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# Combined Project Information Documents / Integrated Safeguards Datasheet (PID/ISDS)

Appraisal Stage | Date Prepared/Updated: 22-Nov-2017 | Report No: PIDISDSA22687



**BASIC INFORMATION**

**A. Basic Project Data**

Country Cote d'Ivoire	Project ID P161770	Project Name Multisectoral Nutrition and Child Development Project	Parent Project ID (if any)
Region AFRICA	Estimated Appraisal Date 16-Nov-2017	Estimated Board Date 18-Jan-2018	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Republic of Cote d'Ivoire	Implementing Agency Permanent Technical Secretariat of the National Nutrition Council	

Proposed Development Objective(s)

The development objective is to increase the coverage of early childhood nutrition and development interventions in selected areas in the Recipient's territory.

Components

Early child nutrition and development interventions  
Nutrition governance and management  
Project management

**Financing (in USD Million)**

Financing Source	Amount
International Development Association (IDA)	50.00
Miscellaneous 1	10.40
<b>Total Project Cost</b>	<b>60.40</b>

Environmental Assessment Category

B - Partial Assessment

Decision

The review did authorize the preparation to continue



## B. Introduction and Context

### Country Context

1. After almost two decades of strong economic growth, Côte d'Ivoire experienced a series of economic and political crises (2002 – 2007, 2010 - 2011) which culminated in a short war following the 2010 elections. The crises resulted in widespread deterioration of living standards. Economic growth was among the lowest in Sub-Saharan Africa (SSA) (on average -1.6% between 1999 and 2003; 1.3% between 2004 and 2008, and -0.8% from 2009 to 2011), and per capita Gross Domestic Product (GDP) fell to 1960's levels. Since mid-2011, stability has been restored and economic growth has resumed with GDP increasing by 9.8% in 2012, 8.4% in 2015. Strong continued growth is expected in the coming years as a result of: (i) recovery in key agricultural sectors; (ii) improved fiscal performance; and, (iii) debt sustainability which was achieved following Heavily Indebted Poor Countries completion point.
2. Côte d'Ivoire's economic development has been built on agriculture, but it is also emerging as an oil-rich country. Agriculture accounts for 22% of GDP, over three quarters of non-oil exports, and provides incomes for two thirds of all households. The sector, especially cocoa (with cocoa nuts and cocoa paste constituting the first and third top exports, respectively) cashew, cotton, rubber and oil palm, has an enormous potential for growth. Cote d'Ivoire became the largest cashew exporter and the performance of this crop partially explains an increase in overall exports of over 10% in 2015. Since 2002, however, crude oil production has quadrupled, and the value of petroleum products dramatically increased; the value of exports reached US\$900 million in 2010 (accounting for 7.1% of total exports and 4% of GDP).
3. Despite economic growth, poverty remains high. In fact, since the 1980's, and following successive economic shocks and political instability, poverty has continued to increase. In 2015, about 46.3% of the population was classified as poor compared to 10% in 1984. According to the 2015 UNDP Human Development Report, the incidence of poverty declined only marginally between 2008 and 2011, but the depth and incidence increased in several regions, including the North, Center North, and North East. Since 2012, every 1% increase in economic growth has been associated with only a 0.3% decrease in the poverty rate, which demonstrates that growth in Cote d'Ivoire continues to be inequitable. While unemployment rate in Cote d'Ivoire remains low – only 7%, two thirds of the labor force is self-employed or employed in family owned micro-enterprises, with an average monthly income of about FCFA 65,000 (US\$110). A large proportion of the population lives in high vulnerability without any social protection. One key factor hampering the development of high quality formal employment is low levels of human capital. Low human capital stock remains one of the key challenges to reducing poverty and achieving greater socio-economic equity. The Human Development Index showed Côte d'Ivoire ranked 172 out of 187 countries, with a value of 0.462.

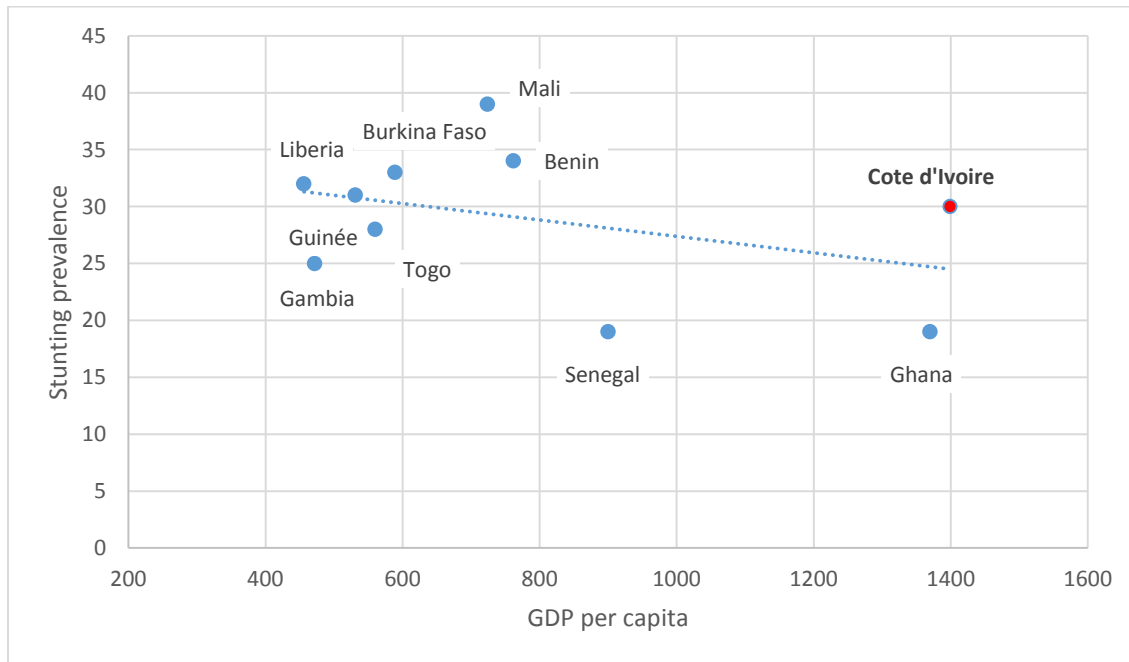


Sectoral and Institutional Context

4. In addition to the loss of human life, the political crises of the 1990s and 2000s left close to 200,000 people displaced in and outside the country. Vulnerability increased dramatically, particularly in the rural areas of the northern and western parts of the country. This was mainly a result of food insecurity due to loss of income and food price inflation, poor sanitation and poor access to basic health care. Children were particularly vulnerable to the direct and indirect effects of the political turmoil and economic downturn. Even though child mortality has declined over the past decade, under 5 mortality remains high (93 per 1,000 in Cote d'Ivoire, compared with 89 in Burkina Faso, 70 in Liberia, and 62 in Ghana). More importantly, declines in mortality rates in Cote d'Ivoire since 1990s have been substantially smaller than in any of the neighboring countries (40% compared to 55% in Mali, 56% in Burkina Faso, 60% in Guinea, and 70% in Liberia). Child malnutrition, an underlying cause of up to 45% of under 5 deaths, has emerged as a key marker of poverty and vulnerability as well as a key challenge to ensuring an optimal accumulation of human capital in the country.

5. Global evidence demonstrates that stunting during childhood (a manifestation of chronic malnutrition), is associated not only with increased risk of illness and death, but also with poor cognitive development, lower educational attainment, lower productivity, wages, and income in adulthood. It costs countries in Africa and Asia between 4% and 11% of GDP annually. In Cote d'Ivoire, the prevalence of stunting remains alarmingly high. According to the most recent Demographic and Health Survey (DHS; 2011-2012), 30% of all children in the country are stunted. While national stunting prevalence is lower than in some other countries in the region, it is considerably higher than would be expected following Cote d'Ivoire's per capita income level (see Figure 1).

Figure 1: Stunting prevalence and GDP per capita in selected West African countries



Source: DHS 2011-12; World Development Indicators, 2016



6. This national average masks considerable regional variation. While stunting prevalence is relatively low in Abidjan (18%), it substantially exceeds the national average in 5 out of 11 areas. In two areas, North and Northeast, stunting prevalence reaches nearly 40%. This variation reflects and further perpetuates the pronounced socio-economic inequities between the north and the south and between the rural and urban areas (in particular Abidjan). Other indications of child malnutrition are equally precarious, with 8% of children suffering from acute malnutrition (wasting), 14% from low birthweight, and 75% from anemia. Estimates suggest that chronic malnutrition costs the economy of Cote d'Ivoire every year about US\$970 million (SitAn, 2015).

7. This nutritional crisis results from a combination of factors. Most directly, child stunting is a result of inadequate food intake (i.e. inadequate quantity and quality of diet) and repeated and untreated infections, such as diarrhea, acute respiratory illness, or malaria. Recent data indicate that over 20% of the population in Côte d'Ivoire do not reach minimum daily caloric intake recommended by the WHO and that the bulk of intake comes from food types of low nutritional value for most Ivoirians (low content of protein and micronutrients) (SitAn, 2015). The proportion of children aged 6-23 months benefitting from a minimum acceptable diet (a composite indicator of feeding frequency and diversity of food) was only 7% with the lowest proportions in the northern and western parts of the country. The proportion of children 0-6 months exclusively breastfed is just 12% (DHS 2011-2012), among the lowest in sub-Saharan Africa (which averages 34%) and substantially lower than any of Cote d'Ivoire's neighbors (52% in Liberia; 20.5% in Guinea; 52.3% in Ghana; 50.1% in Burkina Faso; 33.8% in Mali (UNICEF 2012, 2013 and 2014).

8. The incidence of preventable and treatable childhood infections is high. Based on the most recent DHS, prevalence of diarrhea is about 30%. This is alarming given that about 25% of all cases of stunting in Cote d'Ivoire have been attributed to recurrent episodes of diarrhea (Tchekly et al., 2009). The incidence of other illnesses that contribute to the risk of stunting, such as acute respiratory infections and malaria is also high (18% and 4%, respectively; DHS 2011-12). This high prevalence is associated with inadequate utilization of basic services aimed at prevention and treatment: only 51% of children under 5 years of age have received complete vaccination (with vaccination rates as low as 37% and 33% in the north and the north-west, respectively). Only 27% of children suffering from acute diarrhea receive treatment. Similarly, only 38% of cases of acute respiratory infections, and only 18% for malaria in children under 5 are treated.

9. More distant factors underlying the risk of childhood stunting comprise food insecurity including low availability and low diversity of foods, poor health and nutrition status of mothers, low levels of maternal education, low status of women in households and communities, and unsanitary behavior and environments. In Cote d'Ivoire, about 13% of households live in chronic food insecurity, with rates exceeding 20% in several regions, particularly in the north and the northeast. Persistent food insecurity is the result of poor productivity, high prices of agricultural inputs, especially those that ensure high quality nutrition (e.g. pulses, vegetables, animal source protein) and low capacity to conserve food after harvest, with post-harvest waste reaching 30%-40%.

10. Maternal mortality in Cote d'Ivoire is high (645 per 100,000) while utilization of health services among pregnant women remains low: only 44% of women benefit from at least 4 antenatal care (ANC) visits and only 30% have their first visit during the first trimester of pregnancy; only 18% of women receive antimalarial prophylaxis – an intervention that reduces a risk of low birth weight and stunting in early childhood. More fundamentally, gender inequality, insufficient empowerment of women within households and communities,



low level of knowledge and education, and harmful traditional practices (e.g. avoiding certain nutritious foods or avoiding gaining weight during pregnancy) contribute both to poor health status of women and to mothers' inability to ensure adequate nutrition for their children (SitAn, 2015).

11. Finally, in addition to low availability of water infrastructure, unsanitary behaviors are a major contributor to the high prevalence of diarrhea and parasitic infections and, consequently, to child malnutrition. Over 33% of the population practice open defecation and only 47% of mothers report hygienic disposal of children's stool (only 28% in rural settings) (DHS 2011-12).

12. Beyond ensuring adequate nutrition during the first 1,000 days (i.e. during pregnancy and the first two years of life), early stimulation and responsive and nurturing interactions between young children and their parents to promote child development. Children vulnerable to the multiple risk factors for stunting are the same children most at risk for long term disadvantages in learning and human capital associated with poor early childhood development (ECD), which further contributes to the intergenerational transmission of poverty. A recent Lancet review found improvements in child development are associated with early stimulation and parental support (Richter et al, 2017).

13. Early experiences indicate that incorporating these early stimulation interventions into existing community-based health and nutrition services is more cost effective than delivering nutrition interventions alone to promote ECD (e.g. Gowani et al., 2014). They provide natural entry points, such as responsive breastfeeding and complementary feeding for more comprehensive actions. Moreover, it is more cost-effective to intervene early in life, while the brain is developing and before development trajectories are established. A key aspect of the effectiveness of these programs is delivery of multiple behavior-change approaches/strategies, such as use of media and problem solving and practice for parents (e.g. multiple approaches used in Reach Up and Learn and the Care for Child Development (UNICEF/WHO)) (Britto et al, 2017).

14. There is little support for parents to adequately stimulate the cognitive development of their children. A pilot study exploring parental education platforms conducted in Côte d'Ivoire by TRECC and the International Rescue Committee (IRC) found that economic and cultural obstacles faced by parents contributed to high levels of malnutrition, insufficient education attainment and violations of children's rights. It concluded that a parental education program could improve parental behavior and consequently the physical, intellectual and emotional wellbeing of their children (TRECC/IRC, 2017). Another insight into Côte d'Ivoire's state of early cognitive development comes from the 2006 MICS, which found that among only 37% of households with children aged 0-5 years, an adult had engaged in at least four learning and education promoting activities for the child in the three days preceding the survey.

15. Improving child nutrition and development in Cote d'Ivoire requires addressing both its direct and underlying causes through a strong government engagement in multisectoral actions. Since 2012, new efforts are underway to build a comprehensive nutrition policy agenda. Recognizing the impact of malnutrition on human development and economic growth, the Government identified the fight against malnutrition and, more broadly, investments in the early years as priorities in the national strategy for poverty reduction and economic development.



16. In June 2013, Cote d'Ivoire joined the global Scaling Up Nutrition (SUN) movement with a letter of commitment from the Prime Minister. The deputy Chief of Staff at the Prime Minister's office was appointed as the SUN Focal Point. A multisectoral National Nutrition Council (CNN) was established under the Prime Minister's Office by Presidential decree on July 16, 2014, affirming the recognition of the multisectoral nature of food and nutrition policies and programs. The operational arm of the CNN is the Permanent Technical Secretariat (*Secrétaire Technique Permanent - STP*), which includes full time staff recruited from relevant line ministries. The CNN has steered the development of the national nutrition policy, which has been adopted in 2014. It has also lead the development of the new Multi-Sectoral National Strategic Plan (*Plan National Multisectoriel de Nutrition -- PNMN*), which was adopted by the Council of Ministers in 2016. The adoption of the PNMN was a culmination of a process that re-focused national policy around chronic malnutrition as one of the key challenges for Cote d'Ivoire's human and economic development.

17. In September 2016, the Prime Minister hosted a high-level donor Round Table to launch the PNMN and mobilize financing for its implementation. During the Round Table, the Prime Minister, accompanied by the Ministers of Health, Education, Finance, Budget and Planning, Agriculture, and representatives from other key ministries confirmed the Government's commitment to nutrition and pledged more than US\$80 million over the next five years to implement actions included in the Plan. Consequently, Cote d'Ivoire has emerged as an example of government engagement at the highest level. In recognition of this high-level political commitment, former Prime Minister, Daniel Kablan Duncan was invited as a key speaker to the human development summit focusing on child malnutrition and early child development, which was held in October 2016 in Washington DC and was hosted by the President of the World Bank. A repeat of this took place in October 2017 during the Human Capital Summit during which the WBG President Jim Kim was joined by the current Prime Minister of Cote d'Ivoire, Mr. Amadou Gon Coulibaly, together with the President of Rwanda and the Finance Ministers from Indonesia and Argentina.

18. The government is also in the process of developing key policy documents for Early Childhood Development (ECD). The national ECD strategy is being developed with technical assistance from UNICEF (the launch of the strategy is planned for 2018). This development is part of a long-standing recognition of the importance and multisectoral nature of ECD, which led to the creation of an inter-ministerial committee for ECD under the Ministry of Planning and Development back in 2009. This committee was set up to lead an effort to develop a set of materials and messages for the promotion of ECD that could be used across different sectors.

19. Côte d'Ivoire opted for the community convergence strategy for the implementation of child nutrition and stimulation interventions at community level. The strategy implies geographic and operational convergence based on the complementarity and synergy of interventions promoting child growth and development, and a multisectoral approach based on effective collaborative work of the various stakeholders towards common objectives in the same sub-prefecture to child nutrition, parenting and stimulation of under five children. This strategy permits the decentralization of child nutrition and development interventions by promoting the collaboration among and coordination of the various stakeholders at the level closest to the communities. This is done by strengthening responsibility through their involvement in addressing child nutrition and stimulation. An organizational and institutional assessment identified the sub-prefectural level as the best platform to institute the operational coordination.<sup>1</sup> Therefore, sub-prefectures constitute the

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<sup>1</sup> The country is administratively divided in 12 Districts, 31 Regions, 108 Departments and 510 sub-Prefectures.



planning, implementation, coordination, and monitoring units of multisectoral interventions for community nutrition and child development.

20. Implementation remains a challenge and one of the greatest impediments to rolling out the multisectoral interventions. This is the consequence of the limited human resources at the administrative regional and sub-prefectural levels, which have a limited presence of sectoral services in the sub-prefectures and compounded by the scarcity of high capacity Non-Governmental Organizations (NGO).

21. Another major bottleneck is the fragmentation and lack of coordination among key players in different sectors (horizontal coordination) and across the national, regional, and local levels (vertical coordination). Currently, interventions and programs are implemented in sectoral silos, which impedes their impact and results in significant inefficiencies. Virtually all sectoral programs are planned and managed at the central level, with no meaningful involvement from the regions and, most importantly, local communities. Consequently, the interventions have no community ownership and are not responsive to community needs.

22. In sum, key challenges to the effectiveness of the national efforts to improve child nutrition and development outcomes include: (i) low coverage and utilization of key high impact nutrition and health interventions as well as interventions aimed at increasing food security of households; and (ii) poor coordination across sectors at the central, regional, and local level. In turn, this results in centralized and fragmented programming that is not responsive to community needs. The Project aims at addressing those challenges by providing financing to improve utilization of community-level interventions and strengthening coordination across different governance levels, but with a particular emphasis on the community-driven responses. The Project will be based on two innovative principles that underlie the PNMN: convergence and decentralization. The key value added of the Project is increased visibility and mainstreaming of child nutrition and development interventions in both local and sector development plans and enhanced synergy between nutrition interventions in different sectors. These are normally planned and implemented in isolation. The project will have them converge towards a common objective in the same community.

### **C. Proposed Development Objective(s)**

Development Objective(s) (From PAD)

23. The development objective is to increase the coverage of early childhood nutrition and development interventions in selected areas in the Recipient's territory.

Key Results

24. The Project will contribute to enhanced child nutrition and development outcomes, including a reduction of stunting, anemia and acute malnutrition as the most pressing nutritional disorders. Therefore, the Project will focus on four results areas: public health nutrition service delivery and health environment; social and behavior change at the community level; household food security; and governance of nutrition policies and programs. The main outcome indicators were identified on the basis of these results areas.

25. The proposed outcome indicators of the project development objective are as follows:

- Percentage of children 6-23 months of age consuming minimum acceptable diet





- Percentage of pregnant women attending four prenatal care visits in the interventions areas
- Number of caregivers educated on parenting practices on the basis of national module in last 3 months
- Number of mothers of children under 5 years or age and pregnant women who have been trained by the Project and engaging in the production or processing of diversified and micronutrient-rich foods
- Number of households having handwashing facilities/stations

Table 3 shows the chain of outcome indicators and expected results and impact. It will serve as the basis for the Project results framework.

**Table 3:** Expected results and outcome indicators

Impact	Expected Results	Outcome indicators	Input needs
Improved child nutrition (stunting, anemia, and acute malnutrition) and development	Improved service delivery of child nutrition and parental education services and health environment	<ul style="list-style-type: none"> <li>• Percentage of pregnant women attending 4 prenatal care visits in the interventions areas</li> <li>• Number of caregivers educated on parenting practices on the basis of national module in last 3 months</li> </ul>	System building for enhanced planning, implementation and monitoring in a multisectoral manner of child nutrition and development policies and programs
	Improved household food security	<ul style="list-style-type: none"> <li>• Mothers of children under 5 years or age and pregnant women who have been trained by the Project engaging in the production or processing of diversified and micronutrient-rich foods</li> </ul>	
	Social and behavior change for improved child nutrition and development	<ul style="list-style-type: none"> <li>• Percentage of children 6-23 months of age consuming a minimum acceptable diet</li> <li>• Number of households having handwashing facilities</li> </ul>	

#### D. Project Description

26. In supporting the Government of Cote d’Ivoire with the implementation of the PNMN and selected ECD development interventions, this Project will have three components that together will address key challenges impeding the effectiveness of national efforts to enhance child nutrition and development outcomes

27. **Component 1: Early child nutrition and development interventions** (estimated financing US\$49 million: IDA US\$40.8 million, Power of Nutrition/PoN US\$8.2 million). This component will support the scaling up of selected interventions to improve child growth, nutrition and development. It will consist of four sub-components: 1) Community-based nutrition and stimulation; 2) Nutrition service delivery; and 3) Results-based financing for public health nutrition (community-based and/or demand-side). The component will target the northern regions where malnutrition is concentrated, starting with the North and North East, followed by the North West, Center and Center West. This component would typically finance activities like training, supervision, monitoring, reproduction and distribution of communication materials, social marketing, material



and equipment, supplies (basic pharmaceutical inputs, seeds, small ruminants and poultry), and community subprojects by local implementation agencies (LIA) essentially for the implementation of subcomponent 1.1.

Table 4: Summary of activities by component

Component	Activity
<b>Component 1: Early child nutrition and development interventions</b>	
<b>1.1 - Community-based nutrition and stimulation</b>	<ul style="list-style-type: none"> <li>• Sub-projects at sub-prefectural level for community action for early child nutrition and development, including:               <ul style="list-style-type: none"> <li>- Community mobilization and organization, including the establishment of community support groups (i.e., FRANC, see paragraph 28);</li> <li>- Social and behavior change communication;</li> <li>- Community child care and parental education to promote child stimulation;</li> <li>- Community-led total sanitation;</li> <li>- Women and adolescent empowerment including functional literacy training;</li> </ul> </li> </ul>
<b>1.2 - Nutrition service delivery</b>	<ul style="list-style-type: none"> <li>• Primary maternal and child health care;</li> <li>• Agricultural extension on household food production, conservation and transformation;</li> <li>• Safety nets for poor and/or vulnerable mothers and children;</li> <li>• Functional literacy training;</li> </ul>
<b>1.3 – RBF for public health nutrition</b>	<ul style="list-style-type: none"> <li>• Primary maternal and child health and nutrition services provided by health centers;</li> <li>• Start-up costs.</li> </ul>
<b>Component 2: Nutrition governance and management</b>	<ul style="list-style-type: none"> <li>• Establishment of a decentralized multisectoral community-based nutrition service delivery platform and a national oversight and reporting capacity;</li> <li>• Development of multisectoral strategic, technical and operational coordination at all levels;</li> <li>• Provision of M&amp;E, operational research, studies, information systems and knowledge management;</li> <li>• Strengthening of sectoral policies and programs for improved child nutrition and development outcomes.</li> </ul>
<b>Component 3: Project management</b>	<ul style="list-style-type: none"> <li>• Operational costs;</li> <li>• Technical assistance;</li> <li>• Fiduciary management.</li> </ul>

28. **Subcomponent 1.1: Community-based nutrition and stimulation.** This subcomponent will be implemented by Local Implementing Agencies (LIA) that will be recruited to implement subprojects for community-based interventions at the level of the Sub-Prefecture (or *Département* depending on the context). These subprojects typically support community mobilization for child nutrition and development action centered on nurturing care, child growth promotion, cognitive development, infant and young child feeding practices, community management of acute malnutrition and childhood illnesses, and food diversification in terms of production, transformation and utilization. These activities will be implemented by setting up Community Nutrition Activity Enhancement Hearths *Foyers de Renforcement des Activités de Nutrition Communautaire* FRANC that are groups of community members engaged in nutrition promotion activities. Many of these activities involve social and behavior change communication including community-based promotion of key family and community practices that encourage health and nutrition needs of pregnant women and adolescents; child survival, growth and development; cognitive stimulation and social support to young children; hygiene and sanitation; household food diversification; and health care seeking behaviors. The



Project will use delivery models with proven effectiveness, adapted to the context of Cote d'Ivoire.<sup>2</sup> Emphasis will be given to community ownership and solidarity through community planning, accountability, peer support, small grants and revolving mechanisms where appropriate.

29. **Subcomponent 1.2: Nutrition service delivery.** This subcomponent will serve to ensure adequate supply of quality primary-level services related to: (i) maternal and child health and nutrition, with a special focus on high impact nutrition interventions including antenatal, delivery and postnatal care; (ii) agricultural extension on household food production, conservation and transformation to promote dietary diversification as well as address the debilitating effects of recurrent household food insecurity on child care and feeding practices; and (iii) safety nets for poor and/or vulnerable women and children. In the case of maternal and child health and nutrition, the objective is to improve the quality and coverage of essential services. The Project will support intensified outreach and (complementary) supplies. Project support for agricultural extension will include intensified outreach as well as supply of productive inputs, such as seeds and small livestock and poultry. This Project will not finance actual cash transfers. However, strong collaboration with the World Bank supported productive safety net project will be established to maximize joint coverage. Other public services will also be considered including community-based preschool education, life skills education for young people, and women literacy training. These services will be identified through a consultative process at sub-prefectural level where planning and implementation will be coordinated based on joint results frameworks. There is scope under this subcomponent to support small rehabilitation works of primary health centers, community preschool facilities, and community storage and transformation facilities. This excludes any construction and only refers to small repairs to existing structures at primary and community level.

30. **Subcomponent 1.3: Results-based financing (RBF) for public health nutrition.** This subcomponent will complement the performance-based financing (PBF) component under the Health Systems Strengthening and Ebola Preparedness Project (HSSEPP; P147740). The RBF under the HSSEPP has aimed to increase the volume and quality of health and nutrition services, with a specific focus on maternal, neonatal and child health and nutrition interventions in selected regions. The experience so far includes facility-based supply-side PBF in selected regions that do not overlap with the regions of this Project. This subcomponent will complement this experience by: (i) introducing the same facility-based supply-side RBF, likely with fewer and more nutrition-relevant indicators, in regions where community nutrition interventions are being implemented; and (ii) piloting community-based and/or demand-side RBF at small scale. The RBF pilot will be based on the lessons learned from the implementation of RBF in the HSSEPP, as well as the experience in The Gambia that has been pioneering innovative approaches to community-based and demand-side RBF approaches and is showing impact already after 18 months of implementation.

31. **Component 2: Nutrition governance and management** (estimated financing US\$8 million: IDA US\$6.7 million, PoN US\$1.3 million). This component will provide financing to cover costs in developing and strengthening the capacity of multisectoral technical and operational coordination platforms for investments and operations on early child growth, nutrition and development at the national, regional and sub-regional levels. Operating costs of the coordination structures of nutrition activities at the central, regional, and local levels can also be supported through this Project. In addition, this component will cover the cost of strengthening the monitoring capacity of the subnational and national institutions involved in the management and implementation of nutrition activities, including the strengthening of data collection and reporting systems,

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<sup>2</sup> For example: Alive and Thrive or the Community-led Total Sanitation



piloting innovative data collection and reporting methods (e.g., using mobile technology for data collection and reporting at the community level) and expanding analytic capacity within national monitoring and evaluation (M&E) units in the relevant ministries. Similarly, this component will support research and evaluation activities such as operational research, process and impact evaluations, capacity assessments, and other types of research and analytic activities needed to support service delivery, Project management and policy development. Other important activities include institutional communication, advocacy, study and learning exchanges, joint monitoring, sector reviews, and technical assistance.

32. Key strategic approaches in the PNMN and of this Project are convergence of actions and decentralized management. Therefore, the Project will strengthen joint planning, implementation and monitoring at all levels. In line with the strategic approaches, this component aims to strengthen the operational coordination capacity at sub-prefectural level, the technical coordination capacity at regional level and the policy coordination capacity at central level. This will serve as the basis for a new/innovative platform for service delivery and community action, using existing structures, but developing operational coordination mechanisms. The sub-prefectural level was identified as the ideal level to institute operational coordination. However, an organizational and institutional assessment also found organizational presence and capacity to vary considerably between sub-Prefectures. The Project will need to be flexible to accommodate these variations. For example, in case of weak capacity at sub-Prefectural level, the Project may seek to engage with LIAs at the level of the *Département*. The Project will support institutional evaluations in each of the project *Département* to assess the capacity and determine which approach to adopt.

33. The Project will also strengthen the stewardship capacity of the STP of the CNN to implement the PNMN through a decentralized management structure and the application of the convergence strategy. Adaptive learning will be a key element of this component, which in addition to operational research and process evaluation can include learning exchange visits and events. Typical outcomes under this component are joint diagnostics, joint work plans, M&E framework, knowledge management system, exchange visits, evaluation, resource tracking system, and study reports, etc.

34. **Component 3: Project management** (estimated financing US\$3 million: IDA US\$2.5 million, PoN US\$0.5 million). This component will finance the costs associated with the day-to-day project management including the costs of strengthening and running the Project Implementation Unit (PIU) and the Project Steering Committee. The PIU already exists and is currently managing the HSSEPP (P147740). This unit will be in charge of managing the fiduciary aspects as well as the monitoring and evaluation of the proposed operation.

## E. Implementation

### Institutional and Implementation Arrangements

35. The Project will be implemented by a dedicated PIU which shares its offices with the PIU of the HSSEPP (P147740). In essence, this PIU will be implementing two projects, this and the HSSEPP. They will share project management resources, including fiduciary staff, offices space, vehicles and financial management software. The PIU-MNCDP will report to the Permanent Technical Secretariat (STP) of the National Nutrition Council (CNN) as the institutional home of the National Nutrition Policy and the PNMN which this project supports.

36. The CNN is composed of five structures including: (i) a high-level Decision-making Committee; (ii) a Technical Committee; (iii) a Focal Point for the Scaling Up Nutrition (SUN) Movement; (iv) the STP; and (v)



Regional Nutrition Coordination Committees. After analyzing responsibilities, it was noted that the functions of the Project Steering (or Oversight) Committee are fully aligned to the functions of the Decision-making Committee. Project oversight will thus be provided by the Decision-making Committee.

37. The multisectoral nature of the Project requires inputs from the different sectors that are directly involved in project implementation. Accordingly, a multisectoral planning group will be set up to provide technical directions to the PIU, in the same manner that a technical working group for the design of this Project. However, the responsibilities and composition of such a group do not fully align with those of the CNN Technical Committee, which is chaired by the Focal Point for SUN, is much larger and engages in much broader discussion. Therefore, the project technical planning committee will be a sub-committee of the Technical Committee, chaired by the National Coordinator of the STP and include the project coordinator of the PIU. The technical planning group will be responsible for the preparation of the annual plan of work and budget (APWB), to be approved by the Project Steering Committee (Decision-making Committee). The STP and PIU will jointly present (and defend) the APWB to the Steering Committee.

38. The implementation arrangements will follow the local government structure for coordination, planning and monitoring. The local government, in particular the administrative representatives of the Government (corps préfectoral) has a strong mandate for the coordination of local and community development and is therefore well suited to be at the center of the multisectoral nutrition coordination. The decree for the creation of the CNN already envisages the creation of Regional Nutrition Coordination Committees. At the head of each Region is the Regional Prefect. The ordonnance that will create the Regional Committees will also set out the creation of the sub-Prefectural coordination committees. Their role, among others, is to ensure the coordination of local development efforts.

39. At community level, FRANCs will be set up to bring together the target group of parents, particularly mothers, and children. The organization and activities will be planned and overseen by the FRANC steering committee. This village level committee will operate next to other theme-based committees at village level to focus on the management and operations of the FRANCs. The FRANC Steering Committee operates under the direct supervision of the village chief and local dignitaries. Setting up FRANCs will require local facilitation and training, which will be a task assigned to LIA with adequate community presence to engage and facilitate the mobilization process. Typically, this would be a NGO but given the relative shortage of NGOs in Cote d'Ivoire, other alternatives will be considered including consortiums of NGOs and Community-Based Organizations (CBO), local private firms, and development agencies.

40. The LIA will be recruited by the PIU-MNCDP. The LIA will be an integral member of the sub-Prefectural coordination committees together with the local public service providers (for health, agriculture and education) and any other relevant actors at the local level. As part of the preparations, the Project will develop and implement: (i) an institutional communication plan that communicates program matters to the stakeholders at all administrative levels in a timely and accurate manner; and (ii) a community mobilization strategy that takes into account the sociocultural context of community participation and development. Figure 2 provides a simplified diagram of the implementation arrangements for the Project.

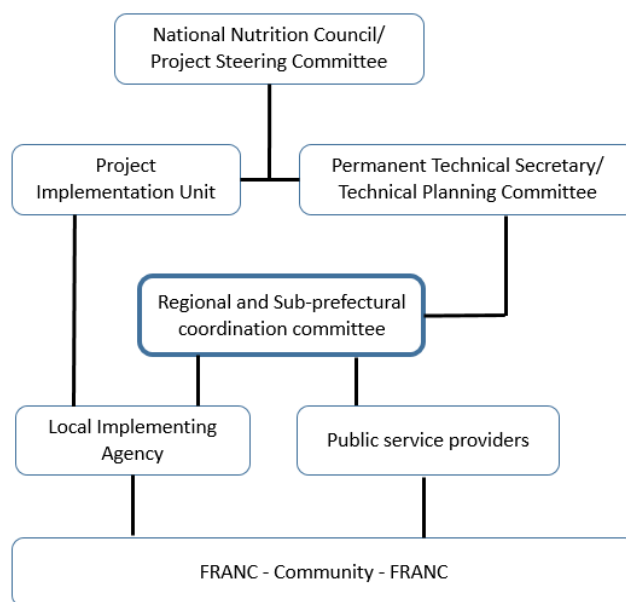


Figure 2: Implementation arrangements with key stakeholders of the Project

41. Finally, the Project will build on and work with three other World Bank funded projects. Table 5 summarizes the synergies and collaboration areas. Additional detail is provided in Annex 2.

Table 5: Areas of synergies and collaboration with other World Bank supported projects

World Bank supported projects	Area of synergy and collaboration
Health System Strengthening and Ebola Preparedness Project (P147740)	<ul style="list-style-type: none"> <li>Introduce (nutrition-focused) performance-based financing in the regions where the HSSEPP is not located;</li> <li>Pilot community and/or demand-side results based financing;</li> </ul>
Productive Safety Net (P143332)	<ul style="list-style-type: none"> <li>Strengthen the accompanying measures of the unconditional cash transfers through training in areas where the two projects are not co-located and through FRANC where the projects are co-located;</li> <li>Enhance geographical overlap through the pipeline of additional financing;</li> </ul>
Education Service Delivery Enhancement Project (P163218; pipeline)	<ul style="list-style-type: none"> <li>Enhance geographical overlap with community preschool education interventions;</li> <li>Jointly work on early childhood development (ECD) tools and material;</li> <li>Jointly evaluate the effectiveness of parental education through different service delivery platforms.</li> </ul>
Support to Nutrition Sensitive Agriculture and Capacity Development of Small and Marginal Farmers (P155081)	<ul style="list-style-type: none"> <li>Enhance geographical overlap with food security and diversification measures</li> <li>Strengthen the platform for multisectoral coordination of service delivery at community level</li> </ul>



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

The project will support community-based interventions and nutrition service delivery as well as overall governance and management capacity. Part of the governance and management support will involve the national and regional levels nation-wide. However, the support for strengthening the operational coordination structures will prioritize the regions where the community-based interventions and nutrition service delivery will be scaled, that is, the northern regions with highest level of stunting, starting with the North and North East, followed by the North West, West and Center regions. However the project's interventions will not induce major civil works that might induce safeguard concerns.

**G. Environmental and Social Safeguards Specialists on the Team**

Salimata D. Follea, Environmental Safeguards Specialist  
Abdoul Wahabi Seini, Social Safeguards Specialist  
Abdoulaye Gadiere, Environmental Safeguards Specialist

**SAFEGUARD POLICIES THAT MIGHT APPLY**

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	This project is planning to finance small works (refurbishing, repairs), small community grants and/or subprojects (see component 1). Based on all potential adverse impacts which may be moderate, small scale and manageable on an acceptable level, the project is rated as a category B project. While the exact locations of these investments are not yet known, the proper safeguard instrument to be prepared in compliance with this policy is an Environmental and Social Management Framework (ESMF). This ESMF after its preparation, was reviewed, consulted upon and disclosed both in Cote d'Ivoire on November XXXXX, 2017 and at the World Bank's Website on November XXXXX,2017.
Natural Habitats OP/BP 4.04	No	The project will not undertake any investments that may impact on natural habitats.





Forests OP/BP 4.36	No	It is not anticipated that forests will be impacted by the project.
Pest Management OP 4.09	Yes	The sub-component 1.1 aims at diversifying and increasing household food production. That means even if the project does not purchase fertilizers and agro-chemicals directly, it may induce the use of those chemical products by farmers for pest and disease management. Consequently, a specific section on the pest management was included in the ESMF to serve as guidance in the case some beneficiaries would use pesticides.
Physical Cultural Resources OP/BP 4.11	Yes	Activities supported by the ongoing bank’s funded operation such as small works (refurbishing, repairs), small community grants and/or subprojects could involve excavations with possibilities to underscore Physical cultural resources. Then the ESMF includes a specific section to serve as guidance/guidelines on how to handle chance finds or cultural assets within the project area.
Indigenous Peoples OP/BP 4.10	No	There are no indigenous people as defined by the policy in the project areas.
Involuntary Resettlement OP/BP 4.12	No	The project will not undertake any investments that may impact on involuntary resettlement.
Safety of Dams OP/BP 4.37	No	The project will not finance dams nor rely on dams.
Projects on International Waterways OP/BP 7.50	No	The project is not expected to affect international waterways.
Projects in Disputed Areas OP/BP 7.60	No	The project will not be located in a disputed area.

**KEY SAFEGUARD POLICY ISSUES AND THEIR MANAGEMENT**

**A. Summary of Key Safeguard Issues**

1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:

There are no significant or irreversible adverse impacts that are expected from the implementation of the operation’s activities. Most of the adverse environmental and social impacts associated with these investments will be small-scale and site-specific. Hence, they will be manageable at an acceptable level.

The project was rated as EA category “B” and triggers three safeguards policies namely OP 4.01; OP4.09 and OP4.11. As a Safeguard instrument, only an ESMF was prepared, reviewed, consulted upon and disclosed.

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:

The assessment of potential environmental and social adverse impacts does not foresee long-term impacts associated





to this project.

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.

N/A

4. Describe measures taken by the borrower to address safeguard policy issues. Provide an assessment of borrower capacity to plan and implement the measures described.

Given that the exact location of future investments are not yet known and activities are diversified, the borrower has prepared an Environmental and Social Management Framework (ESMF). That safeguard instrument contains standards, methods, and procedures specifying how future activities whose location, number, and scale are unknown will systematically address environmental and social issues. It includes procedures for screening and mitigating impacts from construction and operation, and includes the following: (a) checklists of potential environmental and social impacts and their sources; (b) procedures for participatory screening of proposed sites and activities and the environmental and social considerations; (c) procedures for assessing potential environmental and social impacts of the planned project activities; (d) institutional arrangements for mitigating, preventing, and managing the identified impacts; (e) typical environmental management planning process for addressing negative externalities in the course of project implementation; (f) a system for monitoring the implementation of mitigation measures; and (g) recommended capacity building measures for environmental planning and monitoring of project activities.

To manage potential use of pesticides within the project, the borrower has developed a specific that encourages the use of organic fertilizers and biological technics to fight against agriculture predators. In addition to that, that section sets up guidance and guidelines with the aim to protect population health and environment integrity in promoting best practices in the case of use of chemical products.

In addition to that, the ESMF also includes a chapter focused on “chance find” to serve as guidance in the case some activities induce physical cultural resources discoveries.

Activities to be finance under the project will be screened using a standardized approach. ESIA including ESMPs will be prepared as needed for the small civil works expected to be undertaken under the operation. For works with negligible impacts environmental measures based on national laws and regulations will apply.

The PIU will include an environmental specialist who will be responsible for safeguard aspects implementation.

Moving forward, the same staff will oversee the implementation of the project safeguards instruments and coordinate efforts at the national level. Moreover, the PIU staff will regularly monitor and follow-up with any safeguard issues with the assistance of the ANDE (Agence Nationale de l’Environnement) responsible for ESMPs implementation monitoring. Lastly, the Bank’s implementing support missions will also include environmental safeguard specialist who will take this advantage to reinforce that specialist safeguard expertise.

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.

Stakeholders concerned by the operation are constituted by farmers, breeders, fishermen, NGOs, and ministries in charge of Agriculture, Livestock, Water, Forestry, Environment and land management. During the safeguard instrument(ESMF) preparation, these various stakeholder groups have been consulted, and their recommendations, comments and suggestions taken into account in the safeguard document finalization.

One of the key principles of this project from the outset was to foster participation of all relevant stakeholders. This approach will be sustained throughout project implementation. The ESMF and RPF, was also carried out according to the same principle, using broad-based public consultation approach, involving the above stakeholder groups. The objective was to raise awareness of project activities and impacts and foster ownership on their part. All the relevant bodies have been adequately informed of the Project. Concerns of the communities and some details of consultations



have been taken into account in the body of the report and other results provided as Annexes in the ESMF.

**B. Disclosure Requirements**

**Environmental Assessment/Audit/Management Plan/Other**

Date of receipt by the Bank	Date of submission for disclosure	For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors
30-Oct-2017	18-Nov-2017	

**"In country" Disclosure**

Cote d'Ivoire  
18-Nov-2017

Comments

The ESMF was publicly disclosed in the weekend edition of the Fraternité newspaper on November 18, 2017

**Pest Management Plan**

Was the document disclosed prior to appraisal?	Date of receipt by the Bank	Date of submission for disclosure

**"In country" Disclosure**

**If the project triggers the Pest Management and/or Physical Cultural Resources policies, the respective issues are to be addressed and disclosed as part of the Environmental Assessment/Audit/or EMP.**

If in-country disclosure of any of the above documents is not expected, please explain why:

**C. Compliance Monitoring Indicators at the Corporate Level (to be filled in when the ISDS is finalized by the project decision meeting)**

OP/BP/GP 4.01 - Environment Assessment



Does the project require a stand-alone EA (including EMP) report?

Yes

If yes, then did the Regional Environment Unit or Practice Manager (PM) review and approve the EA report?

No

Are the cost and the accountabilities for the EMP incorporated in the credit/loan?

Yes

#### **OP 4.09 - Pest Management**

Does the EA adequately address the pest management issues?

Yes

Is a separate PMP required?

No

If yes, has the PMP been reviewed and approved by a safeguards specialist or PM? Are PMP requirements included in project design? If yes, does the project team include a Pest Management Specialist?

NA

#### **OP/BP 4.11 - Physical Cultural Resources**

Does the EA include adequate measures related to cultural property?

Yes

Does the credit/loan incorporate mechanisms to mitigate the potential adverse impacts on cultural property?

Yes

#### **The World Bank Policy on Disclosure of Information**

Have relevant safeguard policies documents been sent to the World Bank for disclosure?

No

Have relevant documents been disclosed in-country in a public place in a form and language that are understandable and accessible to project-affected groups and local NGOs?

No



### All Safeguard Policies

Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?

Yes

Have costs related to safeguard policy measures been included in the project cost?

Yes

Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?

Yes

Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?

Yes

### CONTACT POINT

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#### Borrower/Client/Recipient

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**APPROVAL**

Task Team Leader(s):	Menno Mulder-Sibanda Patrick Philippe Ramanantoanina
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**Approved By**

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Practice Manager/Manager:	Gaston Sorgho	23-Nov-2017
Country Director:	Pierre Laporte	24-Nov-2017