



1. Project Data

Project ID P143652	Project Name BJ Food, Health and Nutrition Project		
Country Benin	Practice Area(Lead) Health, Nutrition & Population		
L/C/TF Number(s) IDA-53370	Closing Date (Original) 31-Jul-2019	Total Project Cost (USD) 25,810,363.50	
Bank Approval Date 19-Dec-2013	Closing Date (Actual) 31-Jul-2019		
	IBRD/IDA (USD)	Grants (USD)	
Original Commitment	28,000,000.00	0.00	
Revised Commitment	27,975,089.65	0.00	
Actual	25,819,715.29	0.00	
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2. Project Objectives and Components

a. Objectives

"The objective of the Project is to increase the coverage and utilization of community-based child growth and nutrition interventions in selected areas in the Recipient's territory." (Financial Agreement (FA) signed February 11, 2014, p. 5)



b. Were the project objectives/key associated outcome targets revised during implementation?

No

c. Will a split evaluation be undertaken?

No

d. Components

1. Policy and program development, management and coordination (Appraisal US\$7.2 million, actual US\$6.7 million). (Source for actual amount is TTL, from the project accountant, provided in CFA francs, and converted at exchange rate as of end of project.)

This component aimed to strengthen and support multisectoral nutrition program planning, management, monitoring, evaluation and coordination at the central and Commune level. It would: (i) develop multisectoral policy, coordination and oversight mechanisms at the central level (among the Food and Nutrition Council (CAN), line ministries, other public institutions and development partners) and decentralized level (among the Communal Councils and their stakeholders); (ii) strengthen sectoral programs for improved nutrition, *inter alia* in agriculture, health, and social affairs, and integrate nutrition into sector plans and strategies including in Commune Development Plans, building local community accountability; and (iii) support nutrition-focused research.

The project would work mainly with the ministries of health, agriculture and social affairs, given their explicit mandates to improve child growth and nutrition, and systems in place to deliver services at Commune and community level. Each had a clear role. Health would promote health and nutrition as part of mother and child health services. Social Affairs would identify and follow up at-risk and vulnerable children. Agriculture would advise communities on appropriate methods and technologies for diversified food production, storage and processing (e.g. drying, fermentation, cheese making).

The main coordinating body at the central level would be the CAN, and the Communal Councils and their stakeholders at the decentralized level. At the Commune level, Communal Consultative Groups (CCG) would be set up comprising representatives from health, agriculture, social affairs and non-governmental organizations (NGOs). The CCGs would be responsible for developing a common results framework for delivering child nutrition services, informing local government decisions relevant to nutrition, and making proposals to the Commune authorities for integrating nutrition into the Commune Development Plans and Budget. They would also coordinate and monitor nutrition service delivery.

This component would support the following inputs/activities: (i) long-term technical assistance to build the capacity of the Permanent Secretariat of the Food and Nutrition Council (SP CAN); (ii) joint planning by sectors and stakeholders to develop and support integrated nutrition-specific and nutrition-sensitive sector policies; (iii) orientation and in-service training workshops with stakeholders to improve coordination, implementation, and management of nutrition and food security at all levels; (iv) monitoring, reporting, surveillance and operational research; and (v) advocacy and strategic communication to elevate the topic of food security, nutrition and health at all levels. In addition to consultant services, workshops, training and communication, this component would finance material, equipment and operating costs.

2. Community mobilization and services delivery strengthening (Appraisal US\$20.8 million, actual US\$17.6 million).



The PAD described this component as “the operational core of the project” (PAD, p. 9). It focused on social and behavior change communication and service delivery in communities to protect and promote food and nutrition security of mothers and young children, adolescents and pregnant women. NGOs would be contracted to work on behalf of the Commune authorities, to mobilize communities and implement and scale up a package of community-based food and nutrition security actions, strengthening essential public health, nutrition and food services. The project would establish a Commune-level Consultative Committee (CCC) to coordinate all food and nutrition security services and stakeholders in each participating Commune, to be chaired by the Mayor.

The project would target at least 40 municipalities (Communes) in six regions with high levels of food insecurity, that had been selected as target areas in the National Food Security Program. Implementation would start with ten Communes in the first year, and then add fifteen more in each of the second and third years of the project. The main activities to be funded were as follows:

- Community sensitization, mobilization and organization, largely through a network of Nutrition Care Groups (GANs);
- Social and behavior change communication;
- Monthly growth monitoring of about 7,500 children from 0 to 59 months per municipality;
- Individualized counseling on infant and young child feeding, integrated management of childhood illnesses, and adequate water, sanitation and hygiene practices;
- Community-based screening of children and management of (moderate) acute malnutrition and referral of severely malnourished children to specialized centers for appropriate management;
- Community treatment of infectious diseases according to national protocols;
- Distribution of micronutrient supplements according to national protocols;
- Installation handwashing devices and other health-preserving personal hygiene measures in households;
- Support for households with children aged 0 to 59 months in order to produce and process food that would provide access to diversified nutritious food;
- Cooking demonstrations; and
- Community reporting.

e. **Comments on Project Cost, Financing, Borrower Contribution, and Dates**

Project Costs, Financing, and Borrower Contribution: Total project costs were estimated at US\$ 28 million (SDR 18.3 from FA) at appraisal, financed by an IDA credit. There was no borrower contribution. Final disbursements after closing were US\$ 25.82 million, 92.2 percent of the total commitment. Accounted in SDRs, the project disbursed 99.9 percent of the total credit. Exchange rate changes account for the difference. Final disbursements reported by the project staff in CFA and converted to US\$ total US\$24.25 million.

Dates: The project was approved in December 2013 and became effective on April 8, 2014, after timely ratification and enactment. A Mid-Term Review was completed as scheduled in 2016. The project closed as planned in July 2019, with no extensions. There were three restructurings. In October 2017, a level II restructuring changed the disbursement letter to allow the use of unaudited Interim Financial Reports (rather



than statement of expenditures) as the basis for withdrawal requests for replenishing the designated account. The expansion of community-based interventions to 40 municipalities was creating a larger volume of expenditures than could be handled efficiently within the original ceiling on the designated account of one billion CFA francs (equivalent to approximately US\$1.6 million), which was increased to FCFA 1,500 million. The second restructuring, in June 2018, made small changes to the results framework: (i) a fifth PDO indicator was added to track the number of people in the groups delivering community-based services, (ii) the target was reduced for the number of households setting up handwashing stations, (iii) the indicator for the number of people attending education sessions was changed to refer only to pregnant women and mothers of young children who were the primary intended beneficiaries of the project, (iv) the indicator for the number of workers trained was amended to refer specifically to the number of GAN workers trained, and (v) two new corporate indicators counting beneficiaries replaced three outdated Core Sector indicators. The third restructuring approved in February 2019 reallocated SDR 745,945 (4 percent of the project total) from component 2, where expenditures were a little lower than anticipated, to component 1, with the justification that this would enable the full amount of the credit to be disbursed.

3. Relevance of Objectives

Rationale

The project addressed Benin's stagnant high malnutrition rates, described in the PAD (pp. 1-4) and ICR (p. 5). At appraisal, Benin's rates of underweight (18 percent), wasting (9 percent), stunting (43 percent), and low birth weight (15 percent) were higher than in most countries in West Africa and (for the latter two indicators) higher than the sub-Saharan averages of 39 and 13 percent. Food insecurity had worsened substantially in the 2-3 years before appraisal; in 2010, 34 percent of households were food-insecure and 22 percent at risk of becoming so. Malnutrition contributed to Benin's high infant, child and maternal mortality, and low life expectancy at birth of only 56 years (2010). Although Benin had achieved gains in child survival and maternal health in the decade before appraisal, nutrition indicators had not improved. Malnutrition affects cognitive development and reduces productivity and life-time earnings. The main causes of malnutrition were all widespread in Benin: inadequate diet and repeated bouts of illness, inadequate hygiene and sanitation practices, inadequate infant and young child feeding practices, inappropriate home-based care of sick children, insufficient access to enough diversified foods of high nutrient value throughout the year, teenage pregnancy, short child spacing, and lack of access to safe water and sanitation facilities. The project would address many of the immediate and proximate causes of malnutrition through services and interventions to support community-based action.

Throughout the **project, the objectives aligned with the national priority newly being given to nutrition**, as a result of the work that began in 2007 with the formation of a Core Group on Nutrition (CGN). The CGN comprised a small group of professions from government, the University of Abomey-Calavi, the Regional Public Health Institute, civil society and local government. The CGN produced analyses of the political economy of nutrition policies, and a Roadmap for Nutrition Reform in 2009 that fed into the Strategic Plan of Food and Nutrition Development (PSDAN), a four-year Results-Based National Food and Nutrition Program, and a decree to create the CAN that was set up in 2012 under the President's Office. As a result of the work of the CGN, Benin was among the first members countries of the Scaling-Up Nutrition (SUN) movement set up at United Nations General Assembly in 2011. Progress in nutrition was recognized



as a core dimension in Benin's 2011-2015 Growth and Poverty Reduction Strategy, which incorporated the full PSDAN.

Throughout the project life, its objectives were fully consistent with the World Bank's assistance strategy in Benin. The Country Assistance Strategy FY09-FY12 specifically mentioned malnutrition of children under five as a priority and called for increasing access to basic services to improve health outcomes for children. The Country Partnership Strategy FY13–FY18 similarly included improved access to health and nutrition services, especially for poor households, as a priority. The Country Partnership Framework (CPF FY19-FY23) flagged “tackling malnutrition along with improving equitable access to quality education and other basic services” as “critical for improving opportunities for disadvantaged groups” (under Development Priority 2: “Equitable access to opportunities and inclusion of the poor in the growth process”). It cited the experience of the 2013-2018 program that “investment projects that directly assist the poor in such areas as agricultural diversification, community development, and health and nutrition have yielded quantifiable results, and that those programs have led to important policy and institutional reforms” (CPF p. 10), which attests to the continued relevance of the project.

The **project built on Bank technical and financial support** to efforts to “kickstart a reform process of the moribund food and nutrition sector” (PAD p. 4) since 2007. This support included a Technical Assistance project (P109724) that closed in 2011; and a pilot Community Nutrition Project in 10 Communes (P124191), funded through the Japanese Social Development Fund with the Bank. The project complemented the Bank-supported Health Systems Performance Project.

Rating

High

4. Achievement of Objectives (Efficacy)

OBJECTIVE 1

Objective

To improve coverage of community-based child growth and nutrition interventions

Rationale

The theory of change was that project support for multisectoral nutrition program planning, management, monitoring and evaluation (M&E), and coordination at the central and Commune level would result in clear intersectoral plans and budgets for delivering and supporting community-based nutrition services, with the ministries of health, agriculture and social affairs playing important roles. The project phased roll-out in successive groups of communes of this support, and contracts with NGOs would ensure a systematic increase in the geographic scope where a defined set of nutrition services would be offered. Training and community mobilization were an essential part of the project activities to enable the increased coverage of interventions. The increase in coverage is a supply-side measure, served by both the policy environment that would give greater attention to nutrition, as well as the building of institutions for nutrition action. (This was



complemented by the second part of the PDO, aiming at increased utilization, a demand-side measure of the actual use and uptake of the services, discussed below.)

Outputs and Intermediate Results (ICR, pp.11-15 and Annex 2)

Technical assistance and financial support for the development of policies, protocols, and tools resulted in:

- A national nutrition policy and the “Multisectoral strategy document for community-based health, food and nutrition standardizing roles and responsibilities of stakeholders” were developed.
- Nutrition was incorporated into the National Development Plan, and integrated into agricultural and health sector policies and plans.
- A Common Results Framework to combat chronic malnutrition (2016-2025) was developed to help coordinate the efforts of the different sector actors; the 40 participating Communes each adopted a municipality-level common results framework.
- A study on the impact of gender on nutrition was completed and its findings disseminated through a high-level meeting and series of workshops with all 77 municipalities in the country.
- A protocol for community management of moderate acute malnutrition (CMAM) was finalized and validated.
- A national nutrition M&E system was developed.
- An ad hoc communication task force developed a national nutrition behavior change communication strategy.
- The CAN played an important role in building support for integrated, multisectoral action on nutrition, providing high-level leadership and coordination.

The project supported **intersectoral collaboration at municipal levels** for planning, supervising and monitoring nutrition interventions:

- Local government authorities were coached in leadership and coordination, prevention and management of nutritional deficiencies, strategies to mobilize local communities, and monitoring and evaluation
- Regular training and support for stakeholders continued throughout the project to ensure that capacity was maintained despite turnover of elected or appointed officials and other stakeholders.
- Communes developed annual nutrition work plans.
- NGOs were recruited and contracted to help Communes set up community-based service delivery platforms, initially in 21 Communes (the 10 covered in the pilot project plus 11 new ones); then in 19 additional Communes.
- NGOs facilitated identification and selection of beneficiary villages with especially high malnutrition, poverty and food insecurity levels and poor availability of sanitation and handwashing facilities.



- GANs were set up in all participating villages and their members trained in delivering door-to-door nutrition services in villages. The NGOs consulted with village authorities in selecting members, explaining the kind of social and technical skills that would be needed.
- Monitoring and evaluation and communication tools were developed and rolled out in all participating Communes to guide and accompany the community-based interventions.

In addition to the 40 beneficiary municipalities, the CAN also encouraged the other 37 municipalities in the country to engage in nutrition activities by sharing information on the activities under the project and including non-project areas in training opportunities. By the end of the project, 20 of these municipalities were disbursing funds for food and nutrition security development.

Training: The project funded training for project staff on implementation, management, M&E, communication, financial management, and procurement. More than 1,000 social and health workers were trained (or retrained) on CMAM. Social workers and health personnel were trained on prevention and management of malnutrition. Close to 27,000 women were trained in the production and transformation of nutritious foods.

Outcomes

PDO Indicator Results

The two PDO indicators that assessed coverage both exceeded their targets. The number of municipalities that executed at least 25 percent of their joint annual work plans rose from the baseline of 7 to 40, well above the target of 30. At the end of the project, there were 20,729 GAN members in place for delivering community-based services in the 1,241 villages, 122% of the target of 17,000 (the baseline was 0).

Intermediate Indicator Results

The SP-CAN achieved two policy-related intermediate indicators: A multisectoral strategy document for community-based health, food and nutrition standardizing roles and responsibilities of stakeholders was developed, and a protocol for community management of moderate acute malnutrition was finalized and validated.

The number of Communes that disbursed funding for food and nutrition security development increased from the baseline of 10 to 60, 5 more than the target of 55.

The number of social and health workers (re-)trained on CMAM increased from the baseline of 94 to 1,038, more than double the target of 500.



Children 6-59 months who received a vitamin A supplement in the previous 6 months was the same at the end of the project as the baseline of 104%, compared to the target of 80% (the PAD reports that the baseline percentage was above 100% because of the inclusion of children outside of the target age group).

Finally, the core indicator for the number of pregnant/lactating women, adolescent girls and/or children under the age of five reached by basic nutrition services is reported at 13.4 million compared to a target of 8 million. However, two aspects of this indicator are puzzling. Despite the fact that a pilot project was being implemented in 10 Communes at appraisal, the baseline was reported as 0; the pilot project presumably was providing these services to some women and children. Second, the total population of Benin was about 11.5 million in 2018, so it is difficult to understand how the project could have provided services to a larger number of women and children, unless this is a cumulative number over several years of implementation. Indicators of coverage usually refer to a specific period, such as a year.

Rating: High, taking account of the levels of achievement relative to the targets set, and the relevance of the indicators to the project objectives. The PDO indicators relate to the availability of budgets and people trained and ready to deliver nutrition services. The intermediate indicators also relate to availability of budgets and trained workers, as well as covering policies and guidelines, and measuring the extent to which the project reached primary beneficiaries. Both PDO indicators for coverage surpassed their targets. All six relevant intermediate indicators met or exceeded their targets.

Rating
High

OBJECTIVE 2

Objective

To improve utilization of community-based child growth and nutrition interventions

Rationale

Rationale

The **theory of change** expected the utilization of services to increase as a result of the increased provision of services and the outreach to community leaders and members to raise awareness of the importance of nutrition, and to educate and inform people on the behaviors that could help improve nutrition and health outcomes on which the project then provided education and training. Utilization was also expected to increase as a result of the community-based approach, in which known and trusted community members would be trained to provide the nutrition services.

Outputs and Intermediate Results



The project produced the following outputs and intermediate results (ICR, pp. 11-23 and Annex 2):

Sixteen NGOs were hired to work with community leaders and stakeholders (especially the ministries of health, agriculture and social services), recruit and train GAN members from the community, and support the delivery of a defined package of basic community-based health and nutrition services.

Education and awareness raising was provided especially to pregnant and lactating women, mothers of young children, and adolescents, on reproductive health, the importance of handwashing, exclusive breastfeeding of infants up to the age of six months, regular growth monitoring, and treatment of diarrhea with oral rehydration solutions. The GANs held these education sessions at least monthly, supported by the NGOs, and complemented them with informal sessions.

Vaccination and vitamin A supplement campaigns were held regularly, with GAN members helping ensure that all households with young children were reached.

GAN members made monthly visits to all households to monitor growth of young children and refer those with extreme cases of acute malnutrition to recuperation centers for treatment, and then for follow-up in the community once stabilized, and for community-based support according to the new protocol for children with moderate malnutrition.

Agricultural staff offered training in producing, storing and transforming (drying, etc.) of diversified and nutrient-rich food crops and raising chickens, and provided 413,214 mango and lemon trees to women in beneficiary communities.

Outcomes

Three PDO indicators related to utilization, that is, the uptake of services. The percentage of children 0-23 months who were benefiting from a minimum package of monthly community-based growth promotion activities in targeted Communes was reported to be 92% at the end of the project, compared to a target of 25% (baseline 0). The percentage of children 0-5 months who were exclusively breastfed in targeted Communes increased from the baseline of 33% to 75%, far above the target of 45%. The number of women with under-five children trained and engaged in the production and transformation of diversified and nutrient-rich foods reached 16,435, 183% of the target of 9,000.

Intermediate Outcome Indicators

The target for the number of households in targeted municipalities that established a designated hand washing station was decreased from 15,000 to 10,000, but the project reported 20,977 as the final achievement, more than twice the revised target and 140% of the original target.



The percentage of children under five with diarrhea who were treated with oral rehydration therapy (ORT) in targeted Communes increased from the baseline of 54% to 65%, fully meeting the target. The (revised) indicator for the percentage of women with children under-five and pregnant women attending community nutrition education sessions in targeted Communes increased from a baseline of 56% to 80%, compared to a target of 70%.

Rating: High, as assessed by the results reported against the indicator targets, which are relevant measures of utilization of the core services supported by the project. All three PDO indicators for utilization of services exceeded their targets by large margins. One of the three intermediate indicators met the target fully, and the other two exceeded their targets.

Rating
High

OVERALL EFFICACY

Rationale

Attribution of Results to the Project

The ICR noted that there were no other donors working in nutrition on a large scale, so it is likely that the results can be strongly attributed to the project. Benin had joined the SUN program before the project became effective; this provided a supportive global community but not funding or direct support for nutrition programs. Regarding the counterfactual of what the situation might have been in the absence of the project, although the ICR noted the increasing recognition of the importance of nutrition by the government, Benin is a poor country with a very low allocation of funding to health and nutrition services (\$30 per capita in 2016, less than half of the average for Sub-Saharan Africa of \$78 per capita). This makes it unlikely that there would have been a substantial nutrition program in Benin without the project.

Although the ICR commented that there were no available “evaluation data to be able to compare beneficiary/non-beneficiary municipalities” (p. 21), it did compare national data from the 2018 Demographic and Health Survey (DHS) with data from the project nutrition survey in the 40 participating municipalities in 2018 (pp. 19-20). It is notable that stunting in the project areas was only marginally above that for the country overall, although the DHS showed a steep gradient by income nationally. Low income and high malnutrition and food insecurity were among the criteria for selecting the project municipalities, so their levels of stunting would be expected to be higher than the national average. The ICR reported that anemia was substantially lower in project areas (60 percent) in 2018 than the national level (71 percent) in 2018. However, the national and project surveys use very different methodologies, which means their findings are not truly comparable.



Validity of Indicators

The ICR reported the source for most indicator values as the project monitoring system or SP-CAN, except for two indicators (breastfeeding and diarrhea treatment) whose data source was reported as a Lot Quality Assurance Sampling (LQAS) survey. A comparison of the last Implementation and Supervision Report (ISR number 10, November 2018) in the project portal documents, and the final results reported in the ICR, raises questions because of the differences in several indicators. The percentage of infants exclusively breastfed was reported as 43 percent in the ISR but 75 percent in the ICR the following year. Similarly, the ISR reported 37 percent of children with diarrhea being treated with ORT in the community, but the number reported in the ICR jumped to 65 percent – exactly the target. Also, the number of households with hand washing stations was just over 11,000 in November 2018, and then more than two times that number are reported for the end of the project (July 2019) in the ICR with no comment on how the remarkable increase was achieved. (The TTL explained that Rapid Results Initiatives were undertaken, and that after very slow uptake initially, uptake of hand washing stations reached a "tipping point" and then accelerated fast in the final year of the project. Source: Interview with TTL) Another surprising difference is in the PDO indicator for the number of women trained and engaged in production and transformation of diversified and nutrient-rich foods: the reported number decreased from 28,343 in the November 2018 ISR to 16,435 reported in the ICR. Although these discrepancies raise questions, there is no basis provided in the ICR for doubting the validity of the results reported, and the TTL explained that the way that the data were aggregated across the 40 participating Communes also made systematic mis-reporting unlikely (interview with TTL).

Overall Efficacy Rating

High

5. Efficiency

Ex-ante analysis of efficiency. The PAD (Annex 6, pp57-60) presented a cost-benefit analysis (CBA) of the economic soundness of the project, taking account of direct costs and benefits. It used global evidence to estimate feasible benefits. It had a conservative scope, in considering only the possible benefits from reducing stunting in beneficiary children under 5 in the poorer quintiles to the same level as the national average, and no effect on stunting among better-off households. The CBA estimated a net present value (NPV) of US\$19 million and a benefit/cost (B/C) ratio of 2, assuming a 50 percent project coverage, a 10 percent lifetime earnings premium from reduced stunting, and a 5 percent discount rate. It also offered sensitivity analysis: if the earnings premium was assumed to be 20 percent (as estimated by some researchers), the estimated NPV increased to US\$58 million and the B/C ratio to 3.9. Other variations in key assumptions gave estimates within this range: a 10 percent earnings premium and discount rate of 10% resulted in a NPV of US\$22.3 million and B/C ratio of 2.4; the 10 percent earnings premium and 5 percent discount rate but higher project coverage of 80 percent suggested a NPV of US\$42.3 million and B/C ratio of 3.1. The PAD summarized the analysis as showing the project to be "a sound investment (that) yields high benefits even in the conservative base scenario" (PAD, p. 59).

The benefits included only the estimated change in lifetime earnings as a result of reduced stunting, and the PAD cited the range of global estimates used to guide the analysis (p. 59). The total cost used in the analysis was US\$24 million, 86 percent of total project costs, which was justified as a conservative scenario for the likely



intensity of nutrition interventions. Overall, the PAD provided a systematic, well-grounded and reasonable analysis.

Ex-post analysis of efficiency. The ICR recalculated the economic efficiency of the project using the same methodology as in the PAD's Annex 6, relying on the same "best available" global research and estimates of the impact of stunting on earnings. The ICR set the parameters at 10 percent for the earnings premium from reduced stunting and 5 percent for the discount rate. It used a project reported coverage rate of 83 percent (ICR, Annex 4), the mean percentage for the indicators that measured the percentage of children of the appropriate age groups who benefited from the nutrition interventions, vitamin A supplements and diarrhea treatment, and the percentage of mothers with children under 5 who attended educational meetings, and engaged in diversified food production and transformation. Taking the total project cost of US\$28 million and a slightly smaller total number of beneficiaries than estimated in the PAD (1.64 million children compared to 1.69 million), the ICR estimated the project NPV at US\$8.7 million and a B/C ratio of 1.3 (Annex 4, Table 4.5, p. 62; the text of the ICR incorrectly cited the NPV at US\$15.6 million and the C/B ratio at 1.8).

The ICR calculations assumed that the project would be able to reduce stunting rates among the poorest quintiles down to the national average levels (33 percent as per Figure 3 from the DHS, ICR p. 20, but incorrectly cited as 43 percent in the ICR Annex 4). If the data shown in Figure 2 in red ("malnutrition chronique globale") are for stunting, then the average for the 40 project municipalities found in the 2018 Situation Survey was not significantly different from the national average from the DHS 2018, which provides some plausibility for the assumption (with the caveat noted above that the two surveys use different methodology and are not strongly comparable).

The ICR asserted that implementation strategies were "highly efficient in light of the steep scaling up of nutrition interventions from 10 to 40 municipalities" (ICR, p. 24), despite the protracted hold-up in procurement in the initial years, and argued that the time during the procurement delay was used for preparation, and that implementation proceeded rapidly once the issue was resolved.

The rating for efficiency takes into account the economic analysis, on-time completion of the all planned project activities within the estimated costs, and substantial increases in all indicators.

Efficiency Rating

Substantial

a. If available, enter the Economic Rate of Return (ERR) and/or Financial Rate of Return (FRR) at appraisal and the re-estimated value at evaluation:

	Rate Available?	Point value (%)	*Coverage/Scope (%)
Appraisal		0	0 <input type="checkbox"/> Not Applicable
ICR Estimate		0	0 <input type="checkbox"/> Not Applicable



* Refers to percent of total project cost for which ERR/FRR was calculated.

6. Outcome

Relevance of objectives is rated High due to addressing important development challenges, and alignment with country conditions and with current Bank and government strategy. The achievement of the project's objective is rated High due to relevance of the project targets to the objectives, full achievement of all project targets and results far in excess of several targets, and the absence of other large funders or significant non-project factors to which the project results might be attributed. Efficiency is rated Substantial in light of the economic analysis, the strong global evidence on the important development impact of improved nutrition, and the fact that implementation was able to regain momentum and complete the project without extension despite one (albeit prolonged) episode that disrupted procurement. Overall Outcome is therefore rated Highly Satisfactory.

a. Outcome Rating

Highly Satisfactory

7. Risk to Development Outcome

Looking at the project itself and the national context, the risks to development outcome seem modest. The project objectives remain consistent with national policies and strategies on improving nutrition. Well-designed institutions and processes were put in place and were functioning well at the end of the project. Commune development plans included nutrition actions and budgets, and all 77 Communes – including those not formally part of the project – have been trained in nutrition. The project gave considerable attention to important behavior change communication, with regular reinforcement, and putting in place platforms for action and processes that gained wide participation from municipal authorities and community members. The community-based approach had been well tested in other countries, and functioned well in Benin. A new World Bank-financed series of three projects was developed and the first one approved before the end of the project, continuing support for the nutritional services set up under the project and expanding them to include dedicated support for child stimulation, protection, and learning as well as parenting.

However, the potential for climate change to disrupt agricultural yields and hence food security, and the potential impact of Covid-19 on growth, budgets, incomes, and health care services, both increase the risk to the project development outcomes.

8. Assessment of Bank Performance

a. Quality-at-Entry

The project addressed an important development challenge. It was clearly focused on maternal and child nutrition, and planned a baseline survey from which to be able to assess the project's impact. The technical design drew on recent global experience and best practice and lessons from similar approaches



in other low-income countries, on the promising results of a pilot Community Nutrition Project in ten Communes in Benin, and on the Bank-supported Decentralized Community-Driven Services Project that used Communes as the entry point for interventions. It drew on several years of close support by the Bank for nutrition policy and institution building in Benin (including a Technical Assistance Project that had closed in 2011) that provided a good basis for a strong relationship between the Bank team and country counterparts.

The project design included adequate technical assistance, regular training, and careful preparation and planning. An Institutional Development Fund grant had been secured to enable CAN members to visit other countries to see similar projects first hand, undertake training, and develop communication visual tools. The SP-CAN was a new agency with no prior experience with Bank procedures, but the PAD noted that this risk had been mitigated by the use of the TA Project to develop the needed procedures and manuals, hire fiduciary staff, and provide necessary training for the project staff. The PAD reported that the SP-CAN had become "fully operational" in 2013 (PAD, p. 12); however, the fact that the SP-CAN had no office space for the first year of the project suggests that this was not entirely accurate. This omission contributed to significant delays in project implementation in the first year. The project built in provision for periodic training and TA support to the SP-CAN. To mitigate uncertainty as to whether competent NGOs would be available to work in all the new Communes, the project included a phased roll-out.

Project design was simple with just two components, a limited number of activities, and a clear, logical results chain. Implementation arrangements were clearly described, and because multisectoral interventions at the local level were new, field coordinators were included in the project at a level between the SP-CAN and Commune to provide necessary support and closer oversight. In addition, the legal covenants required regional financial staff to be hired (in addition to an internal auditor and project auditor).

The results framework selected a well-chosen set of indicators to monitor project outputs and outcomes comprehensively. The number of indicators struck a good balance in their number and scope. The PAD outlined well-planned monitoring and evaluation arrangements, although in retrospect, the long delay in contracting an independent agency to carry out the baseline survey indicates that additional steps during preparation and appraisal to ensure that baseline data would be collected on time would have been helpful.

Quality-at-Entry Rating

Satisfactory

b. Quality of supervision

There was strong continuity in team membership, and the team was led by a senior nutrition expert with extensive experience in Africa and beyond. Prior engagement on nutrition by the team, notably during the TA, IDF, and Pilot project, had built a strong foundation for a constructive and collegial relationship between the Bank team and their counterparts. The project became effective quickly, and the mid-term review and project closing took place on schedule. Regular ISRs were filed that provided updated information on all indicators and a concise account of progress and issues. Mission aide-memoires described achievements and actions needed to achieve the desired results.



The ICR stated that the regular implementation support missions and the consultants hired by the Bank team to work with the SP-CAN “helped contain the organizational delays from which the project suffered during the initial years of implementation” (ICR, p. 31). The Bank team helped SP-CAN overcome the problems caused by the delay in getting their own office space, even arranging for them to use Bank offices on occasion. The ICR noted that “the [Bank] team was proactive in their partnership with the SP-CAN by developing and/or revising plans to overcome obstacles, which has facilitated implementation delays to be kept to a minimum and push the project’s agenda forward” (ICR, p. 37). After the initial delays, the project documents consulted suggest that implementation proceeded smoothly, with consistent and effective support from the Bank team. The three restructurings undertaken are also evidence of proactive, responsive supervision to address issues as they arose.

Quality of Supervision Rating

Highly Satisfactory

Overall Bank Performance Rating

Satisfactory

9. M&E Design, Implementation, & Utilization

a. M&E Design

The M&E design had many strengths. The PDO was clearly stated, and the indicators were well chosen to track project outputs and outcomes and met the “SMART” criteria. The results framework was complete with clear definitions of indicators, baseline and target values for all years of the project, and clearly specified responsibility for data collection. The objectives and PDO indicators sensibly related to intermediate outcome indicators known to have an important impact on nutrition and health status. The PAD and ICR provided no discussion of the level of ambition/feasibility of the targets; a previous pilot project had provided some useful experience as to what the project might achieve, but the TTL explained that there was high uncertainty given the need to set up completely new institutions, and given that very little had been done in nutrition in Benin in the decades before project (interview with TTL). The results framework stood the test of time well. When it was carefully revisited during project implementation, the only changes decided on were minor (including updating corporate indicators). The PAD noted that the comprehensive routine M&E system being set up for the project would monitor the implementation of planned activities, measure progress towards intended outcomes, and include a mechanism for using findings from routine monitoring for corrective action during implementation (PAD, p. 15). It also referred to a detailed M&E plan being developed that would include plans for information products and dissemination strategies, and “both process and project evaluations... (as) a key feature of the project to strengthen learning from implementation.” However, no specifics were provided in the PAD, which suggests that earlier attention to detailed M&E planning during project preparation would have been helpful, especially with regards to planning for the baseline survey.



b. M&E Implementation

Monitoring: The major shortcoming was the long delay in contracting an independent agency to carry out the survey intended to provide baseline data, which was only completed in year 3 of the project – too late to provide baseline data, and too early to be a good measure of final project results. The ICR pointed out that the team made the best of the situation by finding a new purpose for the survey: as a Situation Analysis that developed the first commune-level nutritional profiles in Benin, and demonstrated their use for data-driven nutrition decisions by the CCCs.

Although not part of the original M&E plan, an LQAS survey was done in the 40 beneficiary municipalities to help validate the data from the Situational Analysis, and to develop municipality-level capacity in the methodology. Data from the LQAS were cited as the source for some of the end-of-project data, supplementing the routine monitoring data.

In the discussion of project efficacy, this ICRR noted abrupt changes in some of the indicator values between the ISR filed in November 2018 and the final results reported in the ICR. If the ICR had reported and discussed trends in key project outputs/outcomes over the course of project implementation, explanations for these surprising differences would have improved confidence in the reliability of the end-line data.

Evaluation: The gender study was a useful evaluation of the role played by gender in decisions relating to nutrition. The ICR provided no information on any other evaluation undertaken.

c. M&E Utilization

Findings from the gender study were disseminated and discussed, informing project communications and approaches. The change in the financing arrangements is an example of utilization of (financial) data during implementation; the Restructuring Paper explained that monitoring the rates at which the project account needed to be replenished when there were only 21 communes made clear that bottlenecks would be likely once the project added the rest of the planned Communes. Growth monitoring was a central activity in project implementation, and is an example of how M&E utilization is at the heart of the project's community-based approach to nutrition; the data from monthly weighing and measuring of young children are plotted on a standard growth chart for each child, triggering action when a child is seen to be falling off an acceptable growth path.

The NGOs contracted under the project undertook yearly self-evaluations as a basis for findings ways to improve over time. The community structures also discussed results regularly and developed 100-day Rapid Results Initiatives to develop new ways to achieve faster progress towards lagging targets (information in this paragraph provided by the TTL).

M&E Quality Rating

Substantial



10. Other Issues

a. Safeguards

No environmental safeguards were triggered in the project, classified as category C.

The project posed no social safeguards risk. It had a positive social impact by improving access to nutritious food and simple hand washing facilities, and helping protect child and maternal health and nutrition. The government developed a Community Score Card to assess feedback on the services in Communes in the last year of the project; the ICR did not report on the extent of its use or on any feedback from beneficiaries or other stakeholders.

b. Fiduciary Compliance

Fiduciary performance was generally satisfactory. The project staff were able to manage the challenges of enabling disbursements for sub-projects in 40 Communes, despite the SP-CAN's initial lack of experience with Bank procedures. The financial management (FM) ratings were satisfactory or moderately satisfactory throughout the project. There was an initial delay in hiring the internal auditor and FM staff required in the project covenants, but once these gaps were filled, no staffing disruptions were reported, and the project ended with the FM staff at full strength.

Key procurements were delayed for more than 6 months at the start of the project because the approving authority was removed from the President's office. The delay in contracting an agency to undertake the baseline survey has been noted. Procurement proceeded slowly for the first three years of implementation, and then accelerated and proceeded smoothly for the final two years. Restructuring near the end of the project that reallocated remaining funds between the components helped enable most of the project funds to be disbursed.

The Interim un-audited Financial Reports were satisfactory to the Bank.

c. Unintended impacts (Positive or Negative)

None reported.

d. Other

None.

11. Ratings



Ratings	ICR	IEG	Reason for Disagreements/Comment
Outcome	Highly Satisfactory	Highly Satisfactory	
Bank Performance	Highly Satisfactory	Satisfactory	Minor shortcomings in Quality at Entry justify Satisfactory rating for Quality at Entry and therefore Bank Performance.
Quality of M&E	Substantial	Substantial	
Quality of ICR	---	Modest	

12. Lessons

These lessons are drawn from the ICR (with editing):

Good institutional arrangements, from national to community levels, are important to the success of community-based nutrition programs in reducing stunting. Consistent, coherent and visible policy at the national level that engages all key sectors, clarity on the key roles that each sector needs to play that facilitates multisectoral collaboration at each level, and support and capacity-building for implementing partners, notably communities, all contribute to effective and sustained action.

Local government ownership of a project is as important as community mobilization. In this case, municipality-level multisectoral platforms fostered formal partnerships across decentralized services, enabled sharing of information, provided a visible way for mayors to show their commitment, ensured that nutrition was integrated into municipal annual workplans and budgets, and increased accountability for nutrition outcomes in the community.

Several factors contribute to effective communication for behavioral change: messages on improved behaviors that “make sense” in the context of the culture (values, beliefs, etc); relate to powerful motivations such as ensuring child health and survival; are possible to act on; are frequently reinforced and supported by opinion leaders and influencers; and whose possible result is evident, such as in local testimonies and exemplars of exclusive breastfeeding for 6 months, or successful home gardens or successful treatment and recovery.

13. Assessment Recommended?

Yes

Please Explain



The ICR contains evidence gaps that could be filled by a field evaluation. (See Objective 1 and Overall Efficacy section for discussions of data inconsistencies.)

14. Comments on Quality of ICR

The ICR was clear and provided a rich description and assessment of project design, implementation and results. It mostly followed guidelines. The lessons and recommendations were thoughtfully selected. It included a comprehensive list of supporting documents that makes clear that it was well researched. However, there was no discussion of the reliability of the data on project results. A discussion of trends in indicator data would have been useful, including an explicit comparison between the data from the LQAS and the Situation Analysis. The discussion on attribution was inadequate; a map of relevant other projects was provided, but no information was provided on their scope to be able to assess whether other projects might have contributed to the project results. The ICR was not as critically objective as would be desired, reflected in the tone in several places. Less repetition could have kept the ICR length closer to the guidelines. The Outcome rating was reported as Satisfactory in the text (p. 26) but Highly Satisfactory in the Data Sheet. There were shortcomings in some of the Annexes: Annex 1 Table B provided only cursory information on project activities and outputs (just seven items). Annex 3 did not provide the actual values at project closing. Annex 5 did not state the source for the material provided therein.

a. Quality of ICR Rating Modest