

# INTEGRATED SAFEGUARDS DATA SHEET CONCEPT STAGE

Report No.: ISDSC989

**Date ISDS Prepared/Updated:** 17-Jul-2012

## I. BASIC INFORMATION

### A. Basic Project Data

<b>Country:</b>	Pakistan	<b>Project ID:</b>	P131850
<b>Project Name:</b>	Enhanced Nutrition for Mothers and Children (P131850)		
<b>Task Team Leader:</b>	Luc Laviolette		
<b>Estimated Appraisal Date:</b>	14-Dec-2012	<b>Estimated Board Date:</b>	21-Mar-2013
<b>Managing Unit:</b>	SASHN	<b>Lending Instrument:</b>	Specific Investment Loan
<b>Sector:</b>	Health (90%), Other social services (10%)		
<b>Theme:</b>	Nutrition and food security (100%)		
<b>Financing (In USD Million)</b>			
<b>Financing Source</b>		<b>Amount</b>	
BORROWER/RECIPIENT		13.71	
International Development Association (IDA)		55.00	
AUSTRALIA Australian Agency for International Development		34.85	
Total		103.56	
<b>Environmental Category:</b>	C - Not Required		
<b>Is this a Repeater project?</b>	No		

### B. Project Objectives

The development objective of the project is to assist Pakistan in improving the coverage of effective nutrition interventions delivered through the health sector, with a focus on the poor and on marginalized groups, in order to improve the nutritional status of children under two years old and that of pregnant and lactating women.

### C. Project Description

The project will have three components, one for each of the provinces of Balochistan, KP and Sindh. The program will be evidence-based and will focus on: (i) scaling-up those interventions that are proven to work at scale in an environment such as Pakistan, and (ii) supporting operations research

for interventions which we know work at small scale but for which delivery models at large scale need to be developed in the Pakistan environment.

While the provincial nutrition programs are expected to have some differences that reflect the specificity of each province, the following sub-components are envisaged in each province: a) Addressing general malnutrition in women and children; b) Addressing micronutrient malnutrition; c) Communication for development; and d) Strengthening institutional capacity in the health sector and for multi-sectoral coordination.

Sub-component 1: Addressing general malnutrition in women and children. This sub-component will address general malnutrition in pregnant and lactating women and children less than two years of age. Targeting children from conception to 24 months is the recommended age group for providing nutrition inputs/interventions and the age at which nutrition interventions are most effective for the physical and intellectual development of children. This sub-component will include: (i) a set of infant and young child feeding (IYCF) interventions implemented in a phased results-based manner at community level that will target a few key behaviors to improve nutritional outcomes and use of micronutrient powders to improve the quality of complementary food; (ii) Community Management of Acute Malnutrition (CMAM) with phased expansion in the same geographical areas as IYCF which as per international guidelines will be primarily community-based, with complications referred to referral facilities. It will support the use of prepared/package foods to treat children with severe acute malnutrition at community level and explore the feasibility of producing a similar product in Pakistan. This activity will treat children under five of age, as per the national protocol. (iii) support scale-up of key maternal nutrition interventions (de-worming and weekly iron folic acid (IFA) supplementation for women of child-bearing age and improving the nutrition quality of ante-natal visits and provision of daily IFA supplementation during pregnancy); and (iv) in order to reach the population not covered by the LHW program and in urban areas, the project will contract with NGOs to promote appropriate infant and young child feeding practices (including micronutrient powders) and CMAM, with an in-built independent rigorous impact evaluation with a view to outlining policy options for expansion.

Sub-component 2: Addressing micronutrient malnutrition. This sub-component will support micronutrient interventions which will be expanded and sustained across Pakistan. As development partners are actively supporting the scale-up of micronutrient interventions (except zinc supplementation), the project will complement these investments on building the capacity of the government to carry out its stewardship role including: (i) improving the quality of monitoring data for vitamin A supplementation through annual coverage assessment surveys which will help target program improvement efforts; (ii) for salt iodization and wheat flour fortification – as the production side is being supported by partners (Micronutrient Initiative, WFP), the project will focus on enabling the development of legislation, building enforcement capacity and mechanisms, and building consumer demand for fortified foods; and (iii) zinc supplementation for treatment of diarrhea: scaling-up efforts to expand use of zinc supplementation with oral rehydration solution (ORS) in management of diarrhea in children through public sector channels only.

Sub-component 3: Communication for Development: Through this sub-component, the project will have a significant focus on behavior change for demand creation of the services outlined above and for generating political and societal support for addressing malnutrition. Along with communication activities focused at ultimate beneficiaries the sub-component will entail advocacy interventions targeted at key stakeholders, policy makers and other players to garner relevant allocation of resources, oversight and support for the project. The first step in implementing this sub-component

will be to carry out formative research to inform the development of a strategy and of the tools and media mix for the behavior change communication.

Sub-component 4: Strengthening institutional capacity in the health sector and for multi-sectoral coordination. The existing institutional capacity for nutrition within the health sector at the provincial and district levels is inadequate. The Nutrition Units at provincial levels are weak in their ability to plan programs (as evident in project preparation which has taken longer than expected), to use evidence for decision making and to advocate and provide technical assistance outside the health sector for nutrition interventions. The project will support strengthening and building capacity to provide leadership for nutrition programs in the health sector with a focus on strengthening nutrition units/positions at provincial and at the district level. The project will support organizational strengthening including supporting technical and management staff including staff training; provision of technical assistance for effective implementation including long and short-term nutrition experts, internal capacity as well as firm(s) for monitoring and evaluation including undertaking periodic surveys and program evaluations; and strengthening procurement and financial management capacities. In addition, the project will support operational research to test new interventions/approaches for infant and young child feeding (e.g. models of social marketing of micronutrient powders and soap) and maternal nutrition (e.g. models for working with religious and other leaders to address early marriage and pregnancy and birth spacing).

Alternatives considered: The team considered developing a multi-sectoral nutrition project. It was, however, decided that this would be too complex and risky in the current political and security environment in Pakistan. Instead, the project will support the scaling-up of the most well-proven nutrition interventions that are delivered through the health sector while also developing the capacity of the Ministry and provincial Departments of Health (DOH) to engage with other sectors to make the case for them to also focus on nutrition as part of their core business. The project will also build the capacity of the multi-sectoral coordination mechanisms which the provinces have recently put in place but which are not yet functional. This support may include the formation of working secretariats at provincial levels to undertake functions across sectors, such as coordination, communication and monitoring/evaluation. The team also considered developing a Program for Results approach but decided to proceed with a SIL because there is no well developed program from which the Bank can finance a "slice"; this project aims to build such a program.

#### **D. Project location and salient physical characteristics relevant to the safeguard analysis (if known)**

Sindh, Balochistan, and Khyber Pakhtunkhwa Provinces of Pakistan

#### **E. Borrowers Institutional Capacity for Safeguard Policies**

#### **F. Environmental and Social Safeguards Specialists on the Team**

Ruma Tavorath (SASDI)

Samina Mussarat Islam (SASDS)

## **II. SAFEGUARD POLICIES THAT MIGHT APPLY**

<b>Safeguard Policies</b>	<b>Triggered?</b>	<b>Explanation (Optional)</b>
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Environmental Assessment OP/ BP 4.01	No	
Natural Habitats OP/BP 4.04	No	
Forests OP/BP 4.36	No	
Pest Management OP 4.09	No	
Physical Cultural Resources OP/ BP 4.11	No	
Indigenous Peoples OP/BP 4.10	No	
Involuntary Resettlement OP/BP 4.12	No	
Safety of Dams OP/BP 4.37	No	
Projects on International Waterways OP/BP 7.50	No	
Projects in Disputed Areas OP/BP 7.60	No	

### III. SAFEGUARD PREPARATION PLAN

**A. Tentative target date for preparing the PAD Stage ISDS:** 03-Dec-2012

**B. Time frame for launching and completing the safeguard-related studies that may be needed.**

**The specific studies and their timing<sup>1</sup> should be specified in the PAD-stage ISDS:**

Not applicable

### IV. APPROVALS

Task Team Leader:	Name: Luc Laviolette	
<b><i>Approved By:</i></b>		
Regional Safeguards Coordinator:	Name: Sanjay Srivastava (RSA)	Date: 15-Aug-2012
Sector Manager:	Name: Julie McLaughlin (SM)	Date: 24-Aug-2012

<sup>1</sup> Reminder: The Bank's Disclosure Policy requires that safeguard-related documents be disclosed before appraisal (i) at the InfoShop and (ii) in country, at publicly accessible locations and in a form and language that are accessible to potentially affected persons.