PROJECT INFORMATION DOCUMENT (PID)
APPRAISAL STAGE

Report No.: PIDA694

Project Name	Enhanced Nutrition for Mothers and Children (P131850)
Region	SOUTH ASIA
Country	Pakistan
Sector(s)	Health (90%), Other social services (10%)
Lending Instrument	Specific Investment Loan
Project ID	P131850
Borrower(s)	Government of Pakistan
Implementing Agency	Department of Health, Sindh, Department of Health, Balochistan
Environmental Category	C-Not Required
Date PID Prepared/Updated	11-Mar-2013
Date PID Approved/Disclosed	11-Mar-2013
Estimated Date of Appraisal Completion	22-Jan-2013
Estimated Date of Board Approval	30-May-2013
Decision	

I. Project 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 and security challenges. Pakistanis 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.

II. Sectoral and Institutional Context

Pakistan is not performing well in terms of improving health and nutrition outcomes or services, especially for the poor. Pakistan is not on track to achieve health and nutrition related Millennium Development Goal (MDG) targets. Inequity in health and nutrition services is a major concern. Access to health and nutrition services is significantly better for wealthier and urban Pakistanis.

Pakistan has made minimal progress in improving nutritional outcomes of children and mothers

over the last four decades. The 2011 National Nutrition Survey preliminary data revealed that the rates of child stunting have not changed in Pakistan since 1965. Pakistan has high rates of child malnutrition, with 44% of children being stunted (<-2SD height for age) and 22% severely stunted (<-3SD). A third (32%) of children under 5 years are underweight (<-2SD weight for age) and 12% are severely underweight (<-3SD). Fifteen percent (15%) of Pakistani children under 5 years suffer from acute malnutrition (<-2SD weight for height) and 6% suffer from severe acute malnutrition (<-3SD). One in five children (22%) is born with low birth weight (less than 2.5kg). In addition, micronutrient deficiencies are widespread with high rates of iron-deficiency anemia, zinc, iodine folic acid and vitamin A deficiencies having a particularly damaging impact on the survival, growth, development and productivity of pre-school children and pregnant women. Two out of every three (62%) children under 5 years and half (51%) of pregnant women suffer from anemia. Malnutrition is also prevalent among women of reproductive age with 18% being underweight (low body mass index - BMI). There is no significant difference in the nutritional status of girls and boys at age 5 years in Pakistan. Chronic malnutrition (i.e. stunting) in Pakistan starts during pregnancy and then doubles in the first two years of life, i.e. the “first thousand days”.

Malnutrition in Pakistan hinders national economic development. Malnutrition during pregnancy and early childhood hinders cognitive and physical development, reduces learning ability, school enrollment and performance and lowers productivity in adulthood. A study has shown that adults who were malnourished as children had lower wages by 34-47% and lower incomes by 14-28%. As a result, it is estimated that malnutrition costs Pakistan 2.7-4.1% of its GDP annually.

Addressing malnutrition has become an important priority in Pakistan. In September 2011, the D-10 Group led by the Ministry of Finance requested provinces to develop nutrition plans, and the Bank (with DFID and ADB) is leading the coordination of development partners. The provincial governments have prepared policy guidance notes and draft strategies that outline the determinants of their malnutrition challenge and identify actions in core sectors to improve nutrition outcomes.

Pakistan has defined the roles for implementing nutrition interventions in the health sector, but most existing nutrition programs are small in scale with very low coverage and minimal equity targeting. Only a few successful interventions have been delivered at scale in the last decade. The existing implementation arrangements for nutrition in the provinces revolve around the Provincial Nutrition Cells in the Departments of Health, which require additional capacity. The Lady Health Workers (LHWs) are the main community-based agents responsible for delivering preventive nutrition interventions, but the last evaluation of the LHW program in 2009 highlighted that, while LHWs performed well in a number of areas, nutrition interventions have not been prioritized by the LHW program. Nutrition services are also available in health facilities, but the delivery of these facility-based nutrition services suffers from the same lack of prioritization as in the LWH program. The low coverage of nutrition interventions is further limited by the fact that at least 30% of the geographic areas of Pakistan are not yet covered by the LHWs.

III. Project Development Objectives

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

IV. Project Description

Component Name

Addressing general malnutrition in women and children
Addressing micronutrient malnutrition
Communication for development
Strengthening institutional capacity

V. Financing *(in USD Million)*

For Loans/Credits/Others	Amount
BORROWER/RECIPIENT	8.54
International Development Association (IDA)	40.89
Pakistan Partnership for Improved Nutrition	15.91
Total	65.34

VI. Implementation

Implementation period and implementation agency: This is a five year project (2013-2018) to be managed by the Provincial Nutrition Cells in provincial Departments of Health. Service delivery will be coordinated by the District Health Offices who will implement activities in partnerships with non-governmental partners (e.g. NGOs, PPHI, private sector) through contractual arrangements.

Oversight arrangements: The overall coordination of nutrition related activities is with the provincial Departments of Health, which will operationalize oversight committees with slight provincial variation. The committees will provide a provincial mechanism for coordination, strategic vision, oversight, technical guidance and monitoring.

Project management: The overall leadership will be provided by the provincial Program Manager for Nutrition who, in his/her capacity as the Project Manager, will be responsible for maintaining appropriate link/ liaison with the Department of Health, partners and will report directly to the Director General of Health Services during project implementation period. The provincial Program Manager for Nutrition will also act as Secretary to the Oversight Committees.

District level implementation: The district administration will be responsible for service delivery. The implementation of the nutrition service package will be undertaken through “public-public partnerships” with District Health Offices (DHOs), National Program for Family Planning and Primary Health Care (NPFPPH), National Maternal, Neonatal and Child Health Program (NMNCH), People’s Primary Healthcare Initiative (PPHI) and the Population Welfare Department (PWD). Collaboration with the NPFPPH and PPHI for involving the Lady Health Workers (LHWs), MNCH program for involving the Community-based Midwives (CMWs) and Population Welfare Department involving population welfare workers.

Contract management: For areas not covered by the Lady Health Workers (LHWs), NGOs will be selected through competitive selection processes. At the Basic Health Unit facilities, contractual arrangements will be made with PPHI. It is also anticipated that an agency would need to be hired to provide technical assistance to fill NGO capacity gaps.

VII. Safeguard Policies (including public consultation)

Safeguard Policies Triggered by the Project	Yes	No

Environmental Assessment OP/BP 4.01		x
Natural Habitats OP/BP 4.04		x
Forests OP/BP 4.36		x
Pest Management OP 4.09		x
Physical Cultural Resources OP/BP 4.11		x
Indigenous Peoples OP/BP 4.10		x
Involuntary Resettlement OP/BP 4.12		x
Safety of Dams OP/BP 4.37		x
Projects on International Waterways OP/BP 7.50		x
Projects in Disputed Areas OP/BP 7.60		x

VIII. Contact point

World Bank

Contact: Luc Laviolette
Title: Sr Nutrition Spec.
Tel: 5722+158 / 9
Email: llaviolette@worldbank.org

Borrower/Client/Recipient

Name: Government of Pakistan
Contact: Javed Iqbal
Title: Secretary
Tel: 92-51-9212769
Email: secretary@ead.gov.pk

Implementing Agencies

Name: Department of Health, Sindh
Contact: Dur-e-Shewar Khan
Title: Nutrition Focal Person
Tel: 92-21-35223888
Email: d-dsk@hotmail.com

Name: Department of Health, Balochistan
Contact: Ali Nasir Bugti
Title: Focal Person Nutrition Cell
Tel: 081-9211592
Email: provincialnutritioncellqta@yahoo.com

IX. For more information contact:

The InfoShop
The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 458-4500
Fax: (202) 522-1500
Web: http://www.worldbank.org/infoshop