



Project Information Document/ Integrated Safeguards Data Sheet (PID/ISDS)

Concept Stage | Date Prepared/Updated: 29-Sep-2017 | Report No: PIDISDSC21553



BASIC INFORMATION

A. Basic Project Data

Country Nigeria	Project ID P162069	Parent Project ID (if any)	Project Name Accelerating Nutrition Results in Nigeria (P162069)
Region AFRICA	Estimated Appraisal Date Dec 04, 2017	Estimated Board Date Apr 16, 2018	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Federal Ministry of Finance	Implementing Agency Federal Ministry of Health	

Proposed Development Objective(s)

The proposed PDO is "to expand utilization of cost-effective nutrition services for women of reproductive age and children under two years in select areas of the Recipient's territory".

Financing (in USD Million)

Financing Source	Amount
Global Financing Facility	10.00
International Development Association (IDA)	350.00
Total Project Cost	360.00

Environmental Assessment Category B-Partial Assessment	Concept Review Decision Track II-The review did authorize the preparation to continue
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Other Decision (as needed)



B. Introduction and Context

Country Context

1. **Nigeria is Africa's most populous country and its largest economy.** With a population of nearly 180 million people, Nigeria accounts for almost half of West Africa's population. Oil accounts for more than two-thirds of the country's fiscal revenues and about 90 percent of foreign exchange receipts. For a decade, since 2003, Nigeria had achieved strong growth, averaging over 6 percent a year. Growth was mainly driven by the non-oil-sector (agriculture and services), private consumption, and factor accumulation (capital mostly) with only a minor contribution from productivity gains.

2. **The 2015 elections marked, for the first time in Nigeria's history, a peaceful democratic transfer of power between two political parties, in an increasingly challenging macroeconomic environment.** The new cabinet was sworn into office seven months after the elections, in November 2015. Three major economic transitions – the slowdown and rebalancing of the Chinese economy; lower commodity prices, especially the sharp drop in oil prices; and tightening financial conditions and risk aversion of international investors – have had a significant impact on the Nigerian economy. These shocks have compounded an already challenging development environment.

Sectoral and Institutional Context

3. **Nigeria has very high rates of malnutrition that are unevenly spread across the country.** Stunting, a measure of chronic malnutrition, and micronutrient deficiencies generate the highest burden. Stunting rates have not changed considerably since 2008, indicating a long-term nutritional problem in the country. One third (33 percent) of children under five years of age suffer from chronic malnutrition. This translates into 11 million Nigerian children who will either die or not develop to their full potential. Chronic micronutrient malnutrition – mainly deficiencies in vitamin A, iodine, iron, folic acid and zinc -- is also a challenge and, despite their high cost-effectiveness, coverage rates of micronutrient supplementation and fortification remain generally low. It is estimated that 30 percent of Nigerian children and 20 percent of pregnant women are vitamin A deficient, whereas 76 percent of children and 67 percent pregnant women are anemic.

4. **Reducing all forms of malnutrition, including stunting, is central to the World Bank Group's twin goals of ending extreme poverty and promoting shared prosperity, as well as building resilience and preventing instability.** Maternal and child undernutrition is estimated to be responsible for about 45 percent of child mortality and 11 percent of the global disease burden¹. Malnutrition in early childhood results in decreased cognitive ability, poor educational outcomes, lost earnings and losses to national economic productivity. The recent *Lancet* series on early childhood development estimates that, every year, Nigeria loses about 3 percent of its GDP as a result of not addressing the developmental needs of children in the first 1000 days window (Richter et al., 2016). This is about as much as the country's annual government expenditure on health (3.9 percent). At the individual level, chronic malnutrition in children is estimated to reduce a person's potential lifetime earnings by at least 10 percent (World Bank 2006). Other studies have shown that a 1 percent loss in height results in a 2 to 2.4 percent loss in productivity (Horton and Steckel, 2013; Caulfield et al. 2004; Strauss and Thomas 1998). The economic costs of undernutrition have the greatest effect on the most vulnerable in the developing world.

¹ Black et al. 2013



5. **The “nutrition map” of Nigeria is highly uneven.** Nine of the North East and North West states have rates of child stunting that exceed 50 percent, whereas some other states have rates of child stunting as low as 9 percent. The gap on stunting between the North and South is widening. Stunting in the North West has been consistently *increasing* between 2008 and 2015 whereas the states of the South West and South East have recorded consistent decreases.

6. **Chronic malnutrition in Nigeria, as in other countries, happens during the “first 1000 days”, which is the period from conception to the child’s second birthday.** From 6 months of age until two years of age is when most children fall behind. This significant deterioration in nutrition status can be prevented by focusing on a set of well proven interventions, notably appropriate infant and young child feeding (e.g., breastfeeding, complementary feeding), healthy sanitation behaviors (e.g., handwashing before feeding children, water purification), prevention and, when necessary, appropriate treatment of diarrhea, and ensuring adequate intake of essential vitamins and minerals through food fortification and supplementation.

7. Chronic malnutrition in Nigeria is the result of **three main categories of factors:**

- i. inadequate access to health care, including family planning services
- ii. inappropriate caring practices and poor environment for young children and for women during pregnancy and
- iii. insufficient and poor quality food

8. **The Federal Government approved and launched a multi-sectoral National Policy on Food and Nutrition in Nigeria in September 2016.** This policy provides the framework for addressing Nigeria’s malnutrition challenge from the individual, household, community and up to the national level. It recognizes that a range of sectors need to play their specific roles to resolve this complex development challenge, and specifically covers health, agriculture, science and technology, education, trade, economy and industry as well as social protection.

9. **The health sector has taken the lead in developing its sector-specific plan to address malnutrition.** The “National Strategic Plan of Action on Nutrition” sets out costed, nutrition-specific interventions with measurable targets to be achieved at scale between 2014 and 2019.

Relationship to CPF

10. **The World Bank Group’s Country Partnership Strategy (CPS) for the Federal Republic of Nigeria for the period FY14-FY17 is built on the following pillars:** (a) promoting diversified growth and job creation by reforming the power sector, enhancing agricultural productivity, and increasing access to finance; (b) improving the quality and efficiency of social service delivery at the state level to promote social inclusion; and (c) strengthening governance and public sector management.

11. **This proposed Project supports the first two pillars of the CPS.** Good nutrition in the first 1000 days of life is essential for children to develop the learning ability that will enable them to perform well in school and thus acquire the skills needed to be productive participants in the economy in their adult years. A strong human capital base is essential for diversified growth – including to increase agricultural productivity -- and an inclusive jobs strategy. The project will also contribute to the second pillar by improving the quality and efficiency of the delivery of nutrition services in health facilities as well as at the community level, through innovative results-based financing approaches. The project will be designed so as to address social inclusion by targeting the poorest households, particularly women and the most vulnerable, with services that will increase their capacity work their way out of the poverty trap.



C. Proposed Development Objective(s)

The proposed PDO is "to expand utilization of cost-effective nutrition services for women of reproductive age and children under two years in select areas of the Recipient's territory".

Key Results (From PCN)

12. **The higher level goal to which this project will contribute is to reduce chronic malnutrition (stunting and micronutrient malnutrition) in order to reduce maternal and child mortality rates and, over time, increase school completion and performance and improve labor force productivity.** The bulk of the financial resources would focus on increasing utilization of key nutrition interventions, with a view to improving nutrition-related practices. While the results would be primarily in the domain of the health sector, the project would also strengthen other system building blocks such as: improving the multi-sectoral coordination and increasing accountability for nutrition results across key sectors and developing a national nutrition surveillance system.

13. The PDO indicators would include:

- Proportion of caretakers of children 6-24 months receiving counselling on appropriate infant and young child feeding practices
- Proportion of pregnant women who consume an adequate regimen of iron folic acid supplements during pregnancy
- Proportion of children 6-24 months with diarrhea who take zinc and oral rehydration solution as treatment
- Number of annual "State of Nutrition in Nigeria" reports produced and disseminated

D. Concept Description

1. **The proposed approach builds on a costing and prioritization analysis conducted by the World Bank in 2014, which informed the National Strategic Plan of Action for Nutrition.** It is envisaged that the Project would be structured along the following four components:

Component 1. Stewardship of Nutrition

This component would strengthen the Government of Nigeria's capacity to operationalize its National Policy on Food and Nutrition as well as to manage the project and leverage its impact on the wider nutrition system in Nigeria. It will help put in place some critical building blocks of a national nutrition program.

Component 2. Community-driven approaches for behavior change and community-based nutrition services

This component would aim to change key behaviors related to care for pregnant women and young children – covering the first 1000 days period. It is critical to work at community level because it enables changes in the norms that facilitate certain positive and negative behaviors. The focus would be on improving care for women during pregnancy and improving infant and young child feeding behaviors, notably breastfeeding, complementary feeding, early childhood stimulation and sanitation-related behaviors.



Component 3. Increasing coverage of nutrition interventions in health facilities

This component would aim to increase the quantity and quality of nutrition services provided through health facilities in Nigeria. Project financing would be used to incentivize the delivery of high priority nutrition interventions for which there exists coverage and financing gaps. This would include services such as health facility-based nutrition assessment and counseling and iron or multiple micronutrient supplementation during pregnancy delivered through ANC visits, zinc/oral rehydration solution for treatment of diarrhea, deworming of young children twice annually and micronutrient powders for home fortification through MNCH weeks.

Component 4. Fortification of staple foods

The project would focus specifically on strengthening the capacity of the Government of Nigeria, through the National Agency for Food and Drug Administration and Control (NAFDAC), to enforce its existing national legislation and guidelines on fortification of staple foods and condiments, including edible oil, sugar, wheat flour and salt.

SAFEGUARDS

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

The project will be located in 8-10 States to be selected during preparation. It will focus on increasing the utilization of nutrition services. It will not finance and physical works.

B. Borrower’s Institutional Capacity for Safeguard Policies

Nigeria has demonstrated its commitment to mitigating adverse social and environmental impacts in the implementation of a range of World Bank projects. There are adequate legal and institutional frameworks in the country to ensure compliance with World Bank safeguards policies. On September 4, 2013, the Nigerian Federal Executive Council (FEC) approved a new National Strategic Healthcare Waste Management policy, including National Strategic Healthcare Waste Management Plan and Guideline for the country. The fact that Ministers of Environment and Health jointly presented the memo seeking Council's approval for the adoption of the National Healthcare Waste Management policy, underscores the high level of the commitment of the Government toward improving the situation of the sector.

C. Environmental and Social Safeguards Specialists on the Team

Joseph Ese Akpokodje, Environmental Safeguards Specialist
Michael Gboyega Ilesanmi, Social Safeguards Specialist

D. Policies that might apply

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	The policy is triggered and the EA is B. There is an



		effective provision in the National Health Care Waste Management Plan and the implementing agency – NPHCDA has an existing health care waste management plan which will be adapted for this project.
Natural Habitats OP/BP 4.04	No	This policy is not triggered because the project will not be implemented in natural habitats.
Forests OP/BP 4.36	No	This policy is not triggered because the project will not involve activities that would have an impact on forests.
Pest Management OP 4.09	No	This policy is not triggered because the project will not involve pest management activities.
Physical Cultural Resources OP/BP 4.11	No	This policy is not triggered because the project will not be implemented in areas with physical cultural resources.
Indigenous Peoples OP/BP 4.10	No	The policy is not triggered as there are no Indigenous Peoples in the project area.
Involuntary Resettlement OP/BP 4.12	No	This policy is not triggered since the project activities do not require any land acquisition that would lead to land acquisition or restrictions of access to resources or livelihoods.
Safety of Dams OP/BP 4.37	No	This policy is not triggered because the project activities do not related to dams.
Projects on International Waterways OP/BP 7.50	No	This policy is not triggered because the project will not be implemented on international waterways.
Projects in Disputed Areas OP/BP 7.60	No	This policy is not triggered because the project will not be implemented in disputed areas.

E. Safeguard Preparation Plan

Tentative target date for preparing the Appraisal Stage PID/ISDS

Nov 30, 2017

Time frame for launching and completing the safeguard-related studies that may be needed. The specific studies and their timing should be specified in the Appraisal Stage PID/ISDS

A review of the potential environmental impacts of the project will be conducted in April-May 2017.



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APPROVAL

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