIU members are invited to reinforce their knowledge on the Procurement Regulation for Borrowers.

77. The PIU will be responsible for the coordination of all procurement activities, including the following: (a) preparation and update of the procurement plans; (b) preparation, finalization and launch of the requests for proposals and bidding documents; (c) drafting of minutes of bids opening /proposal and preparation of the evaluation reports; (d) submission of procurement documents (terms of references, request for proposals, bidding documents, evaluation reports, contracts, etc.) to the World Bank when prior review is required; (e) preparation of the contracts, and overseeing the payments to contractors; and (f) drafting of procurement progress report and coordination of the activities. Each beneficiary entity will be involved in the implementation as per the procurement manual will describe.

#### **E. Social (including Safeguards)**

78. Many socio-cultural issues, notably social factors and traditional beliefs, determine mother and child care practice and behaviors and thereby nutritional status, growth and development. The MNCDP will invest in community-based mobilization and communication to enhance the awareness and capacity to prevent malnutrition and promote healthy growth and development in children. A key feature of the community-based component is the mobilization of key actors at the community level, including village leaders and influential



family members such as fathers, grandmothers, and mothers-in-law. Issues affecting nutrition and care will be periodically discussed with these groups as a means of bringing women's issues to the forefront of community discussions. This model therefore creates a unique opportunity to channel women's voices all the way up to the level where communal plans and budgets are conceived, elaborated, and implemented. The activities are not expected to have potential social adverse impacts.

## **F. Environment (including Safeguards)**

79. The Project is rated as Environmental Assessment Category B, requiring a partial environmental assessment. The following environmental safeguard policies are triggered: Environmental Assessment (OP 4.01); Pest Management (OP4.09) and Physical Cultural Resources (OP4.11). The Category B is predicated on the fact that project physical activities will be site-specific and their potentially adverse environmental impacts are expected to be moderate and reversible under appropriate mitigation measures. Considering that the exact geographic locations of project specific interventions are not yet determined with certainty, the Borrower has developed an Environmental and Social Management Framework (ESMF) in compliance with the core requirements of the OP 4.01 (Environmental Assessment). The Framework was disclosed on November 18, 2017<sup>5</sup>.

80. The pest management safeguard policy (OP4.09) is triggered because Sub-component 1.1 aims at diversifying and increasing household food production. That means even if the project does not purchase fertilizers and agrochemicals directly, it may induce the use of those chemical products by farmers for pest and disease management. Consequently, the pest management measures have been addressed in the ESMF<sup>6</sup>. The section encourages the use of organic fertilizers and biological technics to fight against agriculture predators. In addition to that, it sets up guidance and guidelines with the aim of protecting population health and environment integrity in promoting best practices in the case of use of chemical products.

81. Similarly, the physical cultural resource safeguard policy (OP4.11) is triggered because activities supported by the operation such as small works (refurbishing, repairs), small community grants and/or subprojects could involve excavations with possibilities to underscore physical cultural resources. The ESMF includes a specific section on "chance find" to serve as guidance on how to handle adequately and timely aspects related to physical cultural resources discoveries

82. The ESMF lays out procedures for screening and mitigating impacts from the operation, and includes the following: (a) checklists of potential environmental and social impacts and their sources; (b) procedures for participatory screening of proposed sites and activities and the environmental and social considerations; (c) procedures for assessing potential environmental and social impacts of the planned project activities; (d) institutional arrangements for mitigating, preventing, and managing the identified impacts; (e) typical environmental management planning process for addressing negative externalities in the course of project implementation; (f) a system for monitoring the implementation of mitigation measures; and (g) recommended capacity building measures for environmental planning and monitoring of project activities.

83. Responsibility and oversight of the Project's overall compliance with national and World Bank safeguard policies will rest with the environmental specialist within the PIU, as the main person in charge of monitoring

---

<sup>5</sup> Disclosure through a publication in the *Fraternite Matin* daily newspaper (*Fraternite Matin*, weekend edition, November 18-19, 2017; p. 12)

<sup>6</sup> The pest management plan was disclosed as part of the ESMF on November 18, 2017



safeguard aspects. He or she will be working in close collaboration with *Agence Nationale de l'Environnement* (National Environment Agency – ANDE), the national body in charge of safeguards compliance of all projects in the country. ANDE will conduct periodic monitoring of project's compliance with proposed mitigation of changes, and changes in environmental resources (i.e., water and soil quality, flora and fauna, vector ecology, soil erosion etc.) from the baseline. Furthermore, all activities under the project will be contingent on broad-based and sustained consultation with local communities in project's intervention area. Mitigation measures for identified environmental and social impacts, including avoiding or sparing cultural and historical resources and other environmental clauses, will be properly implemented by the PIU, as specified in the safeguard instruments and bidding documents.

#### **H. World Bank Grievance Redress**

84. Communities and individuals who believe that they are adversely affected by a World Bank (WB) supported project may submit complaints to existing project-level grievance redress mechanisms or the WB's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. 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 WB non-compliance 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 (GRS), 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](http://www.inspectionpanel.org).



## VII. RESULTS FRAMEWORK AND MONITORING

### Results Framework

COUNTRY : Cote d'Ivoire

Multisectoral Nutrition and Child Development Project

#### Project Development Objectives

The development objective is to increase the coverage of early childhood nutrition and development interventions in selected areas in the Recipient's territory.

#### Project Development Objective Indicators

Indicator Name	Core	Unit of Measure	Baseline	End Target	Frequency	Data Source/Methodology	Responsibility for Data Collection
<b>Name:</b> Children 6–23 months of age who receive a minimum acceptable diet		Percentage	4.00	14.00	Baseline and endline	Survey	STP, PIU-MNCDP

Description: Children 6–23 months of age who receive a minimum meal frequency and consume at least 4 different food groups, as defined by the WHO standards.

<b>Name:</b> Caregivers educated on parenting practices on the basis of parenting module in last 3 months		Number	0.00	350000.00	Quarterly	Project monitoring system	PIU-MNCDP, STP, LIA
---	--	--------	------	-----------	-----------	---------------------------	---------------------

Description: Caregivers of children under 5 years of age who were educated through the project on parenting practices on the basis of parenting module in last 3 months



Indicator Name	Core	Unit of Measure	Baseline	End Target	Frequency	Data Source/Methodology	Responsibility for Data Collection
<b>Name:</b> Pregnant women attending four prenatal care visits		Percentage	44.00	50.00	Quarterly	HMIS	Ministry of Health, STP, PIU-MNCDP
Description: Pregnant women attending four prenatal care visits							
<b>Name:</b> Mothers of children under 5 years of age and pregnant women who have been trained by the project and engage in the production or processing of diversified and micronutrient-rich foods		Number	0.00	150000.00		Project monitoring system	LIA, PIU-MNCDP, STP
Description: Mothers of children under 5 years of age and pregnant women who have been trained by the project and engage in the production or processing of diversified and micronutrient-rich foods							
<b>Name:</b> Households with handwashing facilities/stations		Number	0.00	30000.00		Project monitoring system	LIA, PIU-MNCDP, STP
Description: Handwashing facilities/stations will be defined based on project criteria							

**Intermediate Results Indicators**

Indicator Name	Core	Unit of Measure	Baseline	End Target	Frequency	Data Source/Methodology	Responsibility for Data Collection
<b>Name:</b> Children 0-5 months of age exclusively breastfed		Percentage	12.00	30.00	Baseline, endline	Survey	STP, PIU-MNCDP
Description: Children 0-5 months of age who are exclusively breastfed							
<b>Name:</b> Pregnant women making first prenatal care consultation in first trimester of pregnancy in the intervention areas		Percentage	30.00	40.00	Baseline, Endline	Survey	PIU-MNCDP, STP
Description: Pregnant women making first prenatal care consultation in first trimester of pregnancy in the intervention areas							
<b>Name:</b> Children diagnosed with severe acute malnutrition recuperated in the context of the project		Number	0.00	500.00	Quarterly	HMIS	MOHPH, STP
Description: Children diagnosed with severe acute malnutrition (weight for height z-score [WHZ] equal or less than -3 standard deviation) recuperated (reached WHZ equal to -2 standard deviation of higher) in the context of the project							
<b>Name:</b> Women aged 15 to 49 years having benefitted from functional literacy		Number	0.00	25000.00	Quarterly	Project monitoring system	LIA, Ministry of Education, PIU-MNCDP, STP



Indicator Name	Core	Unit of Measure	Baseline	End Target	Frequency	Data Source/Methodology	Responsibility for Data Collection
training with a focus on nutrition and stimulation through the project							
Description: Women aged 15 to 49 years having benefitted from functional literacy training with a focus on nutrition and stimulation through the project.							
<b>Name:</b> Community food banks for the management of moderate acute malnutrition at community level in the intervention areas		Number	0.00	1000.00	Quarterly	Project monitoring system	LIA, PIU-MNCDP, STP
Description:							
<b>Name:</b> Household latrines installed within the context of the project		Number	0.00	10000.00	Quarterly	Project monitoring system	LIA, ONEP, PIU-MNCDP, STP
Description: Household latrines installed within the context of the project							
<b>Name:</b> Vulnerable pregnant women or mothers of children under five having received cash transfer through the safety net program in the intervention		Number	0.00	2500.00	Quarterly	Project monitoring system	LIA, PFSP, PIU-MNCDP, STP



Indicator Name	Core	Unit of Measure	Baseline	End Target	Frequency	Data Source/Methodology	Responsibility for Data Collection
areas							
Description: Vulnerable (as defined by project criteria) pregnant women or mothers of children under five having received cash transfer through the safety net program in the intervention areas							
<b>Name:</b> People who have received essential health, nutrition, and population (HNP) services	✓	Number	0.00	800000.00	Quarterly	HMIS Project monitoring system	Ministry of Health, PIU-MNCDP, STP, LIA
People who have received essential health, nutrition, and population (HNP) services - Female (RMS requirement)	✓	Number	0.00	425000.00	Quarterly	HMIS Project monitoring system	Ministry of Health, PIU-MNCDP, STP, LIA
Number of women and children who have received basic nutrition services	✓	Number	0.00	750000.00	Quarterly	Project monitoring system	LIA, PIU-MNCDP, STP
Number of deliveries attended by skilled health personnel	✓	Number	0.00	50000.00	Quarterly	HMIS	Ministry of Health, PIU-MNCDP, STP
Description:							



Indicator Name	Core	Unit of Measure	Baseline	End Target	Frequency	Data Source/Methodology	Responsibility for Data Collection
<b>Name:</b> Sub-Prefectures with joint work plan implementation rate of 50% or more		Number	0.00	80.00	Annually	Project monitoring system	PIU-MNCDP, STP
Description: Sub-Prefectures with joint work plan implementation rate of 50% or more							
<b>Name:</b> Sector-wide progress reviews of the nutrition program		Number	0.00	4.00	Annually	STP	STP
Description: Sector-wide progress reviews of the nutrition program							
<b>Name:</b> Married women of reproductive age who usually make their own decision regarding health care		Percentage	34.00	40.00	Baseline, Endline	Survey	STP, PIU-MNCDP
Description: Married women of reproductive age (between 15 and 49 years or age) who usually make their own decision regarding health care (as defined by the appropriate survey instrument, e.g. DHS/MICS)							
<b>Name:</b> Beneficiaries who feel that project investments (package of interventions) reflected their needs		Percentage	0.00	50.00	Baseline, Endline	Suveys	PIU-MNCDP, STP



---

Indicator Name	Core	Unit of Measure	Baseline	End Target	Frequency	Data Source/Methodology	Responsibility for Data Collection
Description: Beneficiaries who report in a beneficiary survey that project investments (package of interventions) reflected their needs							

**Target Values****Project Development Objective Indicators**

Indicator Name	Baseline	End Target
Children 6–23 months of age who receive a minimum acceptable diet	4.00	14.00
Caregivers educated on parenting practices on the basis of parenting module in last 3 months	0.00	350000.00
Pregnant women attending four prenatal care visits	44.00	50.00
Mothers of children under 5 years of age and pregnant women who have been trained by the project and engage in the production or processing of diversified and micronutrient-rich foods	0.00	150000.00
Households with handwashing facilities/stations	0.00	30000.00

**Intermediate Results Indicators**

Indicator Name	Baseline	End Target
Children 0-5 months of age exclusively breastfed	12.00	30.00
Pregnant women making first prenatal care consultation in first trimester of pregnancy in the intervention areas	30.00	40.00
Children diagnosed with severe acute malnutrition recuperated in the context of the project	0.00	500.00
Women aged 15 to 49 years having benefitted from functional literacy training with a focus	0.00	25000.00



Indicator Name	Baseline	End Target
on nutrition and stimulation through the project		
Community food banks for the management of moderate acute malnutrition at community level in the intervention areas	0.00	1000.00
Household latrines installed within the context of the project	0.00	10000.00
Vulnerable pregnant women or mothers of children under five having received cash transfer through the safety net program in the intervention areas	0.00	2500.00
People who have received essential health, nutrition, and population (HNP) services	0.00	800000.00
People who have received essential health, nutrition, and population (HNP) services - Female (RMS requirement)	0.00	425000.00
Number of women and children who have received basic nutrition services	0.00	750000.00
Number of deliveries attended by skilled health personnel	0.00	50000.00
Sub-Prefectures with joint work plan implementation rate of 50% or more	0.00	80.00
Sector-wide progress reviews of the nutrition program	0.00	4.00
Married women of reproductive age who usually make their own decision regarding health care	34.00	40.00
Beneficiaries who feel that project investments (package of interventions) reflected their needs	0.00	50.00

## ANNEX 1: DETAILED PROJECT DESCRIPTION

### COUNTRY: Cote d'Ivoire Multisectoral Child Nutrition and Development Support Project

1. In supporting the Government of Côte d'Ivoire with the implementation of the PNMN and selected ECD interventions, this Project will have three components that together will address key challenges impeding the effectiveness of national efforts to enhance child nutrition and development outcomes are. These challenges are: (i) low coverage of high impact nutrition and stimulation interventions including interventions aimed at improving maternal and child health outcomes and increasing food security of households; and (ii) weak governance of multisectoral programs for enhanced child growth and development resulting in poor coordination at the central, regional, and local level, and centralized and fragmented programs that are not responsive to community needs. Table 1.1 summarizes the activities by component of the Project.

**Table 1.1:** Summary of activities by component

Component	Activity
<b>Component 1: Early child nutrition and development interventions</b>	
<b>1.1 - Community-based nutrition and stimulation</b>	<ul style="list-style-type: none"> <li>• Sub-projects at sub-prefectural level for community action for early child nutrition and development, including:               <ul style="list-style-type: none"> <li>- Community mobilization and organization, including the establishment of community support groups (i.e., FRANC);</li> <li>- Social and behavior change communication;</li> <li>- Community child care, stimulation and parental education;</li> <li>- Community-led total sanitation;</li> <li>- Women and adolescent empowerment including functional literacy training;</li> </ul> </li> </ul>
<b>1.2 - Nutrition service delivery</b>	<ul style="list-style-type: none"> <li>• Primary maternal and child health care;</li> <li>• Agricultural extension on household food production, conservation and transformation;</li> <li>• Safety nets for poor and/or vulnerable mothers and children;</li> <li>• Functional literacy training;</li> </ul>
<b>1.3 – RBF for public health nutrition</b>	<ul style="list-style-type: none"> <li>• Primary maternal and child health and nutrition services for health centers;</li> <li>• Start-up costs</li> </ul>
<b>Component 2: Nutrition governance and management</b>	<ul style="list-style-type: none"> <li>• Establishment of decentralized multisectoral community-based nutrition service delivery platform and national oversight and reporting capacity;</li> <li>• Multisectoral strategic, technical and operational coordination at all levels;</li> <li>• M&amp;E, operational research, studies, information systems and knowledge management</li> <li>• Strengthening of sectoral policies and programs for improved child nutrition and development outcomes</li> </ul>
<b>Component 3: Project management</b>	<ul style="list-style-type: none"> <li>• Operational costs</li> <li>• Technical assistance</li> <li>• Fiduciary management</li> </ul>

2. **Component 1: Early child nutrition and development interventions** (estimated financing US\$49.4 million: IDA US\$40.8 million, PoN US\$8.6 million). This component will support the scaling up of selected interventions to improve child growth, nutrition and development. This component will consist of three sub-components: 1) Community-based nutrition and stimulation; 2) Nutrition service delivery; and 3) Results-based financing for



public health nutrition. This component will target the northern regions where malnutrition is concentrated, starting with the North and North East, followed by the North West, Center West and Center East (or South Ouest). This component would typically finance activities like training, supervision, monitoring, reproduction and distribution of communication materials, social marketing, material and equipment, supplies (basic pharmaceutical inputs, seeds, small ruminants and poultry), and community subprojects by local implementation agencies (LIA) essentially for the implementation of subcomponent 1.1.

3. **Subcomponent 1.1: Community-based nutrition and stimulation** (estimated financing US\$30.2 million: IDA US\$25 million, PoN US\$5.2 million). This subcomponent will be implemented by LIAs which will be recruited to implement subprojects for community-based interventions at the level of the Sub-Prefecture (or *Département* depending on the context). These subprojects typically support community mobilization for child nutrition and development action centered on child growth promotion and cognitive development, infant and young child feeding practices, community management of acute malnutrition and childhood illnesses, and food diversification in terms of production, transformation and utilization. These activities will be implemented by setting up so-called *Foyers de Renforcement des Activités de Nutrition Communautaire* (FRANC, or Community Nutrition Activity Enhancement Hearths), which are essentially groups of community members engaged in nutrition promotion activities.

4. FRANC is a community mobilization approach that combines the country's experience with FARN (*Foyer d'Apprentissage et de Réhabilitation Nutritionnelle*, an approach with a narrower scope on the management of moderate acute malnutrition) and the Senegal approach of using community volunteers and community nutrition sites. In essence, FRANC is an Ivorian label for the implementation of well-tested community approaches across the continent (e.g., Madagascar, Senegal, The Gambia, Malawi, Mozambique).

5. Many of the activities inside a FRANC involve social and behavior change communication including community-based promotion of key family and community practices that promote health and nutrition needs of pregnant women and adolescents; child survival, growth and development; cognitive stimulation and social support to young children; hygiene and sanitation; household food diversification; and health care seeking behaviors. The issues of hygiene and sanitation are particularly important and include handwashing, food and kitchen hygiene, disposal of garbage, child's environment, management of safe water particularly for young children, and community construction of latrines. Setting up FRANCs in the selected Regions and sub-Regions (*Sous-Préfecture*) will be a gradual process starting in just a few Regions first. Expansion then follows a two-pronged approach by adding Regions each year and expanding within each Region to reach a target of 45 percent coverage of children under five.

6. The Project will use additional delivery models with proven effectiveness such as the Alive and Thrive or the Community-led Total Sanitation, adapted to the context of Côte d'Ivoire. Emphasis will be given to community ownership and solidarity through community planning, accountability, peer support, small grants and revolving mechanisms where appropriate.

7. Community mobilization and organization together with social and behavior change communication are at the heart of the community-based nutrition and stimulation service delivery platform around which the other activities, such as family planning services, backyard gardening, small livestock, and sanitation, are organized as needed. The Sub-Prefectural subprojects will take advantage of other programs and projects in the area, such as water abduction, irrigation, staple crop production, small community grants, and cash transfers. To promote the



integration and harmonization of interventions of these various sectors, the National Communication Strategy for Social and Behavior Change which has been developed under the National Nutrition Program with the participation of key partners such as UNICEF and FHI360 will be updated and an implementation plan will complement it. This will involve defining programmatic options, identifying actions that integrate the three key strategies for change: communication for changing knowledge, attitudes and behaviors of specific audiences, and social mobilization for greater community participation and advocacy. This will serve as a guidance and planning framework for the elaboration of Sub-Prefectural subprojects by the LIA.

8. The technical working group on communication which has been set up to coordinate the development of the strategy will be revitalized and expanded to other sectors for taking into account the multisectorality approach. It will be tasked for supporting the implementation of the strategy, the development of communication tools and the coordination between partners. The SBCC activities will be implemented for the community by the community through the FRANCS with help from LIA and local facilitators. As the activities zoom in on the first 1,000 days' window of opportunity, women will be at the heart of frequent contacts from pregnancy to birth to the child's age of 24 months. Their social environment, including the husband, the parents in law, grandparents and ultimately the village as a whole, will also be reached as behavior change seldom is a purely individual matter. The main communication methods that will be used are interpersonal communication, counseling, home visits, group animation and education, and mass sensitization. Innovative approaches will also be tested to help achieve project results.

9. **Subcomponent 1.2: Nutrition service delivery** (estimated financing US\$9.1 million: IDA US\$7.5 million, PoN US\$1.6 million). The financing under this subcomponent will serve to ensure adequate supply of quality primary-level services related to: (i) maternal and child health and nutrition with a special focus on high impact nutrition interventions including antenatal, delivery and postnatal care; (ii) agricultural extension on household food production, conservation and transformation to promote dietary diversification as well as address the debilitating effects of recurrent household food insecurity on child care and feeding practices; and (iii) safety nets for poor and/or vulnerable women and children. In the case of maternal and child health and nutrition, the idea is to improve the quality and coverage of essential services. The Project can support intensified outreach and (complementary) supplies. Project support for agricultural extension will include intensified outreach as well as supply of productive inputs, such as seeds and small animals. This Project will not finance actual cash transfers, but work closely with the safety net program to maximize joint coverage.

10. Other public services can also be considered including community-based preschool education, life skills education for young people and women literacy training. These services will be identified at the operational level through a consultative process at sub-prefectural level where planning and implementation will be coordinated based on joint results frameworks. There is scope under this subcomponent to support small rehabilitation works of primary health centers, community preschool facilities, and community food storage and food transformation facilities. This excludes any construction and only refers to small repairs to existing structures at primary and community level.

11. Service delivery providers will use the FRANCS as the delivery channel for outreach services for women and children. Vice versa, the FRANCS will increase demand by the promotion of nutrition essential services such as timely and complete antenatal care, facility-based delivery (and associated transportation), post-natal care, family planning, immunization, management of childhood illnesses and malnutrition, veterinary services, seed distribution, food storage, food conservation and food transformation, cash transfers, and functional literacy



training. The FRANC thus strengthens existing service delivery with complementary delivery platforms and demand creation.

12. **Subcomponent 1.3: Results-based financing (RBF) for public health nutrition** (estimated financing US\$10.1 million: IDA US\$8.3 million, PoN US\$1.8 million). This subcomponent will complement the performance-based financing (RBF) component under the Health Systems Strengthening and Ebola Preparedness Project (HSSEPP; P147740). The RBF under the HSSEPP aims to increase the volume and quality of health and nutrition services, with a specific focus on maternal, neonatal and child health and nutrition interventions, through RBF in selected regions. Specifically, the RBF provides financial incentives to health care facilities that are attached to the quantity and quality of service output. For example, health facilities are paid a small bonus for every assisted delivery they performed, or every case of acute malnutrition treated. The HSSEPP currently covers 17 Health Districts, 14 of which are supported by World Bank financing and 3 Health Districts are financed by the Global Fund for AIDS, Tuberculosis and Malaria (GFATM), with only minor overlap with the regions of this Project. The experience so far is limited to facility-based supply-side RBF.

13. This subcomponent will complement this experience by introducing the same facility-based supply-side RBF, but with a selection of nutrition relevant-indicators, to seven additional Health Districts in the North and North-East Regions (i.e., Korhogo, Boundiali, Ferkessedougou, Tengrela, Ouangolodougou, Bondoukou and Tanda Districts) where community nutrition interventions are being implemented under the MNCDP and that are not covered under the HSSEPP. It will focus on providing incentives for nutrition-related services (vitamin A supplementation, treatment of severe acute malnutrition, iron/folic acid supplementation through prenatal care), while at the same time mobilizing other donors to complement the purchase of the other indicators and/or create a foundation for the expansion of the RBF to other areas of maternal and child health when additional financing for the HSSEPP becomes available. It is expected that additional financing for RBF in Côte d'Ivoire may become available in 2019-2020 through the engagement of the GFF. Table 1.1 provides a preliminary sub-list of nutrition-relevant indicators for primary care health centers. A more detailed description of the supply-side RBF, including the implementation arrangements, is provided in Annex 2.

**Table 1.1:** Preliminary list of nutrition relevant indicators taken from the full list of 24 RBF indicators used in the HSSEPP

Indicator
Number of children between the age of 6 to 59 months who received a vitamin A supplement during routine
Number of patients referred for complications with pregnancy and delivery
Number of pregnant women who received the first antenatal care consultation during first trimester of pregnancy
Number of pregnant women having received four recommended antenatal care consultations during pregnancy
Number of pregnant women having received 3 doses of intermittent preventive treatment as part of antenatal care
Number of women who received recommended postnatal care consultations (after 6 hours; 6 days and 6 weeks)
Number of normal deliveries assisted by qualified personnel
Number of (old and new) users of modern short-lasting contraceptives treated in the past month
Number of (old and new) users of modern long-lasting contraceptives treated in the past month
Number of healthy children aged 12 to 59 months who came for nutrition monitoring consultation
Number of children aged 6 to 59 months treated for moderate acute malnutrition or severe acute malnutrition without complications

14. In addition to the supply-side RBF, this Project will support the piloting of community-based and/or demand-side approaches to results-based financing at small scale that if successful can be mainstreamed in the RBF strategy of the Ministry of Health. The demand-side pilot will provide financial incentives to individual



women who seek essential services such as antenatal care and facility-based delivery. In other countries (e.g., Senegal, Rwanda, The Gambia, Zimbabwe), such demand-side interventions have been showing impact on quality and quantity of services, including increased first trimester ANC attendance, thereby reducing pregnancy-related complications such as anemia.

15. The idea behind community RBF is to provide financial incentives in the form of additional discretionary funding to communities or community groups for achieving specific objectives (for example, kitchen gardens or latrines), with a specific portion of the incentives paid earmarked for re-investment in the community. The community RBF pilot will draw on lessons learned from the implementation of RBF in the HSSEPP as well as experiences other countries, notably The Gambia, which has been pioneering innovative approaches to community-based approaches of results-based financing. A South-South learning exchange visit is envisaged as part of the design and preparations of the pilot.

16. **Component 2: Nutrition governance and management** (estimated financing US\$8 million: IDA US\$6.7 million, PoN US\$1.3 million). This component will provide financing to cover costs in developing and strengthening the capacity of the immediate stakeholders that are part of the multisectoral technical and operational coordination platforms for investments and operations on early child growth, nutrition and development at the national, regional and sub-regional levels. These include -but are not limited to – community members, traditional authorities, administrative authorities, public service providers, NGO personnel, sector officers and directors at central and regional levels, the STP and the CNN. Operating costs of the coordination structures of nutrition activities at the central, regional, and local levels are part of this and can be supported through this Project. This component will also cover the cost of strengthening the monitoring capacity of the subnational and national institutions involved in the management and implementation of nutrition activities. This will involve strengthening of data collection and reporting systems, piloting innovative data collection and reporting methods (e.g., using mobile technology for data collection and reporting at the community level) and expanding analytic capacity within national M&E units in the relevant ministries. Similarly, this component will support research and evaluation activities such as operational research, process and impact evaluations, capacity assessments, and other types of research and analytic activities needed to support service delivery, project management and policy development. Other important activities include institutional communication, advocacy, study and learning exchanges, joint monitoring, sector reviews, and technical assistance.

17. Key strategic approaches in the PNMN and of this Project are convergence of action and decentralized management. Therefore, the Project will strengthen joint planning, implementation and monitoring at all levels. In line with the strategic approaches, this component aims to strengthen the operational coordination capacity at sub-prefectural level, the technical coordination capacity at regional level and the policy coordination capacity at central level as the basis for a new/innovative platform for service delivery and community action, using existing structures, but developing operational coordination mechanisms. The sub-prefectural level was identified as the ideal level to institute operational coordination. However, an organizational and institutional assessment also found organizational presence and capacity to vary considerably between sub-Prefectures. The Project will need to be flexible to accommodate these variations. For example, in case of weak capacity at sub-Prefectural level, the Project may seek to engage with LIAs at the level of the *Département*. The Project will support institutional evaluations in each of the project *Département* to assess the capacity and determine which approach to follow.



18. The Project will also strengthen the stewardship capacity of the STP of the CNN to implement the PNMN through a decentralized management structure and the application of the convergence strategy. Adaptive learning will be a key element under this component, which in addition to operational research and process evaluation can include learning exchange visits and events. Typical outcomes under this component are joint diagnostics, joint work plans, M&E framework, knowledge management system, exchange visits, evaluation, resource tracking system, and study reports, etc.

19. **Component 3: Project management** (estimated financing US\$3 million: IDA US\$2.5 million, PoN US\$0.5 million). This component will finance the costs associated with the day-to-day project management including the costs of setting up and running the PIU, the Project Steering Committee and Technical Planning Committee. The PIU will be a new unit with no experience managing World Bank operations. This unit will be in charge of managing the fiduciary aspects as well as the monitoring and evaluation of the proposed operation.

20. The Project will intervene in approximately 14 Administrative Regions which make up the five areas of high stunting rate. The regions were selected based on the high prevalence of chronic malnutrition among children under 5 years of age and include the Administrative Regions of Gontougo, Bounkani, Tchologo, Poro, Bagoue, Folon, Kabadougou, Bafing, Worodougou, Béré, Haut-Sassandra, Marahoue, Bélief and Iffou. The Project will intervene in all *Départements* in the northern Regions and selected *Départements* in the Center and Center-West Regions.

21. Table 1.2 provides an overview of the activities by component of the Project.



**Table 1.2:** Activities and expenditures by component

Theme/Type of activity	Type of expenditure
<b>Component 1: Early child nutrition and development interventions</b>	
<b>Subcomponent 1.1: Community-based nutrition and stimulation</b>	
Community mobilization: <ul style="list-style-type: none"> <li>- Sensitization</li> <li>- Community diagnostics</li> <li>- Community dialog and organization</li> <li>- Community micro-projects</li> </ul>	<ul style="list-style-type: none"> <li>- Subprojects (community meetings, minor works, media services, technical assistance, operating costs, training, workshops, supervision, monitoring, local procurement, small community grants)</li> </ul>
Establishment of Community-Based Nutrition Strengthening Foyers (FRANC) with a package of activities such as: <ul style="list-style-type: none"> <li>- Cooking demonstration</li> <li>- Growth monitoring</li> <li>- Integrated community management of childhood illnesses</li> <li>- Integrated community management of acute malnutrition</li> <li>- Promotion of safe water</li> <li>- Parental education and early child stimulation</li> <li>- Community distribution (vitamin A, anthelmintics, micronutrient powders)</li> <li>- Promotion and monitoring of public health services</li> <li>- Promotion of Kangaroo method for premature and low birth weight babies</li> <li>- Community child food bank</li> </ul>	<ul style="list-style-type: none"> <li>- Procurement and distribution of equipment, material, pharmaceuticals and production inputs (anthropometric measurement equipment, micronutrients, drugs, seeds, small animals)</li> <li>- Reproduction of printed communication material</li> <li>- Technical assistance</li> <li>- Operating costs</li> </ul>
Social and Behavior Change Communication (SBCC): <ul style="list-style-type: none"> <li>- Promotion and protection of breastfeeding</li> <li>- Promotion of infant and young child feeding practices</li> <li>- Promotion of environmental, personal and food hygiene</li> <li>- Promotion safe water</li> <li>- Promotion des fortified food products (e.g., iodized salt)</li> <li>- Promotion of micronutrient powders</li> <li>- Home visits</li> <li>- Community radio / media</li> </ul>	
Community-led total sanitation <ul style="list-style-type: none"> <li>- Promotion of environmental, personal and food hygiene</li> <li>- Promotion safe water</li> <li>- Promotion of latrine usage</li> </ul>	
Women empowerment and nutrition promotion among women and adolescents: <ul style="list-style-type: none"> <li>- Income generating activities</li> <li>- Village savings and loans association (VSLA)</li> <li>- Nutrient-rich food transformation et conservation</li> <li>- Literacy</li> <li>- Multiple micronutrient distribution</li> </ul>	
Early Childhood Development: <ul style="list-style-type: none"> <li>- FRANC (including parental education and stimulation)</li> <li>- Community child care</li> <li>- Community child care center feeding</li> </ul>	



<b>Subcomponent 1.2: Nutrition service delivery</b>	
Nutrition sensitive public health care services <ul style="list-style-type: none"> <li>- Prenatal care</li> <li>- Delivery care</li> <li>- Postnatal care</li> <li>- Therapeutic care of children with severe acute malnutrition</li> <li>- Family planning</li> </ul>	<ul style="list-style-type: none"> <li>- Training</li> <li>- Supervision</li> <li>- Monitoring</li> <li>- Procurement and distribution of small equipment, material, pharmaceuticals, bed nets, production inputs (drugs, micronutrients, anthropometric measurement tools, prenatal care items, bed nets, therapeutic food, community tractors, fences, cages, seeds, small animals)</li> <li>- Reproduction of printed tools (manuals)</li> <li>- Minor works (rehabilitation, community grain banks)</li> <li>- Technical assistance</li> <li>- Operating costs</li> </ul>
Extension services for the promotion of household food security: <ul style="list-style-type: none"> <li>- Promotion of community gardens</li> <li>- Promotion backyard gardens</li> <li>- Promotion of small livestock</li> <li>- Transformation and conservation of nutrient-rich foods</li> </ul>	
Education <ul style="list-style-type: none"> <li>- Functional literacy training</li> <li>- Community-based preschool education</li> </ul>	
Safety Nets <ul style="list-style-type: none"> <li>- Linkages to services for vulnerable households</li> </ul>	
<b>Subcomponent 1.3: Results-based financing (RBF) for public health nutrition</b>	
Results-based financing (RBF) for public health nutrition	<ul style="list-style-type: none"> <li>- Training</li> <li>- Supervision</li> <li>- Monitoring</li> <li>- Facility grants</li> <li>- Individual cash transfer</li> <li>- Community grants</li> <li>- Technical Assistance</li> <li>- Independent verification of results</li> </ul>
<b>Component 2: Nutrition governance and management</b>	
Strategic, technical and operational coordination	<ul style="list-style-type: none"> <li>- Training, Coaching, Workshops</li> <li>- Monitoring</li> <li>- Reproduction of printed tools</li> <li>- Procurement and distribution of material and equipment</li> <li>- Institutional communication</li> <li>- Technical Assistance</li> <li>- Study tours, international travel</li> <li>- Operational research</li> <li>- Formative research</li> <li>- Process evaluation</li> <li>- Operating costs</li> </ul>
Policy and program enhancement	
Monitoring and evaluation, Operational research and Knowledge management	
Technical assistance	
Institutional communication	
<b>Component 3: Project management</b>	
Support to project administration, procurement and monitoring and evaluation	<ul style="list-style-type: none"> <li>- Development of management tools for planning, implementation and monitoring</li> <li>- Development of subproject TOR</li> <li>- LIA recruitment</li> <li>- Evaluation of subproject proposals</li> <li>- Financial management and reporting</li> <li>- Procurement planning and processing</li> <li>- Progress reporting</li> </ul>



## ANNEX 2: SUPPLY-SIDE RESULTS-BASED FINANCING

COUNTRY: Cote d'Ivoire

### Multisectoral Child Nutrition and Development Support Project

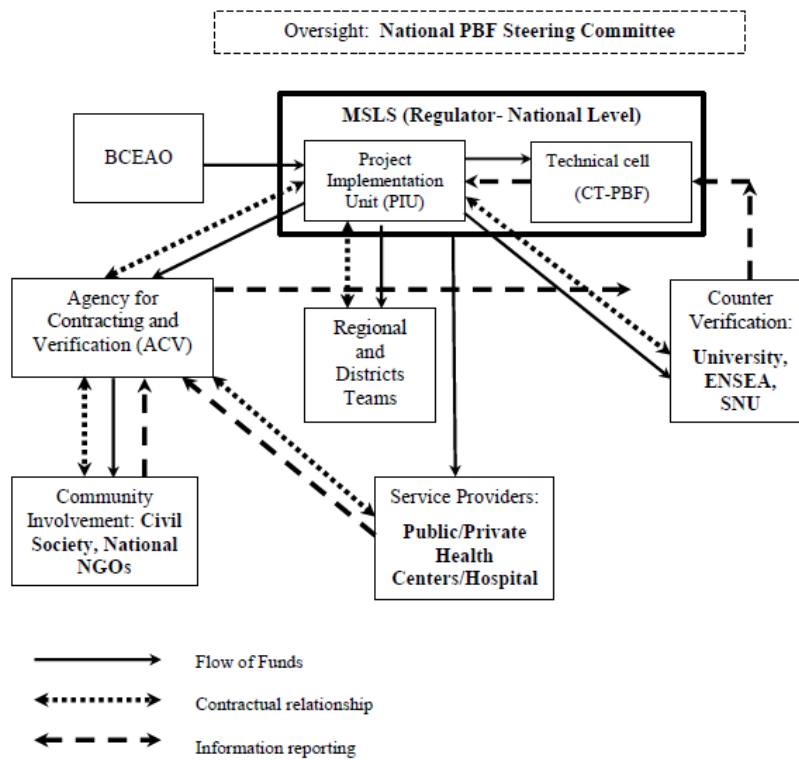
1. As for the HSSEPP, this subcomponent aims to increase the volume and quality of health services, with a specific focus on maternal, neonatal and child health (MNCH) interventions, through Performance-Based Financing (RBF) in selected regions. Specifically, performance-based incentives will be used to support: (a) increased utilization of targeted services related largely to MNCH; (b) improved clinical practice and health worker motivation (both intrinsic and extrinsic); (c) structural improvements (e.g. availability of drugs and commodities, and health facility rehabilitation); and (d) improved management capacity, governance, monitoring and record keeping at health facilities. Performance payments can be used for: (i) health facility operational and capital costs (e.g. including maintenance and repair, drugs and consumables, (ii) outreach activities (e.g. for transport and performance payments to community workers to stimulate demand); and, (iii) financial and non-financial incentives for health workers according to defined criteria. Notably, performance based incentives will be additional to existing financial resources at target facilities.
2. There is evidence that under a RBF scheme, facilities have an incentive to over-report the achievement of results, and/or manipulate data. As such, a strong emphasis will be placed on verification of results through both *ex-ante* (i.e. prior to making a payment), and *ex-post* verification. Specifically, the quantity and quality of services delivered will be verified through independent verification. *Ex-post verification* is expected to be carried out in three ways. Firstly, quarterly verification of the quantity and quality of services will take place by a Contracting and Verification Agency (ACV). Second, semi-annual counter-verification will seek to (re-) verify both the quality and quantity of services provided by, for example, randomly assessing whether activities are adequately complied with (e.g. forms are completed accurately), and will also verify the quality of the verification reports provided by the ACV. Third, community based organizations (CBO) will be contracted to visit homes of randomly chosen clients (selected from health facility registers).
3. An important element of this subcomponent will be capacity building and communication, including training on RBF concepts and procedures, behavior change education, information, education, communications related to demand generation and other strategic communication related to the RBF program and health facility management and administration related to, for example, the development of business and operational plans and appropriate accounting and use of RBF incentives. This capacity building will focus not only on health care workers and administrative staff at the region and district level, but also on the general public, so that they understand the nature of the new approach, are encouraged to make use of the services that are available, and participate in providing oversight and feedback as part of the process.
4. Two steering committees have been constituted, one for the World Bank-financed HSSEPP, and one to guide the overall development of RBF in Côte d'Ivoire. These two committees will work closely together to ensure that RBF activities remain consistent with the National RBF Strategy. The Project Steering Committee will have overall responsibility for project implementation, and will be supported by the PIU.
5. To support the RBF Steering Committee, as well as to coordinate and provide technical leadership for RBF activities, the Ministry of Health and Public Hygiene (MOHPH) has established a Technical Committee (CT-RBF). The CT-RBF will be responsible for: (i) preparing RBF Steering Committee meetings and supporting



implementation of the decisions made by the RBF Steering Committee; (ii) supporting the regulatory function of the Ministry in the implementation of RBF; (iii) monitoring the progress of RBF implementation in the field, and promoting ownership of RBF by the Ministry; and (iv) exploring ways and mechanisms to both institutionalize RBF as a national policy in Côte d'Ivoire, and progressively expand the RBF approach.

6. RBF is based on the principle of separation of core functions: purchasing, regulation, verification and service delivery. Key roles and responsibilities of the stakeholders responsible for these functions are defined below. Component 1 implementation arrangements are diagrammatically represented in Figure 2.1 below, with the agencies responsible for implementation indicated in bold type.

Figure 2.1: Implementation arrangements for the RBF subcomponent



7. **Regulation:** The regulatory function will be provided by the central level of the MOHPH and the devolved structures (Regional and Departmental Directorates of Health). Specifically, the Regulator will be responsible for: (a) defining and enforcing standards in infrastructure, quality, equipment, qualified personnel and quality criteria for the accreditation of health facilities; (b) providing control and monitoring of the private health sector; (c) ensuring optimal allocation of resources to health facilities, with particular attention to the availability of sufficient and sustainable resources for RBF; (d) validating all contracts. On the other hand, the Regional Directorates of Health are responsible for: (a) accrediting health facilities in their regions, both public and private; (b) informing the public about the mechanism and the results of accreditation of public and private structures; (c) stimulating private sector investment in the health sector; and (d) ensuring the organization and monitoring of peer review in hospitals.



8. **Fundholding:** This role will be handled by the PIU within the MOHPH. The PIU will be responsible for paying the following stakeholders based on the provisions provided in their individual contracts: (a) the ACV; (b) the counter-verification agency; and (c) service providers.
9. **Purchasing:** The Contracting and Verification Agency (ACV) will be responsible for contracting with service providers for the delivery of services (contingent on quality), and verification that these services have been delivered, and are of an acceptable quality. The purchaser (i.e. ACV) will decide on the services that will be included in the Payment Management Agency and Contract Management Agency, negotiate or fix rates and conditions for payment, and initiate the process to transfer funds. The ACV must have sufficient autonomy to negotiate the expected and desired results. Payment will be made on the basis of the audit (verification) results and the terms of the contract. The ACV will be selected through a competitive process. A number of possible agencies have already been identified, based on specific agreed criteria.
10. **Providers:** Contracted health facilities will take on the role of service providers, and will be responsible for the delivery of results. Providers will operate on the basis of full autonomy, including the ability to sign agreements and to receive physical and financial resources. They will have a Management Committee (comprised of at least an Administrator/ teacher as appropriate, community Representative, and at least one staff member) with the power to develop annual business plans and associated action plans. Providers will be supported in the development of business and action plans by the Health District Management teams. Private for profit and not-for-profit facilities may be included in the RBF without discrimination if they wish, while public health facilities and similar establishments are immediately covered by the RBF scheme. All contracted facilities will need to follow the operating rules developed in the RBF procedures manual.
11. **Verification:** The verification or audit function is a cornerstone of RBF. It ensures that services submitted for payment have been provided and delivered at good quality. This function will be carried out by the ACV. Specifically, they will be responsible for *ex-ante verification*, i.e. prior to payment being made. They will also be responsible for (a) developing performance contracts with health facilities; and (b) carrying out quarterly quality and quantity verification at health facilities.
12. **Ex-post verification** will be carried out in two ways. Firstly, as noted below, counter verification will take place semi-annually, with this process coordinated/facilitated by the CT-RBF. In addition to this, a community based organization (CBO) drawn from either national NGOs/civil society will be identified and subcontracted by the MOHPH to visit homes of randomly chosen clients (selected *from* the health facility registers) to determine whether they exist, whether they received the services that have been incentivized, and what their opinion is on these services. Clearly defined measures will be invoked in case discrepancies are found between the facility's invoice, patient register and the ex-post verification findings. These are detailed in the current RBF Operations Manual, which will be part of the PIM.
13. Sanctions (e.g., suspension of payment or contract) may occur in cases of noncompliance or non-achievement of results previously determined. The community may be involved in the management process and the evaluation of the quality of care (e.g., through contracts with CBOs which do population surveys of quality of care).
14. **RBF Technical Unit ("Cellule Technique (CT) RBF"):** This unit will be created within the department in charge of developing and monitoring National RBF strategy. It will have sufficient autonomy to conduct its



business operation. Specifically, it will be responsible for: (a) coordinating the development and monitoring of output and quality indicators; (b) Supporting the development of contracts and reviewing the performance of the various actors; (c) organizing national workshops monitoring and advocacy for the major players; (d) coordinating the organization of counter-verification of output and quality; (e) analysis of data regarding output, equity and quality; (f) ensuring the proper functioning of the information system; (g) providing training for stakeholders; and (h) validating the invoices submitted by the ACV. Monitoring the implementation of the RBF scheme will be entrusted to the ACV, with support from the national level CT-RBF. Monitoring is conceived as dynamic technical support for providers and focuses on implementation and more specifically to inputs, activities and increasing access to care in the implementation areas.

**15. Monitoring and Evaluation the implementation of RBF:** The CT-RBF, with the support of the Policy and Planning department of the MOHPH as needed, will be responsible for monitoring and evaluating the implementation of the RBF activities. Monitoring processes will assess the implementation, with a focus on inputs, activities/ processes and the extent to which access to care in the implementation areas has increased. Meanwhile, evaluation activities will focus on: (a) the effects of the RBF strategy based on short and medium term indicators related to perceptions, knowledge, attitudes, practices, behaviors, skills, and the long-term impact on health outcome indicators at the population-level (morbidity and mortality); (b) the relevance of the strategic and operational choices for the implementation of the RBF strategy given the problems faced by the health system; and, (c) the consistency of RBF with other reforms. The specific assessment methods will be defined by the RBF Steering Committee.

**16.** A separate National RBF Steering Committee will oversee the implementation of RBF in this project, document the lessons learned from various RBF initiatives across the country, provide guidance to implementing partners, and generate policy direction for the institutionalization of RBF in Côte d'Ivoire. This Committee is chaired by the Minister of Economy and Finance or his or her representative (unless otherwise specified in the approved National RBF Strategy), and include high level representatives from the MOHPH, the Ministry in charge of the Budget, the Ministry in charge of Employment and Social Affairs, and the Ministry in charge of Economy and Finance, as well as representatives from civil society and technical and financial partners in RBF, as determined by the Chair.

**17.** To support the Project Steering Committee, as well as to coordinate and provide technical leadership for project activities, including RBF in Côte d'Ivoire, the MOHPH has established a National Technical unit (CT-RBF). The CT-RBF will be responsible for: (i) preparing steering committee meetings and supporting implementation of the decisions made by the Project Steering Committee; (ii) supporting the regulatory function of the Ministry in the implementation of RBF; (iii) monitoring the progress of RBF implementation in the field, and promoting ownership of RBF by the Ministry; and (iv) exploring ways and mechanisms to both institutionalize RBF as a national policy in Côte d'Ivoire, and progressively expand the RBF approach.

**18.** The CT-RBF is staffed by a multidisciplinary team, of government staff and consultants recruited through a merit-based process, with the skills and experience necessary for implementing the RBF component of the project. The CT-RBF unit will be assessed regularly through a performance-framework by the Director of cabinet/inspectorate of the MOHPH. This performance framework will contain indicators including but not limited to: (i) timely processing of the RBF payment orders submitted by the Agencies for Contracting and Verification (ACV); (ii) timeliness and management of the national RBF steering committee meetings; (iii) technical support to the ACV related to contract management and verification activities and strategic purchasing;



and (iv) capacity building and coordination related to RBF implementation. In addition, there will be a PIU which will include a project coordinator, fiduciary staff and MOHPH-appointed technical staff and be responsible for managing non-RBF activities of the project.



### **ANNEX 3: IMPLEMENTATION ARRANGEMENTS**

#### **COUNTRY: Cote d'Ivoire Multisectoral Child Nutrition and Development Support Project**

##### **Project Institutional and Implementation Arrangements**

1. The Project will be implemented by a dedicated PIU which shares its offices with the PIU of the Health Systems Strengthening and Ebola Preparedness Project (HSSEPP; P147740). In essence, this PIU will be implementing two projects, the HSSEPP and the Multisectoral Nutrition and Child Development Project (MNCDP; P161770) sharing project management resources, such as fiduciary staff, offices space, vehicles and financial management software. The PIU-MNCDP will report to the Permanent Technical Secretariat (STP) of the National Nutrition Council (CNN) as the institutional home of the National Nutrition Policy and the PNMN which this Project supports.
2. The workload in the PIU will increase as a result of the MNCDP and extra staffing is needed. At a minimum, the following positions will be added for the management of MNCDP:
  - 1 Project officer
  - 1 Procurement assistant
  - 1 Principal accountant
  - 1 Assistant accountant
  - 1 M&E officer
  - 1 Technical officer for community-based nutrition and child development
  - 1 Communications officer for social and behavior change communication
  - 1 Project assistant
  - 2 Drivers
3. The CNN is composed of five structures including: (i) a high-level Decision-making Committee; (ii) a Technical Committee; (iii) a Focal Point for the Scaling Up Nutrition (SUN) Movement; (iv) the STP; and (v) Regional Nutrition Coordination Committees. After analyzing responsibilities, it was noted that the functions of the Project Steering (or Oversight) Committee are fully aligned to the functions of the Decision-making Committee. Project oversight will thus be provided by the Decision-making Committee.
4. Before effective date, the Government will have to prepare a PIM, containing detailed arrangements and procedures for: (i) institutional coordination and Project implementation; (ii) the roles and responsibilities of all involved stakeholders; (iii) Project budgeting, accounting, disbursement and financial management; (iv) procurement; (v) safeguards; (vi) monitoring, evaluation, reporting and communication; (vii) the selection criteria of the LIAs; and (viii) other such administrative, financial, technical and organizational arrangements and procedures.
5. In addition, within three months after the effective date, the Government should also provide proof of a manual for the RBF component of the Project. This RBF Operations Manual shall contain detailed arrangements, procedures and mechanisms for the selection of the Public Service Providers and implementation of Subprojects, including accounting, disbursement and financial management; procurement; the eligibility and selection criteria, transfer and verification mechanisms; safeguards; monitoring, evaluation, reporting and



communication; and other such administrative, financial, technical and organizational arrangements and procedures as shall be required for purposes of implementing the RBF activities.

6. The multisectoral nature of the Project requires inputs from the different sectors that are directly involved in project implementation. Accordingly, a multisectoral planning group will be set up to provide technical directions to the PIU, in the same way, a technical working group provided the technical directions to the design of this Project. However, the responsibilities and composition of such a group do not fully align with those of the CNN Technical Committee, which is chaired by the Focal Point for SUN, is much larger and engages in much broader discussion. Therefore, the project technical planning committee will be a sub-committee of the Technical Committee, chaired by the National Coordinator of the STP and at a minimum include the following membership: the STP coordinator; the PIU coordinator, and 1 representative each of the Ministry of Health and Public Hygiene, the Ministry of Agriculture and Rural Development, the Ministry of Animal Resources and Fishery, the Ministry of Women, Child Protection and Solidarity, the Ministry of Planning and Development, and the Ministry of Interior and Security. The technical planning group will be responsible for the preparation of the annual plan of work and budget (APWB), to be approved by the Project Steering Committee (Decision-making Committee). The STP and PIU will jointly present (and defend) the APWB to the Steering Committee.

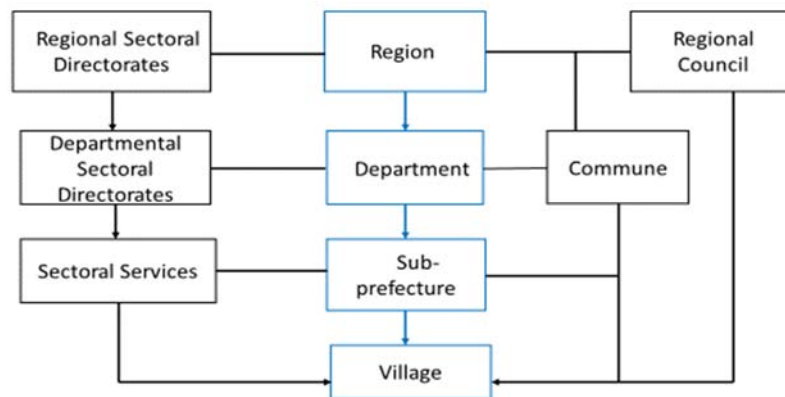
7. The implementation arrangements will follow the local government structure for coordination, planning and monitoring. The local government, in particular the administrative representatives of the Government (corps préfectoral) has a strong mandate for the coordination of local and community development and is therefore well suited to be at the center of the multisectoral nutrition coordination. The decree for the creation of the CNN already envisages the creation of Regional Nutrition Coordination Committees. At the head of each Region is the Regional Prefect. The ordonnance that will create the Regional Committees will also set out the creation of the sub-Prefectural coordination committees. Their role, among others, is to ensure the coordination of local development efforts.

8. The institutional structure of Côte d'Ivoire follows a two-pronged system of decentralization articulated around: (i) administrative units; and (ii) local decentralized governance structures. Administrative units are organized into four tiers: Regions, *Départements* (Prefectures), Sub-Prefectures and villages. Since the 2011 and 2014 reorganization of the territorial administration, Côte d'Ivoire counts 31 Regions, 108 *Départements*, 509 Sub-Prefectures, and a total of 8000 plus villages. Administratively, the Prefect of a Region is at the helm of several *Départements* that make up the Region. A *Département* is also administered by a Prefect (*Préfet de Département*) and comprises several Sub-Prefectures. Similarly, a Sub-Prefecture is under the authority of a Sub-Prefect who supervises several village chiefs. The relations are vertical and strongly hierarchical between the various levels of the administrative units.

9. A Region as a decentralized local government structure has the Regional Council as the deliberative body with a main mission to define and implement development actions at the local level. On the other hand, a Commune is a local governance structure expanding from urban area to surrounding villages within a nine kilometer-radius. As such, the decentralization policy in Côte d'Ivoire is relatively timid compared to other neighboring countries. This is exemplified by the limited number of Communes (197), their limited coverage of villages, and a less effective presence of the Regional Council beyond the regional headquarters despite its total geographical coverage of the region. The below chart shows the governance structure in Côte d'Ivoire.



Figure 3.1: Governance structure at the local level in Côte d'Ivoire



10. Planning, coordination, support and monitoring of development actions are undertaken at the regional level by all the key sectoral public services. The public service delivery system is structured into three tiers following the administrative organization with regional directorates representing the different ministries at the regional level, departmental directorates at the departmental level, and sectoral service providers at the sub-prefectural level for interventions at community level. All public services are represented at the levels of the Region and the *Département*. However, the presence of public service providers is weak in many Sub-Prefectures where only health, education and to some extent agriculture services are represented.

11. The approach will be to leverage the credibility of the prefectural corps, as prefects and sub-prefects are unanimously respected and have the mandate to promote and coordinate local development. At the regional level, Regional Nutrition Committees (RNC) will be set up as stipulated in the Presidential decree that created the CNN. The STP has already started the process of finalizing the ordinance, to be signed by the Prime Minister, that will formalize the RNC in line with the presidential decree creating the CNN. The RNC will be the multisectoral coordination platform of nutrition interventions with the regional prefect at its helm. The committee will regroup the regional prefect, the Prefects of *Départements*, representatives of all the key sectoral regional directorates (health, agriculture, social protection, education, water, fisheries, etc.), the Regional Council, Communes, and NGO. The RNC will follow the strategic orientation from the national level and coordinate the multisectoral public service delivery and Sub-Prefectural community-based nutrition subprojects for the region as a whole.

12. At the Sub-Prefectural level, a coordination committee will be established to better coordinate nutrition interventions and actors. The Sub-Prefectural Committee is the centerpiece of the convergence strategy as it will ensure planning, implementation, monitoring and coordination of multisectoral nutrition interventions at the community level. The committee will be presided by the Sub-Prefect and organized into two sub-committees (one technical and the other consultative/monitoring) to ensure a nimble structure. The technical sub-committee will mostly regroup all the existing public service providers, non-governmental entities and the LIA and will focus on providing technical support. The consultative and monitoring sub-committee is composed of the representatives of the commune, the Regional Council and community leaders and will be involved in supporting community mobilization efforts and monitoring the successful implementation of nutrition interventions at the sub-prefectural level. The composition of the committee will be contextualized based on the presence of public service providers and local realities. In a context characterized by a limited representation of public service



providers in many sub-prefectures, a strong involvement of departmental directorates and the prefects as well as the RNC in closing the gaps will be crucial.

13. At community level, so-called *Foyers de Renforcement des Activités de Nutrition Communautaire* (FRANC, or Community Nutrition Activity Enhancement Hearths) will be set up, which are essentially groups of community members engaged in nutrition promotion activities. The organization and activities will be planned and overseen by the FRANC steering committee. This village level committee will operate next to other theme-based committees at village level to singularly focus on the management and operations of the FRANCs. The FRANC Steering Committee operates under the direct supervision of the village chief and local bigwigs. Getting communities to set up FRANCs requires local facilitation and training, which will be a task assigned to local implementing agencies (LIA) with adequate community presence to engage and facilitate the mobilization process. Typically, this would be a NGO but given the relative shortage of NGOs in Côte d'Ivoire, other alternatives will be considered including consortiums of NGO and Community-Based Organizations (CBO), local private firms, and development agencies.

14. To get a better insight on the diversity, size and capacity of current projects, programs and organizations, the STP, with support from and in collaboration with UNICEF, REACH and the World Bank, is completing a comprehensive mapping exercise at regional level using the methodology developed by REACH.<sup>7</sup> This will partly fill the knowledge gap on current actors and actions. In addition, as the Project engages with the *Départements* additional mapping of local actors at the level of the *Département* will be carried out to facilitate the recruitment of qualified LIA and inform the local coordination platforms.

15. Within the FRANC, around five members who have been selected by the community, will be charged with organizing the monthly activities. Each selected member will have assigned responsibilities for which they will be trained. The activities include active screening every three months, home visits, group animation and education, cooking demonstrations, growth monitoring and promotion and monthly meetings. The topics range from management of pregnancy, infant and young child feeding, hygiene and sanitation, diversified food production and feeding, food conservation, family planning, cognitive stimulation, parenting skills, and management of childhood illnesses and malnutrition. The activities and topics will be presented through modules and implementation will be gradual.

16. The LIA will be recruited by the PIU-MNCDP in collaboration with the Sub-Prefect and in adherence to World Bank procurement procedures through a call for a manifestation of interest by the PIU in close collaboration with administrative authorities. The LIA organization with the best credentials (e.g., score on selection criteria) will be invited to develop a subproject proposal on the basis of terms of reference (TOR) jointly developed by the Project Technical Committee and the PIU. The TOR will give space to multi-sectoral approaches that integrate nutrition-related activities and indicators following a harmonized model by the Project Technical Committee and adapted to local resources and objectives. For example, projects may include mobilization to provide parental education; diversify diets through kitchen garden; promote appropriate infant and young child feeding practices; improve hygiene behaviors or water and sanitation infrastructures (to complement ongoing community-led total sanitation efforts); link vulnerable household to safety net cash transfers; and, mobilize demand for government nutrition and health services.

---

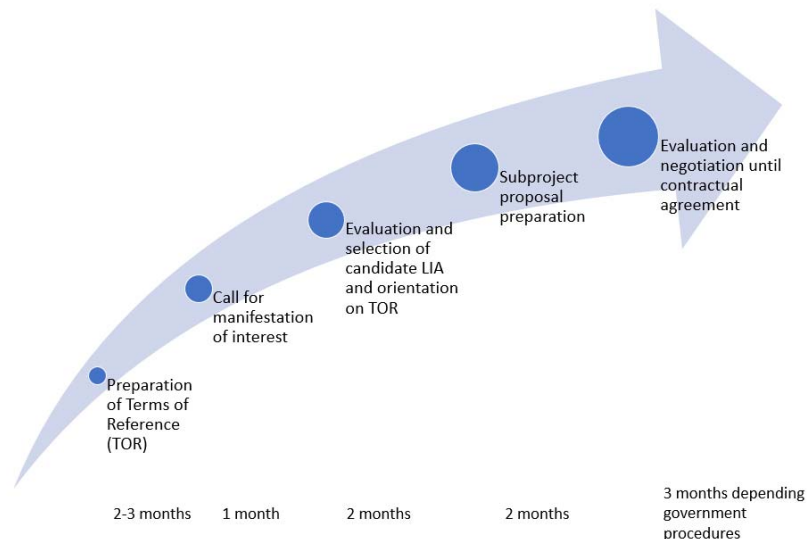
<sup>7</sup> REACH, which stands for Renewed Efforts Against Child Hunger and undernutrition, is a partnership of five United Nations organizations including IFAD, FAO, UNICEF, WFP and WHO.



17. The manifestation of interest by local operators will be for specified areas of interventions, also called lots, which will be identified beforehand by the STP and the PIU. A lot refers to an area with an average size of approximately 100,000 inhabitants and is made up of several sub-prefectures grouped together. The identification of lots is meant to allow for adequately sized subprojects in terms of local capacity (not too big) and operational efficiency (not too small) and a manageable number of contracts. It is anticipated that the Project will reach an approximate total of 6.5 million people and accordingly manage an estimated number of around 65 contracts. The grouping of (on average 2 to 5) sub-prefectures will take into account the coordination platforms at the level of the *Département* as well as the supervision structure involving the Health Districts.

18. The subproject proposals will be evaluated by an ad-hoc evaluation committee made up of members of the PIU, the Project Technical Committee and/or other resource people. Once finalized, the LIA will enter a contractual agreement that involves the sub-Prefecture and the PIU. Sub-projects are expected to begin in Year 2 of the Project. Figure 3.2 shows the process of LIA selection and subproject preparation.

Figure 3.2: Flow chart for the recruitment of Local Implementing Agencies (LIA)

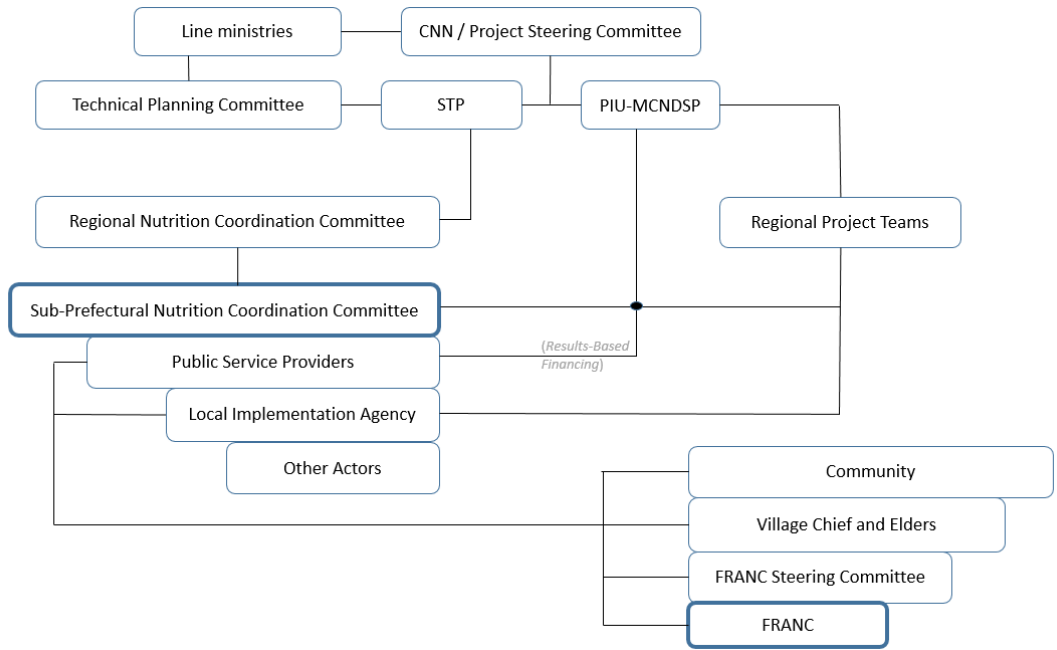


19. The LIA will be an integral member of the sub-Prefectural Nutrition Coordination Committees together with the public service providers (for health, agriculture and education) and any other relevant actors at the local level. As part of the preparations, the Project will develop and implement: (i) an institutional communication plan that correctly and timely communicates program matters to the stakeholders at all administrative levels; and (ii) a community mobilization strategy that takes into account the sociocultural context of community participation and development. Figure 3.3 provides a detailed diagram of the implementation arrangements for the Project.

20. After being selected, the LIA will develop a subproject on the basis of detailed terms of references (TOR) in close collaboration with the sub-prefectural authorities. Following a standardized approval process, these proposals are reviewed, validated and negotiated before being agreed on by means of a contract between the LIA, the Sub-Prefect and the PIU.

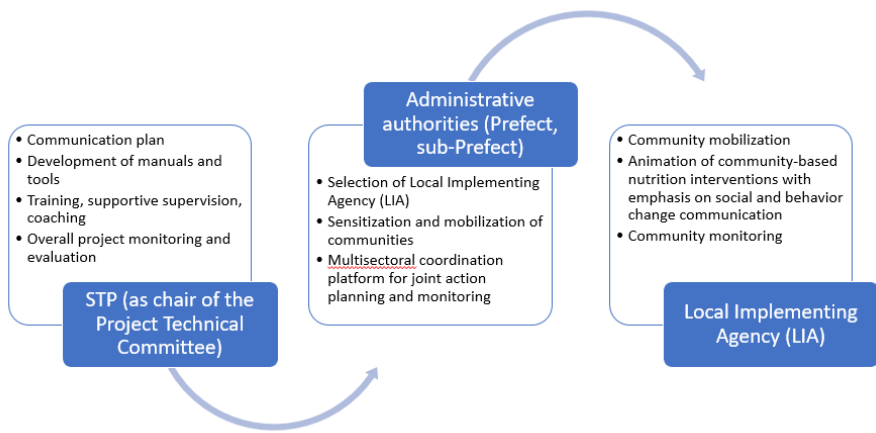


**Figure 3.3:** Implementation arrangements with key stakeholders in the Project



1. The roles and responsibilities of central, intermediary and the local levels can be summarized as follows. At the central level, the STP, the Project Technical Committee and the PIU together are responsible for providing guidance (communication, training, monitoring, reporting). At the intermediary level, the administrative authorities (Prefect, Sub-Prefect) will see to the joint planning for the implementation of the activities (LIA selection, sensitization and orientation of communities, multi-stakeholder coordination, monitoring, reporting). The LIA, in collaboration with and supervised by public service providers, will be charged with the implementation of community-based nutrition (community mobilization, social and behavior change communication, community monitoring). Figure 3.4 provides a simplified diagram of relationship between the different implementation levels of the Project.

**Figure 3.4:** Relationships between central, intermediary and LIA for project implementation





20. The Project will build on and work with three other World Bank-funded projects. Table 3.1 summarizes the synergies and collaboration areas.

21. *In education*, the Project will collaborate with the pipeline Education Service Delivery Enhancement Project (P163218). This Project has a component on community preschool activities which will see the establishment of an estimated 117 Community Preschool Centers (CPC) in four to five Administrative Regions. The CPC will serve as a platform for providing parental education. The two World Bank-supported projects will: (i) coordinate implementation in the same geographical areas to promote a holistic approach to child development in which children move from the FRANC in to the CPC, but also integrate Community Management Committees or Steering Committees for education and community nutrition/child development, and community mobilization efforts such as the mother and women clubs for education with FRANC for nutrition and child development; and (ii) collaborate on the issues of parental education (for nurturing care with nutrition in application of the evidence reviewed in the 2016 Lancet series, *Advancing Early Childhood Development: from Science to Scale*) and ECD by developing and using common tools. On parental education, the first activity will be to establish a technical working group composed of resource persons from the various stakeholders working on parental education. This will be followed by a workshop to harmonize messages and agree on strategies for dissemination recognizing the different channels through which parental education will be provided. To facilitate the coordination, the STP will participate in the technical working group for the education project and the Ministry of Education will participate in the technical working group for the nutrition and child development project.

**Table 3.1:** Areas of synergies and collaboration with other World Bank supported projects

World Bank supported projects	Area of synergy and collaboration
Health System Strengthening and Ebola Preparedness Project (P147740)	<ul style="list-style-type: none"> <li>• Introduce (nutrition-focused) performance-based financing in the regions where the HSSEPP is not located</li> <li>• Pilot community and/or demand-side results based financing</li> </ul>
Productive Safety Net (P143332)	<ul style="list-style-type: none"> <li>• Strengthen the accompanying measures of the unconditional cash transfers through training in areas where the two projects are not co-located and through FRANC where the projects co-locate</li> <li>• Enhance geographical overlap through the pipeline additional financing</li> </ul>
Education Service Delivery Enhancement Project (P163218; pipeline)	<ul style="list-style-type: none"> <li>• Enhance geographical overlap with community preschool education interventions</li> <li>• Jointly work on early childhood development (ECD) tools and material</li> <li>• Jointly evaluate the effectiveness of parental education through different service delivery platforms</li> </ul>
Support to Nutrition Sensitive Agriculture and Capacity Development of Small and Marginal Farmers (P155081)	<ul style="list-style-type: none"> <li>• Enhance geographical overlap with food security and diversification measures</li> <li>• Strengthen the platform for multisectoral coordination of service delivery at community level</li> </ul>

22. *In health*, the Project will complement the results-based financing (RBF) component under the Health Systems Strengthening and Ebola Preparedness Project (HSSEPP; P147740) by introducing RBF to seven additional Health Districts that are not covered under the HSSEPP. It will focus on providing incentives for



nutrition-related services while at the same time mobilizing other donors to complement the purchase of the other indicators and/or create a foundation for the expansion of the RBF to other areas of maternal and child health when additional financing for the HSSEPP becomes available. It is expected that additional financing for RBF in Côte d'Ivoire may become available in 2019-2020 through the engagement of the GFF.

23. In addition, this Project will pilot innovative demand-side as well as community approaches to results-based financing at small scale. The demand-side pilot will provide financial incentives to individual women who seek essential services such as antenatal care and facility-based delivery. The community pilot will provide financial incentives in the form of additional discretionary funding to communities or community groups for achieving specific objectives (for example, kitchen gardens or latrines), with a specific portion of the incentives paid earmarked for re-investment in the community. The community pilot will be based on the lessons learned from the implementation of RBF in the HSSEPP as well as the experience in The Gambia, which has been pioneering innovative approaches to community-based and demand-side approaches to results-based financing that are showing impact on quality and quantity of services already after 18 months of implementation.

24. *In social protection*, the Project will collaborate with the Productive Safety Net Project (PSNP; P143332) on issues of: (i) targeting to include aspects of nutritional vulnerability, and (ii) accompanying measures on child nutrition and development to enhance the impact of cash transfers. With the PSNP additional financing to become effective in FY19, the two projects will increase geographical overlap to facilitate coordinated implementation and maximize impact.

25. While detailed implementation arrangements have been agreed at all levels, the complexity of the Project and the number of stakeholders involved poses a risk to ensuring proper coordination and communication. Most stakeholders on the issue of nutrition have little experience with cross-sectoral coordination and collaboration. Instead, structures tend to work vertically and in a partitioned manner. The Project will address this through a renewed effort to ensure project committees and management structures at all levels are functional by providing guidelines, and extensive and institutionalized capacity building support in communication. A communication plan will be developed to ensure that each stakeholder can speak the same language and understand each other and share the right information at the right time. Similarly, communication mechanisms and tools will be provided to facilitate the flow of information vertically (from the CNN / project steering committee to the community level) and horizontally (between the various stakeholders involved in the implementation of the Project). The communication strategy will be accompanied by a project knowledge management strategy to ensure further institutionalization of the use of the various range of information tools and the successful adaptation to changes by all stakeholders.

### **Financial Management**

26. A Financial Management (FM) assessment of the PIU managing the Health Systems Strengthening and Ebola Preparedness Project (HSSEPP; P147740), identified to manage the project, was carried out in October 2017. The objective of the assessment was to determine whether the PIU has acceptable FM arrangements in place to ensure that the new project funds will be used only for intended purposes, with due attention to considerations of economy and efficiency. The assessment complied with the Financial Management Manual for World Bank investment projects financing operations, effective December 11, 2014.

27. Arrangements are acceptable if they allow for accurate recording of all transactions and balances,

supporting the preparation of regular and reliable financial statements, safeguarding the project's assets, and are subject to auditing arrangements acceptable to the World Bank. These arrangements should be in place when the new project implementation starts and be maintained as such during project implementation. The assessment concluded that the FM of the PIU satisfies the World Bank's minimum requirements under World Bank Policy and Directive- IPF and therefore is adequate to provide, with reasonable assurance, accurate and timely FM information on the status of the project required by the World Bank.

28. The overall FM risk rating is assessed as substantial (see Table 3.5 below) and mitigation measures proposed in Table 3.2 (below) will strengthen the internal control environment and maintain the continuous timely and reliability of information produced by the PIU and an adequate segregation of duties.

**Table 3.2:** FM Action plan

Action	Responsible Party	Deadline and Conditionality
Design a mechanism for sharing the operating costs of the PIU among the two projects managed by the PIU; this will allow to reflect the contribution of each project to the overall operating cost of the PIU	PIU	By effectiveness
Develop a separate PIM, including fiduciary procedures manual to reflect specific arrangements related to the new project	PIU	By effectiveness
Update the configuration of the accounting software	PIU	Three months after effectiveness
Recruit one Assistant accountant (assistant comptable) assigned to the new project with qualifications and experience satisfactory for the World Bank.	PIU	Three months after effectiveness
Recruit one Principal Accountant with qualifications and experiences acceptable for the World Bank to oversee and coordinate the accounting works performed by the teams of accountants assigned to other projects managed by the PIU.	PIU	By effectiveness
Recruit the external auditor	PIU	Five months after effectiveness
Create an Integrated Project Fiduciary Management Unit within the MOHPH and under the Finance Directorate of the Ministry	PIU; MOHPH; MEF and Donors	By December 2020

29. **Internal control system.** A FM Procedures Manual is available to define control activities and an internal audit function to carry out ex post reviews and to evaluate the performance of the overall internal control system. It has been revised following the in-depth review of January 2017 and deemed acceptable to the World Bank. Due to the increase in the activities of the PIU, the need to implement an effective internal audit function is becoming critical. In line with the new Decree No. 475 governing the modalities of donors-financed project implementation in Côte d'Ivoire, the General Finance Inspectorate (Inspection Generale des Finances; IGF) will oversee the internal audit function of the projects managed by the PIU. To address the weaknesses identified during the implementation of the HSSEPP, the composition, the mandate, and frequency of meetings of the Steering Committee will be strengthened to ensure adequate oversight of the project. Furthermore, additional



measures were put in place including the following: (i) strengthening the FM team of PIU; (ii) World Bank prior review of budgets related to workshops, seminars in projects implemented by the PIU; (iii) clarifications on the policies related to per diem, accommodation/hotel costs for missions and workshops leading to the revision of the FM manuals; and (iv) extension of the scope and size of sample of transactions reviewed during World Bank supervision missions.

30. **Planning and budgeting.** The PIU will prepare a detailed consolidated annual work plan and budget (AWPB) for implementing the activities of the MNCDP. The AWPB will be submitted to the project Steering Committee for approval and thereafter to IDA for no-objection, not later than November 30 of the year preceding the year the work plan should be implemented.

31. **Accounting.** The prevailing accounting policies and procedures in line with the West African Francophone countries accounting standards-SYSCOHADA-in use in Côte d'Ivoire for ongoing World Bank-financed operations will apply. The accounting systems and policies and financial procedures used by the new project will be documented in the project's administrative, accounting, and financial manual. The PIU will customize the existing accounting software to meet the new project requirements. The public accountant will also record in ASTER, all the transactions related to the project.

32. **Interim financial reporting.** The unaudited IFRs will be prepared every quarter and submitted to the World Bank regularly (for example, 45 days after the end of each quarter) and on time. The frequency of IFR preparation as well as its format and content will remain unchanged. The consolidated quarterly IFR for the project includes the following financial statements: (a) Statement of Sources of Funds and Project Revenues and Uses of funds; (b) Statement of Expenditures (SOE) classified by project components and/or disbursement category (with additional information on expenditure types and implementing agencies as appropriate), showing comparisons with budgets for the reporting quarter, the year, and cumulatively for the project life; (c) cash forecast; (d) explanatory notes; and (e) Designated Account (DA) activity statements.

33. **Annual financial reporting.** In compliance with International Accounting Standards and IDA requirements, the PIU will produce annual financial statements. These include (a) a Balance Sheet that shows assets and liabilities; (b) a Statement of Sources and Uses of Funds showing all the sources of project funds and expenditures analyzed by project component and/or category; (c) a DA Activity Statement; (d) a Summary of Withdrawals using SOEs, listing individual Withdrawal Applications by reference number, date, and amount; and (e) notes related to significant accounting policies and accounting standards adopted by management and underlying the preparation of financial statements. The Public accountant will also prepare for the state accounts and the annual financial statements related to the project.

34. **Auditing.** The PIU will submit audited project financial statements satisfactory to the World Bank every year within six months after closure of the fiscal year. The audit will be conducted by an independent auditor with qualifications and experience acceptable to the World Bank. A single opinion on the audited project financial statements in compliance with the International Federation of Accountants will be required. In addition, a Management Letter will be required. The Management Letter will contain auditor's observations and comments and recommendations for improvements in accounting records, systems, controls, and compliance with financial covenants in the Financial Agreement. The report will also include specific controls such as compliance with procurement procedures and financial reporting requirements and consistency between financial statements and management reports as well as findings of field visits (for example, physical controls). The audit report will



thus refer to any incidence of noncompliance and ineligible expenditures and misprocurement identified during the audit mission (see Table 3.3). The project will comply with the World Bank disclosure policy of audit reports and place the information provided on the official website within two months of the report being accepted as final by the team and the World Bank.

Table 3.3: Due Dates of the Audit Report

Audit report	Due Date	Responsible Party
Audited financial statements including audit report and Management Letter	(a) Not later than June 30 (2000 + N) if effectiveness has occurred before June 30 (2000 + N-1). (b) Not later than June 30 (2,000 + N+1) if effectiveness has occurred after June 30, (2000 + N-1)	PIU

### Disbursements

35. **Upon credit effectiveness, transaction-based disbursements will be used.** The project will finance 100 percent of eligible expenditures inclusive of taxes with proportionally divided by IDA and TF contributions (82 percent and 18 percent, respectively). Designated accounts (DA) will be opened at the Central Bank (BCEAO) and a Project Account (PA) in a commercial bank under terms and conditions acceptable to IDA. The ceiling of the IDA DA will be established at FCFA 100 billion and that of the TF DA at FCFA 500 million. An initial advance up to the ceiling of the DA will be made and subsequent disbursements will be made against submission of SOE reporting on the use of the initial/previous advance. The option to disburse against submission of quarterly unaudited IFRs (also known as report-based disbursements) could be considered, as soon as the project meets the criteria. Other methods of disbursing the funds (reimbursement, direct payment, and special commitment) will also be available to the project. The minimum value of applications for these methods is 20 percent of the DA ceiling. The project will sign and submit Withdrawal Applications electronically using the eSignatures module accessible from the World Bank's Client Connection website.

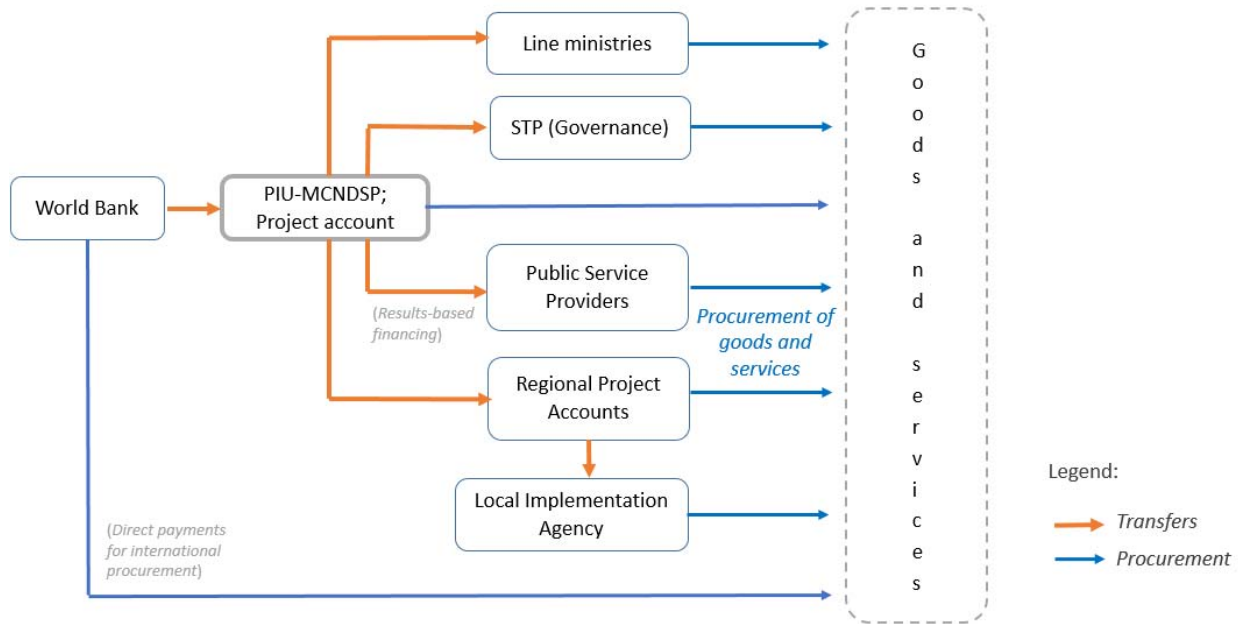
36. **Payments of UN Agencies:** In the case of payments to UN agencies, the special World Bank disbursement procedures will be used to establish a "Blanket Commitment". The "Blanket Commitment" will be set up for each UN agency for the full amount to be transferred to the UN agency as an Advance. Regarding the external audit, reliance will be placed on the UN Agencies financial regulations and rules including external audit arrangements. Waiver for elimination of audit requirements if needed, will be sought and should be granted during the project preparation phase.

37. **Payments under Results-Based Financing (RBF):** This mechanism will be implemented in a sub-section of regions included in the project. For the components under RBF, payments will be made upon verification and approval of the achievements of the agreed results by the Independent Verification Agent (IVA). The IVA certificate (visa) will be provided to support the withdrawal applications prepared by the PIU and submitted to the World Bank for payment. The PIU will transfer to the Public Service Provider (PSP) the funds into a sub-bank account opened in a commercial bank acceptable to the World Bank in each eligible region. The funds transferred will be based on approved annual work plan and budget of each region. Each Entity will manage the funds and make payments based on the activities agreed in the annual work plan and budget as well as the results achieved and verified by the IVA. The modalities of transfer of funds from the Project account (PA) opened in Abidjan to the sub-account of the PSP will be detailed in the PIM.

38. **Payments to Local Implementation Agencies (LIA):** As needed, regional bank accounts (sub-accounts) will be also opened in commercial banks at regional level to transfer funds to Local Implementation Agencies (LIA). Payments will be made to LIA based on the activities agreed in the annual work plan and budget and against progress reports.

39. Figure 3.5 provides an overview of the flow of funds under the MNCDP.

**Figure 3.5:** Flow of funds for the Project



40. **Local taxes.** Funds will be disbursed in accordance with project categories of expenditures and components, as shown in the Financing Agreement. Financing of each category of expenditure/component will be authorized as indicated in the Financing Agreement and will be inclusive of taxes according to the current country financing parameters approved for the Republic of Côte d’Ivoire.

**Table 3.4:** FM Implementation Support Plan

FM Activity	Frequency
<b>Desk reviews</b>	
IFR’s review	Quarterly
Audit report review of the program	Annually
Review of other relevant information such as interim internal control systems reports	Continuous, as they become available
<b>On-site visits</b>	
Review of overall operation of the FM system (Implementation Support Mission)	Every six months for substantial risk
Monitoring of actions taken on issues highlighted in audit reports, auditors’ Management Letters, internal audits, and other reports	As needed
Transaction reviews	As needed
<b>Capacity building support</b>	

FM training sessions

Before project effectiveness and during implementation, as needed

41. **Support to the implementation plan.** FM supervisions will be conducted over the project's lifetime. The project will be supervised on a risk-based approach. Based on the outcome of the FM risk assessment, the following implementation support plan is proposed (Table 3.4). The objective of the implementation support plan is to ensure the project maintains a satisfactory FM system throughout its life.

**Table 3.5:** Update of the FM Risk Rating of the PIU-HSSEPP

Type of Risk	Residual Risk Rating		Brief Explanation
	Previous	FMAR	
<b>Inherent Risk</b>			
Country level	H	H	
Entity level	S	M	The PIU is more familiar with the World Bank FM and Operations procedures and requirement.
Program level	S	S	Multiplicity of actors and the large number of transactions expected; (ii) largely beneficiaries based in remote and geographically dispersed locations within the country; and (iii) disbursement to beneficiaries based on progress reports (achievement of results - RBF); (iv) project activities prone to irregularities (workshop, several actors including LIA and communities in remote areas...) – All budget related to these activities subject to World Bank prior review monitoring with empowering of communities; clear transparency rules and participation.
<b>Overall Inherent Risk</b>	<b>S</b>	<b>S</b>	
<b>Control Risk</b>			
Budgeting	S	M	AWPB will be approved by the steering committee and submitted to the World Bank for no objection by November 30 every year.
Accounting	S	M	Strengthening of the FM team with selection of 3 new staff including a Principal Accountant to oversee and coordinate the work of performed by the accountant of each project.
Internal controls	S	S	The signing of the protocol between the IGF and PIU will allow the IGF to include this project in its scope of work. The involvement of IGF will be assessed during project supervision– Revision of the FM manual to clarify policies applicable to workshop, per diem. Prior review by the World Bank of all budget related to workshop, missions and seminar; increasing of the size of sample of expenditures reviewed during supervision missions.
Auditing	M	M	
<b>Overall control risk</b>	<b>S</b>	<b>S</b>	
<b>Overall FM risk</b>	<b>S</b>	<b>S</b>	Once the remaining key actions considered at the time of the assessment as dated covenants are implemented, the project FM risk rating could be downgraded to moderate.

## Procurement

### Applicable procurement procedures



42. Following the 2004 CPAR, and the Procurement Code (Decree N°2005-110 dated February 24, 2005), a new Procurement Code (Decree N°2009-259 dated August 6, 2009), in line with the WAEMU's Procurement Directives and international good practices, and key implementing regulations and documentation have been adopted. This Procurement Code was amended and modified in July 2015 through the Decree N°2015-525 dated July 15, 2015 also with implementing regulations thereunder. A national procurement capacity building program exists and is being implemented at the central and deconcentrated entities level. An electronic system for collecting and disseminating procurement information and for monitoring procurement statistics has been set up and needs to be spread over all the contracting authorities. An audit of single source awarded contracts from 2011 to 2013 has been done in May 2014 and findings were published. However, persisting issues remain that affect transparency and efficiency of the national procurement system: (i) establishment and operation of procurement of cells in the ministries are still nascent; (ii) training of enforcement officers of these new texts is not yet effective. In addition, the volatile socio-political situation due to the civil war does not guarantee an effective functioning of the system and has considerably increased fraud and corrupt practices. The new government is trying to fight against this scourge by implementing certain mechanisms such as the code of ethics at the level of ministers and officials, but no evaluations have been conducted to date to demonstrate the results of these efforts.

43. **Guidelines:** Procurement for the proposed project will be carried out in accordance with the World Bank's "Procurement Regulations for Borrowers" in force since July 2016.

44. **Procurement Documents:** Procurement would be carried out using the World Bank's Standard Bidding Documents (SBD) for all International Competitive Bidding (ICB) for goods and works and for Standard Request for Proposal (RFP) for the selection of consultants through competitive procedures. The Recipient will develop standard documents based on the World Bank's SBDs for National Competitive Bidding (NCB) for goods and works and the World Bank's RFP for the selection of consultants through methods other than Quality and Cost Based Selection (QCBS), with modifications that will be submitted to the IDA for prior approval in compliance with the New Procurement Framework (NPF).

45. The different procurement methods or consultant selection methods, the need for pre-qualification, estimated costs, prior review requirements, and time frame are agreed between the Recipient and the World Bank in the Procurement Plan through the PPSD when need be. The Procurement Plan will be updated at least annually or as required to reflect the actual project implementation needs and improvements in institutional capacity.

#### **Advertising procedure**

46. General Procurement Notice, Specific Procurement Notices, Requests for Expression of Interest and results of the evaluation and contracts award should be published in accordance with advertising provisions in the guidelines mentioned above.

47. For ICB and request for proposals that involve international consultants, the contract awards shall be published in the United Nations Development Business (UNDB) online within two weeks of receiving IDA's "no objection" to the recommendation of contract award. For Goods, the information to publish shall specify: (a) name of each bidder who submitted a bid; (b) bid prices as read out at bid opening; (c) name and evaluated prices of each bid that was evaluated; (d) name of bidders whose bids were rejected and the reasons for their rejection;



and (e) name of the winning bidder, and the price it offered, as well as the duration and summary scope of the contract awarded. For Consultants, the following information must be published: (a) names of all consultants who submitted proposals; (b) technical points assigned to each consultant; (c) evaluated prices of each consultant; (d) final point ranking of the consultants; and (e) name of the winning consultant and the price, duration, and summary scope of the contract. The same information will be sent to all consultants who submitted proposals. The other contracts should be published in national gazette periodically (at least, quarterly) and in the format of a summarized table covering the previous period with the following information: (a) name of the consultant to whom the contract was awarded; (b) the price; (c) duration; and (d) scope of the contract.

### ***Procurement methods***

48. The procurement methods should be developed and defined through the PPSD and the Procurement plan. However, indications are given below to assist the Borrower in the Project implementation phase.

49. **Procurement of Works.** This Project will not finance any works.

50. **Procurement of Goods.** The Goods to be financed by IDA would include: office and furniture, and equipment, office supplies, etc. Similar Goods that could be provided by a same vendor would be grouped in bid packages estimated to cost at least US\$4,000,000 per contract and would be procured through ICB. Contracts estimated to cost less than US\$1,000,000 equivalent may be procured through NCB. Goods estimated to cost less than US\$ 100,000 equivalent per contract may be procured through shopping procedures. For shopping, the project procurement officer will keep a register of suppliers updated at least every six month.

51. **Selection of Consultants.** The project will finance Consultant Services such as surveys, technical and financial audits, technical assistance, and activities under the institutional strengthening component. Specific consultant services, trainers and workshops facilitators should be included. Consultant firms will be selected through the following methods: (a) QCBS; (b) selection based on the Consultant's Qualification (CQS) for contracts which amounts are less than US\$2 000,000 equivalent and are relative to exceptional studies and researches which require a rare and strong expertise; (c) Least Cost Selection (LCS) for standard tasks such as insurances and, financial and technical audits costing less than US\$2 000,000; (d) Single Source Selection costing less than US\$100,000 with prior agreement of IDA, for services in accordance with the paragraphs 3.8 to 3.11 of Consultant Guidelines. Individual Consultant (IC) will be hired in accordance with paragraph 5.1 to 5.6 of World Bank Guidelines; Sole source costing less than US\$100,000 may be used only with prior approval of the World Bank. Whatever the cost, any terms of reference needed to consultant selection must get prior approval of the World Bank.

52. Short lists of consultants for services estimated to cost less than US\$300,000 equivalent per contract may be composed entirely of national consultants in accordance with the provisions of paragraph 2.7 of the Consultant Guidelines, if enough qualified individuals or firms are available. However, if foreign firms express interest, they would not be excluded from consideration.

53. **Procurement from United Nations Agencies:** There may be situations in which procurement directly from UN agencies may be the most appropriate method of procurement. In such circumstances, the project would make specific arrangement with the UN Agencies concerned through a single source selection and then they follow their own procurement procedures to purchase and deliver the goods and services needed.



54. **Procurement of consulting services other than consulting services** covered by *Procurement Regulations for Borrowers*: Eventually, those might include designing, editing and printing; and logistic support such as car rental for field visits, travel services and logistic support for workshop and the like, LCS or shopping will be used.

55. **Training, Workshops and Conferences.** The training (including training material and support), workshops and conference attendance, will be carried out on the basis of approved annual training and workshop/conference plan. A detailed plan giving the nature of training/workshop, number of trainees/participants, duration, staff months, timing and estimated cost will be submitted to IDA for review and approval prior to initiating the process. The appropriate methods of selection will be derived from the detailed schedule. After the training, the beneficiaries will be requested to submit a brief report indicating which skills have been acquired and how these skills will contribute to enhance his/her performance and contribute to the attainment of the project objective.

56. **Operational Costs.** Operating costs financed by the project are incremental expenses, including office supplies, vehicles operation and maintenance, maintenance of equipment, communication costs, supervision costs (i.e. transport, accommodation and per diem), and salaries of locally contracted staff. They will be procured using the procurement procedures specified in the Project Financial and Accounting Manual.

**Table 2.6:** Procurement and Selection Review Thresholds

Expenditure Category	Contract Value (Threshold)	Procurement Method	Contract Subject to Prior Review
	US\$		US\$
1. Works	≥10 000,000	ICB	≥15 000,000
	<10,000,000	NCB	<15,000,000
	<100,000	Shopping	Depends on the activities
	<100,000	Direct contracting	<100,000
2. Goods	≥1 000,000	ICB	≥4, 000,000
	<1 000,000	NCB	<4,000,000
	<100,000	Shopping	Depends on the activities
	No threshold	Direct contracting	<100,000
3. Consultants Firms	≥300,000	QCBS; QBS; LCS; FBS, CQ	≥2, 000,000
	<300,000	QCBS; QBS; LCS; FBS, CQ	<2,000,000
Individuals	≥100,000	EOI	<400,000
	<100,000	comparison of 3 CVs	<400,000
Selection Firms & Individuals	<100,000	Single Source	≥100,000
Terms of reference may be subjected to prior review in accordance with TTLs			

**Assessment of the capacity of the agency to implement procurement**

57. The lead responsibility for project implementation will be vested with the PIU that currently implements the HSSEPP without any major procurement issues. The same unit will manage the financial management and



procurement needs of the new project. The PIU has been managing the World Bank-financed project with experience, skills, knowledge, personnel, and a procedure manual acceptable to the World Bank, which means it can act as PIU for the new project as they do with the HSSEPP as per the provisions of the procurement guidelines in force. The disbursement rate is acceptable and in line with the forecasted disbursement in the PAD.

58. The information available to the World Bank indicates that some of the contracts have not been executed within the deadline. These delays are due to: (a) the complexity of the project; (b) the low capacity of contractors; and (c) the poor quality of terms of reference and technical specifications. To mitigate above listed turnaround times, the following provisions shall be taken:

- Set realistic timeframes;
- Strengthen the capacity of the contractors awarded public contracts to manager and execute the contracts of
- Recruit consultants for the elaboration of TORs and technical specifications where need be;

59. The PIU-HSSEPP has two procurement specialists and a procurement assistant. The current portfolio includes the HSSEPP and the Project Preparation Advance for the MNCDP, as well as technical assistance to other projects such the SWEDDP. The PIU as the other PIUs in Côte d’Ivoire has received training on the New Procurement Framework, especially on the PPSD. Even if they have received prior training on the NPF, the PIU members are invited to act urgently to revisit and reinforce their knowledge on the Procurement Regulation for Borrowers.

60. The PIU will be responsible for the coordination of all procurement activities, including the following: (a) preparation and update of the procurement plans; (b) preparation, finalization and launch of the requests for proposals and bidding documents; (c) drafting of minutes of bids opening /proposal and preparation of the evaluation reports; (d) submission of procurement documents (terms of references, request for proposals, bidding documents, evaluation reports, contracts, etc.) to the World Bank when prior review is required; (e) preparation of the contracts, and overseeing the payments to contractors; and (f) drafting of procurement progress report and coordination of the activities. Each beneficiary entity will be involved in the implementation as per the procurement manual will describe.

61. With regards to the new provisions of the Decree n°2015-475, and the new World Bank procurement guidelines, the project manual of procedures should be developed and submitted for the World Bank’s no objection. To minimize the delay associated with the drafting of the appraisal reports, competent Firms/Individual Consultants should be hired to evaluate the proposals where necessary.

***Frequency of procurement reviews and supervision***

62. World Bank’s prior and post reviews will be carried out on the basis of thresholds indicated in the following table. The IDA will conduct six-monthly supervision missions and annual Post Procurement Reviews (PPR); with the ratio of post review at least one to five contracts. The IDA may also conduct an Independent Procurement Review at any time until two years after the closing date of the project.

***Country Overall Procurement Risk Assessment***

High	
------	--



Average	X
Low	

**Environmental and Social (including safeguards)**

63. The Project is rated as Environmental Assessment Category B, requiring a partial environmental assessment. The following environmental safeguard policies are triggered: Environmental Assessment (OP 4.01); Pest Management (OP4.09) and Physical Cultural Resources (OP4.11). The Category B is predicated on the fact that project physical activities will be site-specific and their potentially adverse environmental impacts are expected to be moderate and reversible under appropriate mitigation measures. Considering that the exact geographic locations of project specific interventions are not yet determined with certainty, the Borrower has developed an ESMF in compliance with the core requirements of the OP 4.01 (Environmental Assessment).

64. To guide the potential use of pesticides in line with the triggering of OP 4.09 (Pest Management), a chapter on Pest Management was included in the ESMF<sup>8</sup>. The section encourages the use of organic fertilizers and biological techniques to fight against agriculture predators. In addition, it sets up guidance and guidelines with the aim of protecting population health and environment integrity in promoting best practices in the case of use of chemical products.

65. The ESMF lays out procedures for screening and mitigating impacts from construction and operation of the irrigation schemes, and includes the following: (a) checklists of potential environmental and social impacts and their sources; (b) procedures for participatory screening of proposed sites and activities and the environmental and social considerations; (c) procedures for assessing potential environmental and social impacts of the planned project activities; (d) institutional arrangements for mitigating, preventing, and managing the identified impacts; (e) typical environmental management planning process for addressing negative externalities in the course of project implementation; (f) a system for monitoring the implementation of mitigation measures; and (g) recommended capacity building measures for environmental planning and monitoring of project activities.

66. Responsibility and oversight of the Project's overall compliance with national and World Bank safeguard policies will rest with the environmental specialist within the PIU, as the main person in charge of project implementation and monitoring of safeguard aspects. He will be working in close collaboration with ANDE. That national body in charge of safeguards compliance of all projects in the country will not only conduct periodic monitoring of project's compliance with proposed mitigation of changes, but also changes in environmental resources (i.e., water and soil quality, flora and fauna, vector ecology, soil erosion etc.) from the baseline.

67. Further, all activities under the project will be contingent on broad-based and sustained consultation with local communities in project's intervention area. Mitigation measures for identified environmental and social impacts, including avoiding or sparing cultural and historical resources and other environmental clauses, will be properly implemented by the PIU, as specified in the safeguard instruments and bidding documents.

**Monitoring and Evaluation**

68. The progress and results of project implementation will be monitored in a routine basis throughout the

<sup>8</sup> Disclosed as part of the ESMF through a publication in the Fraternite Matin daily newspaper (Fraternite Matin, weekend edition, November 18-19, 2017; p. 12)



life of the Project. The general principle underlying the M&E approach is the alignment of the M&E process developed for the Project with the monitoring and evaluation framework and systems of the PNMN. The World Bank is currently providing technical assistance to the Government of Côte d'Ivoire to develop the M&E framework for the Plan. The framework will rely on data collected on a routine basis within each of the sectors. It will also include a new information platform for community-based service delivery, because none of the existing systems collect data at the community level. The Project will finance the scale-up of the platform and use it to monitor project implementation at the community level. The alignment approach will increase the efficiency of the project investment. Furthermore, it will allow the Project to benefit from and build upon the M&E capacity strengthening delivered through previous WBG investments in Côte d'Ivoire (e.g. the HMIS strengthening under the HSSEPP). In addition to routine data, the progress of the Project will also be monitored using national surveys such as MICS and Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys to which the Project will make contributions as needed.

69. In addition, the investment will support the Government in carrying out Joint Annual Reviews (JAR) with key stakeholder including line ministries, the Ministry of Finance, donors, civil society and the private sector. The JAR provides an opportunity to review progress and identify issues that need to be addressed to improve performance. The joint review will provide a common basis for understanding sector issues and priorities which will be followed up through action plans and/or policy dialogue as relevant. Results indicators will contribute to the mid-term review and will guide course correction, if needed.

70. To further facilitate learning and enable course correction, process evaluations are planned for the following key project elements: 1) strengthening of nutrition governance and coordination at the regional, district, and local level, 2) the implementation of the community-based nutrition approach, 3) process evaluation of the facility-based RBF, 4) an assessment of the key strengths and weaknesses of adding nutrition elements to the social safety net program. The community-based nutrition process evaluation would be conducted in the second year after the community-based nutrition interventions have been sufficiently scaled up in the first group of regions. Results will be used by the PIU, the STP and LIAs for course corrections and further scale up. The key objective of the evaluations will be to course-correct and adjust the implementation as the Project scales up.

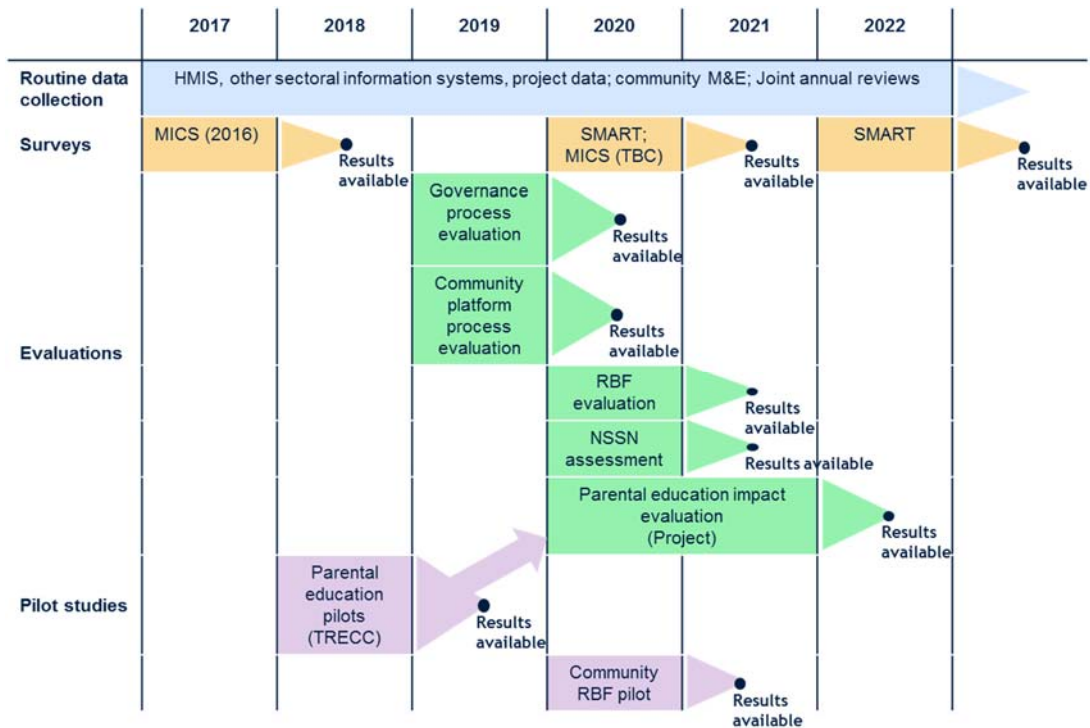
71. A series of pilot studies, carried out by TRECC, will inform the design and roll-out of the parental education/ECD components of the Project. In addition, a pilot of community results-based financing is planned during the third year of the Project.

72. The development of a platform that allows each community identify its specific needs and mobilize specific solutions constitutes the key rationale of the proposed WBG investment. Given the heterogeneity of both needs and solutions, it will not be possible to conduct an impact evaluation of the Project as a whole using traditional methodologies (e.g., random control trials). However, impact evaluations are planned for specific project elements including, for example, the parental education for early childhood nutrition and stimulation practices. The evaluation will not only examine the impact of parental education, but also include an operational and delivery science component and assess the effectiveness and cost-effectiveness of different delivery modalities (e.g. FRANC, community preschools). These evaluations will be jointly conducted with the Education Service Delivery Enhancement Project (P163218). Figure 3.6 presents the tentative schedule of the key evaluation and learning activities planned for the Project.

**Data sources**

73. *Routine data:* The STP will be responsible for extracting and synthesizing data from the existing data bases and information systems (e.g. HMIS) and from the perioding surveys. KPIs will be reviewed by the Project Technical Committee annually to track progress towards the KPIs, identify potential implementation challenges and develop course-correction measures. The STP M&E unit will compile and report the data for inclusion in the reports to PON. The Project will benefit from and build upon the M&E capacity strengthening delivered through previous WBG investments in Côte d’Ivoire (e.g. the HMIS strengthening under the HSSEPP).

**Figure 3.6: Monitoring and Evaluation Schedule**



74. *Community M&E system:* The framework will also include a new information platform for community-based service delivery, because none of the exiting systems collect data at the community level. The Project will finance the scale-up of the platform and use it to monitor project implementation at the community level. The alignment approach will increase the efficiency of the project investment. LIAs and community members will use project reporting tools to collect results of sub-projects against indicators stipulated in the terms of reference for project contracts. Sub-prefecture administrators, with technical assistance from the STP, will aggregate and review results of projects with sub-prefecture project committees. The STP will be responsible for the management of the platform at the national level for the overall project reporting system and biannual and annual reports.

75. *Population-based surveys:* Population surveys (e.g. MICS, SMART) will be conducted at the project’s baseline, midline, and endline will be used to track the improvements in the utilization and access to services, and in key nutrition behaviors and practices that contribute to reduced stunting early childhood stimulation practices. Once verified by the Government, results of a MICS conducted in 2016 will serve as the basis for an

updated baseline. Midline and data will be available from a MICS survey expected to be conducted in 2020 by UNICEF, or, if the MICS is not carried, out the Project will finance a SMART survey in that year. The Project will also co-finance an endline survey in 2022.

### Role of Partners

76. Many development partners have joined the donor group for nutrition which was set up in response to Côte d'Ivoire's adherence to the SUN movement in 2013. UNICEF is currently the chair of this group and AfDB is the co-chair. This platform meets every quarter and invites the STP when necessary and is meant to coordinate action and rally in support of Government's efforts to scaling up nutrition. Table 3.7 provides indicative engagements of the some of the most active development partners including three international NGOs.

**Table 3.7:** Development Partner engagement in Nutrition/Early Years in Côte d'Ivoire

Agency	Area of interventions
WHO	<ul style="list-style-type: none"> <li>Provides punctual technical assistance</li> </ul>
FAO	<ul style="list-style-type: none"> <li>Supports nutrition-sensitive agriculture projects of limited scale</li> </ul>
WFP	<ul style="list-style-type: none"> <li>Supported the management of moderate acute malnutrition</li> <li>Promoted several small-scale technologies</li> <li>Is currently downsizing due to funding constraints</li> </ul>
UNICEF	<ul style="list-style-type: none"> <li>Engaged in technical assistance – often jointly with the World Bank – on mapping, M&amp;E, communication, care for child development, etc.</li> <li>Supports the therapeutic care of acute malnutrition</li> <li>Supports infant and young child feeding promotion</li> <li>Supports the management and control of mineral and vitamin deficiencies</li> <li>Leads the nutrition donor group</li> </ul>
AfDB	<ul style="list-style-type: none"> <li>Participates in policy dialogue</li> <li>Hopes to support nutrition sensitive interventions through agriculture</li> <li>Provides punctual technical assistance</li> </ul>
AFD	<ul style="list-style-type: none"> <li>Supports nutrition interventions through UNICEF with funding from the French debt relief program</li> </ul>
USAID	<ul style="list-style-type: none"> <li>Provides technical assistance through FHI360 on infant and young child feeding practices</li> </ul>
TRECC	<ul style="list-style-type: none"> <li>Implements ECD projects and pilots</li> </ul>
ACF	<ul style="list-style-type: none"> <li>Implements management of acute malnutrition projects</li> <li>Leads the civil society network for nutrition</li> </ul>
HKI	<ul style="list-style-type: none"> <li>Implements integrated nutrition projects</li> </ul>
Save the Children	<ul style="list-style-type: none"> <li>Community-level projects that promote childhood development</li> </ul>



ANNEX 4: ECONOMIC AND FINANCIAL ANALYSIS

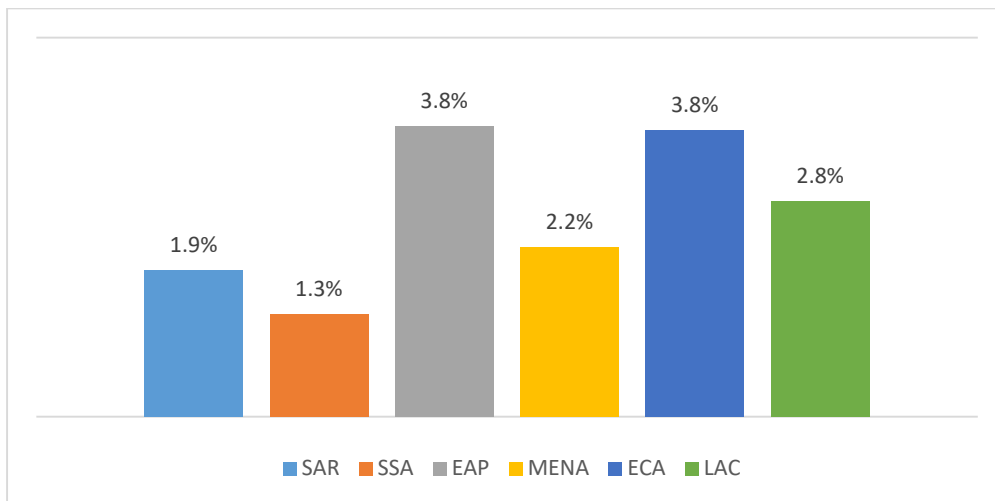
COUNTRY: Cote d'Ivoire  
Multisectoral Nutrition and Child Development Project

Background

1. Although intrinsic development objectives in their own right, nutrition outcomes are also instrumental in stimulating economic growth. Poor nutrition in early childhood results in decreased cognitive ability; lower educational attainment; lost earnings; and losses to national economic productivity. Malnutrition's most damaging effect occurs during pregnancy and in the first two years of life, and the effects of this early damage on health, brain development, intelligence, ability to learn, and productivity are largely irreversible. Improving child health and nutrition, especially in the first 1000 days, is critical for addressing the World Bank Group's twin goals of reducing poverty and boosting shared prosperity. At the individual level, chronic malnutrition in children is estimated to reduce a person's potential lifetime earnings by at least 10 percent. Studies have shown that a 1 percent loss in adult height results in a 2 to 2.4 percent loss in productivity. The economic costs of undernutrition have the greatest effect on the most vulnerable in the developing world. A recent analysis estimates these losses at 4 to 11 percent of GDP in Africa and Asia each year - equivalent to about US\$149 billion of productivity losses each year. Most of those losses are due to cognitive deficits. As developing countries move from manual labor-based economies to ones that are based on skilled labor requiring high mental capacity, the impact of child malnutrition and stunting on incomes and economies will likely increase further.

2. Since 1995, progress in reducing chronic malnutrition and its principal manifestation, stunting, has been slower in Africa than in other regions. Over the past two decades, among all World Bank regions, the Africa region has seen the lowest average annual decline in stunting prevalence (see Figure 4.1).

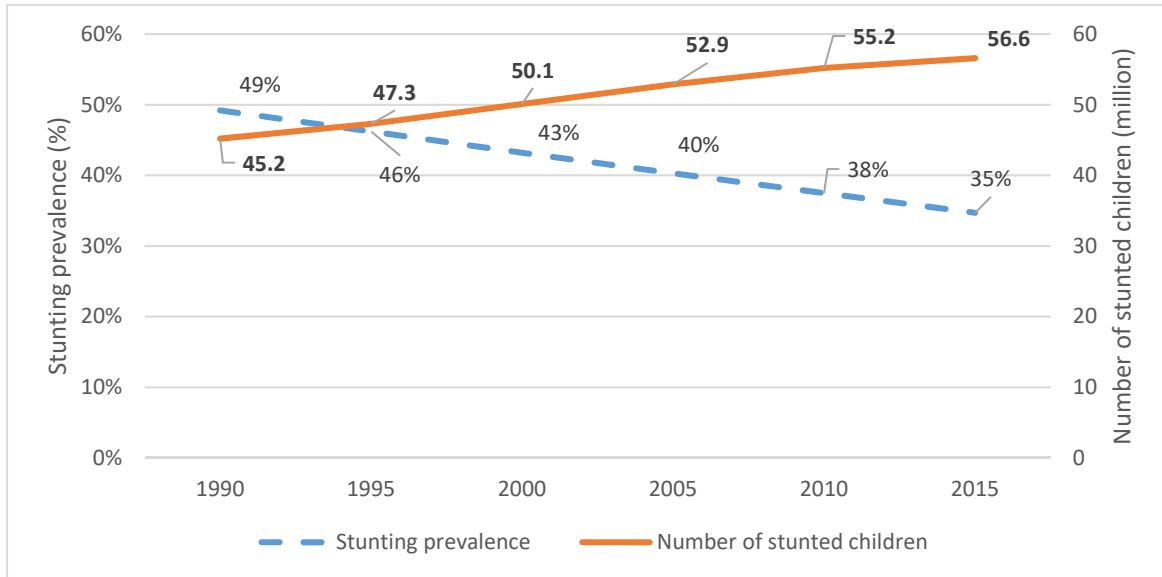
Figure 4.1: Average Annual Rate of Reduction in Stunting Prevalence between 1990 and 2015 by World Bank Region





3. Consequently, although both the Europe and Central Asia region and the East Asia and the Pacific regions have managed to reduce stunting prevalence by almost two-thirds, Africa achieved a reduction of only one-quarter during the same period. Furthermore, because of high fertility and population growth, the number of stunted children on the continent within that time frame actually increased by about 12 million (see Figure 4.2).

Figure 4.2: Stunting prevalence and the number of stunted children in Sub-Saharan Africa, 1990-2015



4. Household data consistently show that, although stunting prevalence tends to be higher in lower-income quintiles, even among the richest households it is very high, often exceeding 20 percent. Recent analyses show that the association between economic growth and reduction in stunting prevalence is weaker in Africa, where a 1 percent increase in per capita gross national income (GNI) is associated with a 0.2 percent reduction in stunting prevalence, than it is in other regions, where the same increase in GNI is associated with a 0.6 percent decrease in the prevalence of stunting (Eozenou, Mehta, Kakietek, 2017). In fact, based on these estimates, economic growth in Africa over the next decade would not be enough to offset the impact of rapid population growth; despite increasing the purchasing power of households, the absolute number of stunted children on the continent would continue to rise (see Figure 4.2).

5. The weak elasticity of stunting prevalence with respect to income is likely due to the ubiquity of the risk factors—such as high fertility, food insecurity, lack of access to clean water and improved sanitation, the low socioeconomic status of women, and political instability, among others—which attenuate the impact of higher incomes. At the same time, some countries with relatively low income levels, such as Senegal, have been able to achieve dramatic reductions in stunting prevalence, while relatively rich countries, such as Nigeria, have seen only small declines. In sum, the evidence from within-country and cross-country analyses demonstrates that economic growth alone will not be sufficient to substantially reduce stunting in African countries and that direct action and specific interventions are needed.

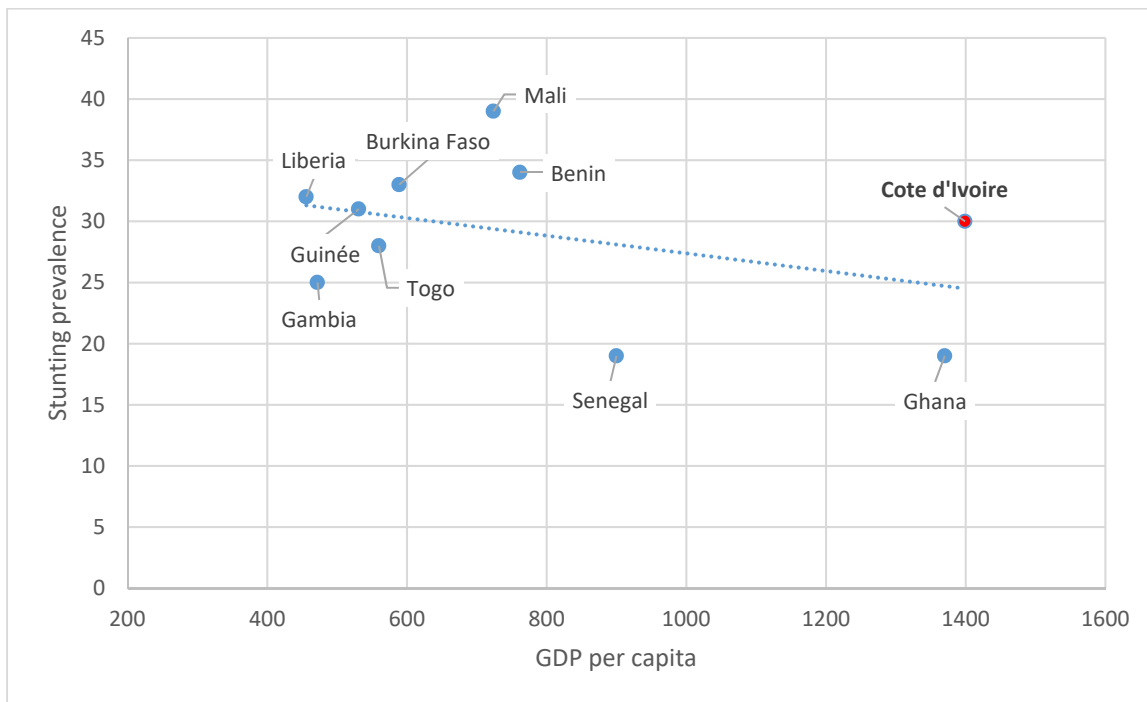
6. In Côte d’Ivoire, the prevalence of stunting remains alarmingly high. Per the most recent DHS survey (2011-2012), 30 percent of all children in the country are stunted. While national stunting prevalence is lower



than in some other countries in the region, it is considerably higher than would be expected following Côte d'Ivoire's per capita income level (see Figure 4.3).

7. This national average masks considerable regional variation. While stunting prevalence is relatively low in Abidjan (18 percent), it substantially exceeds the national average in 5 out of 11 regions. In two regions, North and Northeast, stunting prevalence reaches nearly 40 percent. This variation reflects and further perpetuates the pronounced socio-economic inequities between north and south and rural and urban areas (in particular Abidjan). Other indications of child malnutrition are equally precarious, with 8 percent of children suffering from acute malnutrition (wasting), 14 percent from low birthweight, and 75 percent from anemia. Estimates suggest that chronic malnutrition costs the economy of Côte d'Ivoire every year about US\$970 million (SitAn, 2015).

Figure 4.3: Stunting prevalence and GDP per capita in selected West African countries



8. Interventions aimed at improving nutrition have been identified as some of the most cost-effective development actions. According to the global investment framework for RMNCH, one dollar invested in the essential package of maternal and child health interventions is estimated to yield about nine dollars in economic benefits. This benefit cost ratio is even higher for evidence-based high impact nutrition interventions that target stunting and micronutrient deficiencies.

**Rationale for public provision:**

9. In general terms, public investment in health and nutrition focusing on women, infants, and young children can be rationalized based on their merit good nature (a good whose availability should not be dependent on the ability to pay). In addition, public financing, regulation, and even provision are justifiable due to widely recognized market failures in health and nutrition resulting from information asymmetries, presence of supplier-



driven demand, complex and opaque production functions, and other market imperfections. Because of that, in Cote d'Ivoire, like in most countries in the region, basic health and nutrition services including those whose provisions will be supported by the proposed project, are already financed and provided primarily through the public sector. Public financing and provision are necessary to improve the efficiency and equity of service delivery.

10. The public sector plays an important role in service delivery. It sets the norms and harmonizes approaches. It also plays a key role in the actual provision of services when non-public actors are absent, e.g., primary health care service delivery. In other sectors, public-private partnerships are possible. Many of the agricultural extension services are provided through a parastatal agency that appears to have a wide penetration into the community development activities. Other actors will be mobilized, notably local associations, to facilitate the mobilization and organization of communities for action towards improved nutrition. The entry point is the sub-prefectural level around which the actors will be organized to plan along common results frameworks and joint action plans.

**Value added of the World Bank Support:**

11. The proposed project build on a long-standing partnership between the WBG and the government of Cote d'Ivoire seeking to improve child nutrition and development. The current operational portfolio includes two ongoing projects and four pipeline projects with specific activities on child growth and nutrition with the total allocation estimated at about \$27 million. \$24 million are from the Health Systems project (35% is allocated to child and maternal health interventions targeting the first 1000 days) and \$2.4 million from the human accompanying measures for the Social Safety Nets project.

12. Furthermore, the WBG has been engaged with the Government of Cote d'Ivoire in informal nutrition policy dialogue since 2010. The dialogue was formalized in 2015 with a Programmatic Approach on Nutrition Programming and Financing (P156432). Most recently, the WBG team has worked closely with the CNN and the STP supporting the development of the PNMN, including the costing of the Plan, and economic analyses around cost-effectiveness, prioritization of essential nutrition interventions, and estimation of economic benefits of investing in nutrition. The results were presented at a high-level Round Table event for donors in Abidjan in September 2016. Ongoing analytic support to the nutrition sector includes mapping of partners, investments, and promising interventions, south-south exchanges regarding community-based multisectoral approaches to address chronic malnutrition, and institutional and organizational capacity assessments for M&E and multisectoral coordination.

13. Finally, the WBG is uniquely placed as a development assistance convener for nutrition in Cote d'Ivoire. This convening capacity has contributed to the Government's successful Round Table event in September 2016. Stakeholders within the government see the Bank as the key development partner supporting nutrition policy and program development. The proposed operation, announced at the Round Table in September, would be the largest new investment directly supporting the implementation of the PNMN. This investment, combined with the global experience in supporting nutrition and maternal and child health, positions the World Bank very well to accompany the government of Cote d'Ivoire in strengthening and expanding essential nutrition services. Other development partners, including UNICEF, WFP, FAO and African Development Bank are also involved in the policy dialogue and expressed keen interest to support the implementation of nutrition actions at the community level

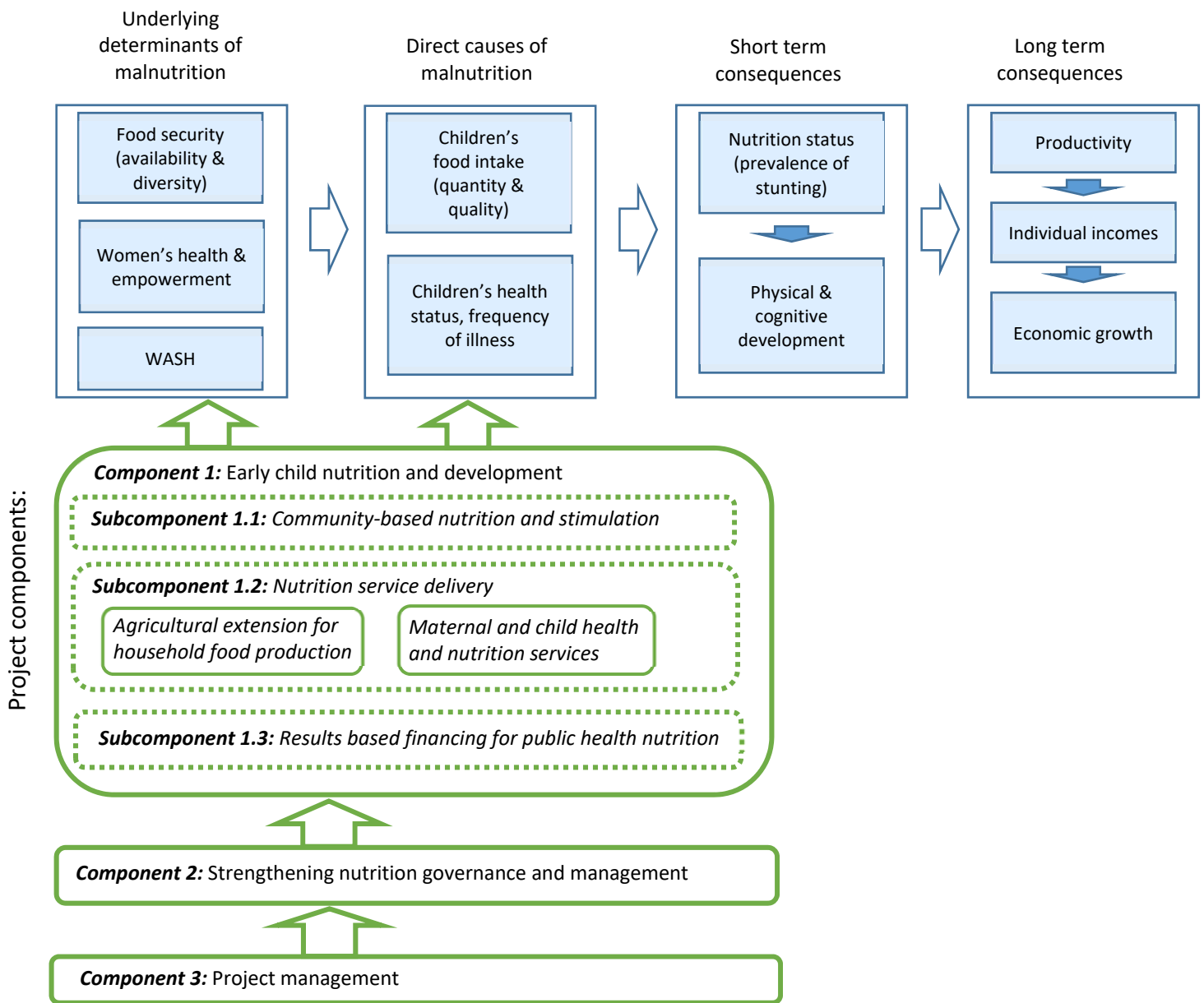


in partnership with the government and the WBG, including mobilization of additional technical and financial resources.

### **Economic impact of the project**

14. The proposed project improves both underlying determinants and direct causes of malnutrition. In the short term, it leads to improvements in nutrition status and physical and cognitive development in children who benefit from it. In the long term, it leads to increases in productivity when children grow up, higher wages and incomes for individuals and household, and faster economic growth at the national level. Figure 4.4 illustrates a simplified pathway through which the project will have long-term economic impact.

**Figure 4.4:** A simplified project logic model



**Methods:**

15. This analysis uses standard methods to estimate the economic benefits that can be generated by the proposed Project to assess whether the investment is justified on economic grounds. To this end, the impact of the intervention financed through the Project on health and nutrition status of women and children is estimated. This impact is then translated into economic benefits based (as net present value). Finally, the project costs are compared to the benefits, the internal rate of return and benefit cost ratio are calculated. This section presents the methods used to conduct the analysis.



16. The impact of the Project in terms of the number of lives saved, number of cases of childhood stunting averted, and the number of anemia cases in pregnant women prevented were calculated using the Lives Saved Tool (LiST). The tool translates changes in the coverage of interventions into estimates of morbidity and mortality reduction and changes in the prevalence of stunting and anemia. LiST was used to model the impact of expanding the coverage of the following nutrition-specific interventions provided through the health system or through the community-based FRANCO platform: promotion of good infant and young child nutrition (IYCN, including breastfeeding and complementary feeding practices); iron and folic acid supplementation for pregnant women; vitamin A supplementation for children 6-59 months of age; zinc supplementation for the treatment of diarrhea; management of moderate acute malnutrition; treatment of severe acute malnutrition; provision of complementary foods (or cash to buy food) for children 6-24 months of age living in food insecurity.

17. In addition, LiST was also used to model the impact of WASH intervention included in the Community-led Total Sanitation package aims at eliminating open defecation, improving the disposal of children’s stool, increasing access to hand-washing facilities and improvements in handwashing behaviors. Finally, the model was also used to model the impact of expanding the coverage of antenatal care.

18. The plausible impact of the improvements in overall food security measured as food availability and diversity to which the Project will contribute, could not be directly modelled in LiST. Instead, it was approximated based on the estimates from Smith and Haddad (2015). Smith and Haddad used a country-level regression model to assess the impact of food availability (measured as average daily kilo calories consumed per capita), food diversity (measured as the percentage of total diet from non-staples) and other underlying determinants of malnutrition on country-level stunting prevalence. Using the regression coefficients reported in Smith and Haddad, the expected reductions in stunting were calculated based on the assumption that, during the life of the Project, the average per capita daily energy intake in project target areas would increase by 200 kcal and that the proportion of energy from food groups other than staples would increase by 20 percentage points.

19. Economic benefits were calculated based on the health and nutrition impact estimates. In the base-case scenario, one life saved at age five was valued as one times GDP per capita. One case of stunting averted was valued at 21 percent of GDP per capita based on estimates of the impact of childhood stunting on adult wages (Hoddinott et al. 2013) and further adjusted to account for the proportion of income from wages (52 percent) (based on Lubker, 2007).

20. One case of anemia prevented was valued as 5 percent of per capita GDP for women who engaged in light physical labor, 17 percent for women engaged in heavy physical labor, and 4 percent for women engaged in non-physical labor. In the base case scenario, it was assumed that 10 percent of women engaged in light physical labor, 60 percent engaged in heavy physical labor, and 30 percent engaged in non-physical labor. The following equation summarizes the approach to the valuation of health outcomes and calculation of monetary benefits:

$$B = LS*(1-P)*GDPpc + LS*P * GDPpc*(1-S)*L + CS * GDPpc * S * L + IS * GDPpc * ALi*Li*I + GDPpc*AH*H*L + GDPpc*AO*O*L$$

where:



*B = monetary benefits*

*LS = unique lives saved*

*CS = unique cases of stunting prevented*

*IS = additional children who benefited from salt iodization*

*P = prevalence of stunting*

*GDPpc = GDP per capita*

*S = percent of wage income gained as a result of the child not being stunted*

*ALi = percent of wage income gained as a result of anemia prevented in women engaged in light physical labor*

*Li=percent of women engaged in light physical labor*

*AH = percent of wage income gained as a result of anemia prevented in women engaged in heavy physical labor*

*H=percent of women engaged in heavy physical labor*

*AO = percent of wage income gained as a result of anemia prevented in women engaged in other (non-physical) labor*

*O=percent of women engaged in other (non-physical) labor*

*L = proportion of income from labor*

21. The benefits were calculated over the lifetime of children benefitting from the interventions, because once accrued, the developmental and cognitive benefits resulting from good nutrition persist for life. Conservatively, it was assumed that the children would start earning wages at the age of 18 and earn until the age of 51 (the life expectancy at birth in Côte d’Ivoire). For pregnant women, the benefits were calculated only during the implementation of the Project, because if iron/folic acid supplementation is stopped, women can again develop anemia.

22. LiST is a cohort model that produces annual estimates of prevalence and mortality in a cohort of children 0–59 months of age. Over five years, the same child would contribute to stunting prevalence and mortality averted five times as he or she ages through the cohort (once at 0–11 months, then again at 12–23 months, and so forth). Consequently, the same child could be saved from being stunted or from dying multiple times during that time period (for example, a child could be at risk of dying from diarrhea at age 1, then again at age 2, then again at age 3 and so forth).

23. To avoid counting and assigning a monetary value multiple times to stunting or mortality averted in the same child, based on the LiST output, estimates were made of unique lives saved and unique cases of stunting averted. More specifically, every year, the number of cases of stunting averted and lives saved in children 48–59 months old who would be aging out of the LiST cohort in that year were estimated. Consistent with the extant literature, it was assumed that after children reach five years of age, their stunting status is irreversible and that children who are not stunted at age five would remain not stunted and vice versa.

24. Net present value was calculated using the following formula:

$$NPV = \sum_{t=0}^n \frac{(Benefits - Costs)_t}{(1 + r)^t}$$

where:

*r = discount rate*

*t = year*

*n = analytic horizon (in years)*

## Beneficiaries

25. The Project will cover 14 Administrative Regions (equivalent to nine Health Regions) in the North, North-East, North West, Center West, and South East of the country. The regions were selected based on the high prevalence of chronic malnutrition among children under 5 years of age. Together, those regions account for about 33 percent of the overall population of Côte d'Ivoire and based on the most recent DHS data, about 37 percent of the total number of stunted children under 5 reside in the project target regions. Implementation of the sub-prefectural community-based interventions will follow a phased approach as shown in Table 4.1.

**Table 4.1:** Project roll-out of beneficiary population covered with the basic package of community nutrition services

	Number of regions	Annual coverage				
		2018	2019	2020	2021	2022
First round of regions	2	0.0%	15.0%	30.0%	45.0%	45.0%
Second round of regions	6	0.0%	0.0%	15.0%	30.0%	45.0%
Third round of regions	6	0.0%	0.0%	0.0%	22.5%	45.0%

26. In total, it is projected that about 265,000 pregnant women and 1,100,000 children under 5 will benefit from the Project over the five years. Table 4.2 presents the projected number of beneficiaries covered by the package of community maternal and child services each year. This projection is done under the conservative assumption that during year 1, the Project will focus mostly on preparatory activities, policy development, and capacity strengthening and that the service scale-up in that year will be very limited. The projections presented here likely underestimate the number of beneficiaries reached.

**Table 4.2:** Projected number of pregnant women and children under 5 years of age benefiting from the package of community nutrition services by year.

	2018	2019	2020	2021	2022
Pregnant women	0	6,549	32,746	88,413	137,531
Children under 5 years of age	0	26,249	131,245	354,362	551,230

## Results

27. Impact modelling using LiST and additional estimates of the impact of improvements in food availability and diversity, showed that, over 5 years, the project investment would prevent over 6,000 malnutrition-related deaths in children under the age of 5, and over 32,000 cases of anemia in pregnant women. Furthermore, more than 32,000 additional infants would be exclusively breastfed in the Project in the 14 target regions. Finally, over the life of the Project, over 36,000 children in the target regions would reach the age of 5 stunting-free with optimal physical and cognitive development.

28. The impact of the Project on health and nutrition status of women and children would translate into substantial economic benefits. The base-case scenario assumed a 3 percent discount rate of costs and benefits. It also assumes a 4.06 percent annual GDP growth rate – the average annual growth rate since the 1960 (WDI, 2016). Finally, it was also assumed that about 52 percent of income in Côte d'Ivoire comes from labor and is,



therefore, directly responsive to changes in productivity resulting from improved cognitive development, nutrition and health status.

**Table 4.3:** Projected impact of the Project

Impact indicators	2018	2019	2020	2021	2022
Deaths prevented	0	745	1,138	1,737	2,033
Cases of stunting prevented	0	4,713	19,282	50,752	84,042
Cases of anemia prevented	0	826	4,019	10,862	16,674
Additional children exclusively breastfed	0	13,621	19,883	25,333	16,531

29. Under this set of assumptions, the project investment of US\$60 million would generate economic benefits with a net present value of US\$596 million and an internal rate of return of 7 percent. The investment would have a very attractive 10.4 benefit-cost ratio, indicating that each dollar invested has the potential of generating more than 10 dollars in economic benefits over the productive lives of women and children who will benefit from the Project. The analysis confirms the findings of the large body of literature regarding substantial economic benefits resulting from investments in child health, nutrition, and early development, and suggest that the Project will have a positive economic impact for beneficiaries and the country’s economy.

30. The values of the key parameters were varied in sensitivity analysis. Table 4.4 (below) presents the benefit-cost ratio, the net present value of economic benefits, and the internal rate of return under different sets of assumptions. Overall, the sensitivity analysis demonstrated that varying the values of key parameters does not alter the overall conclusion (see Table 5). Even under the most conservative scenario with the highest discount rate (5 percent), the lowest GDP growth rate (4.06 percent) and the lowest percentage of income coming from labor (52 percent), the net present value of the economic benefits is almost US\$260 million, with a benefit-cost ratio of 4.7, which suggests that even under conservative assumptions, each dollar invested in the proposed Project has the potential to generate almost 5 dollars in economic benefits.

**Table 4.4:** Sensitivity Analysis

Assumptions	Benefit-cost ratio	Net benefits (US\$ million)
Discount rate	0%	2,082.3
	3%	595.9
	5%	259.2
GDP growth	<i>Long run average (1961-2016) (4.06%)</i>	595.9
	<i>10-year average (2006-2016) (5.14%)</i>	923.1
	<i>5-year average (2011-2016) (9.26%)</i>	4,767.8
% of income from labor	<i>% of income from labor (52%)</i>	595.9
	<i>% of income from labor (75%)</i>	701.2