Document of
The World Bank

Report No: 73329-PK

INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT APPRAISAL DOCUMENT

ON A

PROPOSED CREDIT

IN THE AMOUNT OF SDR23.5 MILLION
(US$36.24 MILLION EQUIVALENT)

AND A

PROPOSED GRANT FROM THE

PAKISTAN PARTNERSHIP FOR IMPROVED NUTRITION

IN THE AMOUNT OF US$11.71 MILLION

TO THE

ISLAMIC REPUBLIC OF PAKISTAN

FOR A

ENHANCED NUTRITION FOR MOTHERS AND CHILDREN PROJECT

August 4, 2014

Health, Nutrition, and Population Global Practice
South Asia Region

CURRENCY EQUIVALENTS
(Exchange Rate Effective: June 30, 2014)

Currency Unit	=	Pakistani Rupees (PKR)
PKR98.804954	=	US$1
US$ 1.54589	=	SDR 1

FISCAL YEAR
July 1 – June 30

ABBREVIATIONS AND ACRONYMS

ACF	Action Contre la Faim
BCC	Behavior Change Communication
BHU	Basic Health Unit
BISP	Benazir Income Support Program
CMAM	Community Management of Acute Malnutrition
CPS	Country Partnership Strategy
CQS	Selection Based on Consultant's Qualifications
DA	Designated Account
DC	Direct Contracting
DFAT	Department for Foreign Affairs and Trade
DFID	Department for International Development
DHIS	District Health Information System
DHO	District Health Officer
DHQ	District Headquarter
DOH	Department of Health
EC	Evaluation Committee
ECHO	European Commission Humanitarian Office
EPI	Expanded Program for Immunization
FAO	United Nations Food and Agriculture Organization
FM	Financial Management
FY	Fiscal Year
GAIN	Global Alliance for Improved Nutrition
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
IA	Implementation Agency
IBRD	International Bank for Reconstruction and Development
ICB	International Competitive Bidding
ICT	Information Communication Technology
IDA	International Development Association
IFA	Iron Folic Acid
IFR	Interim Financial Report
LHW	Lady Health Worker
LHW-MIS	Lady Health Worker-Management Information System
M&E	Monitoring and Evaluation
MI	Micronutrient Initiative
MNCH	Maternal, Neonatal and Child Health

NCB	National Competitive Bidding
NGO	Non-Governmental Organization
NIDs	National Immunization Days
NIS	Nutrition Information System
ORAF	Operational Risk Assessment Framework
ORS	Oral Rehydration Solution
PC-1	Planning Commission-Proforma 1
PDO	Project Development Objectives
PNC	Provincial Nutrition Cell
PPHI	People's Primary Healthcare Initiative
PPIN	Pakistan Partnership for Improved Nutrition
PNDPG	Pakistan Nutrition Development Partners Group
QCBS	Quality and Cost Based Selection
RUTF	Ready to Use Therapeutic Food
SAR	South Asia Region
SD	Standard Deviation
SSS	Single Source Selection
SUN	Scaling Up Nutrition
TA	Technical Assistance
THQ	Tehsil Headquarters
TOR	Terms of References
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WFP	World Food Program
WHO	World Health Organization

Regional Vice President:	Philippe H. Le Houerou
Country Director:	Rachid Benmessaoud
Senior Global Practice Director:	Timothy Grant Evans
Practice Manager:	Julie McLaughlin
Task Team Leader:	Inaam ul Haq

PAKISTAN
Enhanced Nutrition for Mothers and Children Project

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PAD DATA SHEET

Pakistan

Enhanced Nutrition for Mothers and Children (P131850)

PROJECT APPRAISAL DOCUMENT

SOUTH ASIA

Report No.: PAD356

Basic Information			
Project ID	EA Category	Team Leader	
P131850	C - Not Required	Inaam Ul Haq	
Lending Instrument	Fragile and/or Capacity Constraints [ ]		
Investment Project Financing	Financial Intermediaries [ ]		
	Series of Projects [ ]		
Project Implementation Start Date	Project Implementation End Date		
30-Sep-2014	30-Jun-2018		
Expected Effectiveness Date	Expected Closing Date		
29-Sep-2014	31-Dec-2018		
Joint IFC			
No			
Practice Manager/Manager	Senior Global Practice Director	Country Director	Regional Vice President
Julie McLaughlin	Timothy Grant Evans	Rachid Benmessaoud	Philippe H. Le Houerou

Borrower: Islamic Republic of Pakistan			
Responsible Agency: Department of Health, Sindh			
Contact:	Dur-e-Shewar Khan	Title:	Nutrition Focal Person
Telephone No.:	92-21-35223888	Email:	d-dsk@hotmail.com
Responsible Agency: Department of Health, Balochistan			
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Telephone No.:	(92-81) 921-1592	Email:	provincialnutritioncellqta@yahoo.com, dralibugti@yahoo.com

Project Financing Data(in USD Million)		
[ ] Loan	[ ] IDA Grant	[ ] Guarantee

[X] Credit	[X] Grant	[ ] Other	
Total Project Cost:	55.01	Total Bank Financing:	36.24
Financing Gap:	0.00		

Financing Source	Amount
BORROWER/RECIPIENT	7.06
International Development Association (IDA)	36.24
Pakistan Partnership for Improved Nutrition	11.71
Total	55.01

Expected Disbursements (in USD Million)

Fiscal Year	2015	2016	2017	2018	2019	0000	0000	0000	0000
Annual	4.08	9.59	12.47	13.18	8.63	0.00	0.00	0.00	0.00
Cumulative	4.08	13.67	26.14	39.32	47.95	0.00	0.00	0.00	0.00

Proposed Development Objective(s)

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

Components

Component Name	Cost (USD Millions)
Addressing general malnutrition in women and children	31.19
Addressing micronutrient malnutrition	5.96
Communication for development	4.51
Strengthening institutional capacity	6.09

Institutional Data

Practice Area / Cross Cutting Solution Area

Health, Nutrition & Population

Cross Cutting Areas

[ ] Climate Change
[ ] Fragile, Conflict & Violence
[ ] Gender
[ ] Jobs
[ ] Public Private Partnership

Sectors / Climate Change

Sector (Maximum 5 and total % must equal 100)				
Major Sector	Sector	%	Adaptation Co-benefits %	Mitigation Co-benefits %
Health and other social services	Health	90		
Health and other social services	Other social services	10		
Total		100		

☑ I certify that there is no Adaptation and Mitigation Climate Change Co-benefits information applicable to this project.

Themes

Theme (Maximum 5 and total % must equal 100)		
Major theme	Theme	%
Human development	Nutrition and food security	100
Total		100

Compliance

Policy

Does the project depart from the CAS in content or in other significant respects?	Yes [ ] No [X]
Does the project require any waivers of Bank policies?	Yes [ ] No [X]
Have these been approved by Bank management?	Yes [ ] No [X]
Is approval for any policy waiver sought from the Board?	Yes [ ] No [X]
Does the project meet the Regional criteria for readiness for implementation?	Yes [X] No [ ]

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**

Legal Covenants

Name	Recurrent	Due Date	Frequency
Implementation Cells and Units	Yes	N/A	Throughout Project implementation

Description of Covenant

Sindh and Balochistan to maintain: (i) a Project Nutrition Cell in their respective Departments of Health to be vested with the responsibility for the oversight, coordination and implementation of the Project; (ii) a District Nutrition Officer in each of the selected Project Districts.

Name:	Recurrent	Due Date	Frequency
Implementation Committees	Yes	Two (2) months after the Effective Date	Throughout Project implementation

Description of Covenant

Sindh and Balochistan to establish and thereafter maintain, (i) a Provincial/Project Steering Committee; (ii) a Provincial Technical/Coordination Committee, and (iii) District Coordination Committees in each of the Project Districts; all with composition, resources and terms of reference satisfactory to the World Bank

Name	Recurrent	Due Date	Frequency
Annual Work Plan	Yes		May 31, each year.

Description of Covenant

Sindh and Balochistan to prepare an Annual Work Plan and Budget for the following fiscal year identifying activities by component and subcomponent, and their related expenses and financing sources.

Name:	Recurrent	Due Date	Frequency
Grievance Redress Mechanism	Yes	Three (3) months after the Effective Date	Throughout Project implementation

Description of Covenant

Sindh and Balochistan to establish and thereafter maintain a grievance redress mechanism satisfactory to the World Bank for the handling of any complaints arising out of the Project implementation.

Name:	Recurrent	Due Date	Frequency
Internal Audits	Yes	Six (6) months after the Effective Date	Throughout Project implementation

Description of Covenant

Sindh to establish and thereafter maintain internal audit arrangements for the Department of Health.

Name:	Recurrent	Due Date	Frequency
Procurement Documentation System / Complaint Mechanism	Yes	Four (4) months after the Effective Date	Throughout Project implementation

Description of Covenant

Sindh and Balochistan to establish and maintain: (i) a procurement documentation and record keeping

system, freely and publicly accessible through the websites of their respective Departments of Health; and (ii) a system for the handling of procurement complaints and/or the carrying out of investigations.			
Name:	**Recurrent**	**Due Date**	**Frequency**
Procurement Manual	Yes	N/A	Throughout Project implementation
Description of Covenant			
Sindh and Balochistan to implement the Project in conformity with the Procurement Operations Manual.			
Conditions			
Source Of Fund	**Name**		**Type**
Description of Condition			

Team Composition

Bank Staff

Name	Title	Specialization	Unit
Anwar Ali Bhatti	Financial Analyst	Disbursement	SACPK
Inaam Ul Haq	Program Leader	Team Lead	SACPK
Rehan Hyder	Senior Procurement Specialist	Procurement	GGODR
Aliya Kashif	E T Consultant	Operations	GHNDR
Silvia Kaufmann	Sr Nutrition Spec.	Sr Nutrition Spec.	GHNDR
Nasreen Shah Kazmi	Program Assistant	Administrative	SACPK
Mohammad Khalid Khan	Program Assistant	Administrative	GSPDR
Luc Laviolette	Sr Nutrition Spec.	Sr Nutrition Spec.	GHNDR
Riaz Mahmood	Financial Management Analyst	Financial Management Analyst	GGODR
Amna W. Mir	Senior Program Assistant	Administrative	SACPK
Naoko Ohno	Operations Officer	Operations	GHNDR
Aristeidis I. Panou	Consultant	Counsel	LEGOP
Karthika Radhakrishnan	Operations Analyst	Administrative (TF)	GPSOS
Danielle Malek Roosa	Senior Counsel	Senior Counsel	LEGES
Martin M. Serrano	Senior Counsel	Legal	LEGES
Chau-Ching Shen	Senior Finance Officer	Loan	CTRLN
Ruma Tavorath	Senior Environmental Specialist	Safeguard (environment)	GENDR

Paul Welton	Sr Financial Management Specialist	Sr Financial Management Specialist	GGODR

Non Bank Staff

Name	Title	City
Dr. Qaiser Pasha	Health Advisor, Department of Foreign Affairs and Trade (DFAT), the Australian Government	Islamabad

Locations

Country	First Administrative Division	Location	Planned	Actual	Comments
Pakistan	Sindh	Sindh	X		
Pakistan	Balochistan	Balochistan	X		

I. STRATEGIC CONTEXT

A. Country Context

1. Pakistan is the world's sixth most populous country, with a population of 180 million, with a per-capita income of US$1,386 in 2013/14 - a lower middle-income country. Pakistan faces significant economic challenges – the cycles of high growth interrupted by shocks and crises and followed by relative stagnation. The country's recovery from the 2008–09 global financial crises was the weakest in South Asia, with Gross Domestic Product (GDP) averaging 2.9 in the FY09-13 period. Political challenges and natural disasters (2010 and 2011) continue to limit economic growth. The poverty rate fell by half from 34.7 percent in 2002 to 13.6 percent in 2011, led by rural areas, decreasing by 23.2 percentage points (versus 14.7 percent in urban areas).

2. Pakistan also 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 and impedes development. Insecurity often affects the ability to carry out development programs in some areas and creates particular challenges for monitoring and supervision.

3. Pakistan is undergoing significant political changes with emphasis on devolution of authority and provincial autonomy. The 18th Amendment to the Constitution in 2010 devolved authority from the federal government to the provinces in about 40 areas, including health. The federal government's role to manage and implement national health, nutrition and population programs is now limited. There are policy, oversight, regulatory, monitoring and evaluation functions which should be the responsibility of a federal government; however, in Pakistan these federal roles are still not fully defined. Therefore, the provinces had to take on a new governing role and an expanded mandate in sectors where they had limited capacity and experience.

B. Sectoral and Institutional Context

4. Pakistan is not performing well in terms of improving health and nutrition outcomes or services, especially for the poor. Only Afghanistan has worse maternal and child mortality indicators than Pakistan in the South Asia region. Pakistan is not on track to achieve its health and nutrition related Millennium Development Goal (MDG) targets. Access to health and nutrition services is significantly better for wealthier and urban Pakistanis than for those who are poorer or living in rural areas.

5. Maternal and child health indicators have improved, but significant challenges remain. The maternal mortality ratio (MMR) was 260/100,000 in 2006 and has reduced to 170/100000 in 2013. The total fertility rate has declined from 5.8 children per woman in 1990 to 3.8 in 2012/13, with improving coverage during 2003-12 in antenatal care (35 percent to 73 percent), skilled attendance at birth (24 percent to 52 percent), contraceptive use (24 percent to 35 percent) and proportion of fully immunized children (53 percent to 61 percent). Pakistan has made minimal progress in improving nutritional outcomes of children and mothers over the last four decades. The preliminary findings of the 2011 National Nutrition Survey revealed that the rates of child stunting have not changed in Pakistan since 1965. Pakistan has high rates of child malnutrition, with 44 percent of children being stunted (<-2SD height for age) and 22 percent severely stunted (<-3SD). A third (32 percent) of children under 5 years are underweight (<-2SD weight for age) and 12 percent are severely underweight (<-3SD). Fifteen percent (15 percent) of Pakistani children under 5 years suffer from acute malnutrition (<-2SD weight for height) and 6 percent

suffer from severe acute malnutrition (<-3SD). One in five children (22 percent) 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 percent) children under 5 years and half (51 percent) of pregnant women suffer from anemia. Malnutrition is also prevalent among women of reproductive age with 18 percent being underweight (low body mass index - BMI). There are no significant gender differentials in nutrition outcomes.

6. All provinces of Pakistan are affected by malnutrition. While the malnutrition rates are high in all provinces (see Figure 2 in Annex 6), the nutritional status of children under five years is worse than the national average in Sindh and Balochistan. Half of the children under five in Balochistan (52 percent) and in Sindh (50 percent) are stunted and these rates have worsened in these two provinces since 2001. Likewise, almost half (48 percent) of children in Khyber Pakhtunkhwa (KP) are stunted and 39 percent of children under five years are stunted in Punjab.

7. Chronic malnutrition (i.e. stunting) in Pakistan manifests itself during the "first thousand days", i.e. it starts during pregnancy and continues throughout the first two years of life. There is strong evidence showing that the "first 1000 days" period is the most critical for addressing malnutrition because this is the segment of the life cycle when most of the damage to physical growth, brain development, and human capital formation occurs due to inadequate nutrition and that most of these losses are irreversible. One in five children (22 percent) is born with low birth weight, indicating that malnutrition during pregnancy contributes to the causes of stunting. By age 6 months, 24 percent of children are stunted (see Figure 1 in Annex 6). However, by 24 months, almost half (48 percent) of children are stunted, indicating that the period from 6-24 months of age is a critical risk period for growth faltering. The current extremely low figure of 3.6 percent adequate complementary feeding in the 6-24 months of age period is the main cause of growth faltering during this period.

8. Overall, there has not been significant progress made in addressing malnutrition, mainly due to lack of: (i) investment in nutrition activities from government and development partners; (ii) sustained political commitment and strong leadership to systematically address malnutrition; (iii) management and technical capacities at planning and implementation level; (iv) a critical mass of people to work full time on nutrition activities; (v) accurate and useful information on nutrition status, behaviors, and coverage of services; and (vi) a clear, focused, and practical strategy.

9. Malnutrition in Pakistan, as in other countries, is caused by a number of factors including inadequate access to a balanced diet, poor caring practices for women and children (e.g. child feeding practices, sanitation practices such as hand washing, etc.) and insufficient access to quality health care. The solutions reside in a number of sectors. The more recent analysis and planning at the provincial and national level in Pakistan to address malnutrition has been guided by the global Scaling Up Nutrition (SUN) framework - scaling-up "nutrition-specific interventions" through the health sector and "nutrition-sensitive interventions" through other sectors at all levels.

10. Malnutrition in Pakistan hinders national economic development. Malnutrition during pregnancy and early childhood compromises 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

percent and lower incomes by 14-28 percent[1]. Malnutrition costs Pakistan 2.7-4.1 percent of its GDP annually.[2]

11. Addressing malnutrition is a priority in Pakistan. In September 2011, the D-10 Group[3] led by the Ministry of Finance requested provinces to develop nutrition plans, and the Bank (with DFID) is leading the coordination of development partners. With the Bank and other partners' assistance the provincial governments have prepared policy guidance notes and developed multi-sectoral nutrition strategies (see Annex 6). It is notable that the provincial governments are investing their own resources as counterpart financing for this project. Pakistan has also become the 34th country to join the Scaling Up Nutrition (SUN) movement in April 2013. Several partners are providing technical and financial assistance for nutrition (see Annex 8). The emergency nutrition responses to the floods in 2010 and 2011 have provided the provinces valuable program implementation experience for the treatment of acute malnutrition, but it was evident that there is limited institutional capacity for addressing chronic malnutrition. Currently, nutrition activities in the provinces are delivered mainly by NGOs being contracted directly by the UN and/or donors. The government provides some services through clinics (e.g. treatment of the more severe cases of acute malnutrition, provision of zinc and oral rehydration solution to treat diarrhea) and at the community level through the Lady Health Workers (LHWs). Most nutrition programs in Pakistan are small in scale with low coverage and minimal equity targeting. Only some interventions have been delivered at scale, such as vitamin A supplementation and salt iodization. LHWs are the main community-based workers responsible for delivering nutrition interventions. The last program evaluation in 2009 highlighted that nutrition interventions have not been prioritized by LHWs. This needs to be corrected if Pakistan envisages improving nutrition outcome in the country.

C. Higher Level Objectives to which the Project Contributes

12. The proposed project reflects the overall strategy of the Government of Pakistan to address the challenge of malnutrition. Nutrition is reflected as a key challenge in the draft Vision 2025 and the 11th Five Year Plan 2013-18. The GOP has highlighted that malnutrition rates are high and aims to address it as a national priority. The proposed project is one of key support mechanisms for GOP in addressing the under-nutrition challenge.

13. The proposed project is in line with the Pakistan Country Partnership Strategy (CPS) for FY15-19 approved by the Bank Board in May 2014 (Report No. 84645-PK). The CPS recognizes service delivery in health/education as key areas of the World Bank Group engagement towards the goals of poverty reduction and shared prosperity in Pakistan. The role of human development in national productivity is highlighted - noting that an educated, skilled, and healthy workforce is essential to create jobs and increase growth. The project will contribute to the fourth pillar of the CPS of improving service delivery. The CPS also envisages seeking opportunities to address malnutrition in a multi-sectoral way by adding nutrition components to

[1] Horton, Sue, Harold Alderman, Juan A. Rivera. "Hunger and Malnutrition", Copenhagen Consensus 2008. Full paper available at: http://www.copenhagenconsensus.com/Default.aspx?ID=1322

[2] "Economic Costs of Malnutrition", paper prepared for DFID by Institute of Public Policy, Beacon house National University, Lahore, Social Policy and Development Centre, Karachi and Macroeconomic Insights, Islamabad, June 2012. Full report available at: http://www.ippbnu.org/projectreports.php.

[3] The D-10 group is Pakistan's donor coordination group, chaired by the Ministry of Finance and with participation from the Heads of bilateral and multilateral donors.

programs in various sectors. The project is in line with the South Asia Regional Assistance Strategy (RAS) for nutrition.

II. PROJECT DEVELOPMENT OBJECTIVES

A. PDO

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

Project Beneficiaries

15. 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.

16. Many of the interventions will specifically target women and the relatively high proportion of stunting that occurs during pregnancy. A core determinant of nutritional status is the nature of gender relations and the project will focus on this challenge. However, involving husbands and mothers in law will be important to reach out to women besides, involving community members to foster an enabling environment for behavior change.

17. The project will reach beneficiaries across the provinces of Sindh and Balochistan with a widespread behavior change communication campaign. A more intense supply-side (i.e. service delivery) approach will be implemented in 9 districts of Sindh and 7 districts of Balochistan (please refer to paragraph 38 for the basis of selection of districts). The list of selected districts for Sindh and Balochistan is at Annex 10. The overall approach is coordinated with other development partners through the Pakistan Nutrition Development Partners Group to reach national coverage of nutrition services. It is envisaged that the project would also reach beneficiaries across the province of Khyber Pakhtunkhwa.

PDO Level Results Indicators

18. The PDO level indicators will track: a) overall access to basic nutrition services in project areas for target beneficiaries; b) proportion of children 6-23 months fed in accordance with all three Infant and Young Child Feeding (IYCF) practices (food diversity, feeding frequency, consumption of breast milk or milk); c) proportion of pregnant women and of lactating women receiving iron and folic acid (IFA) supplements; d) proportion of children 0-59 months treated for severe acute malnutrition; e) proportion of children 6-59 months receiving vitamin A supplementation; e) proportion of children 6-59 months with diarrhea treated with zinc and ORS; and g) knowledge and attitude score of households, relating to nutrition. All indicators will be calculated on the basis of denominators in geographic areas covered by the project and will be disaggregated by province and by gender (see also Annex 1).

19. The improvements in the nutritional status of women and children under two years of age will largely become measurable after this project is completed. While some of the behaviors which the project aims to change are expected to have measurable biological impacts in the short

term (e.g. reductions in iron deficiency anemia in pregnant women as a result of consumption of iron folate tablets during and after pregnancy), other interventions (e.g. treatment of diarrhea in children with zinc and oral rehydration solution) will take longer to manifest themselves in improvements in nutritional status. Thus, the PDO indicators listed above focus on changes in knowledge, attitudes and behaviors and in increased coverage of nutrition services.

III. PROJECT DESCRIPTION

20. The project will build the capacity of Departments of Health (DOHs) in Sindh and Balochistan to deliver well proven nutrition services. While the project focuses initially on two provinces, the aim is to enhance national coverage through coordination of support between Pakistan's development partners. While projects that include multiple provinces in Pakistan offer benefits in terms of inter-provincial learning and some economies of scale, in a post-18th Amendment scenario it is critical to design a program whereby each province's performance is managed independently. Hence, there will be separate legal agreements with each province.

21. Other project designs have been considered but regarded as less appropriate at this stage. A multi-sectoral nutrition project would be complex and risky in the current political and security environment. The proposed project will instead develop the capacity of the DOHs to address the proximal causes of malnutrition and to engage with other sectors to aim for a multi sectoral approach, to ensure convergence and complementarity in implementation. The project will build the capacity of provincial multi-sectoral coordination mechanisms. The team considered adding a conditionality relating to nutrition (e.g. whereby payments would be linked to accessing nutritional services) to the Benazir Income Support Program but decided that reliable supply of nutrition services would first need to be established before considering a conditionality related to nutrition services.

A. Project Components

22. **Component 1: Addressing general malnutrition in women and children (total estimated cost US$31.19 million – IDA US$26.08 million, PPIN US$5.11 million) -** This component will support key nutrition interventions that address general malnutrition, mainly in pregnant and lactating women and children less than two years of age. This component will include:

i. **Infant and young child feeding (IYCF):** A set of IYCF behavior change communications at community level will target a few key behaviors to improve nutritional outcomes. The IYCF interventions will include providing micronutrient powders. The IYCF interventions will be phased into priority districts, 7 districts in Balochistan and 9 districts in Sindh.
ii. **Community management of acute malnutrition (CMAM):** The project will support the treatment of severe acute malnutrition (SAM) in affected children 6-59 months old, as per Pakistan's guidelines. CMAM will be introduced in the same geographical areas as IYCF interventions.
iii. **Maternal malnutrition:** The project will support scaling-up of well proven maternal nutrition interventions for women of child-bearing age and sharpening the nutrition focus of ante-natal visits and provision of daily IFA supplementation during pregnancy.

23. **Component 2: Addressing micronutrient malnutrition (total estimated cost US$5.96 million – IDA US$4.46 million and PPIN US$1.50 million)** - This component will support vitamin and mineral interventions for women and young children. The focus is on delivery of key micronutrient supplementation (vitamin A, iron, iodine, folic acid and zinc) and, in Balochistan, in developing the legislative/enforcement mechanisms for food fortification.

24. **Component 3: Communication for development (total estimated cost US$4.51 million – IDA US$3.65 million and PPIN US$0.86 million) -** This component includes three types of cross-cutting communications activities that will support all the other project interventions:

i. **Advocacy:** The project will enhance the capacity of the provincial Departments of Health to undertake activities to familiarize key stakeholders about the magnitude of the malnutrition challenge in Pakistan and how to address it.
ii. **Mass media campaigns for behavior change:** The project will support behavior change communications through mass media to improve knowledge and attitudes relating to nutrition and thus increase demand for nutrition services.
iii. **Inter-personal communications:** LHWs and other health workers will be trained and provided communications tools to facilitate inter-personal communication for behavior change in areas such as exclusive breastfeeding.

25. **Component 4: Strengthening institutional capacity (total estimated cost US$6.27 million – IDA US$2.04 million and PPIN US$4.23 million).** The project will strengthen existing institutional capacity for nutrition at the provincial and district levels. Specifically, this component will address the following areas:

i. **Staff complement:** The Provincial Nutrition Cells and District Health Offices will be strengthened with a few additional staff to cover key skills and knowledge areas such as planning, monitoring, specific technical areas (e.g. IYCF, micronutrients), etc.
ii. **Accountability for results:** Systems for effective accountability between the district and provincial levels for nutrition will be strengthened.
iii. **Capacity building:** New and existing staff will be supported by training on priority technical knowledge as well as in management skills. One priority area for capacity building is contracting out of service delivery to NGOs.
iv. **Technical assistance for service delivery:** The provinces will outsource technical assistance (TA) to NGOs, individual consultants and development partners, in order to support the delivery of services.
v. **Monitoring and evaluation:** The project will build internal capacity of the Department to monitor programs and manage in a data-driven manner and to contract out evaluations to firms.
vi. **Social accountability:** The project will support the provincial Departments of Health to establish mechanisms to enhance social accountability, which will include stakeholder consultation and complaint redress mechanisms.
vii. **Multi-sectoral coordination:** The project will build the capacity of provincial inter-sectoral structures which are currently being instituted to oversee the implementation of provincial multi-sectoral nutrition strategies and operational plans.

B. Project Financing

Lending Instrument

26. The lending instrument for the project is Investment Project Financing, with a total amount of US$36.24 million to be financed by an IDA Credit for Sindh. It will be co-financed by a Grant provided through the programmatic trust fund for the Pakistan Partnership for Improved Nutrition (PPIN), administered by the Bank, for Balochistan in an amount of US$11.71 million. PPIN has a commitment of AUS$39 million from the Department of Foreign Affairs and Trade (DFAT), the Australian Government, and an additional contribution is being discussed with DFID. The PPIN Trust Fund will also finance nutrition interventions in the province of Khyber Pakhtunkhwa as additional financing. The project will be implemented over a period of four and half years[4] with a Closing Date of December 31, 2018, and the account closing date is June 30, 2019.

Project Cost and Financing

27. The estimated project costs are provided in Table 1 and a detailed project costing table in Annex 8. The Bank-executed resources under the programmatic trust fund for the PPIN will finance specific activities related to the project such as the impact evaluation and technical assistance.

Table 1: Estimated Total Project Costs (US$ Million)

	Project Components	Project Cost (Total)	IDA Financing	PPIN MDTF	Provincial Financing		% Combined IDA & PPIN Financing
					Sindh	Baloc histan	
1	Addressing general malnutrition in women and children	32.89	26.09	5.107	1.025	0.674	94.83
2	Addressing Micronutrient Malnutrition	6.41	4.46	1.50	0.450	0.00	92.98
3	Behavior Change Communication	4.51	3.65	0.87	0.000	0.00	100.00
4	Strengthening Institutional Arrangements	10.42	2.046	4.052	2.069	2.249	58.54
	Total Base Cost	54.23	36.24	11.53	3.54	2.92	88.07
	Physical & Price Contingencies	0.78	0.000	0.18	0.59	0.004	0.23
	Total Project Costs	55.01	36.24	11.71	4.134	2.927	87.16[5]

[4] The provincial PC-1 documents cover a 3 year period. This project is defined over a four and quarter year period to account for additional time required for project start-up and closure.

[5] Percentage of component cost that is provided by IDA and PPIN combined, with the remaining proportion provided through provincial government financing.

C. Lessons Learned and Reflected in the Project Design

28. The project focuses on scaling up the nutrition interventions which have the strongest evidence of impact. Various reviews of "what works" to improve nutrition have generated consensus on key "nutrition-specific interventions" to implement on a priority basis.

29. The project is designed to take account of the main findings of a World Bank Independent Evaluation Group (IEG) review of nutrition programs.[6] A key finding is that context matters in translating the success of more controlled studies into impact at scale. Therefore, when selecting the project interventions, careful attention was given to the implementation experience to date in Pakistan as well as to social and other factors.

30. Importance of the government being in the "driver's seat". In the past, nutrition interventions in Pakistan have been implemented with less than optimal involvement of federal and provincial governments. This project was designed by the provincial governments and will be implemented by them with a focus on capacity building that will improve the ability not only to deliver services but also to coordinate the work of development partners. In addition, systematic planning for large scale programs with longer financing horizons yields better results. Until now, nutrition interventions in Pakistan have been organized as relatively small scale and disparate projects with short financing time frames (e.g. annual commitments). This project will support a longer-term (4.5 years) program that aims from the start to be implemented at large scale.

31. Gender disparities contribute significantly to malnutrition all over South Asia, including Pakistan. High levels of illiteracy, lack of decision making power over household resources, early marriages, early and frequent pregnancies, disparities in dietary patterns and health care seeking behavior are key factors contributors to malnutrition. The NNS results show that literate women are much less likely to have malnourished children. The project will also work with related sectors improving the situation of women and addressing gender disparities related to malnutrition.

32. The success and sustainability of project interventions depends heavily on creating champions and building community ownership. Large programs such as the conditional cash transfer program Opportunidades in Mexico have shown that it is possible to sustain programs through changes in political leadership if robust data on results is generated, if a group of champions is aware of the program. The project places a premium not only on generating robust data, but the Communications for Development component includes an advocacy strategy complemented by social accountability mechanisms and community-based communications.

33. Special priority must be given to developing contract management capacity. Experience shows that projects must prioritize up-front capacity development for the implementing agencies and third party agencies on how to effectively manage contracts to NGOs; failure to do so leads to slow-down of project implementation (e.g. delays in obtaining third party monitoring reports) including disbursement delays. This capacity building is planned in year 1 of project implementation and is included in the implementation support plan. Non-governmental organizations must be carefully selected and their capacity built. The project will thus screen the NGOs through a competitive contract awarding process and will build their capacity as needed.

[6] "What Can We Learn from Nutrition Impact Evaluations?; Lessons from a Review of Interventions to Reduce Child Malnutrition in Developing Countries", Washington, DC: World Bank Independent Evaluation group, 2010.

In Balochistan, a consortium approach will be adopted whereby larger NGOs will form consortia with smaller NGOs.

IV. IMPLEMENTATION

A. Institutional and Implementation Arrangements

34. The existing implementation arrangements for nutrition in the provinces revolve around the Provincial Nutrition Cells in the DOHs which require additional capacity. These Cells are currently very small (1-3 staff) and focus mainly on coordination between the development partners and the districts, for activities that are largely delivered by agencies directly contracted by the development partners. Until the 18th Amendment, the Lady Health Worker (LHW) program was a federal program that was simply implemented by the provinces. The responsibility for this program is now devolved to the provinces. The management of most of the Basic Health Units (BHUs) in Balochistan and Sindh has been contracted out to the Peoples' Primary Health Initiative (PPHI) since 2003 and this has resulted in improvements in health service delivery. At the district level, nutrition is currently not a high priority for government officials, partly because there is no Nutrition District Officer to coordinate activities and enhance accountability.

35. Implementing agency: This project will be managed by the Provincial Nutrition Cells in the provincial Departments of Health. Service delivery will be led by the District Health Offices to implement activities in partnership with non-governmental partners (e.g. NGOs, PPHI, and private sector) through contractual arrangements.

36. Oversight arrangements: The overall coordination of nutrition related activities will rest with the provincial DOH which will operationalize three oversight committees with slight provincial variation. It will provide a provincial mechanism for coordination and integration of nutrition interventions with other health services, strategic vision and oversight See Annex 3.

37. Project management: The leadership will be provided by the provincial Program Manager for Nutrition (Head of the Provincial Nutrition Cell) who will report directly to the Director General of Health Services. The Program Manager will also act as Secretary to the Oversight Committees. He/she will oversee workings of Administration and Technical sections.

38. District level implementation: The focus districts in Balochistan and Sindh have been selected on the basis of need (priority to districts ranked lower on the human development index) and capacity of the system to deliver the interventions (a mix of low and higher capacity districts, using coverage of Lady Health Workers (LHWs) in the district as a proxy indicator). Within the targeted districts, the interventions will be delivered through LHWs and within areas where there are no LHWs, non-governmental organizations will be contracted to deliver the package of nutrition services financed by the project.

B. Results Monitoring and Evaluation

39. The Provincial Nutrition Cells in the DOH will have the responsibility for preparing and disseminating semi-annual results reports. Data will be generated on a monthly basis by the Lady Health Workers and Community Health Workers, PPHI staff, NGO staff (in areas not covered by Lady Health Workers) and supplemented by data, as available, from the nutrition surveillance system. The data will be consolidated and analyzed at the district level by the District Nutrition Officer who would prepare a monthly report that will be used to analyze

district performance and to report to the provincial nutrition cell. On a six monthly basis these reports will be consolidated into a report that a Provincial Coordination Committee will review. In addition, third parties will be contracted to verify annually the results reported through the routine system. The information obtained from the third party monitoring will serve to confirm the routine system data and will be used to issue performance-based payments.

40. All project indicators can be collected through existing systems as well as planned project-specific cross-sectional surveys. There is a need to consolidate the existing systems which were developed at different stages for specific purposes into a well-coordinated and integrated information management system for nutrition, which dovetails into the provincial Health Department information system. This consolidation and the related capacity development will be undertaken during the project, under Component 4. Emphasis will be placed on using the monitoring data for providing feedback and for enhancing social accountability. From the outset, a "bottom-up" approach will be used for collecting and analyzing the data. Capacity for this "bottom-up" approach is currently limited and will be built gradually during project implementation.

41. An impact evaluation of this project will be carried out with financing from the Pakistan Partnership for Improved Nutrition multi-donor trust fund. This evaluation will be undertaken as a separate task by another Bank team working in coordination with the Provincial Nutrition Cells.

C. Sustainability

42. The project focuses on building capacity within the provincial Departments of Health for delivery of nutrition services. This institutional capacity will be developed in close coordination with the main development partners, thus building an alignment that will reposition the DOH as the central coordination bodies for nutrition-specific (i.e. implemented through health systems) services. This leadership positioning, the alignment and the capacity that will be built will position the provincial DOHs to sustain and further expand the interventions financed by the project.

43. At the core of this project is behavior change, by beneficiaries within households, by health workers and by community members more broadly. The gains in knowledge and shifts in attitudes that underpin the behavior change will be the basis for the sustainability of project results.

44. The cost per beneficiary of the supply side nutrition interventions is low. To enhance the coverage of the population, the amount of resources required is likely to be within the fiscal capacity of the Governments of Sindh and Balochistan and therefore financially sustainable. All interventions have been proven to be implementable in Pakistan and to be acceptable to communities; this project focuses on extending their reach.

45. The advocacy and social accountability activities of the project will build a constituency for nutrition programs. The project's engagement, both through its advocacy activities and social accountability mechanisms (e.g. stakeholder consultations, complaints redress mechanisms), will build a constituency for continued delivery and expansion of sustainable solutions to address malnutrition.

V. KEY RISKS AND MITIGATION MEASURES

A. Risk Ratings Summary Table

Table 2: Risk Ratings Summary Table

Risk Categories	Rating
Stakeholder Risk	Substantial
Implementing Agency Risk	
Capacity	High
Governance	Substantial
Project Risk	
Design	Substantial
Social and Environmental	Moderate
Program and Donor	Moderate
Delivery Monitoring and Sustainability	Substantial
Overall Implementation Risk	Substantial

B. Overall Risk Rating Explanation

46. The proposed project is an operation with foreseen **Substantial** risks, with potentially very high benefits. The key risks are: (i) stakeholder risks (potential inadequate information sharing with key stakeholders and challenges in donor coordination); (ii) implementation agency risks (weak accountability and oversight, inadequate capacity, fiduciary weaknesses, weak leadership); (iii) project risks (complex design, possible weaknesses in monitoring outcomes), and (iv) economic, political and security volatility of the country. Possible mitigation measures for these major risks have been incorporated into the project design such as emphasis on capacity building at provincial and district levels, layers of governing committees, behavior changing activities, social accountability pilot, etc. The successful implementation of this project will need skilled managers at provincial level who remain in their posts for a defined time period. The current procurement and financial management procedures and capacity in the provincial DOHs need to be strengthened. The detailed description of project risks and associated mitigation measures are provided in the ORAF in Annex 4.

VI. APPRAISAL SUMMARY

A. Economic and Financial Analyses

47. Nutrition interventions contribute significantly to the reduction of child and maternal mortality and morbidity and physical and cognitive damages, thus contributing to improvements in educational performance and to economic growth. Millions of mothers and children die prematurely globally and billions suffer cognitive and physical impairments due to the effects of malnutrition during pregnancy and in the first two years of life.

55. Nutrition interventions are among the most cost-effective interventions to enhance welfare and reduce poverty. The costs of the largely irreversible physical and cognitive damage that children face due to malnutrition by 24 months of age are very large, and the impact of such damage has a strong intergenerational component. At the same time, there are well-proven

interventions to reduce malnutrition available. The Copenhagen Consensus 2008,[7] ranked five nutrition interventions in the top ten among thirty proposals presented to answer the question on the best way to advance global welfare.[8] A recent study in Pakistan established that losses to Pakistan's GDP due to maternal and child malnutrition are in the range of 2.7-4.1 percent annually.[9] At micro level a one percentage point decrease in adult height could result in up to 4 percent reduction in earnings.

56. Public investment in nutrition in Pakistan is justified on equity grounds. The National Nutrition Survey 2010-11 showed that the burden of malnutrition in Pakistan falls disproportionately on the poor and is concentrated among rural residents and households with illiterate women. The poor are trapped in a low income – low nutrition equilibrium and public intervention is essential to breaking this vicious cycle.

57. Public investment in nutrition in Pakistan is justified on the grounds of market failure resulting from externality and limited information. Since growth faltering is often the norm in communities in Pakistan, and micronutrient deficiencies are not typically visible enough to be easily recognized, communities are seldom aware of the need to invest in improving the nutritional status of their children. The role of information is even more critical because of the limited window of opportunity where the highest impact on nutrition could be made. The benefit of improved nutrition accrues not only to the individual making the investment but to the society at large as improved nutrition reduces the impact of disease and improves national productivity.

58. The project was assessed on the basis of proven efficacy and cost, as well as context-specific factors relating to malnutrition burden, feasibility, resource constraints and equity. In developing the project, each intervention was assessed for: (i) its impact on Pakistan's malnutrition burden; (ii) its proven effectiveness; (iii) the extent to which it could be scaled-up; (iv) its affordability in the long term; and (v) equity in access to the service. An assessment of the cost-effectiveness of various modes of delivery (e.g. service delivery by Lady Health Workers vs. service delivery by NGOs) will be included in the project impact evaluation.

B. Technical

59. The technical interventions are in line with the latest global evidence of what works to reduce malnutrition, while at the same time taking into consideration the specificities of the Pakistani context. Technical interventions were selected on the basis of reviews of literature on the effectiveness of interventions. Stakeholder consultations were also held to gather additional information about the likely feasibility of implementing the interventions in Pakistan.

60. The project targets the beneficiaries who are most likely to contribute to the reversal of malnutrition trends in Pakistan. By focusing on women and children in the "first 1000 days" from conception to the child's second birthday, the project is in line with a large body of

[7] http://www.copenhagenconsensus.com/Projects/Copenhagen%20Consensus%202008-1.aspx. For further reading, see "Global Crises, Global Solutions", edited by Bjorn Lomborg. Cambridge; New York: Cambridge University Press, 2004.

[8] It ranked micronutrient supplements for children including vitamin A and zinc supplementation first, micronutrient fortification including iron and iodine fortification third, bio-fortification fifth, de-worming and other nutrition programs at school sixth and community-based nutrition programs ninth.

[9] "Economic Costs of Malnutrition", paper prepared for DFID by Institute of Public Policy, Beacon house National University, Lahore, Social Policy and Development Centre, Karachi and Macroeconomic Insights, Islamabad, June 2012. Full report available at: http://www.ippbnu.org/projectreports.php.

evidence that shows that most of the damage from malnutrition occurs during that window in the life cycle and that the damage from malnutrition during that period is largely irreversible.

61. The project addresses primarily chronic malnutrition and micronutrient deficiencies, but will also focus on treatment of severe acute malnutrition. This focus is appropriate because some forms of chronic malnutrition (e.g. child anemia) affect up to 44 percent of children in Pakistan, whereas only a third of those children (15 percent) suffer from severe acute malnutrition[10] and the developmental losses due to chronic malnutrition are high.

62. The project places a premium on addressing gender issues as they relate to nutrition. This is appropriate given the centrality of gender as a determinant of malnutrition in South Asia including in Pakistan. Unlike previous interventions which focused mainly on women, this project will address gender issues by engaging both men and women.

C. Financial Management

48. A detailed financial management assessment of the systems and capacities in Sindh and Balochistan has been carried out prior to appraisal. The financial management risk at the country and project levels is Substantial. The latter risk is expected to come down to moderate once the mitigation measures are in place. Annex 3 outlines in detail the findings of the financial management assessment and these measures.

49. The project will follow the provincial government financial management system. The capacity for financial management in the Provincial Nutrition Cells is currently very weak, but adequate plans have been made for staffing key positions. The existing budgeting system will be used for project implementation. Segregated Designated Accounts will be opened for each of the provincial level implementing agencies where funds will be received from IDA and PPIN. Assignment Accounts would be opened for counterpart funding.

50. Inventory management: Inventory records for supplies will be kept at the provincial, divisional and district level. Monthly statements for receipts and issues will be prepared and reconciled between the provincial, divisional and districts Departments. Periodic verification will be carried out of the stock at hand. Annual verification will be carried out as per existing Government rules.

51. Accounting and asset management: Manual books of accounts will be maintained to record funds, expenditures and assets procured from project funds. Separate heads of account will be opened for each component/sub-component. Assets will be tagged for identification and will be physically verified on an annual basis.

52. Internal controls: Financial powers have been delegated to officials for efficient processing of payments. The project will be subject to internal audit. Independence of the internal audit function will be assured and actions recommended will be tracked.

53. Reporting: The implementing agencies will provide the Bank with quarterly interim financial reports (IFRs) for the project. IFRs will be used for disbursement of funds on a quarterly basis. The format and content of the reports (draft reports have been prepared) were agreed upon. For standard reporting to the Bank, the Provincial Nutrition Cells in the Departments of Health will be responsible for: (i) preparation and submission of financial and

[10] Findings of the National Nutrition Survey 2011.

technical progress reports under the project; (ii) submission of project accounts to audit in a timely way and for onward submission of audit reports to the Bank; and (iii) ensuring funds flow, accounting, audit, financial reporting and control and maintained.

54. Auditing: The project will be required to provide acceptable audited financial statements within 6 months of the close of each financial year. Financial statements will be prepared using International Public Sector Accounting Standards. The Auditor General of Pakistan is acceptable as auditor for the project. There are no overdue audit reports in respect of the two implementing agencies.

55. Retroactive financing: Retroactive financing will be permitted under the following conditions: (a) the activities financed are included in the project description; (b) the payments are for items procured in accordance with applicable Bank procurement procedures; (c) such payments, in aggregate, do not exceed 10 percent of the Credit amount (i.e. SDR2,350,000 or USD3,624,000) and the PPIN grant amount (i.e. USD1,171,000); and (d) the payments were made by the borrower on or after March 1, 2014.

56. Withdrawal of the proceeds of the Credit/PPIN Grant: Funds withdrawals from the IDA Credit and PPIN TF will be undertaken in accordance with the Financing Agreement and the Grant Agreement respectively.

D. Procurement

57. Institutional arrangements: Provincial Program Managers for Nutrition (Head of the Provincial Nutrition Cell) will act as Project Manager, and shall be responsible for managing the procurement function for the project. The Provincial Nutrition Cell will recruit program specific staff to provide support for procurement and contract administration responsibilities as soon as the project is effective. Currently a consultant has been hired in each province to support the procurement processes.

58. Capacity assessment: Existing institutional arrangements and implementation capacity of the nutrition cells in both Balochistan and Sindh is weak and would require mitigation efforts. In addition to recruitment of a procurement and contract management specialist in the project team, the project will also have Bank's hand-holding assistance through procurement workshops/ clinics. Additionally, placement of domain specialists (supply chain specialists) in the provincial implementation agency teams will be done when such expertise is required to implement the project. Proactive and formalized coordination with nutrition actors from various UN, bilateral and civil society organizations will also be ensured through collaborative workshops.

59. Procurement arrangements: Procurement for the project would be carried out in accordance with the World Bank's "Guidelines: Procurement under IBRD Loans and IDA Credits" dated January 2011; and "Guidelines: Selection and Employment of Consultants by World Bank Borrowers" dated January 2011, as well as the provisions stipulated in the financing agreement. Provincial procurement plans have been developed. The procurement plans will be updated at least annually. A Procurement Operations Manual (POM) has been prepared by each province which sets out procedures, processes and systems to be followed by the management and staff of PNCs and other line departments in the implementation of project in accordance with Bank's policies. A General Procurement Notice has been published.

60. Overview of category-wise procurements: The procurement plans include the goods to be procured employing various methods as per the Bank's Procurement Guidelines (micronutrients,

RUTF, office equipment, furniture, vehicles, etc.), consulting and non-consulting services. Direct contracting on some nutrition packages is expected. There will be a number of consultancy assignments for each implementing agency in this project. Major procurement action discussed during preparation was the direct contracting to UNICEF for supply of RUTF, micronutrient powders and F-75/F100 milk. Procurement through Single Source Selection is also possible in some NGO contracts.

E. Social (including Safeguards)

61. A social assessment was conducted during preparation in consultation with potential beneficiary communities, especially the marginalized communities. As a result of this assessment, a number of socio-cultural, economic, gender and structural issues were identified as determinants of malnutrition. The findings of the social assessment have been integrated in the project design.

62. Gender is as cross-cutting theme of this project. Gender disparities are addressed at different levels. Extensive efforts will be made to overcome social and gender constraints through counseling of women and men, especially those who influence the decision making at the community and family level regarding household expenditures, food consumption patterns and health seeking behaviors. All data to be collected for the project will be disaggregated by gender.

63. Based on the social analysis and feedback of stakeholders, participatory approaches have been integrated into the project design. The project design will ensure that the project equally benefits and better targets socially excluded groups, i.e. poor and marginalized households, including religious minorities, ethnic, occupational groups and the landless. Periodic consultations will be conducted with the stakeholders.

64. Social safeguards: The project's activities do not trigger any social safeguard policies as the project is not expected to cause any resettlement/negative impacts on project beneficiaries.

65. Grievance redress mechanism: A localized and easy to access grievance redressal mechanism with time bound actions will be developed by the provinces for the project, in order to ensure that queries/grievances of stakeholders are addressed in a timely and satisfactory manner. It will be piloted in the first year of the project and scaled up in subsequent years.

66. Social accountability and transparency: Social accountability tools will be piloted in selected districts in the first year of the project to increase accountability of service providers and enhance transparency. The proven successful tools will be scaled up in all project districts. All documents related to the project will be made public following the World Bank policy on Access to Information.

F. Environment (including Safeguards)

67. The project is classified as Category C. 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 environmental impacts. Issues related to poor environmental sanitation and its impact on malnutrition is already being addressed through the awareness and advocacy component. There is no construction or civil works envisaged.

Annex 1: Results Framework and Monitoring

Pakistan: Enhanced Nutrition for Mothers and Children Project (P131850)

Results Framework

Project Development Objectives

PDO Statement

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

These results are at	Project Level

Project Development Objective Indicators

Indicator Name	Core	Unit of Measure	Baseline	Cumulative Target Values				Frequency	Data Source/ Methodology	Responsibility for Data Collection
				YR1	YR2	YR3	YR4			
Children 6-24 months fed in accordance with all three infant and young child feeding (IYCF) guidelines (food diversity, feeding frequency, consumption of breast milk or milk)	☐	Percentage	3.60	3.60	5.00	8.00	20.00	Biennial	Cross-sectional surveys at district level done at Year 1, 3 and 5.	Nutrition Cells, Provincial Departments of Health.
Episodes of diarrhea in children between the age of 6 and 59 months treated with zinc and ORS	☐	Percentage	5.00	10.00	20.00	30.00	50.00	Biennial	Cross sectional surveys carried out for the project at the district level	Nutrition Cells, Provincial Departments of Health,

									at Year1, 3 and 5.	
Pregnant/lactating women, adolescent girls and/or children under age five-reached by basic nutrition services (number)	☒	Number	0.00	1386785.00	2773570.00	4160355.00	6000000.00	Biennial	Cross sectional surveys at district level in Year 1, 3 and 5	Nutrition Cells, Provincial Departments of Health,
Children between the age of 6 and 59 months receiving Vitamin A supplementation (number)	☒	Number Sub-Type Breakdown	0.00	155940.00	311880.00	467820.00	779700.00	Annually	Polio information system, vitamin A coverage surveys.	Nutrition Cells, Provincial Departments of Health,
Pregnant women receiving iron and folic acid (IFA) supplements (number)	☒	Number Sub-Type Breakdown	0.00	665043.00	1330086.00	1995129.00	3325215.00	Annually	District Health Information System (DHIS)	Nutrition Cells, Provincial Departments of Health
Children under age five treated for moderate or severe acute malnutrition (number)	☒	Number Sub-Type Breakdown	0.00	37639.00	75278.00	112917.00	150556.00	Annually	District Health Information System (DHIS)	Nutrition Cells, Provincial Departments of Health
Knowledge and attitudes score related to nutrition (households)	☐	Number	3.00	3.00	4.00	6.00	8.00	Biennial	Cross-sectional surveys carried out for the project in Year 1, 3 and 5.	Nutrition Cells, Provincial Departments of Health.

Intermediate Results Indicators

				Cumulative Target Values					Data Source/	Responsibility for

Indicator Name	Core	Unit of Measure	Baseline	YR1	YR2	YR3	YR4	Frequency	Methodology	Data Collection
Annual district plans for nutrition available on time in project districts	☐	Number	0.00	16.00	16.00	16.00	16.00	Annual	Nutrition Cells, Provincial Departments of Health,	Nutrition Cells, Provincial Departments of Health.
Nutrition knowledge score for health workers in project districts	☐	Number	3.00	3.00	4.00	5.00	8.00	Biennial	Cross sectional surveys carried out for the project in Year 1, 3 and 5.	Nutrition Cells, Provincial Departments of Health.
Project budget execution (based on allocated amount from development budget) in project districts	☐	Percentage	0.00	70.00	80.00	90.00	90.00	Annually	PIFRA (Project to improve financial reporting and auditing).	Nutrition Cells, Provincial Health Department.
Health personnel having received training (number)	☒	Number	0.00	0.00	15000.00	30000.00	45000.00	Every six months	District Health Information System	Nutrition Cells, Provincial Departments of Health

Annex 2: Detailed Project Description

PAKISTAN: Enhanced Nutrition for Mothers and Children Project

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

2. **The 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 build capacity of the Departments of Health in the provinces of Balochistan and Sindh to deliver well proven nutrition services.** The project will be evidence-based and will focus on scaling-up those interventions that are proven to work at scale in an environment such as Pakistan. The interventions supported by the project will address the knowledge gaps and attitudinal/cultural barriers that affect nutrition-related behaviors (including seeking nutrition services from the health system) as well as increase access to services by improving the capacity of the Departments of Health to deliver. The project will support nutrition interventions in the province of Khyber Pakhtunkhwa as additional financing in the next six months.

3. **The project is structured into four components implemented by the provincial governments through the Departments of Health.** While the provincial nutrition programs are expected to have some differences that reflect the specificity of each province, the project activities are clustered into the following components: a) Addressing general malnutrition in women and children; b) Addressing micronutrient malnutrition; c) Communication for development; and d) Strengthening institutional capacity.

4. **Component 1: Addressing general malnutrition in women and children. (total estimated cost US$31.19 million – IDA US$26.08 million, PPIN US$5.11 million)** This component will support key nutrition interventions that address general malnutrition mainly in pregnant and lactating women and children less than two years of age. This component includes:

i. **Infant and young child feeding:** A set of infant and young child feeding (IYCF) behavior change communications interventions implemented in an evidence-based manner at community level will target a few key behaviors to improve nutritional outcomes. The specific behaviors targeted by the strategy will be determined by review of data to identify the key risk factors and barriers that inhibit child growth in each province. Based on this analysis of data and from additional formative research on perceptions of infant and young child feeding, of household sources of information, influencers, etc., a specific IYCF strategy will be developed in each province. Drawing on lessons from previous programs which attempted to change too many behaviors at the same time, the IYCF strategy will focus on a few of the most critical behaviors (e.g. introducing complementary food at the correct age of 6 months, feeding animal based protein sources) which will have been identified through the review of data and the formative research. It is anticipated that the IYCF strategy will include a mix of inter-personal communication and of modern mass media (the latter supported by Component 3 below). Traditional media may also be used if the formative research reveals that this form of communication is compelling to care takers and their influencers. Given the focus on improving the nutritional status of women and children, the

main audience for the behavior change communication will be women. However, special attention will also be given to reaching men because, in most areas of Pakistan, men remain an integral part of decisions affecting the household, including in areas such as food purchases, health care seeking, etc. An integral part of the IYCF strategy in most geographic areas will be the provision of micronutrient powders to improve the quality of complementary food. These powders have been tested in Pakistan and have proven to be feasible to deliver through Lady Health Workers and to be well accepted by communities. It is also likely that the provision of a highly visible and new product such as these powders may also help "anchor" key messages about complementary feeding (e.g. to introduce complementary food at age 6 months). The IYCF interventions will be phased into 7 districts in Balochistan and 9 districts in Sindh.

ii. **Community management of acute malnutrition (CMAM):** CMAM will be phased into the same geographical areas as IYCF interventions which, as per Pakistani and international guidelines, will be primarily community-based, with complications referred to referral facilities. The project will support the use of prepared/packaged foods specifically 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 years of age, as per the national protocol. This intervention has already been implemented in several districts in each province in response to the floods of 2010, 2011 and 2012. In most districts the intervention has to date been implemented by international and national NGOs contracted directly by international organizations, mainly UNICEF, WFP and WHO. The project will build on that experience and enhance the capacity of the provincial Departments of Health to lead the delivery of the interventions, either directly through their staff or by contracting NGOs (e.g. in areas not covered by Lady Health Workers). The Pakistan People's Health Initiative (PPHI) manages the Basic Health Units (BHUs) in the two provinces and thus will be a key partner in delivering CMAM as well as other nutrition services available in BHUs (e.g. zinc supplements, iron tablets, etc.).

iii. **Maternal malnutrition:** The project will support scaling-up well-proven maternal nutrition interventions and improving the nutrition quality of ante-natal visits and provision of daily IFA supplementation during pregnancy. While malnutrition before and during pregnancy are recognized as significant problems in Pakistan, the approaches to address the risk factors for maternal malnutrition are generally deeply rooted in local culture and few of these have been sufficiently tested in Pakistan to be ready for large-scale interventions.

5. **Component 1 of the project will finance the following expenditures:** training of health workers, design and production of communications materials, community mobilization activities (e.g. meetings, nutrition screening sessions for CMAM), procurement, transportation and storage of products (e.g. iron folic acid tablets, prepared foods), formative research and design of the IYCF behavior change communications strategy, and dissemination of operational results.

6. **Component 2: Addressing micronutrient malnutrition. (total estimated cost US$5.96 million – IDA US$4.46 million and PPIN US$1.50 million)**This component will support micronutrient interventions for women and young children. The focus will be on delivery of

micronutrient supplementation and Balochistan in developing the legislative/enforcement mechanisms for food fortification. In line with global evidence, the project will focus on increasing access to the following five key micronutrients: vitamin A, iron, iodine, folic acid and zinc.

i. **Vitamin A:** The project will build the capacity of the province of Balochistan to refine its monitoring of and micro-planning for the delivery of vitamin A supplements twice yearly during the polio National Immunization Days (NIDs). It is anticipated that the vitamin A capsules will continue to be donated to Pakistan by the Micronutrient Initiative and that the delivery will continue to be twice annually through the NID campaigns. The refined monitoring is expected to find areas where the coverage of vitamin A is lower and the project will support the development and implementation of plans to address these coverage gaps. The project will also enable the province of Balochistan to define a regulatory monitoring system for the fortification of edible oil and ghee with vitamins A and D to address underlying deficiencies in the diets of all household members.

ii. **Iron and folic acid:** In addition to delivering iron and folic acid as a maternal intervention approach (see above and as part of the micronutrient powders (IYCF section above), the project will enable the province of Balochistan to define a regulatory monitoring system for the fortification of wheat flour with iron and folic acid. It is anticipated that development partners such as the Global Alliance for Improved Nutrition (GAIN) and the Micronutrient Initiative (MI) will continue to work directly with the private sector wheat flour millers to build their capacity to fortify wheat flour. The project will thus complement these investments and enhance their sustainability.

iii. **Iodine:** Along the lines of wheat flour fortification, the project will enable the province of Balochistan to define a legislative/enforcement system for the fortification of salt with iodine. This will complement the interventions of development partners such as GAIN, MI, UNICEF and the World Food Program, who are working directly with the salt processors to ensure that the salt available in the markets of Pakistan contains adequate levels of iodine.

iv. **Zinc:** The project will build the capacity of the provincial health systems to expand the availability of zinc supplementation (along with oral rehydration solution) for the treatment of diarrhea both in Balochistan and Sindh. Zinc supplements will be provided mainly by the Lady Health Workers (LHWs), but will also be available at BHUs and through NGOs in areas that are not covered by LHWs.

6. **Component 2 of the project will finance the following expenditures:** training of health workers; design and production of communications materials; procurement, transportation and storage of products (e.g. zinc supplements); design regulatory monitoring system for fortified foods; and planning to refine the vitamin A distribution through the NIDs.

7. **Component 3: Communication for development (total estimated cost US$4.51 million – IDA US$3.65 million and PPIN US$0.86 million)** This Component includes three types of cross-cutting communications activities that will support all the other interventions:

i. **Advocacy:** The project will enhance the capacity of the provincial Departments of Health to undertake activities to familiarize key stakeholders (political leaders, senior policy makers, media, religious leaders and other civil society entities) about the magnitude of the malnutrition challenge in their province and the need to address it through a range of sectors. The provincial nutrition policy guidance notes developed by the provinces in 2012 will form the basis for the advocacy activities. While the advocacy will focus on multi-sectoral approaches to address malnutrition, in an effort to encourage actions that complement this project in key sectors (e.g. agriculture, education, social protection, water and sanitation), it is also expected to help build a constituency of support for this project. These activities will benefit the entire two provinces.

ii. **Mass media campaigns for behavior change:** The project will also focus on behavior change communications through mass media to improve knowledge and attitudes relating to nutrition and thus create a "demand-pull" for the nutrition services delivered by the health systems. The first step in implementing this component will be to carry out formative research to inform the development of a strategy, including selecting the tools and media mix. The project will build on the recent experience of other countries such as the Alive and Thrive project implemented in Bangladesh, Vietnam and Ethiopia which has adopted a data-driven approach to behavior change communications with a strong focus on using modern mass media. The mass media campaigns will be aired across the two provinces and may also spill-over into other geographic areas of Pakistan.

iii. **Inter-personal communications:** LHWs and other health workers will be trained and provided communications tools to facilitate inter-personal communication for behavior change in areas such as exclusive breastfeeding.

8. **Component 3 of the project will finance the following expenditures:** formative research, design of advocacy and behavior change communication strategies, design and production of communications materials, procurement of air time for mass media, procurement of equipment for inter-personal communication.

9. **Component 4: Strengthening institutional capacity. (total estimated cost US$6.27 million – IDA US$2.04 million and PPIN US$4.23 million)** The project will strengthen existing institutional capacity for nutrition within the health sector at the provincial and district levels. Specifically, this component will address the following areas:

i. **Staff complement:** The Provincial Nutrition Cells and District Health Offices will be strengthened with a few additional staff to cover key skills and knowledge areas such as planning, monitoring and specific technical areas (e.g. IYCF, micronutrients, etc.).

ii. **Accountability for results:** Systems for effective accountability between the district and provincial levels for nutrition will be strengthened. Given the importance of contracting PPHI and other NGOs for the success of the project, the capacity for effective results-based contracting will be strengthened at the provincial level.

iii. **Capacity building:** New and existing staff will be supported by training on priority technical knowledge as well as in management skills.

iv. **Technical assistance for service delivery:** The provinces will outsource technical assistance (TA) to NGOs, individual consultants and development partners (including United Nations agencies), in order to support the delivery of services. These TA services will support direct program implementation. While sufficient resources are available from the project budget for TA, it is anticipated that some of the development partners may also provide TA in-kind to the Departments.

v. **Monitoring and evaluation:** The evidence-based nature of this project, whereby implementation is rolled-out in a phased approach with subsequent phases being adjusted based on lessons from previous experience, requires that the project place a premium on monitoring and evaluation capacity. While the internal capacity of the Department will be enhanced, this will be primarily their capacity to monitor programs and manage in a data-driven manner and to contract out effectively evaluations to firms. The overall impact evaluation of the project will be undertaken as a Bank-executed activity with financing from the Pakistan Partnership for Improved Nutrition trust fund.

vi. **Social accountability:** The project will support the provincial Departments of Health to establish mechanisms to enhance social accountability. The Departments currently have very limited experience in designing or managing such systems, which will include stakeholder consultation and complain redressal mechanisms.

vii. **Multi-sectoral coordination:** The provinces have developed multi-sectoral nutrition policy guidance notes. These are built on the premise that the provinces would plan multi-sectorally, implement sectorally, and review performance regularly multi-sectorally. In order for that approach to be effective, strong inter-sectoral coordination structures need to be in place. The provinces have established these structures but they will require additional capacity. This component will provide additional staff and capacity building (e.g. training) as required to these inter-sectoral coordination structures.

10. **Component 4 emphasizes addressing governance issues that relate to service delivery in health systems for nutrition outcomes.** Specifically, it emphasizes community empowerment first by familiarizing communities with the problem of malnutrition and its implications for their future well-being. The project communications strategy will also familiarize community members, including those who are at risk of being marginalized, of the nutrition services to which they are entitled and will include a multi-tiered ICT-based proactive feedback collection as well as complaints redress mechanism. Information and communications technology (ICT) will also be used to improve accountability of workers. An incentive structure is envisaged to encourage districts to prioritize malnutrition. The project will support the timely generation, analysis and use of data for decision making through streamlined monitoring and evaluation systems. Data will also be collected by independent third parties, including on community satisfaction. Data and reports of internal monitoring and third party mechanisms will be regularly published on the website for full public disclosure. The project will significantly

expand the use of external contracting of service delivery, for example, by contracting NGOs to provide community-based nutrition services in areas not covered by Lady Health Workers.

11. It is anticipated that, through the additional staff provided and the training and other support, the provincial Departments of Health's ability to plan, implement and monitor programs, to use evidence for decision making and to advocate and provide technical assistance outside the health sector for nutrition interventions will be enhanced.

12. **Component 4 of the project will finance the following expenditures:** Recruitment of staff, training, contracting of technical assistance, design and implementation of systems for accountability for results and for social accountability, establishment of capacity for inter-sectoral coordination, establishment of systems for monitoring and evaluation.

Annex 3: Implementation Arrangements

PAKISTAN: Enhanced Nutrition for Mothers and Children Project

Project Institutional and Implementation Arrangements

1. **Implementation agency:** This project will be managed by the Provincial Nutrition Cells (PNCs) in the Departments of Health, with oversight and leadership for effective implementation at provincial and district levels. The existing PNCs will be expanded and will serve as the focal point for the project. They will contribute to all the components, but will focus on their roles, which are: i) set nutrition-related policy, ii) establish standards and technical guidelines including how to target socially and economically disadvantaged rural and urban populations, iii) provide technical assistance, iv) carry out monitoring and evaluation, v) oversee operational research, vi) advocacy, vii) coordinate with the communication channels for changes in nutrition behavior and socio-cultural practices, viii) ensure transparency and equity in the program, ix) enhance social accountability of service providers, x) coordinate with other sectors, development partners and technical agencies.

2. Service delivery will be the responsibility of the districts (Annex 10) where implementation of activities will be undertaken through partnerships with the public and private sectors through contractual arrangements negotiated at the provincial level. The major partnerships will be with the National Program for Family Planning and Primary Health Care (LHW Program), the People's Primary Healthcare Initiative (PPHI) and Non- Governmental Organization (NGOs)/community based organizations (CBOs).

3. **Overall Oversight Arrangements:** The overall coordination of nutrition-related activities lies with the provincial Departments of Health which will operationalize oversight committees with slight provincial variation. The committees will provide a platform for coordination, strategic vision, oversight, technical guidance and monitoring.

i. **Project/Provincial Steering Committee**: chaired by the Additional Chief Secretary of the province will meet bi-annually to provide strategic direction to the project and to resolve any issues that require inter-sectoral coordination. In case of Sindh it is Provincial Steering Committee and for Balochistan it is Project Steering Committee.

ii. **Provincial Coordination/Technical Committee:** chaired by the Director General of Health Services (DFHS) will meet quarterly to review the project's performance and provide a forum for policy review, formulation and coordination between stakeholders. In case of Sindh it is Provincial Technical Committee and for Balochistan it is Provincial Coordination Committee.

iii. **District Coordination Committee**: chaired by the Executive Development Officer (Health) (EDO, Health), and will have district representation of other relevant line departments. In addition to ensuring coordination amongst different departments and partners, the Committee will review and approve the district annual plans for nutrition and recommend solutions to any district-level bottlenecks.

4. **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 linkages with the Department of Health and development partners. S/he will report directly to the Director General of Health Services during the project implementation period. The Provincial Program Manager for Nutrition will also act as Secretary to the oversight committees and will oversee the workings of an Administration and a Technical Management Section which will have further sub-sections.

5. The Provincial Nutrition Cells will recruit program specific technical staff on market salary rates through open competition on equal opportunity basis. Staff working in a district will be eligible to receive an annual performance bonus if the district achieves specified performance criteria as judged through annual assessments by a third party.

6. **District Level Implementation:** The District Department of Health will be responsible for provision of nutrition services and implementation in the district, routine monitoring, supervision and coordination with implementing partners (PPHI and NGOs). The District Health Officer (DHO) will implement the program through its team of District Coordinators of relevant programs (MNCH, LHW and EPI) and will be supported by a District Nutrition Officer who will be responsible for the implementation, coordination, monitoring and reporting of nutrition activities. The DHO will implement nutrition services through its secondary (DHQ/THQ) and first level care facilities (RHCs), for community based nutrition activities and services through its community based workers programs (LHW/MNCH and EPI programs).

7. The services to be provided at the Basic Health Units (BHUs) will be implemented through the People's Primary Healthcare Initiative (PPHI) through a formal agreement to be signed at the provincial level. In addition, the District Health Office will coordinate, supervise and oversee NGO delivery of community-based nutrition services in union councils not covered by the LHWs. The NGOs will be competitively contracted to provide community-based nutrition services to populations not covered by the LHW program.

8. In order to facilitate coordination of activities: (i) Provincial Nutrition Cell and District Department of Health will develop annual work plans; (ii) quarterly monitoring reports will be prepared by District Health Office reflecting progress of the programs (cumulative of performance of all implementing units); and (iii) meetings will be held at least twice a year between the Provincial Nutrition Cell and District DOH on programmatic and management issues, etc.

9. Promotion of nutrition activities at the community level will be carried out primarily through the LHWs and their women's groups. Through these LHWs, "Nutrition Support Groups", including women from poor and disadvantaged households, will be made functional consisting of pregnant and of lactating women, mothers with previous exclusive breastfeeding experience, mother-in-laws, grandmothers, etc. These community support groups will be linked to traditional birth attendants (TBAs), community midwives (CMWs), and school teachers for promotion of nutrition activities such as IYCF. To support the LHWs' function through their community groups more effectively, and especially to reach male community members more effectively, support will be provided through the network of NGOs. In addition, the men group

support will be sought in promoting hygiene, sanitation, clean drinking water and small family size. Similarly, the social groups formed through the PPHI will be utilized for promotion of IYCF messages. The relative roles and geographic focus of each of these entities will be determined through a district mapping and planning exercise carried out at the start of the project.

10. **Contract Management:** For areas not covered by LHWs, NGOs with strong local networking will be selected through a competitive selection process. NGOs may also be selected in some districts to work with the LHWs in the delivery of nutrition services. The selected NGOs will be made accountable for service delivery through a results-based contractual arrangement and their performance assessed through a mutually agreed mechanism. All the contracts will define clearly the activities to be undertaken with a focus on poor and disadvantaged households, the deliverables of the NGOs and the targets to be achieved and the means to assess the results of the program implementation by the NGOs.

11. An initial capacity mapping and assessment process will be carried out to determine the scope and size of the NGO contracts as well as the NGO capacity gaps. There will likely also be a need to establish a contract with an agency to provide technical assistance to NGOs in order to fill capacity gaps. Opportunities will also be sought during the project implementation period for the NGOs and other project implementers to participate in South-South learning processes and events. Given the up-front work required to ensure effective contracting of the NGOs and the implementation agencies' weak capacity in this area, special attention is given to contracting in the project implementation support plan. Furthermore, it is planned to "phase-in" the contracting of NGOs such that the contracts start only in year two of the project.

12. **Supervision, Monitoring and Evaluation Arrangements:** Close supervision of the Community Health Workers will be crucial to the success of the project. Supervision by higher levels will be of a supportive nature where the supervisor will provide hands-on training to the Community Health Workers. The immediate supervision of the LHWs will be done by the Lady Health Supervisor as per her defined job description. The Community Health Workers of the NGOs will be closely supervised by the supervisory tier of the NGO in the same manner as the Lady Health Supervisors. The District Nutrition Officer will also be responsible for monitoring the activities in the community and providing supportive supervisory visits on a random basis according to a monthly visit plan, approved by the Project Manager and EDO (Health). These visits will be both for the LHWs and the NGO-supported CHWs. Similarly, PPHI will ensure supervisory visits of their District Manager to monitor the community work undertaken through their community support groups. The EDO (Health) office will be responsible at the district level for monitoring the supervisory mechanisms of the nutrition-related staff.

13. The Provincial Nutrition Cells will use the findings of the monthly and six monthly reports to provide feedback and guidance to the districts. At the district level, the Nutrition Officer will analyze the reports and provide feedback to health facilities. Similarly, the Lady Health Supervisor will provide feedback to Lady Health Workers. The monitoring data will also be used to actively manage the contracts with NGOs and with PPHI. The project will also use social accountability tools such as community score cards to obtain feedback from communities on their perceptions of the nutrition services provided. This information as well as the feedback

obtained from the complaints redress mechanism will provide feedback to the health system to sustain and improve performance by helping to target additional supportive supervision to areas with weaker performance.

Financial Management, Disbursements and Procurement

Financial Management

14. **FM risk assessment:** The country risk level concerning FM is Significant. The initial project level risk, before mitigation, is assessed as Substantial. The project FM risk level is expected to reduce to moderate after the mitigation actions have been undertaken.

Table 3: Financial Management Risk Analysis

Risk	Initial FM Risk	Risk Mitigation	FM Risk After Mitigation
Inherent Risk			
Country level	Substantial		Substantial
Control Risk			
Budgeting	Moderate		Moderate
Accounting	Substantial	Induction of key financial management staff	Moderate
Internal control	Substantial	Inclusion of project in scope of internal audit Strengthening of internal audit arrangements in Sindh	
Funds flow	Moderate		Moderate
Financial reporting	Substantial	Training to financial management staff	Moderate
Auditing	Moderate		Moderate
Detection Risk	Substantial	Ensuring that internal audit takes place at least once every year	Moderate
Residual FM Risk Rating	Substantial		Moderate

15. **Staffing:** Both Balochistan and Sindh have included in their provincial programs a Finance Officer, a Cashier and a Store Keeper for the project. These staff members should be able to handle project's financial management. The financial management staff will be provided training in the government's accounting system at the Audit and Accounts Training Institute.

16. **Budgeting:** The two implementing agencies are using the Government's existing budgeting system. The same will be used for the project. Actual expenditure is compared with the budget on a monthly basis and reasons for major variances are explained. The Provincial Nutrition Cells will be responsible for preparing the project budget and for monitoring.

17. **Flow of funds:** The project will be financed from three sources i.e. the International Development Association (IDA), the Pakistan Partnership for Improved Nutrition (PPIN), a Bank administered Trust Fund, and counterpart funding. Segregated Designated Accounts will be opened for each of the implementing agencies in to which funds will be received from IDA and PPIN. Assignment Accounts would be opened for counterpart funding. These accounts will be jointly operated by two senior officials of the Provincial Nutrition Cells. Bank funds will be disbursed using a report-based system – formats for the interim financial reports (IFRs) have been drafted. Direct payments can also be made on request of the project. Funds forecasted as required for the next six months will be disbursed, and be accounted for on a quarterly basis. Funds will not be transferred to the district level. Detailed implementation arrangements and monitoring and evaluation system are contained in this document.

18. **Inventory records will be kept for packaged foods and supplements at the provincial and district levels.** Monthly statements for receipts and issues will be prepared and reconciled between the provincial and district Departments. Periodic verification will be carried out of stocks at hand. Annual verification will be carried out as per existing Government rules. The Provincial Nutrition Cells are maintaining an inventory of fixed assets that is physically verified on an annual basis. However, the assets need to be tagged for identification.

19. **Present Inventory Management:** Provincial Nutrition Cells submit to Department of Health a consolidated request for items needed. Once procured, the provincial Department of Health advises the districts of details of their share in the shipment. Goods are cleared from Customs by the Director Food (Department of Health) and stored in a warehouse wherefrom these are transferred to the Divisional Warehouse on the advice of Director General Health. The Nutrition Cell authorizes its storekeeper to collect the goods for onward dispatch to Executive District Officers. A statement of goods received and issued is provided by the districts to the province. Physical verification is done periodically by the Program Manager or his nominated official and donors.

20. Functions of procurement and custody of stores are segregated at the provincial and district levels. Receipts are checked by the custodian to ensure that the goods received match the requisitioned ones and that these are of acceptable quality and quantity. Receipts and issues are properly authorized and recorded in stock registers. Periodic checks are carried out to check if the quantities on hand are as per stock registers. Variances, if any, are investigated. Expired stock is disposed of after proper approval.

21. It would be ensured that frequent checks of inventory are carried out by the internal auditors and reported to the Secretary Health.

22. **Accounting:** The government's financial management system is currently used by the two implementing agencies and will be used for the project. Manual books of account will be maintained to record funds, expenditures and assets procured from project funds. Separate heads of account will be opened for each component/sub-component. Assets will be tagged for identification and will be physically verified on an annual basis.

23. **Accounting records:** Currently, the following accounting records are being maintained by the Provincial Nutrition Cells:

- Cash Book
- Contingent Bill register
- Cheque Register
- Budget Allocation Register – to record expenditure and exercise budgetary control
- Monthly Budget and Actual Expenditure Report
- Monthly Reconciliation with Accountant General's office
- Stock Registers

Invoice register would be maintained to track time taken for processing payments.

24. **Expenditure is reconciled** with the Accountant General's office on a monthly basis. The above record is reviewed by the Program Manager on a monthly basis.

25. **Payroll** is computerized, prepared by Accountant General's office and salary transferred directly into employees' bank accounts. Other expenditures are also paid by the Accountant General's office on submission of bills by the Cell. Vendors are paid through crossed cheese.

26. **Internal control:** Financial powers have been delegated to officials for efficient processing of payments. The project will be subject to internal audit at least once every year Independence of the internal audit function will be assured and actions recommended will be tracked.

27. Internal audit arrangements exist in Balochistan but the head of internal audit reports to the Secretary through the Director General Health. It has been agreed that the reporting line would be to the Secretary to assure independence. Audit staff (Assistant Audit Officer, Superintendent and two Auditors) is trained in government systems and procedures and is responsible for internal audit of the entire Health Department of the province. Audit is conducted on a sample basis. Balochistan has agreed to share the latest internal audit report with the Bank.

28. There are no internal audit arrangements in Sindh and it was agreed that internal audit arrangements would be in place within six months of effectiveness to conduct internal audit of the project activities including inventory management. Until then, the Department will contract a firm to carry out internal audits.

29. **Financial reporting:** The implementing agencies will provide the Bank with quarterly interim financial reports (IFRs) for the Project. IFRs would be used for disbursement of funds on a quarterly basis. The format and contents of the reports (draft reports have been prepared) was agreed during negotiations. IFRs will be submitted to the Bank within forty five days of the end of each quarter.

30. **Arrangements for external audit:** The project will be required to provide acceptable audited financial statements within six months of the close of each financial year. Financial statements will be prepared using International Public Sector Accounting Standards. The Auditor General of Pakistan is acceptable as auditor for the project. The audited financial statements

would be made publicly available in a timely manner. Since the two implementing agencies have not implemented a Bank-financed project in the past, there are no overdue audit reports.

31. Previous year's (FY'10 and FY'11) audit reports in respect of Balochistan were reviewed during appraisal – issues highlighted by auditors include:

- Internal audit not conducted for FY'10 and FY'11
- Government procedures not fully followed for procurement (adequately replied) Nutrition Cell, Sindh's audit for FY'12 as not been conducted yet. The audit report for FY'11 was reviewed and no major issues were observed. The issues raised by auditors have been adequately replied.
- It would be ensured that measures are taken so that issues raised by auditors do not take place in future.

32. **FM documentation:** FM documentation will be maintained in the project files, where the appraisal-stage FM assessment can also be found. Financial management questionnaires are in project files.

33. **Implementation review/support:** Since the implementing agencies do not have prior experience of implementing a Bank-financed project, quarterly reviews will be carried out in the first year of implementation, after which half yearly reviews may be undertaken.

Disbursements

34. **Designated Accounts:** Separate Segregated Designated Account(s) will be opened for each of the implementing agencies, under IDA Credit and the Trust Fund, under PPIN, for receiving funds from the Bank. These accounts will jointly be operated by two senior project officials. Bank funds will be disbursed using a report-based system. Funds forecasted to be required for the next six months will be disbursed and be accounted for on a quarterly basis. Expenditures to be financed by counterpart financing include salary for the government employees and procurement of office supplies and cost related to operations not financed by IDA or PPIN.

Expenditures Category	Sindh (US$ Million)	Balochistan (US$ Million)	percent Financing
Goods, non-consulting services, consultants' services, Training and Operating Costs	36.24	11.71	100
Total project cost (including counterpart financing)	40.37	14.64	--

35. **Retroactive financing:** The Bank's project team proposes to accept retroactive financing arrangements for the project. Retroactive financing is permitted under the following conditions: (a) the activities financed are included in the project description; (b) the payments are for items procured in accordance with applicable Bank procurement procedures; (c) such payments, in aggregate, do not exceed 10 percent of the Credit and Grant amount (i.e. SDR2,350,000 or USD3,624,000) and the PPIN grant amount (i.e. USD1,171,000); and (d) the payments were made by the borrower on or after March 1, 2014.

36. **Withdrawal of the proceeds of the Credit/PPIN Grant:** Funds withdrawals from the IDA Credit and PPIN TF will be undertaken in accordance with the Financing and Grant Agreement respectively.

Procurement

Proposed Procurement Arrangements

37. On the basis of the assessment, procurement for the project would be carried out in accordance with the World Bank's "Guidelines: Procurement under IBRD Loans and IDA Credits" dated January 2011; and "Guidelines: Selection and Employment of Consultants by World Bank Borrowers" dated January 2011, as well as the provisions stipulated in the Financing Agreement. The general description of various items under different expenditure categories are described below. For each contract to be financed by the project, the different procurement methods or consultant selection methods, estimated costs, prior review requirements, and time frame have been agreed between the Borrower and the Bank project team in the procurement plans prepared by the implementing agencies. The procurement plans will be updated at least annually or as required to reflect the actual project implementation needs and improvements in institutional capacity. A General Procurement Notice has been published.

38. Respective Provincial Nutrition Cells (PNCs) will be responsible for completing all the project related activities. They will be adequately staffed and empowered to take all decision that may ensure an effective, efficient and transparent procurement leading to achievement of project development objectives. The details of all such procurement activities are provided in the Procurement Operations Manual. As a stopgap arrangement; till loan effectiveness, both of the PNCs have acquired the services of a Procurement Specialist through an on-going assistance available under DFID/DFAT- funded Technical Resource Facility (TRF). Upon effectiveness, a Procurement Specialist will be hired which will provide support till the project completion. Additionally, there will be various domain specialists who will facilitate the various procurement activities on need basis.

Procurement of Goods

39. Goods (micronutrients, RUTF, office equipment, furniture, vehicles, etc.) will be packaged and awarded in accordance with various methods provided in Procurement Guidelines. ICB for goods is expected for both Balochistan and Sindh for contract estimated to cost more than US$300,000 equivalent. The project will consist of some shopping contracts for each of the implementing agencies for procurements estimated to cost up to US$100,000 equivalent. There will be also goods contracts procured under NCB for estimated cost of up to US$300,000 equivalent. Direct contracting may be used for any urgently required goods or in situations where the supplier is uniquely qualified after prior approval of the Bank. Major procurement action discussed during preparation was the direct contracting to UNICEF for supply of RUTF, micronutrient powders and F-75/F100 milk. Some packages of nutrition goods for each of implementing agencies are being considered through direct contracting from UNICEF.

Additional Provisions and Procedures for National Competitive Bidding (NCB)

40. When procuring goods, non-consultant services and works, the following additional provisions will be applied for procurements by Nutrition Cell Balochistan under Sindh Public Procurement Act, 2009 (NO. PAS/Legis-B-2/2009) and the Sindh Public Procurement Rules, 2010 (NO. SORI(SGA&CD)2-30/2010), as amended through Notification No: SORI (SGA&CD) 2-30/2010) dated October 8, 2013allowing additional provisions

i. Invitations to bid will be advertised in at least one (1) national newspaper with a wide circulation, at least thirty (30) days prior to the deadline for the submission of bids.
ii. Bid documents will be made available, by mail or in person, to all who are willing to pay the required fee.
iii. Foreign bidders will not be precluded from bidding and no preference of any kind will be given to national bidders in the bidding process.
iv. Bidding will not be restricted to pre-registered firms.
v. Qualification criteria will be stated in the bidding documents.
vi. Bids will be opened in public, immediately after the deadline for submission of bids.
vii. Single bids will also be considered for evaluation.
viii. Bids will not be rejected merely on the basis of a comparison with an official estimate without the prior concurrence of the World Bank.
ix. Before rejecting all bids and soliciting new bids, the World Bank's prior concurrence will be obtained.
x. Contracts will not be awarded on the basis of nationally negotiated rates.
xi. Contracts will be awarded to the lowest evaluated and qualified bidder.
xii. Post-bidding price negotiations will not be allowed with the lowest evaluated or any other bidders.
xiii. Bids will be solicited and works contracts will be awarded on the basis of unit prices and not on the basis of a composite schedule of rates.
xiv. Draft NCB contract would be reviewed by the World Bank in accordance with the prior review procedures.
xv. A firm declared ineligible by the World Bank, based on a determination by the World Bank that the firm has engaged in corrupt, fraudulent, collusive, coercive or obstructive practices in competing for or in executing a World Bank-financed contract, will be ineligible to be awarded a World Bank-financed contract during the period of time determined by the World Bank.
xvi. Each contract financed from the proceeds of the Grant will provide that the suppliers, contractors and subcontractors will permit the World Bank, at its request to inspect their account and records audited by auditors appointed by the World Bank. The deliberate and material violation by the supplier, contractor or subcontractor of such provision may amount to obstructive practice.
xvii. The World Bank will declare a firm ineligible, either indefinitely or for a stated period, to be awarded a contract financed by the World Bank, if it at any time determines that the firm has, directly or through an agent, engaged in corrupt, fraudulent, collusive, coercive, or obstructive practices in competing for or executing a contract financed by the World Bank.

Procurement of non-consulting services

41. Non consulting services are not yet fully defined however the outputs of mass media campaigns for behavior change under Component 3 may require engagement of firm(s) under

this category. Additionally there could be some enumeration assignments or simplified surveys to be procured under this category. ICB method will be followed for contract estimated to cost more than US$300,000 equivalent and NCB method for contracts estimated up to US$300,000 equivalent. For procurements estimated to cost up to US$100,000 equivalent shopping method will be followed.

Selection of Consultants

42. There will be number of consultancy assignments for each of implementing agencies under this project. Most of them will be through CQS or FBS, while others will be individual consultancies. Single Source Selection is also an option. There will be service delivery packages of NGO contracts (one in each district of respective) that will be completed through competitive process. There will be one service delivery contract for each of the province with Peoples Primary Healthcare Initiative (PPHI) for which Bank is expecting a request from PNCs, which will be reviewed.

43. The Bank's procurement guidelines will be followed for selection of consultants. Contracts with consulting firms will be procured in accordance with Quality and Cost Based Selection procedures or other methods given in Section III of the Consultants' Guidelines. Consulting services selection would be carried out through Quality and Cost Based Selection (QCBS) for contracts with consulting firms costing more than US$ 300,000 equivalent, and through Selection Based on Consultants Qualification (CQS) for contracts costing up to US$ 300,000 equivalent. Other methods as mentioned in Section III of Consultants' Guidelines will be used as required.

Individual Consultants

44. Procurement of individual consultants is envisaged to cater for any full-time or part-time specialized technical assistance required for the project. Services for assignments that meet the requirements set forth in paragraph 5.1 of the Consultant Guidelines may be procured under contracts awarded to individual consultants in accordance with the provisions of paragraphs 5.2 through 5.3 of the Consultant Guidelines, which stipulate that the selection should be made through comparison of at least 3 CVs that meet the requirements of the Terms of Reference including those for qualifications and experience. Under the circumstances described in paragraph 5.4 of the Consultant Guidelines, such contracts may also be awarded to individual consultants on a single source selection basis.

Assessment of Proposed Institutional Arrangements:

45. As per the implementation arrangements the procurement function will be housed in respective Provincial Nutrition Cells (PNCs). The Provincial Nutrition Cells will be headed by Provincial Program Managers for Nutrition (Head of the Provincial Nutrition Cell) who will act as Project Manager. Presently the PNCs of both provincial governments do not have professional procurement staff or systemized processes. In the past PNCs received funding from various UN and bilateral organizations, non-governmental organizations et al. These parallel funded program; with human and technical support lasting only till the completion of project, were implemented. Thus, PNCs could not be established on sustainable basis. In the backdrop of the

18th Amendment, sub-national governments will be establishing nutrition centers ab initio, for which all institutional and decisional workflows are to be established from the beginning and would require proactive guidance and support.

Mitigation Measures on Basis of Capacity Assessment of the Nutrition Cells

46. Both PNCs have acquired the services of a Procurement Specialist through an on-going assistance available under DFID-DFAT funded Technical Resource Facility (TRF).

(a) Procedural Clarity

47. The agreement with respective provincial governments for adequate empowerment of Provincial Nutrition Cells to take procurement and contract administration decisions is documented in the Procurement Operations Manual (POM). This POM sets out detailed procedures, processes and systems to be followed by the management and staff of PNCs and other line departments in the implementation of project in accordance with Bank's policies.

(b) Enhancing Procurement Evaluation Capacity & Systems of Implementing Agencies (IAs)

48. The capacity of implementing agencies to undertake efficient evaluation will be enhanced through targeted interventions included in the Procurement Operational Manual. Procurement evaluation capacity will be enhanced and this key delivery area will be organized more formally. This is in addition to capacity enhancement in preparing Terms of Reference.

49. PNCs will benefit from involving their technical capacities in evaluation process. They may also consider adding an independent adviser to the EC who is an expert in the field of the assignment with ample experience in procurement processes. He or she should have a voice, but no vote.

(c) Market Constraints

50. Consulting firms may be reluctant to participate in the Balochistan project area given the law and order situation. The assignments will be designed and packaged in a manner that local as well as external participation is encouraged and the contract sizes are large enough to solicit good response. There will be adequate dissemination of the opportunities. In some of the health sector contracts to be procured under NCB method broader dissemination of opportunities through wider circulation will enhance participation. Adequate packaging and wide dissemination of procurement opportunities and robust grievance redress mechanism will be employed to mitigate such risks.

(d) Transparency

51. The official websites of the project in provinces will be developed for adequate dissemination. All procurement notices, bid documents / requests for proposals, evaluation reports, and award data will be posted on the website. The Bank's guidelines on publication of award paragraph 2.31 of consultancy guidelines and 2.60 of the procurement guidelines will be followed for disclosure. These websites will be launched soon after loan effectiveness.

(e) Complaints

52. The Provincial Nutrition Cells will manage the first tier of complaint handling system. This system will include documentation and addressing of complaints within a period of 7 days. An official nominated by the Additional Chief Secretary of the province will be the head of a forum for appeals for the complainants at second tier when the redress by the Provincial Nutrition Cells is not deemed sufficient. The Provincial Nutrition Cells will keep the Bank informed by forwarding to it any complaints within 3 days of the receipt. For ICB/international selection of consultants the Bank-prescribed complaint redress mechanism will apply.

53. Following is the chronological tabulation of the responsibility matrix of key procurement actions:

Table 4: Procurement Actions

Issues		**Action**	**Timeline**	**Responsibility**
(a)	Upfront Actions	Hiring/identification of respective Procurement Focal points	Completed	Provincial Nutrition Cells (PNC) / Bank
(b)	Procedural clarity	Development of Procurement Operations Manual	Completed	PNC
(c)	Bid Evaluation Capacity & Systems	Drafting Standard Operating Procedures Training	Completed Ongoing basis	PNCs Bank
(d)	Market Constraints	Adequate packaging Wide circulation	Completed Ongoing	PNC PNC
(e)	Transparency	Functional web site Disclosure on website	After effectiveness As required	PNC
(f)	Complaints	Independent complaint redressal mechanism	After effectiveness	PNC

Procurement Plan

54. The implementation agencies have developed procurement plans for project implementation which provide the basis for the procurement methods. These plans are available in the project's database and the Bank's external website. The procurement plan will be updated in agreement with the project team annually or as required to reflect the actual project implementation needs and improvements in institutional capacity.

Frequency of Procurement Supervision

55. The Bank's review missions will be carried out every six months, and more frequently in the early stages of the project, with a procurement specialist participating.

Review of Procurement by the Bank

56. In addition to the prior review supervision to be carried out from Bank offices, frequent supervision missions would be carried out to visit the field for the purpose of post review of procurement actions by the implementation agencies.

57. Thresholds for prior review of contracts under eligible expenditures are given in the table below. All other contracts will be subject to Post-Review by the Bank. The PNCs will send to the Bank a list of all contracts for post-review on a quarterly basis. Post-reviews as well as the implementation reviews would be done six monthly. Such review of contracts below threshold will constitute a sample of 20 percent of the contracts.

Table 5: Procurement Methods

Expenditure Category	Contract Value (Threshold) US $	Procurement Method	Contracts Subject to Prior Review US$ thousands
Goods & Non-consulting Services	>300,000	ICB	All
	<300,000	NCB	First Contract and all subsequent contracts estimated to cost > 200,000
	<100,000	Shopping	First Contract
	Regardless of value	Direct Contracting	All
Consulting Services (Firms)			All TORs and Training Programs to be prior reviewed by Bank's Task Team Leader regardless of value and review threshold
	>300,000	QCBS/QBS /FBS?LCS	All
	<300,000	CQS,	First contract
	Regardless of value	Single Source Selection	All
Individual Consultants	> 50,000	Comparison of 3 CVs	All
	< 50,000	Comparison of 3 CVs	First contract
	Regardless of value	Single Source Selection, Contracts for: procurement of Project Coordinator, Procurement/FM Specialists, Procurement Agent and Legal Expert (as applicable)	All.

Summary of Identified Major Procurements

Sindh	Description of Procurement	Estimated Cost (US$) in Million	Selection Method
A	**Goods**		
1	Nutrition Supplements to be procured through UN Agencies	8.01	DC[11]
2	Procurement of Zinc Supplements	4.6	ICB
B	**Consulting Services**		
1	Preparation and Implementation of Behavior Change Communication Strategy	3.4	QCBS
2	Institutional Arrangements with PPHI	5.66	SSS[12]
3	Institutional Arrangements for delivery of services at community level with NGO	12.51	QCBS
4	Third Party Evaluation (Annual, Mid & End Terms)	0.32	CQS
5	Baseline Survey for missing indicators	0.083	CQS

Balochistan	Description of Procurement	Estimated Cost (US $) in Million	Selection Method
A	**Goods**		
1	Nutrition Supplements to be procured through UN Agencies	2.47	DC[13]
B	**Consulting Services**		
2	Preparation and Implementation of Behavior Change Communication Strategy	0.899	QCBS
3	Institutional Arrangements with PPHI	0.974	SSS[14]
4	Institutional Arrangements for delivery of services at community level with NGO	1.68	QCBS
5	Third Party Evaluation (Annual, Mid and End Terms)	0.32	CQS
6	Review of NIS/LHW-MIS/DHIS and Integration of Information Systems	0.06	CQS

Environmental and Social (including safeguards).

58. The project is classified as Category C, in that it has no adverse environmental impacts and does not require an Environmental assessment.

59. *Monitoring & Evaluation.* Data from the project monitoring activities will be generated and analyzed on a monthly basis by the District Health Office. Monthly reports will be analyzed and consolidated by the Provincial Nutrition Cells in the Departments of Health. These reports

[11] The direct contracting request is being sent by the Client, and shall be considered.
[12] The SSS request is being sent by the client and shall be considered.
[13] The direct contracting request is being sent by the Client, and shall be considered.
[14] The SSS request is being sent by the client and shall be considered.

will be used to provide feedback and to enhance social accountability. Cross-sectional surveys will provide additional information that cannot be collected through routine information systems (e.g. on changes in knowledge and practices) and will serve to verify routine system data (e.g. on coverage of interventions).

60. Third parties will be contracted to verify the results reported through the routine system. The information obtained from the third party monitoring will serve to confirm the routine system data and will be used to issue performance-based payments.

61. Current capacity to collect data is good, but additional capacity needs to be built to ensure effective analysis of the data so that the findings are applied rapidly to motivate good performance and target supportive supervision to areas of weaker performance. There is a need to consolidate the existing monitoring systems into a well-coordinated and integrated information management system for nutrition, which dovetails into the provincial Department of Health information systems. This consolidation and the related capacity development will be undertaken in the first year of the project.

62. An impact evaluation of this project will be carried out with financing from the Pakistan Partnership for Improved Nutrition multi-donor trust fund. This evaluation will be undertaken as a separate task by another Bank team (not the Bank project team) working in coordination with the Provincial Nutrition Cells. In addition the Provincial Nutrition Cells will be responsible for undertaking operational research studies to generate additional evidence to inform subsequent phases of scale-up.

63. *Role of Partners.* The expanded size of this project, relative to previous and current partner-supported activities, is expected to provide a platform for enhanced partner coordination in each province. A number of partners are currently supporting nutrition activities in Pakistan. Annex 7 provides a summary of these activities.

64. DFID and the World Bank have also included nutrition interventions in a provincial health system program in Punjab. The Bank has created the Pakistan Partnership for Improved Nutrition (PPIN) Trust Fund to which DFAT has committed to providing AUS$39 million and other bilateral donors are expected to also contribute.

65. At the federal level, partners ensure good coordination through the Pakistan Nutrition Development Partners Group which was formed in September 2011 under the leadership of the Bank. Through monthly meetings and other events, the coordination between the partners on policy and advocacy issues has improved. The Group has agreed that their support to the provinces in the future in as much as possible would transition for the currently fragmented and mostly small scale projects to alignment of technical assistance and support for innovations in line with this project. For example, partners could support the design of training, or the process of development of regulatory systems for micronutrient fortified foods. The project will be co-financed by DFAT through the Pakistan Partnership for Improved Nutrition trust fund in Balochistan.

Annex 4: Operational Risk Assessment Framework (ORAF)

PAKISTAN: Enhanced Nutrition for Mothers and Children Project

Project Stakeholder Risks						
Stakeholder Risk	**Rating**	**Substantial**				
Risk Description: Possible failure to develop broad-based support for the project among stakeholders: Inadequate information and communication could put the project at risk as nutrition is not adequately understood among stakeholders at this point. For instance, there is a risk that more conservative communities (e.g. in some rural areas) may misperceive the more "modern" nutrition interventions (e.g. in the past salt iodization was perceived as a means for fertility control).	**Risk Management:** Along with communication efforts focused at beneficiaries, the project will help to design an effective communications strategy at different levels, which will engage opinion leaders and other behavior influencers (e.g. mothers in law, fathers) in these conservative communities to increase the likelihood that interventions are well understood and supported.					
	Resp: Client	**Status:** Not Yet Due	**Stage:** Implementation	**Recurrent:** ☐	**Due Date:**	**Frequency:**

Implementing Agency (IA) Risks (including Fiduciary Risks)						
Capacity	**Rating**	**High**				
Risk Description: Limited capacity: There is inadequate allocation, availability, and capacity of staff working on nutrition at the provincial and district levels. Natural or man-made disasters can be weakened those capacities further. Limited fiduciary capacity at provincial level: There is limited allocation, availability, and capacity/experience in both FM and procurement at provincial level - such as limited experience in undertaking large procurement of services and goods and use of Bank systems.	**Risk Management:** The project will focus on building the capacity in nutrition (under a distinct project sub-component) to provide leadership for nutrition programs with a focus on strengthening nutrition units at provincial level and staff capacity at district level.					
	Resp: Client	**Status:** In Progress	**Stage:** Implementation	**Recurrent:** ☐	**Due Date:**	**Frequency:**
	Risk Management: The project will strengthen fiduciary capacity and coordination to ensure effective implementation across different levels with NGOs, partners and other agencies. The capacity will be strengthened during project preparation as well as part of required fiduciary capacity assessments during preparation and technical assistance during implementation. A close coordination with emergency response capacities and support will minimize the negative impact on ongoing implementation.					
	Resp: Client	**Status:** In Progress	**Stage:** Implementation	**Recurrent:** ☐	**Due Date:**	**Frequency:**

<table>
<tr><td>Governance</td><td>Rating</td><td colspan="6">Substantial</td></tr>
<tr><td rowspan="7">Risk Description:

The current institutional, organizational, and management structures are weak and inadequate at both provincial and district level to give guidance and oversight to project implementation.

Weak enabling environment for community participation and inadequate demand for nutrition services create bottleneck for accountability among service providers. In addition, there is no mechanism in place to systematically deal with complaints from service users.</td><td colspan="7">Risk Management:

Under the project, overall coordination of nutrition related activities lies with the provincial Health Department which will operationalize oversight committees, namely, project steering committee and provincial/district coordination committees. The committees will provide a platform for coordination, strategic vision, oversight, technical guidance and monitoring.</td></tr>
<tr><td>Resp:</td><td>Status:</td><td>Stage:</td><td>Recurrent:</td><td>Due Date:</td><td>Frequency:</td></tr>
<tr><td>Both</td><td>In Progress</td><td>Implementation</td><td>☐</td><td></td><td></td></tr>
<tr><td colspan="7">Risk Management:

Under the project, social accountability tools will be piloted in selected districts in the first year of the project to increase accountability of service providers and enhance transparency. Based on lessons learned, the successful tools will be scaled up in all project districts. Data collection by community member themselves is also under consideration for effective monitoring for providers' accountability and increased ownership. Furthermore, a localized and easy to access grievance redressal mechanism with time bound actions will be developed by the provinces for the project, in order to ensure that queries/grievances of stakeholders are addressed in a timely and satisfactory manner.</td></tr>
<tr><td>Resp:</td><td>Status:</td><td>Stage:</td><td>Recurrent:</td><td>Due Date:</td><td>Frequency:</td></tr>
<tr><td>Both</td><td>In Progress</td><td>Implementation</td><td>☐</td><td></td><td></td></tr>
<tr><td colspan="7">Risk Management:

The project will strengthen FM and procurement capacity which will provide stronger internal financial management and controls. A Procurement Operations Manual has been prepared to streamline procedures for preventing any irregularities. Moreover, the Bank team will strengthen its supervision to support the provincial fiduciary team.</td></tr>
<tr><td>Resp:</td><td>Status:</td><td>Stage:</td><td>Recurrent:</td><td>Due Date:</td><td>Frequency:</td></tr>
<tr><td>Both</td><td>In Progress</td><td>Implementation</td><td>☐</td><td></td><td></td></tr>
<tr><td colspan="8">Project Risks</td></tr>
<tr><td>Design</td><td>Rating</td><td colspan="6">Substantial</td></tr>
</table>

<table>
<tr><td rowspan="5">Risk Description:

Reliance on the Lady Health Worker Program (LHWP) for outreach activities: LHWs are currently mandated to delivery nutrition related activities; however, nutrition has not been prioritized by the LHWs. Besides, the financial support by the federal government to the provinces for vertical programs, including LHWP, is expected to cease in 2015. Each concerned province may take a different approach as to how to run the LHWP after that, which may have impacts on the proposed activities.

Working with NGOs: There is a risk, given the history of contracting in the health sector in Pakistan, that NGO contracting management may be problematic at the provincial level. In addition, there may be only a small number of NGOs available.

Possible failure to target the most needed: There is a risk that equity objective (e.g., reaching beneficiaries from lowest quintiles) would not be met due to the service delivery mechanisms may not be available for the under-served population.</td><td colspan="6">Risk Management:

Lack of knowledge and skill is considered to be the main reason for LHWs not talking up nutrition activities. Therefore, the project will provide hands-on training to them to enhance their knowledge in nutrition. Supervision by LHVs will also make a strong focus on their nutrition activities. In regard to the continuation of the LHWP, the Bank as well as DPs will keep emphasizing the critical role of LHWs in Pakistan, where women’s mobility is limited; however, in case of the shrinkage of LHW coverage, the project will utilize the existing NGO contracting to effectively cover these areas.</td></tr>
<tr><td>Resp:
Client</td><td>Status:
In Progress</td><td>Stage:
Implementation</td><td>Recurrent:
☐</td><td>Due Date:</td><td>Frequency:</td></tr>
<tr><td colspan="6">Risk Management:

The Bank team has already started working with DoH in two provinces to go through the details of contract management (e.g. advance recruitment and agreeing on TORs) to avoid delays. The project aims to strengthen local NGO capacity but international NGOs should help build capacity within local NGOs. An NGO capacity assessment and mapping exercise will be commissioned in the two provinces for effective NGO contracting.</td></tr>
<tr><td>Resp:
Both</td><td>Status:
In Progress</td><td>Stage:
Implementation</td><td>Recurrent:
☐</td><td>Due Date:</td><td>Frequency:</td></tr>
<tr><td colspan="6">Risk Management:

District selection for the phasing of the scaling-up of the project was on the basis of feasibility and need. Some of the districts with highest needs will be targeted for early phases of the project. The social assessment has provided guidance on approaches for targeting. Working with the Lady Health Workers Program should mitigate the risk of inappropriate targeting of the beneficiaries. Areas which LHWs do not cover will be alternatively served by NGOs. Moreover, the communication messages will emphasize gender and equity issues and the importance of ensuring that under-served populations must have equal access to nutrition services.</td></tr>
<tr><td>Resp:
Both</td><td>Status:
In Progress</td><td>Stage:
Implementation</td><td>Recurrent:
☐</td><td>Due Date:</td><td>Frequency:</td></tr>
<tr><td>Social and Environmental</td><td>Rating</td><td colspan="5">Moderate</td></tr>
</table>

<table>
<tr><td>Risk Description:

Possible exclusion of those most at risk of malnutrition: A possible social risk may be a failure to reach the most at risk of malnutrition due to social status, ethnicity (e.g. Balochistan), security (Balochistan and Sindh), gender, and/or remoteness.

The project is not expected to have any civil works, and hence there are no adverse environmental issues expected.</td><td colspan="6">Risk Management:

The project's Social Assessment during preparation will identify the most at risk population groups and underserved areas. The project design includes contracting of nutrition service deliveries to NGOs for remote areas. The results framework will also disaggregate the main indicators by gender.

<table><tr><th>Resp:</th><th>Status:</th><th>Stage:</th><th>Recurrent:</th><th>Due Date:</th><th>Frequency:</th></tr><tr><td>Client</td><td>In Progress</td><td>Implementation</td><td>☐</td><td></td><td></td></tr></table></td></tr>
<tr><td>Program and Donor</td><td>Rating</td><td colspan="5">Moderate</td></tr>
<tr><td>Risk Description:

Challenges in development partner coordination: While the DPs are working reasonably well together, their assistance has not yet led to national coverage of effective interventions. In addition, the support has not been able to address inequity adequately.</td><td colspan="6">Risk Management:

The Bank will encourage the government to sustain the D-10 focus on nutrition and will continue to chair the Pakistan Nutrition Development Partners Group to enhance coordination of development partner assistance to support the development and delivery of provincial nutrition programs. The proposed project will play a critical role in filling the gap to complement financial and technical support from DPs.

<table><tr><th>Resp:</th><th>Status:</th><th>Stage:</th><th>Recurrent:</th><th>Due Date:</th><th>Frequency:</th></tr><tr><td>Both</td><td>In Progress</td><td>Implementation</td><td>☐</td><td></td><td></td></tr></table></td></tr>
<tr><td>Delivery Monitoring and Sustainability</td><td>Rating</td><td colspan="5">Substantial</td></tr>
<tr><td>Risk Description:

Inadequate M&E system at provincial level: Monitoring of and assessing nutrition outcomes may be a challenge given weaknesses in the current systems. The National Nutrition Survey has been finally updated in 2011, ten years after the previous survey. Some areas of the provinces under this project are security compromised and located in emergency prone areas, rendering monitoring more challenging.

Sustainability: The interventions may not be sustained after the project financing ends.</td><td colspan="6">Risk Management:

The project will support strengthening routine M&E functions at provincial and district levels. The support includes undertaking periodic surveys and program evaluations. Special approaches for M&E, building on the experience of the MDTF for KP, FATA and Balochistan, and the experience of some team members in other countries, will be established for security compromised areas.

<table><tr><th>Resp:</th><th>Status:</th><th>Stage:</th><th>Recurrent:</th><th>Due Date:</th><th>Frequency:</th></tr><tr><td>Client</td><td>In Progress</td><td>Implementation</td><td>☐</td><td></td><td></td></tr></table>Risk Management:

All interventions will be assessed upfront for sustainability by confirming cost-effectiveness, affordability within fiscal space, ease of implementation and acceptability by beneficiaries. The behavioral changes from the communication for development component are expected to be sustained. A strong focus on using data to demonstrate</td></tr>
</table>

	programmatic effectiveness is also expected to enhance sustainability.					
	Resp:	**Status:**	**Stage:**	**Recurrent:**	**Due Date:**	**Frequency:**
	Both	In Progress	Implementation	☐		

Overall Risk		
Overall Implementation Risk:	**Rating**	**Substantial**

Risk Description:

The main risks during the project implementation are: (i) country risks (security, political instability), (ii) stakeholder risks (inadequate information sharing with key stakeholders and challenges in donor assistance); (iii) implementation agency risks (weak accountability and oversight, inadequate capacity, fiduciary weaknesses, weak leadership); and (iv) project risks (complex design, weaknesses in monitoring outcomes). The team anticipates needing to provide significant implementation support and has included a Bank-executed component in the "Pakistan Partnership for Improved Nutrition" trust fund to that effect.

Annex 5: Implementation Support Plan

PAKISTAN: Enhanced Nutrition for Mothers and Children Project

Strategy and Approach for Implementation Support

1. The implementation support plan for the project has been developed based on the specific nature of the project activities, the existing capacity of the implementing agencies, lessons learned from past operations in the country and sector and the project's risk profile in accordance with the Operational Risk Assessment Framework (ORAF). This plan also reflects the results of the institutional capacity assessment conducted by the World Bank during project preparation. As noted, the capacity of the implementation agencies is weak in a number of areas including financial management and procurement. A strong focus has been given to capacity development in the project and the incremental scale-up that is envisaged in the design is meant to encourage a "learning by doing" approach to capacity development. Despite having designed the project to focus heavily on training and other forms of capacity building, it is anticipated that the project will require higher than average implementation support in the following areas:

- **Technical:** Support will be provided to design the more innovative aspects of the program (e.g. research, design of behavior change communications strategy, using ICT for monitoring and social accountability, etc.).
- **Monitoring and evaluation:** Support will be provided to streamline the monitoring and evaluation systems for nutrition in the provinces, from the current 5-6 disjointed systems into an integrated approach. Support will also be provided at the district and provincial levels for data analysis and translating the findings into effective prioritization and planning. It is planned that the Bank would take the lead in commissioning the project impact evaluation, working in close collaboration with the implementing agencies.
- **Communications:** Support (including through South-South learning) will be provided for the design of the formative research that will inform the advocacy and the behavior change communication campaign. Assistance will also be provided for the design of the strategy and for the design and testing of the communications products.
- **Financial management:** In addition to the usual Bank monitoring of financial management aspects of the project, the Bank team will provide implementation support to develop the capacity of the implementing agencies. The details of that support are outlined in Annex 3.
- **Procurement:** Similar to financial management, the Bank team will provide support to build procurement capacity. In the case of procurement and financial management, the capacity building activities will be part of provincial-wide capacity building support which the Bank will provide in the provinces as the capacity gaps tend to be the same across Bank-financed projects. The support required will be particularly intensive in year 1 of the project. More details of the support to be provided for procurement are outlined in Annex 3.
- **Contracting of NGOs:** This is an area of critical importance for the success of the project yet one in which the implementing agencies have limited experience. The Bank team will provide support to the implementing agencies for the design of the NGO capacity assessment, for the mapping exercise, for the design of the procurement packages and the TORs for the contracts, including the performance measures against which the NGOs will be

held accountable. Support will also be provided as needed once the NGO contracts are being implemented.

- **Social development:** The social development team will continue to provide support in key areas such as effectiveness of targeting, design and testing of the complaints redress mechanism, development of innovative social accountability approaches (particularly in security compromised settings), effective approaches to address gender issues, etc.

2. While this is designed as one project, the volume of implementation support required is anticipated to be much higher than an average project in Pakistan, due to having two (and eventually possibly more) implementing agencies in separate provinces.

3. **Implementation Support Plan.** The implementation support will be obtained by the implementation agencies through three sources: i) direct support from the Bank team; ii) contracting; iii) in-kind support from development partners.

a) **Direct support from Bank:** The Bank team will require sufficient resources not only to carry out the minimum implementation support missions every 6 months, but also to provide additional support in between these missions. The volume of support is expected to be particularly high in the first two years of project implementation.

b) **Contracting by implementing agencies:** The Provincial Nutrition Cells are also planning to contract individuals and firms to provide them the implementation support they will require.

c) **In-kind support from development partners:** During project preparation, the Borrower and the Bank both placed a strong premium on involving the development partners in helping to define the project and specifically what their role could be in this implementation support plan. Key partners such as UNICEF, World Food Programme, World Health Organization, Save the Children, Micronutrient Initiative, Global Alliance for Improved Nutrition and others have offered to provide in-kind technical assistance for effective implementation. The Bank project team will need to set aside sufficient time to ensure strong coordination with the development partners.

4. **Financing of implementation support plan:** The team will require a BB budget to support this project commensurate with the risk profile and complexity of the project. In addition to the BB budget, Bank-executed resources will be available from the Pakistan Partnership for Improved Nutrition programmatic trust fund. Project funds will be used by the implementing agencies to hire individuals and firms as required. Development partners will also provide in-kind support from their own resources.

Annex 6: Background Information on Malnutrition in Pakistan

PAKISTAN: Enhanced Nutrition for Mothers and Children Project

Figure 1: Stunting Rates by Age in Pakistan[15]

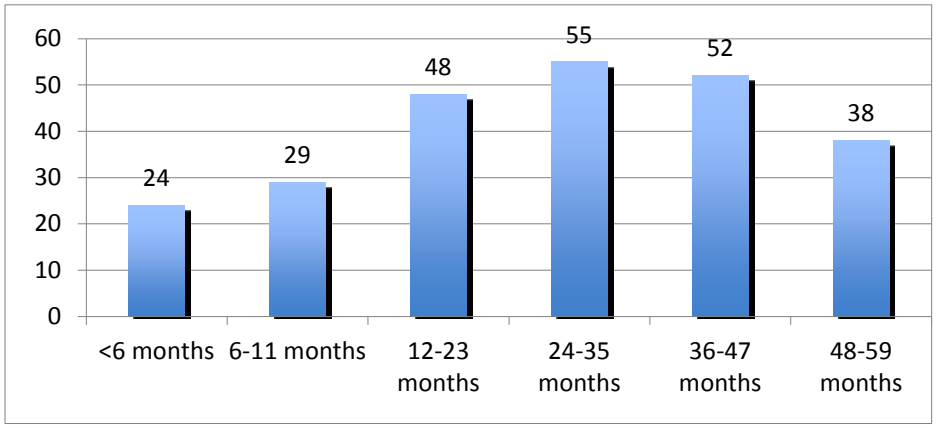
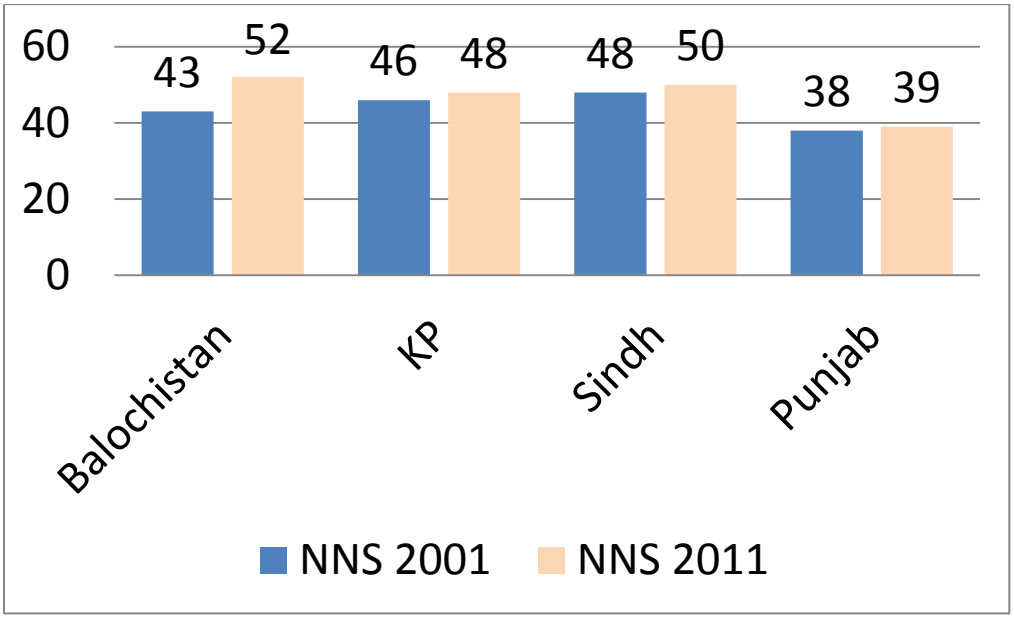


Figure 2: Provincial Trends of Chronic Malnutrition (Stunting) in Pakistan



[15] Source: Preliminary findings of the Pakistan National Nutrition Survey 2011.

Annex 7: Provincial Nutrition Policy Guidance Notes

PAKISTAN: Enhanced Nutrition for Mothers and Children Project

1. The D-10, Pakistan's highest level donor coordination group, met on 13 September 2011 to discuss a way forward to address the challenge of malnutrition in Pakistan. At that meeting, which included senior representation from the provinces, it was decided that the provinces would develop multi-sectoral nutrition strategies which would inform an updated national nutrition strategy. This process of starting with provincial strategies and "rolling up" into an updated national strategy is in line with the 18th Constitutional Amendment passed in 2011 which devolved authority for nutrition to the provinces. The strategies are being developed in two steps; i) policy guidance notes to agree on key actions in relevant sectors and ii) strategies to outline operational plans, roles, resource requirements, etc. . Policy guidance notes are completed in all four provinces and the multi-sectoral strategies are at advanced stages for all provinces and regions.

2. These notes were developed under the leadership of the provincial Planning and Development Departments with the involvement of all relevant line Departments. The participatory approach included a series of provincial workshops in July-September 2012 to familiarize policy makers from the core sectors (agriculture, health, education, social protection, water and sanitation) about the role they could play to address malnutrition and the benefits that addressing malnutrition would generate for their sector. The starting point for these workshops was province-specific secondary analysis of the National Nutrition Survey 2011 to outline the determinants of malnutrition in each province. The workshop generated action areas for each sector which were used to produce a first draft of the policy guidance notes. Each province reviewed these drafts and brought a revised version to an inter-provincial workshop organized by the Planning Commission in November 2012 in Islamabad.

3. The notes and inter-sectoral strategies are well grounded in evidence and they follow the Scaling Up Nutrition (SUN) framework which calls for immediate scaling-up of well proven "nutrition-specific" interventions while at the same time initiating actions on 'nutrition-sensitive" interventions in relevant sectors. This project directly supports the provincial nutrition policy guidance notes by financing the scaling-up of nutrition-specific interventions while also strengthening the systems for delivery of this nutrition specific services through the health sectors, and at the same times, advocate and strengthens intersectoral coordination and implementation.

Annex 8: Support from Development Partners for Improved Nutrition in Pakistan

PAKISTAN: Enhanced Nutrition for Mothers and Children Project

1. Until recently, Pakistan benefited from limited external financing for nutrition and thus has had few development partners to support the scaling up of nutrition interventions. The floods in 2010, 2011 and 2012 have raised the profile of malnutrition in the country and this has generated an initial surge of support for emergency nutrition programs (mainly community management of acute malnutrition - CMAM) which is evolving towards support for addressing the root causes of malnutrition. With some exceptions (Vitamin A supplementation, salt iodization and CMAM) the support to nutrition in Pakistan has been sporadic and at relatively low coverage. However, the development of PC-1s in the provinces has provided a platform for the development partners to provide more complementary support, with the provincial governments in the lead. The capacity building of the Provincial Nutrition Cells will enable the provincial Departments of Health to ensure that development partner support for nutrition is well aligned and coordinated.

2. **Financiers:** The main current or planned financiers of nutrition in Pakistan are the Department for Foreign Affairs and Trade (DFAT - Australia), the Canadian International Development Agency (CIDA), the Department for International Development (DFID – UK), the European Commission, ECHO, the Swedish International Development Agency (SIDA), the Bill and Melinda Gates Foundation and the World Bank. The United States Agency for International Development (USAID) has indicated it may eventually finance nutrition interventions.

3. **Coordination:** The World Bank chairs the Pakistan Nutrition Development Partners Group (PNDPG) which meets monthly and includes all the development partners who are active in nutrition in Pakistan.

4. **Advocacy:** Save the Children, UNICEF, WHO, MI, World Food Programme (WFP), the UN Food and Agriculture Organization (FAO), the Research and Advocacy Fund (RAF), the Bank and other partners have also implemented several advocacy activities, either individually or as part of the PNDPG. These activities include engagement at the district, provincial and national levels as well as engagement and training for the media. The SUN framework has provided useful direction for these advocacy activities. The EC-financed Women and Children Improved Nutrition in Sindh (WINS) program, implemented by ACF International, MERLIN and Save the Children, foresees significant investment in large scale awareness and advocacy efforts over the next four years.

5. **Strategy development:** Through the PNDPG all the partners have been involved in supporting the provinces to develop nutrition policy guidance notes and intersectoral strategies. The World Bank, with financing from the South Asia Food and Nutrition Security Initiative – SAFANSI, provided overall coordination and the lead partners for each province for the policy guidance notes were Save the Children (Sindh), WHO (Balochistan), Micronutrient Initiative (Punjab) and UNICEF (Khyber Pakhtunkhwa and FATA). UNICEF has also provided additional consulting support to all provinces for developing provincial strategies. The notes and strategies build upon work initial led by the UN partners through the Nutrition Cluster to develop the Pakistan Integrated Nutrition Strategy (PINS).

6. **Analytical work and technical assistance:** Several pieces of analytical work on nutrition were commissioned by DFID, notably an analysis of the political economy of nutrition, an analysis of the costs of malnutrition in Pakistan, and an analysis of the options for the Benazir Income Support Program (BISP) to become more nutrition-sensitive. DFID is also financing the "Leveraging Agriculture for Improved Nutrition in South Asia – LANSA" and "Transform Nutrition", which are planning activities in Pakistan. The Micronutrient Initiative, WFP, UNICEF, the World Bank and other partners also organized a seminar on regulatory monitoring of food fortification programs in Pakistan. Partners such as UNICEF, Save the Children and WHO have also assisted the government to develop legislation and program guidelines, e.g. for CMAM, IYCF, legislation including ordinance (2002) and rules on Protection of Breastfeeding and Child Nutrition (2009) and draft Salt iodization act. UNICEF and WHO also provided technical assistance for the pre-service integration of nutrition at public sector universities.

7. Nutrition emergency preparedness and response is being coordinated and implemented through federal and provincial nutrition cluster and sector mechanisms and structures, involving more than 25 partners at the federal and an equal number at each provincial level and being coordinated by UNICEF. Nutrition cluster or sector groups are working closely with the national or provincial disaster management authority and the respective line departments, mainly the Department of Health. Since 2010, as part of the nutrition emergency response in flood affected and security constrained areas, several of the partners, particularly the UN (UNICEF, WFP, WHO) and a range of NGOs, including Save the Children, Action Against Hunger / ACF International and Merlin, have been active in scaling up community management of acute malnutrition (CMAM) including interventions for infant and young child feeding (IYCF)As part of this support, technical guidelines were being developed; capacities of public sector and local NGOs were being build and implementation started and maintained at a high level mainly funded through emergency funds and short terms technical assistance grants managed by the UN agencies and largely implemented by international and national NGOs. Ready-to-use foods and other nutrition supplies have been provided, mainly from UNICEF, and WFP. Nutrition Stabilization Centers were also established with support from WHO and NGOs. Evaluations of the work have been carried out and review workshops organized. FAO has also been supporting the inclusion of home gardens in recovery actions.

8. **Community-based nutrition services:** Several partners, including UNICEF, Save the Children and ACF International are providing support to the provinces to deliver effective community-based nutrition services, including management of acute malnutrition and focusing on improving infant and young child feeding practices. The WINS project support the management of acute malnutrition as well as at large scale prevention, awareness, capacity building whilst addressing underlying causes such as poor access to safe water and improved sanitation and access to food through cash based interventions in three districts of Sindh.

9. **Micronutrients:** The Micronutrient Initiative, UNICEF and the Global Alliance for Improved Nutrition (GAIN) have provided support for scaling-up programs that deliver vitamins and minerals, including Vitamin A supplementation, wheat flour fortification, salt iodization and multiple micronutrient powders for young children. Micronutrients have also been part of the various NGO-implemented emergency operations since 2010.

10. **Food security:** The FAO, WFP and other partners have supported activities to improve food security in Pakistan. A workshop was held in the last year to support the recently created federal Ministry for National Food Security and Research to define its strategic priorities. The Government of Brazil also recently supported a visit to Pakistan from experts of its national "Zero Hunger" program to facilitate South-South learning on how to address food and nutrition security. FAO, UNICEF and the World Bank contributed to zero-drafting of a Pakistan Food and Nutrition Policy (2013-2015) being prepared by the Federal Ministry for National Food Security and Research. An ECHO funded consortium under the name of Pakistan Emergency Food Security Alliance (PEFSA) is now in its fourth phase since 2010. The consortium has a strong nutrition component.

11. **Support for monitoring and evaluation:** DFID and DFAT provided financing to UNICEF for the National Nutrition Survey which was completed in 2011. As part of their programmatic support, partners have also provided support to the provinces for developing monitoring mechanisms, which now need to be consolidated into one component of the health information management system. For real time data collection and trend monitoring, UNICEF in cooperation with cluster/sector partners developed a Nutrition Information System (NIS) which reports data on service delivery. WHO has also provided support to the provinces for the development of a nutrition surveillance system through sentinel sites and for the establishment of a national nutrition surveillance cell. The Coverage Monitoring Network (CMN) funded by ECHO and led by ACF-UK, working in close collaboration with the Nutrition Cluster and ACF International, trained emergency nutrition partners on the SQUEAC survey methodology assessing coverage of service delivery. In close cooperation with the Provincial Government, by April 2014, about 10 coverage surveys were being completed by various partners, including ACF, Save the Children, MERLIN, and UNICEF in coordination with local partners.

Annex 9: Detailed Project Costing Tables

PAKISTAN: Enhanced Nutrition for Mothers and Children Project

Sindh: Financial Outlay by Components

	Component/Sub-component	Funds Required in US $ Million (2014-2019)	Government of Sindh	IDA
Component: 1: Addressing General Malnutrition among Children, Pregnant & Lactating Women				
1.1	IYCF	5.685	0.408	5.276
1.2	CMAM	4.179	0.616	3.562
1.3	Maternal Malnutrition	1.119	0.000	1.119
1.4	Service Delivery	16.129	0.000	16.129
	Subtotal (1)	**27.111**	**1.025**	**26.086**
Component: 2: Addressing Micronutrient Malnutrition				
2.1	Zinc Supplementation	4.905	0.450	4.455
	Subtotal (2)	**4.905**	**0.450**	**4.455**
Component: 3: Behavior Change Communication				
3.1	BCC	3.65	0.00	3.649
	Subtotal (3)	**3.649**	**0.000**	**3.649**
Component: 4: Strengthening Institutional Arrangement				
4.1	Staffing	0.550	0.550	0.000
4.2	Coordination	0.340	0.072	0.267
4.3	Capacity Building	0.032	0.022	0.010
4.4	Procurement & Supplies	0.532	0.532	0.000
4.5	Operations	1.828	0.814	1.014
4.6	M&E	0.256	0.079	0.177
4.7	Operational Research	0.577	0.000	0.577
	Subtotal (4)	**4.115**	**2.069**	**2.046**
	Contingencies	**0.591**	**0.591**	**0.000**
	Grand Total	**40.372**	**4.134**	**36.237**

Balochistan: Financial Outlay by Components

	Component/Sub-component	Funds Required in US $ Million (2014-2019)	Government of Balochistan	PPIN
Component: 1: Addressing General Malnutrition among Children, Pregnant & Lactating Women				
1.1	IYCF	1.957	0.674	1.283
1.2	CMAM	1.877	0.000	1.877
1.3	Maternal Malnutrition	1.947	0.000	1.947
	Subtotal (1)	**5.781**	**0.674**	**5.107**
Component: 2: Addressing Micronutrient Malnutrition				
2.1	Vitamin A Supplementation	0.101	0.000	0.101
2.2	Salt Iodization	0.004	0.000	0.004
2.3	Wheat Flour Fortification	0.087	0.000	0.087
2.4	Zinc Supplementation	1.309	0.000	1.309
	Subtotal (2)	**1.502**	**0.000**	**1.502**
Component: 3: Behavior Change Communication				
3.1	BCC	0.865	0.000	0.865
	Subtotal (3)	**0.865**	**0.000**	**0.865**
Component: 4: Strengthening Institutional Arrangement				
4.1	Staffing	0.609	0.609	0.000
4.2	Coordination	2.853	0.306	2.547
4.3	Capacity Building	0.481	0.000	0.481
4.4	Procurement & Supplies	0.509	0.509	0.000
4.5	Operations	1.402	0.825	0.577
4.6	M&E	0.075	0.000	0.075
4.7	Operational Research	0.371	0.000	0.371
	Subtotal (4)	**6.301**	**2.249**	**4.052**
	Contingencies	**0.184**	**0.004**	**0.181**
	Grand Total	**14.634**	**2.927**	**11.706**

Annex 10: Targeted Districts for Sindh and Balochistan

No.	Sindh	Balochistan
1	Kambar Shahdadkot	Zhob
2	Larkana	Killa Saifullah
3	Kashmore	Sibi
4	Jacobabad	Panjgoor
5	Tharparkar	Kohlu
6	Badin	Nushki
7	Umerkot	Kharan
8	Sanghar	
9	Tando Mohammad Khan	