COMBINED PROJECT INFORMATION DOCUMENTS / INTEGRATED SAFEGUARDS DATA SHEET (PID/ISDS)

Additional Financing

Report No.: PIDISDSA21696

Date Prepared/Updated: 18-Apr-2017

I. BASIC INFORMATION

A. Basic Project Data

Country:	Pakistan	**Project ID:**	P161703
		Parent Project ID (if any):	P131850
Project Name:	Additonal Financing to Khyber Pakhtunkhwa: Enhanced Nutrition to Mothers and Children Project (P161703)		
Parent Project Name:	Enhanced Nutrition for Mothers and Children (P131850)		
Region:	SOUTH ASIA		
Estimated Appraisal Date:	20-Apr-2017	**Estimated Board Date:**	16-Jun-2017
Practice Area (Lead):	Health, Nutrition & Population	**Lending Instrument:**	Investment Project Financing
Borrower(s)	Economic Affairs Division		
Implementing Agency	Department of Health, Khyber Pakhtunkhwa		

Financing (in USD Million)

Financing Source	Amount
Pakistan Partnership for Improved Nutrition	14.78
Financing Gap	0.00
Total Project Cost	14.78

Environmental Category:	C-Not Required
Appraisal Review Decision (from Decision Note):	The review did authorize the team to appraise and negotiate
Other Decision:	
Is this a Repeater project?	No

B. Introduction and Context

Country Context

Pakistan is the world's sixth most populous country, with a population of 173.51 million. With a per-capita income of US$1,120 in 2011, Pakistan is classified as a lower middle-income country. Pakistan

faces significant economic challenges. The sharp rise in international oil and food prices, combined with recurring natural disasters such as the 2010, 2011 and 2012 floods, has had a devastating impact on the economy. As Pakistan recovered from the 2008 global crisis, its gross domestic product (GDP) grew 3.8 percent in fiscal year 2009/2010 (FY09/10). The 2010 floods caused growth to slow down to 2.4 percent in FY10/11. The Pakistan economy grew by an estimated 3.7 percent in 2011/12. Inflation declined, but continued its four-year run in double digits, and the fiscal deficit is also estimated to have reached about 8 percent of GDP. The poverty rate fell by half from 34.5% in 2001/02 to 17.2% in 2007/08. Weak governance has been identified as one of the main constraints to economic growth and development in the federal government's Growth Strategy (Planning Commission, Government of Pakistan, 2011).
Pakistan faces significant security challenges. The persistence of conflict in the border areas and security challenges throughout the country is a reality that affects all aspects of life in Pakistan and impedes development. Insecurity affects the ability to carry out development programs at times in some areas and creates particular challenges for monitoring. Pakistan is undergoing significant political changes with increased emphasis on provincial autonomy and devolution of authority to the provinces. The 18th Constitutional Amendment passed in 2011 devolved authority from the federal government to the provinces in about 40 areas, including health, which is now fully devolved to the provinces. This has meant that these provinces had to take on a new governing role and an expanded mandate in sectors where they have limited capacity and experience, both of which need to be developed to enable these provincial governments to assume effective authority in these sectors.

Sectoral and Institutional Context

The province of KP accounts for an estimated 10.5 percent of the country's GDP and about 14 percent of the population (approximately 27 million). KP has faced a number of crises in the past decade. Due to its geographical proximity, KP has suffered from the fallout of the conflict in Afghanistan, which has given rise to a precarious security situation as well as prolonged political and social instability, resulting in disruption of economic activity and damages to private property, livelihoods, and public infrastructure. Economic and social development indicators lagging behind national averages. Per capita income in KP is estimated to be 33 percent below the national average.

The province has traditionally lagged in human development and lags behind national averages. Pakistan overall failed to meet the Millennium Development Goals (MDGs) and outcomes in KP are below the national averages. The adult literacy rate in KP was 53 percent (30 percent for women) compared to a national average of 57 percent. Despite positive trends in recent years, large gender disparities remain. Almost half of the people over ten years of age in KP have never attended school (46 percent overall, 63 percent for women). Most health indicators have shown modest improvements in the past 15 years but fall far short of MDG targets.

The nutrition challenge faced by the province is very significant. In fact, KP ranks amongst the highest prevalence of malnutrition in the world. Nearly half of the province's children under age 5 are nutritionally stunted (47.8%) . The graph below compares stunting in KP with national and regional figures. While the national average prevalence of wasting is 15.1%, the rate for KP is 17.3% , similar to Sindh (17.5%) and slightly higher than Balochistan (16.1%). Levels of wasting are even higher among the richest quintile compared to lower quintiles (27% compared to 18% at the second, lowest quantile). Figures of malnutrition are alarmingly high and have not changed in the past decade.

Micronutrient deficiencies in KP are also a significant public health and developmental concern. Vitamin A deficiency affects 66% of women and 69% of children. Only Balochistan and GB have higher prevalence rates. Moderate and severe anemia, resulting from iron deficiency affects 36% of

women in the province and 73% of children. Iodine deficiency disorders (IDD) affects 26% of school age children, lower than other provinces/regions but still unacceptably high. The provincial government is addressing this problem aggressively through salt iodization which presently covers 64% of KP families. High levels of malnutrition are consistent with high rates of infant and maternal mortality. The infant mortality rate in KP is 76 per 1000 live births, higher than the national average. The maternal mortality ratio in the province is 275 maternal deaths per 100,000 live births, higher than that of India, Sri Lanka and Yemen.

C. Proposed Development Objective(s)

Original Project Development Objective(s) - Parent

The development objective for the project is to increase the coverage, in Project areas, of interventions that are known toimprove the nutritional status of children under two years of age, of pregnant and of lactating women.

Proposed Project Development Objective(s) - Additional Financing

The development objective for the project is to increase the coverage, in Project areas, of interventions that are known toimprove the nutritional status of children under two years of age, of pregnant and of lactating women.

Key Results

The project will focus on improving coverage of well-proven, cost-effective nutrition services that address malnutrition in the critical "first thousand days" of life, from conception to the child's second birthday. In order to improve coverage, the project will focus on achievable results both related to the supply of services and to creating awareness and demand from communities for those services and for improved nutrition-related preventive behaviors. The key indicators to measure project performance will likely include: a) Proportion of children 0-24 months of age receiving the basic package of nutrition services and products financed by the project; b) Proportion of pregnant and lactating women receiving the basic package of nutrition services and products financed by the project; c) Proportion of children under 6 months of age
exclusively breastfed; d) Proportion of children 6-24 months of age reported to have consumed a course (60 sachets) of micronutrient powders in the previous 6 months; e) Proportion of children 6-59 months receiving vitamin A supplements twice per year; f) Proportion of pregnant women consuming a full course of iron-folic acid supplements; and g) Recovery rates for children 6-59 months (proportion of children 6-59 months treated with severe acute malnutrition reaching criteria for discharge).

Given the equity focus of the project, all outcome indicators will be disaggregated by income quintile and gender. In addition to these outcome indicators, the project will also track a range of capacity-related output indicators, such as: a) Increase in KAP score related to nutrition knowledge (health/community and NGO workers); b) Annual district plans for nutrition available on time; c) Proportion of project budget execution (based on released amount from development budget); d) Provincial legislation on salt iodization in place; e) Enforcement mechanism for regulation of salt iodization defined and agreed with relevant departments; f) Provincial annual technical assistance plan developed and status of implementation; g) Size of Annual Development Plan (ADP) allocation for nutrition.

D. Project Description

The proposed AF aims to expand the project to support the GoKP to implement at scale covering the entire population within the 25 districts, a package of evidence-based nutrition interventions that are known to be effective in ensuring the nutritional wellbeing of pregnant and lactating women, as well as children under two years of age. This package of nutrition services is outlined under the KP's revised PC-I "Integration of Health Service Delivery with Special Focus on MNCH, LHW, EPI and Nutrition Programme". The project interventions will address both the demand for services as well as the supply of well-proven services to address especially chronic malnutrition. The project will target individuals in the period of the life cycle which is most critical for improving nutritional status -the 1000 days from conception to the first two years of life. Specifically, the population groups to be targeted include pregnant and lactating women and children 0-24 months of age.

Component Name:
Addressing General Malnutrition in Women and Children
Comments (optional)
This component focuses on health and nutrition-related social behavior change and communication through facility- as well as community level interventions, and will include maternal, infant and young child feeding and caring practices. Promotion of optimal infant and young child feeding practices will also include promotion of the consumption of multi-micronutrients to infants and young children 6-24 months old. The project will also support the management of acute malnutrition, the treatment of severe-acute malnutrition through out-patient treatment program (OTPs) and Stabilization Centers (SCs).

Component Name:
Addressing Micronutrient Malnutrition
Comments (optional)
This component will support interventions to address vitamin and mineral deficiencies amongst women, infants and young children. The focus is on the delivery of key micronutrient supplements, including iron folic acid for pregnant and lactating women, multi-micro nutrients for children 6 to 24 months and promotion of Vitamin A for children below 5 years. Zinc supplements will be provided to complement Oral Rehydration Solutions for treatment of childhood diarrhea.

Component Name:
Communication for Development
Comments (optional)
This component includes three types of cross-cutting communications activities: (i) Advocacy to enhance the capacity of the provincial Department of Health to undertake activities to familiarize key stakeholders about the magnitude of the malnutrition challenge in KP and how to address it; (ii) Mass media campaigns for behavior change to supports behavior change communications to improve knowledge and attitudes relating to nutrition and thus increase demand for nutrition services; and (iii) Inter-personal communications including training to Lady Health Workers (LHWs) and other health workers and provides communication tools to facilitate inter-personal communication for behavior change in areas such as exclusive breastfeeding.

Component Name:
Strengthening Institutional Capacity
Comments (optional)
This component aims to strengthen existing institutional capacity for nutrition at provincial and district levels in the following areas: (i) Provision of additional staff to the Provincial Nutrition Cell and District Health Office to strengthen key skills and knowledge areas; (ii) Strengthening systems for effective accountability between district and provincial levels for nutrition results; (iii) Training of new and existing staff on priority technical knowledge and management skills; (iv) Technical assistance for service delivery; (v) Monitoring and evaluation; and (vi) strengthening capacity of provincial inter-sectoral structures to oversee the implementation of provincial multi-sectoral

nutrition strategies and operational plans.

E. Project location and Salient physical characteristics relevant to the safeguard analysis (if known)

The proposed Additional Financing will cover all 25 districts in the Khyber Pakhtunkhwa Province of Pakistan

F. Environmental and Social Safeguards Specialists

Najm-Ul-Sahr Ata-Ullah(GSU06)

Rahat Jabeen(GEN06)

II. IMPLEMENTATION

KP has integrated all primary health care programs under one structure and nutrition services will be included in the responsibilities of the integrated structure. The integrated program is housed in the Directorate General of Health Services and is overseen by the Director General Health. The program is managed by a Project Implementation Unit (PIU), headed by the Project Director, which consists of four units: technical unit, procurement and logistic unit, financial management unit and monitoring and evaluation unit. The Technical Unit has technical responsibility, and oversees and coordinates the implementation of the different components of the program to ensure an integrated model of service delivery. The Deputy Director Technical – Nutrition is part of the technical team and is supported by a Provincial Nutrition Officer and 25 District Nutrition Coordinators. District Nutrition Coordinators are responsible for planning and implementation, reporting and supervision of nutrition services. Nutrition Assistants and nurses provide services at the facility level, 99 OTPs and 26 Stabilization Centers. Lady Health Workers (LHWs) and Community Midwives (CMWs) are the main front line workers delivering services at the community level.

Governance and Programme Oversight is similar to the Parent Project. There are two committees responsible to provide oversight, policy and technical guidance: (i) Provincial Steering Committee (PSC) and (ii) Technical Committee (TC). The PSC meets twice per year to make strategic and policy decisions. It is chaired by the Additional Chief Secretary; members are the Secretaries of Health, Finance, Planning and Development, Population Welfare, Director General Health Services (DGHS) , Chief HSRU and the Chief Planning Officer. The Project Director is the Secretary to the PSC. The TC meets quarterly to closely oversee technical aspects of the Integrated Program, provide technical and programmatic guidance and foster linkages. It is chaired by the DGHS, and members are the Director Administration, Director PHSA, Deputy Director (RH), Deputy Directors of the Integrated Programme, representative of the Department of Population Welfare, and Programme Manager DHIS. The Project Director of the Integrated Programme is the Secretary to the TC, DHOs, representatives of NGOs, National and International Partners are co-opted members.

III. SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	No	The project activities aim at addressing malnutrition of women and children in a sustainable manner, advocacy and

		communication for behavioral change and strengthening institutional capacity in the health sector as well as fostering capacities to enhance multi-sectoral coordination and convergence. These activities are socially driven and have no direct and indirect adverse environmental impacts by the project proposed activities. Therefore, the propose AF safeguard category recommended as C, hence no any safeguard policies are triggered which is also same as under the parent project P131850. Issues related to poor environmental sanitation and its impact on malnutrition is already being addressed through awareness and advocacy component. The proposed AF does not involve any construction and physical interventions .
Natural Habitats OP/BP 4.04	No	The proposed Additional Financing does not involve any intervention which trigger the natural habitats policy.
Forests OP/BP 4.36	No	The proposed Additional Financing does not involve any interventions which trigger the forests safeguard policy.
Pest Management OP 4.09	No	The proposed Additional Financing does not involve any interventions which triggered pest management safeguard policy.
Physical Cultural Resources OP/BP 4.11	No	The proposed Additional Financing does not involve any interventions which trigger the physical cultural resources.
Indigenous Peoples OP/BP 4.10	No	No known Indigenous People are located in the project areas.
Involuntary Resettlement OP/BP 4.12	No	The proposed Additional Financing does not involve any interventions which trigger the land acquisition and resettlement policy
Safety of Dams OP/BP 4.37	No	The proposed Additional Financing does not involve any physical interventions which trigger the safeguard policy of Safety of Dams.
Projects on International Waterways OP/BP 7.50	No	The proposed Additional Financing does not involve any physical interventions which can trigger the policy on international waterways.
Projects in Disputed Areas OP/BP 7.60	No	The proposed Additional Financing does not involve any physical interventions which can trigger the policy on Projects on Disputed Areas.

IV. Key Safeguard Policy Issues and Their Management

A. Summary of Key Safeguard Issues

1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:
There are no potential significant and/or irreversible impacts expected under the proposed Additional Financing.
2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:
No potential long term impacts are expected due to anticipated future activities in the areas under the proposed Additional Financing.
3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.
N/A
4. Describe measures taken by the borrower to address safeguard policy issues. Provide an assessment of borrower capacity to plan and implement the measures described.
N/A
5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.
A social vulnerability and service delivery assessment will be prepared in Year 1 of the Additional Financing support to assess service delivery coverage, mechanisms and constraints to reach vulnerable populations in remote locations; results will be considered for the finalization of the project work plan. The objective of this assessment is to assist the project design in a manner that it effectively addresses social and cultural challenges and constraints to reach out to the entire target population across the target districts in KP. The assessment would investigate and validate : (i) that the district workplans address issues of equity (including social and gender) and expansion targets for reaching the remote and nutritionally most vulnerable population; (ii) the outreach of the service delivery mechanism, the need for engaging NGOs and the potential role for NGO as partners to assist in service delivery; (iii) the design of a beneficiary feedback mechanism which ensures feedback from all levels so as to enable fine-tuning of activities; and, (iv) the capacities in place to carry out gender disaggregated reporting for project progress and impact. A Grievance Redress Mechanism will be established within four months of project effectiveness in order to improve accountability, facilitate beneficiary feedback, and ensure that concerns and queries of stakeholders are addressed in a timely and satisfactory manner.

B. Disclosure Requirements

Pakistan	
Comments:	
Pakistan	
Comments:	
Pakistan	

Comments:
Pakistan
Comments:
If the project triggers the Pest Management and/or Physical Cultural Resources policies, the respective issues are to be addressed and disclosed as part of the Environmental Assessment/Audit/or EMP.
If in-country disclosure of any of the above documents is not expected, please explain why::
There are no safeguards documents to be disclosed under the proposed Additional Financing.

C. Compliance Monitoring Indicators at the Corporate Level

The World Bank Policy on Disclosure of Information						
Have relevant safeguard policies documents been sent to the World Bank's Infoshop?	Yes	[]	No	[]	NA	[X]
Have relevant documents been disclosed in-country in a public place in a form and language that are understandable and accessible to project-affected groups and local NGOs?	Yes	[]	No	[]	NA	[X]
All Safeguard Policies						
Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?	Yes	[X]	No	[]	NA	[]
Have costs related to safeguard policy measures been included in the project cost?	Yes	[X]	No	[]	NA	[]
Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?	Yes	[X]	No	[]	NA	[]
Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?	Yes	[X]	No	[]	NA	[]

V. Contact point

World Bank

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VII. Approval

Task Team Leader(s):	Name:Silvia Kaufmann,Nkosinathi Vusizihlobo Mbuya	
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Country Director:	Name:Anthony Cholst (CD)	Date:21-Apr-2017