Report Number: ICRR0024410

1. Project Data

Project ID	Project Name
P161770	Multisectoral Nutrition and Child Dev.
Country	**Practice Area(Lead)**
Cote d'Ivoire	Health, Nutrition & Population

L/C/TF Number(s)	Closing Date (Original)	Total Project Cost (USD)
IDA-61740,TF-A6330	30-Jun-2023	58,098,330.33
Bank Approval Date	**Closing Date (Actual)**	
19-Jan-2018	29-Mar-2024	

	IBRD/IDA (USD)	Grants (USD)
Original Commitment	50,000,000.00	10,400,000.00
Revised Commitment	60,400,000.00	10,400,000.00
Actual	58,098,330.33	10,356,065.26

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2. Project Objectives and Components

a. Objectives

The project's development objective (PDO), as stated in the Financing Agreement (p. 5) and Program Appraisal Document (PAD, p. 1), was "to increase the coverage of early childhood nutrition and development interventions in selected areas in the Recipient's territory." While presented by the PAD as a single objective, this PDO was divided by the ICR into a first objective focused on interventions aiming to improve nutrition outcomes, and a second focused on nutrition-related child development interventions. This Review follows the ICR's lead in order to facilitate assessment of the two intervention types.

The project underwent three restructurings during implementation. During the final restructuring in November 2022, three PDO Indicators (PDOIs) and eight Intermediate Results Indicators (IRIs) were adjusted. The changes were made subsequent to a shift in data source from national to project-specific survey, and were as follows:

- Two indicators - one PDOI ("Percentage of children 6–23 months of age who receive a minimum acceptable diet") and one IRI ("Children 0–5 months of age exclusively breastfed") - were adjusted downward in terms of baseline and target. In both cases, project achievement exceeded both original and revised targets.

- A second PDOI ("Pregnant women attending four prenatal care visits") and two IRIs ("Pregnant women making first prenatal care consultation in first trimester of pregnancy" and "Married women of reproductive age who usually make their own decision regarding health care") were adjusted upward in terms of baseline and target. Of these, program achievement met or exceeded the original target but fell short of the revised target for the prenatal care indicators, and fell far short of the original (lower) target for the female empowerment IRI on decision making.

- The targets for six IRIs (pertaining variously to interventions promoting community management of malnutrition, sanitation, cash transfers, and safe labor and delivery practices) were adjusted upward, with baselines at zero before and after the shift in data source occurred. Program achievement for all six of these indicators exceeded the revised targets.

As no changes were made to the PDO itself, and all but two of the adjusted indicators either exceeded or fell short of both original and revised targets, efficacy and outcome ratings would remain largely unaffected by a split rating. The split rating methodology is therefore not applied.

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

Did the Board approve the revised objectives/key associated outcome targets?
Yes

Date of Board Approval
21-Nov-2022

c. Will a split evaluation be undertaken?
No

d. Components
The Multisectoral Nutrition and Child Development Project (MNCDP) aimed to address two principal challenges impeding national efforts to improve child nutrition and development outcomes: (i) low coverage of high-impact nutrition and stimulation interventions to improve maternal and child health outcomes and increase household food security; and (ii) weak governance of multisectoral programs for

enhanced child growth and development, resulting in poor coordination between sectors and fragmented programs unresponsive to community needs. Three components addressed these challenges, as follows:

1. Early child nutrition and development interventions (Appraisal: US$49.4 million; Actual: US$46.2 million)
This component aimed to support scale-up of selected multisectoral interventions to improve child growth, nutrition, and development. It targeted regions where chronic malnutrition was worst, starting with the North and Northeast, followed by the Northwest, Center West, and Center East.

- ***Sub-component 1.1: Community-based nutrition and stimulation***
  This subcomponent was to support community-based, multisectoral sub-projects on child nutrition and development. Each sub-project was to be led by a Local Implementing Agency (LIA) - generally a non-governmental organization - selected by the Project Implementation Unit (PIU) using a competitive recruitment process. Most interventions were to be delivered via activities hosted by community nutrition support groups (*Foyers de Renforcement des Activités de Nutrition Communautaire* or FRANCs). Establishment of each FRANC required local facilitation and training, a task assigned to LIAs. FRANC interventions were typically grouped as a "Minimum Package of Activities" (ICR, p.10) promoting key family and community practices for improved child health and development (e.g. pregnancy care, infant and young child feeding, water, sanitation, and hygiene (WASH), diversified food production and conservation (e.g. community granaries), family planning, cognitive stimulation, parenting skills, and management of childhood illnesses and malnutrition). Cultivation of community ownership, women's empowerment and financial autonomy, and social and behavior change (SBC) at household and individual levels were foundational for all sub-projects, and it is important to note that each LIA was responsible for developing its own sub-project proposal which, while predicated on a harmonized model provided by the PIU, left ample space for "bespoke" community-based agendas adapted to local resources and objectives. Small grants and revolving micro-credit were used where appropriate, and the project also leveraged other programs and projects in each sub-Prefecture (e.g. for irrigation, staple crop production, and cash transfers) to maximize impact.

- ***Sub-component 1.2: Nutrition service delivery***
  Financing under this subcomponent aimed to improve primary-level services related to i) maternal and child health care, ii) capacity of agricultural extension to support household-level food production, and iii) receipt of cash transfers by vulnerable women and children. In each case, FRANC sub-projects and existing sector-specific systems were to be leveraged simultaneously to create mutually reinforcing, virtuous circles of improved delivery and increased demand. For example, with respect to maternal and child health care, the project was to support SBC communication through FRANC-led activities, in conjunction with technical trainings to local health providers and community members on the value of facility-based delivery, WASH, pre- and post-natal care, immunization, and management of childhood illnesses and malnutrition. In tandem, the project also was to support procurement and distribution of medical equipment and supplies (e.g. anthropometric measuring tools, pharmaceuticals, post-natal supplies, and therapeutic foods) as well as minor brick and mortar rehabilitation of primary health centers. Similarly, project support for food security was to include FRANC-based advocacy on the value of dietary diversity and WASH, delivered concurrent to i) trainings for extension staff and community members on potable water sourcing and cultivation of community and household gardens, and ii) assistance to extension staff on procurement and distribution of agricultural inputs (e.g. seeds, tractors, fencing materials, poultry, veterinary supplies) and rehabilitation of community food storage facilities. With respect to cash

transfers, the project was to work closely with extant safety net programs to maximize joint coverage, again typically via FRANC outreach activities. Support to community-based preschools (rehabilitation or "from scratch") and functional literacy trainings were also to be funded under this sub-component.

- ***Sub-component 1.3: Results-based financing (RBF) for public health nutrition***
  This sub-component was to introduce facility-based, supply-side RBF to seven Health Districts where the project was also implementing community nutrition interventions. It was designed to complement facility-based RBF provided under the Health Systems Strengthening and Ebola Preparedness Project (HSSEPP; P147740), but using a narrower suite of nutrition-relevant indicators. Additionally, unlike HSSEPP, this sub-component also introduced i) a demand-side RBF pilot designed to test the experience of providing financial incentives to individual women who seek essential health services such as antenatal care and facility-based delivery, and ii) a community-based RBF pilot that aimed to provide financial incentives to community groups for achieving specific nutrition-relevant objectives (e.g. establishment of kitchen gardens or latrines), with a portion of the incentives earmarked for re-investment in the community.

2. Nutrition governance and management (Appraisal: US$8 million; Actual: US$7.1 million)
This component aimed to address the challenge of weak sub-national nutrition governance, primarily via extensive support for multisectoral coordinating committees on nutrition and food security at regional and sub-prefecture (or *Département)* levels. In addition to initiating establishment of these platforms, the project was to provide training via a wide range of learning activities on intersectoral planning, implementation, and monitoring and evaluation (M&E). Examples included (but were not limited to) trainings and workshops, procurement of printed materials and other tools, formative and operational research, sectoral capacity assessments, process and impact evaluations, and joint learning exchange events conducted across multiple ministries. Across the board, these activities aimed to strengthen committee capacity for decentralized project management, including convergence of action across sectors. This component was also to strengthen stewardship capacity at the central level via support to the Technical Permanent Secretariat (STP) of the National Nutrition Council (NNC), a multisectoral body under the Prime Minister's Office responsible for coordinating national nutrition policies and ensuring alignment across relevant sectors.

3. Project management (Appraisal: US$3 million; Actual: US$2.5 million)
This component was to finance day-to-day project management costs associated with the PIU, the Project Steering Committee, and the Technical Planning Committee. Development of sub-project terms of reference, recruitment of LIAs, and evaluation of sub-project proposals (all conducted by the PIU) were to be covered under this component.

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

Program Cost, Financing, and Borrower Contribution
At appraisal, total costs were estimated at US$60.4 million, with US$50 million expected to be provided by the World Bank via IDA Credit, and US$10.4 million expected to be provided by the Power of Nutrition Trust Fund (TF). The lending instrument was investment project financing. At closing, the amount disbursed

through IDA was US$47.7 million and the amount disbursed through TF was US$10.4 million, reflecting a total disbursement rate of 99 percent.

Dates
MNCDP was approved on January 19, 2018, and declared effective on May 16, 2018. However, implementation did not start until January 3, 2019, after a restructuring to revise institutional and disbursement arrangements (see below). A virtual Mid-Term Review was held from May 31 to June 11, 2021, and the project closed on June 30, 2024, twelve months after the original closing date. As above, the project was restructured three times:

- The first restructuring, dated December 5, 2018, was pursuant to a government ordinance signed in June 2018 to create a PIU specific to the MNCDP, hosted by the STP. The establishment of this project-specific PIU departed from the initial plan, which had been to use the previously established HSSEPP PIU for all project management functions. The decision permitted a more politically and institutionally aligned approach that reinforced the project's ability to respond to client priorities and advance national objectives. It also heightened visibility and ensured a dedicated focus on the project. That said, this restructuring did stipulate that all RBF – given its complex implementation requirements - remain under the purview of the HSSEPP PIU, the rationale being that this PIU, unlike the fledgling MNCDP PIU, had experience with RBF and would be better placed to implement the relevant activities. As such, this restructuring revised disbursement arrangements for the project such that a second "Designated Account B" was opened for exclusive implementation of Subcomponent 1.3 by the HSSEP PIU.
- Although the project lost time in its first year due to COVID and getting the MNCDP PIU up and running, it had gained substantial momentum by the end of 2020, including scaling up in the three northern Regions and rolling out in 11 additional Regions. The second restructuring, dated December 16, 2020, increased the disbursement ceiling for accounts managed by the PIU-MNCDP to facilitate this acceleration of project activities and related expenditures. Additionally, it reallocated disbursement categories such that a single new category for Goods, Works, Non-Consulting Services and Consulting Services replaced three categories (of both the IDA and TF) of the same name. This redundancy was creating unnecessary inefficiencies in terms of category overdraws and allocations, which the new single category aimed to fix.
- The third restructuring, dated November 21, 2022, extended the project's closing date by 12 months, revised the results framework (RF), and cancelled the RBF sub-component, facilitating a strategic reallocation of US$10 million to alternative activities. Reasons provided for the extension included building stakeholder ownership and commitment to project objectives, providing additional time for full disbursement, and preparing stakeholders - including the impressive force of volunteers that had been mobilized – for a smooth transition to the follow-on project (P179550). With respect to the RF, as above, survey-dependent indicators were revised to reflect new, more accurate baseline values following a shift in data source from national to project-specific survey. Additionally, target dates were re-aligned with the revised closing date, and were increased for indicators that had met or surpassed project goals. With respect to RBF, the project's initial implementation delays led to reduced overlap with the HSSEPP, whose facility-based RBF activities MNCDP had originally aimed to complement (see Sub-component 1.3, above). HSSEPP closed in January 2020, well before MNCDP had gained sufficient traction for robust implementation of any complementary facility-based RBF activities. Regarding the demand-side and community-based pilots, the project team clarified that these activities were also canceled, due to a lack of strategy and guiding documents. The project team also clarified that some of the funds from this cancelled sub-component were re-allocated to fund a manual to guide future implementation of a demand-side RBF pilot. The PIU

hired a consultant accordingly, and the *Manuel d'Opérationnalisation du FBR Communautaire du PMNDPE* was released in January 2024.

3. Relevance of Objectives

Rationale

Relevance to country context and government strategy
At appraisal, the national stunting rate was estimated at 30 percent, alarming under any circumstances and especially given that Côte d'Ivoire's average per capita income is relatively high compared to other countries in the region (PAD, p. 10). Additionally, key proximate and distal drivers of undernutrition, including inadequate food intake, high prevalence of childhood infections, persistent food insecurity, low access to WASH and health services, gender inequality, and inadequate knowledge and care practices were confirmed by the data to be unacceptably high (PAD, p. 10).

The Multi-Sectoral National Strategic Plan for Nutrition (PNMN) 2016-2020 aimed to tackle these challenges by addressing both direct and underlying causes of malnutrition. The Plan was spearheaded by the NNC and included a strong focus on decentralized management through a "community convergence approach." Predicated on the principle of subsidiarity, this approach aims for concurrent delivery of multiple nutrition-specific and nutrition-sensitive interventions to the same priority households in a given community. As such, it fosters empowerment and coordination of stakeholders at the grassroots by strengthening the roles they play in improved nutrition outcomes.

At appraisal, PNMN's community convergence agenda was limited by sparse human resources at the regional and sub-prefectural levels, poor horizontal coordination between key players in different sectors, and poor vertical coordination within the same sector but at different administrative tiers. Taken together, these challenges resulted in (i) low coverage of key high-impact nutrition and health interventions as well as for interventions aimed at increasing food security of households; and (ii) siloed "top down" programming that was highly fragmented and not responsive to community needs. MNCDP aimed to address precisely these challenges by supporting the PNMN to improve delivery of community-level interventions and by strengthening coordination across different levels of government (PAD, p. 13). At closing, the project also tracked closely with Côte d'Ivoire's National Development Plan (2021-2025), in particular Pillars Two and Three, which aim to accelerate human capital development and social well-being, and to strengthen health promotion and disease prevention (ICR, p. 9).

Alignment with World Bank Strategy
The project's PDO was highly relevant to Country Partnership Framework (CPF) objectives at appraisal and closing. At appraisal, the project supported i) Objective Three ("Improve delivery of quality health and water services") under Focus Area Two on human capital formation, ii) cross-cutting areas on strengthening institutional capacity and reducing spatial inequalities, and iii) the CPF's overall emphasis on gender mainstreaming (CPF FY2016-19, Report No. 96515-CI). At closing, the project aligned with i) Objective Two ("Expand equity of, and access to, improved quality of basic services, particularly for youth and women") under High Level Objective One on human capital formation, ii) High Level Objective Two on reducing spatial disparities, and iii) the overall emphasis on gender mainstreaming (CPF FY2023-27, Report No. IDU-CPF-0000012).

With respect to historical experience, the project built on ground laid by the Programmatic Approach on Nutrition Programming and Financing (P156432), which provided targeted technical assistance on nutrition programming in conjunction to nutrition financing. Under this Programmatic Approach, the World Bank supported the costing and launch of the PNMN in 2016, a comprehensive mapping exercise of actors and interventions, an organizational capacity assessment of local-level structures, and an ordinance for the establishment of Regional Nutrition Coordination Committees (as per the decree that created the NNC; PAD, p.18).

The project also leveraged what is currently a robust evidence base on the power of nutrition-sensitive interventions to enhance the scale-up and effectiveness of nutrition-specific activities, as well as evidence for the power of community-based nutrition programming. With respect to the latter, an IEG evaluation of support to Senegal's nutrition sector provided particularly important lessons on the management of successful large-scale community nutrition programs, including the importance of decentralizing management functions to the lowest level possible (subsidiarity); the need for concurrent capacity building at subnational levels; and the importance of building strong engagements with communities as the foundation for empowering parents to raise healthy children, emphasizing SBC communication to achieve results, ensuring inclusive participation and support from all stakeholders, and using results-based project management approaches to engage stakeholders effectively (ICR, pp. 21-22).

Rating
High

4. Achievement of Objectives (Efficacy)

OBJECTIVE 1

Objective
Increase the coverage of early childhood nutrition interventions in selected areas within the Recipient's territory.

Rationale
The Theory of Change (ToC), while reductionist (see Quality of ICR, below) appears to have assumed that capacity building provided across multiple administrative tiers, in conjunction with a wide variety of community-level activities, would improve horizontal and vertical coordination as well as beneficiary ownership, thus increasing coverage of nutrition interventions in selected, high-need areas. Although increased utilization – i.e. uptake of services – was not explicitly included in the ToC, it was presumably a fundamental underlying assumption of the causal pathway from outputs to impacts, with the latter defined as "reduced stunting" and "improved productivity" (ICR, p. 2).

Activities under Objective 1 supported establishment of the decentralized committees on food and nutrition security, improvements to sector-specific service delivery systems, and establishment of FRANCs, each of which delivered a "Minimum Package of Activities" to its respective community. As above, this package

included a range of nutrition-promoting activities executed in tandem to ensure maximum “bang for the buck." For example, cooking demonstrations to encourage diet diversity were conducted in conjunction with baby weighing events, advocacy on breastfeeding and urgent care protocols for severely malnourished children, and distribution of pocket booklets promoting WASH, kitchen gardens, and other topics. Also as above, the sector-specific improvements to service delivery covered a very wide range of activities, including but not limited to procurement of supplies for agricultural extension and health clinics, FRANC-based outreach to increase beneficiaries’ access to cash transfers and literacy training, and sector-specific technical trainings. The project’s governance strengthening activities aimed to increase coordinated implementation of these activities, resulting in improved community convergence.

Intermediate outcomes
All IRI targets measuring progress in community level nutrition interventions were exceeded:

- Seventy-four percent of children 0-5 months of age were reported as exclusively breastfed at closing, relative to the target of 15 percent (baseline 3.7 percent).
- The number of children diagnosed with severe acute malnutrition and recuperated in the context of the project was 1,705 at close, relative to the target of 1,200 (baseline 0). While not included in the RF, the ICR also reported that over 2,000 FRANCs had been established by closing, with over 70 percent of those providing care for moderate acute malnutrition (ICR, p. 11).
- The number of women aged 15 to 49 years “having benefited” from functional literacy training with a focus on nutrition and stimulation through the project was 39,188 at closing, relative to the target of 34,000 (baseline 0). Neither the ICR nor PAD provided a definition of “having benefitted."
- 2,202 community food banks for management of malnutrition were established over the course of the project, relative to the target of 1,800 (baseline 0).

There were two IRIs that aimed to assess progress in intersectoral coordination at decentralized levels: “Number of sub-Prefectures with joint work plan implementation rate of 50% or more," and “Number of sector-wide progress reviews of the nutrition program." With respect to the former, 67 sub-Prefectures had a joint work plan implementation rate of 50 percent or greater by closing, relative to the target of 80 (baseline 0). With respect to the latter, 4 reviews had been conducted by closing, meeting but not surpassing the target (baseline 0).

PDO-level outcomes
Both PDO-level indicators surpassed their targets:

- At closing, nineteen percent of children under two were receiving a minimally acceptable diet (MAD), exceeding the target of 11 percent (baseline 1.8 percent). MAD is a widely recognized metric for diet adequacy, as it provides a benchmark of both diversity (i.e. quality) and quantity. The fact that the project surpassed this target is impressive, as diet diversity metrics are notoriously sticky, with modest effect sizes typically recorded in response to the types of nutrition-sensitive agriculture interventions deployed by the project.
- The number of mothers of children under 5 years of age and pregnant women trained by the project to engage in the production or processing of diversified and micronutrient-rich foods reached 197,862 at closing, exceeding the target of 150,000 (baseline 0). No information was provided in the RF or ICR regarding how this training was used by beneficiaries, nor were data collected on women’s diet diversity.

An external evaluation conducted by the PIU found that the project significantly reduced prevalence of stunting among children under five (-10.19, p-value 0.001) compared to those in non-beneficiary areas. Further, within project areas, the stunting rate decreased from 39 percent in 2020 to 32.35 percent in 2024. Given the robust results on diet diversification and breastfeeding as well as WASH and caregiving (see Objective 2, below), there is likely plausible contribution of the project toward these results.

That said, it is important to note that, per the external evaluation, prevalence of wasting and underweight did *not* improve relative to the project-specific baseline or in comparison to non-beneficiary areas. In fact, prevalence of overall underweight was higher (16.68 percent) than in non-beneficiary areas (13.15 percent). These findings are in line with the general consensus that reductions in stunting do not always correlate with similar decreases in wasting and underweight. Per the ICR, stunting is primarily linked to long-term nutritional deficits and poor maternal health, while wasting and underweight are shorter-term and can be directly impacted by illness, acute food security crises or seasonal disruptions (ICR, p. 13). Despite the project's substantial efforts to reduce food insecurity and moderate acute malnutrition in beneficiary areas, the impact of disruptions in food supply and the lack of immediate access to therapeutic feeding resources were likely insurmountable in many communities. The ICR notes the lack of continuous training for Community Health Workers (CHWs) and FRANC facilitators, occasional closure of FRANCs during periods of high-intensity farming work, termination of activities by some CHWs, and high levels of illiteracy as related factors (ICR, p. 13). (See efficiency section for operation's [low] ability to achieve seamless multisectoral integration" among line ministries at the decentral levels (ICR, p. 19).

Summary
Given that both PDOIs and the majority of IRIs were surpassed, achievement of this objective is rated "High," but with caveats related to a lack of clarity in the ToC's causal links. First, the findings of the external evaluation on underweight and wasting imply that project effectiveness for these forms of undernutrition could have been stronger. However, despite the inclusion of two IRIs explicitly focused on severe acute malnutrition, it is unclear to what degree the ToC (and RF) considered underweight and wasting within the project's purview. Second, as above, although increased utilization is not explicitly included in the ToC, it is a fundamental underlying assumption of the causal pathway and ideally would have been assessed consistently across intervention types (see M&E Design). Because it was not, it is difficult to estimate the impacts of the project's trainings on functional literacy training and processing of nutrient-rich foods. That said, the overall results for this objective are robust, not only in terms of proportion of targets surpassed, but also with respect to "softer" progress on institutional capacity building at decentralized levels, including headway on joint workplan implementation and establishment of over 2,000 FRANCs by project close.

Rating
Substantial

OBJECTIVE 2
Objective
Increase the coverage of early childhood development interventions in selected areas within the Recipient's Territory.

Rationale

As with Objective 1, the ToC for Objective 2 appears to have assumed that capacity building provided across multiple administrative tiers, in conjunction with a wide variety of community-level activities, would improve horizontal and vertical coordination as well as beneficiary ownership, thus increasing coverage of child development interventions in selected, high-need areas.

Activities under this objective aimed to improve caregiver awareness of the role played by early childhood stimulation in assuring that a child reaches his or her maximum potential, in terms of physical growth and health, and with respect to subsequent impacts on cognitive function, academic achievement, and other indicators of human capital productivity. As with Objective 1, FRANCs played a central role, first by providing direct delivery of bi-monthly childhood stimulation sessions, and second by educating parents on the importance of engaging in similar activities at home. Both these activities also emphasized key WASH principles, including handwashing, good food and kitchen hygiene, proper disposal of garbage, and the links between potable water and health. In line with this messaging and the project's use of mutually reinforcing, virtuous circles of improved delivery and increased demand, community construction of latrines was supported under this objective. Given the strong links between female empowerment and child development, women's health and financial autonomy were also a focus, the former via FRANC-based awareness raising to improve women's health seeking practices (when pregnant and not), and the latter via improved access to micro-credit, cash transfers, and income-generating activities built on the literacy promotion and food production activities supported under Objective 1.

Intermediate outcomes
At closing, results for IRIs measuring progress towards Objective 2 were mixed, as follows:

- Forty percent of pregnant women were reported as making their first prenatal care consultation during the first trimester, relative to the target of 52 percent (baseline 45 percent). The ICR attributed the targeting shortfall to deeply rooted cultural and socio-economic practices that discourage women from seeking early antenatal care (ICR, p. 14). Although no explanation was provided regarding the difference between baseline and endline for this IRI, the ICR did cite pandemic-related restrictions on movement as a possible reason for the related PDO on antenatal care (see below).
- 31,548 household latrines were installed within the context of the project, exceeding the target of 26,000 (baseline 0). No information on utilization was provided.
- 24,428 vulnerable women who were pregnant and/or mothers of children under five received cash transfers through the safety net program, markedly exceeding the target of 7,500. The ICR did not comment on the magnitude of the gap between target and actual values.
- Eight percent of married women were reported to "usually make their own decisions regarding heath care," relative to the target of 40 percent (35 percent baseline). As with the IRI on antenatal care, the ICR attributed the targeting shortfall to cultural and socio-economic challenges to women's health care decision-making autonomy (ICR, pp. 14 & 27); in this case, there was no explanation provided regarding the large difference between (the project-specific) baseline and endline.
- Seventy-eight percent of beneficiaries reported that the project's package of interventions reflected their needs, exceeding the target of 50 percent (baseline 0), and indicative of the project's success in using the sub-project model adapted to local resources and objectives.

PDO-level outcomes:
The PDOI on antenatal care fell short, while the other two PDOIs surpassed their targets:

- Sixty-two percent of pregnant women attended four prenatal care visits over the course of their pregnancies, relative to the target of 74 percent (baseline 67 percent). In line with the related IRIs, both the ICR and TTL interview attributed the shortfall to cultural beliefs and socio-economic circumstances. With respect to why baseline was higher than endline, as above, the report theorized that pandemic-related restrictions on movement might have contributed (ICR, p. 23). The ICR also cited “culturally rooted practices” (ICR, p. 14) specifically in reference to this baseline-endline question, albeit with no granular discussion of why these endemic beliefs might have impacted the difference.
- 489,357 caregivers were educated on parenting practices on the basis of [their FRANC’s] parenting module in the last three months, surpassing the target of 350,000 (baseline 0). No tracking information was provided in the RF regarding application of these trainings. However, the ICR cites the afore-mentioned external evaluation, which found that the early childhood development index score improved significantly (at the 1% level) among children who participated in the project (score of 64), compared to those who did not (score of 56).
- The number of households with handwashing facilities/stations reached 43,136 at closing, exceeding the target of 34,000. No information was provided in the RF regarding use.

Summary
As a majority of indicators not only met but exceeded their targets, achievement of this objective is rated “Substantial," despite the apparent lack of progress on the PDO and IR indicators on women’s healthcare. For these, it is important to note that in much of West Africa, increasing women’s health care autonomy is widely considered a steep uphill battle. Long term, sustained commitment by government and other actors is required, as well as the recognition that improvement is frequently incremental. Given the impressive overall effectiveness of FRANCs, it may be that the SBC communication on women’s health care did indeed move the needle for some households, albeit not enough to produce the critical impact required for measurable improvements in the designated indicators (see M&E Design). With respect to the other activities under this objective, there was again a lack of clarity regarding utilization, and questions remain regarding why actual numbers at closing fell short of baseline as well as target (see M&E Design). That said, it is clear that the Bank provided important direct child development services through FRANCs, as well as caregiver training. Efficacy of these interventions was considerable, given the external evaluation’s findings on child development, and again speaks to the use of “bespoke” community agendas to maximize ownership. It is also clear that the project increased access to cash transfers and WASH infrastructure; however, utilization of the latter was not assessed .

Rating
Substantial

OVERALL EFFICACY
Rationale

Overall efficacy is rated substantial. There were shortfalls on PDO and IRI targets for women's healthcare unde Ob decentralized governance strengthening under Objective 1, findings from the external evaluation regarding prev alen project areas under Objective 1, and absence of indicators tracking utilization of facilities and application of trair ngs

That said, it is important to emphasize that the project demonstrated truly impressive results with respect to esta olish delivery of mutually reinforcing nutrition-promoting activities. The RF tracked impact of several of these activitie , mo exclusive breastfeeding, percentage of children receiving a minimally acceptable diet, and children diagnosed a d tr malnutrition. Plausibility of attribution of project support, given findings from the external evaluation as well as th e ob FRANCs in their realization.

Overall Efficacy Rating

Substantial

5. Efficiency

Ex-Ante Assessment of Economic Efficiency
Cost-benefit analysis conducted at appraisal estimated the project's return on investment to have a net present value (NPV) of US$596 million (under a discount rate of 3 percent), an internal rate of return of 7 percent, and a benefit-cost ratio of 10.4, indicating that each dollar invested had the potential of generating more than 10 dollars in economic benefits over the lifetime of individuals benefiting from the project's interventions. These economic benefits were calculated based on health, nutrition, and food security impact estimates, which were modeled using reasonable assumptions under the Lives Saved Tool (for nutrition, health, and WASH intervention impacts) and Smith and Haddad 2015 (for food security). The PAD also included a sensitivity analysis showing that even under the most conservative scenario with the highest discount rate (5 percent), the NPV of the project's economic benefits would remain high at US$260 million, with a benefit-cost ratio of 4.7 (PAD, pp. 79-81).

Ex-Post Assessment of Economic Efficiency
The ICR revisited the cost-benefit analysis conducted at appraisal by using the project's actual results to model the monetary value of disability-adjusted life years averted by the project's interventions. Notably, this analysis provided estimates that were far higher than those at appraisal, confirming that the project had been an excellent investment in economic terms. Based on the actual expenditure of US$58.10 million, the NPV was estimated at between US$1.9 billion (5 percent discount rate) and US$2 billion (3 percent discount rate), with a benefit-cost ratio ranging between US$41 (5 percent discount rate) and US$44 (3 percent discount rate) for every US$1 spent.

Implementation Efficiency
Although the project lost time in its first year due to COVID and getting the MNCDP PIU up and running, the ICR made the case for "relatively smooth" implementation thereafter, citing accelerated rollout in conjunction with effective management and cost-saving measures, including increasing the disbursement ceiling and reallocation of disbursement categories under the second restructuring, and reallocation of US$10 million originally earmarked for RBF (ICR, pp.17 & 35) under the third restructuring. It also noted that, at closing, actual expenditures were 96 percent of the approved budget with only a slight variance ($US4.6 million) in estimated versus actual costs (ICR, p. 35).

With respect to the PIU, the ICR stated that efficiency gains were achieved via the Unit's dedicated focus on the project, specialized expertise, and location within the NNC. With respect to the latter, reporting lines and accountability were described as clear, and alignment of project activities with national nutrition policy was facilitated (ICR, p. 8). The ICR also noted that PIU staff turnover was very low, and that this continuity was crucial for the project's implementation efficiency, "particularly given the significant initial costs associated with training staff on nutrition topics and the extensive capacity-building activities" (ICR, pp.35-36).

In terms of challenges, the ICR cited weak commitment from line ministries at decentralized levels, resulting in "service delivery delays, …operational inefficiencies, and [low] ability to achieve seamless multisectoral integration" (ICR, p. 19). When asked for additional detail on this issue, the project team clarified that, in contrast to the central level where the project had direct access to relevant ministries (via the NNC and PIU), the convening clout of the decentralized coordinating committees was weak, and as a result, it was difficult to consistently involve relevant line ministries in convergence activities. For example, there were multiple cases of nurses not being recruited to work with FRANCs on delivery of community-based health interventions. The project team attributed this low appropriation first to the inherent difficulties of coordinating multiple, siloed line ministries in a decentralized context, and second to insufficient support from the PIU and NNC. This latter point rebuts the ICR's assertion that roles and responsibilities within the PIU and NNC were consistently well-delineated. Additionally, it is possible that the heavy involvement of non-governmental organizations (acting as LIAs) inadvertently reduced pressure on government stakeholders to take full responsibility for the convergence agenda (see also "Risk to Development Outcome," below).

Additional challenges to implementation efficiency were "significant delays" in the procurement process, as cited in the ICR (p. 17) and project team interview, related fund flow issues between LIAs and local authorities (project team interview), and the possibility that project preparation – at 5 months -- may have been *too* efficient, contributing to the initial delays in implementation (ICR, p. 17).

When these challenges are weighed against the project's overall implementation experience, including effective management and cost-saving measures, as well as impressive returns to investment, net efficiency is rated substantial.

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 ☐ Not Applicable
ICR Estimate		0	0 ☐ Not Applicable

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

6. Outcome

Relevance of objectives is rated high, as there was full alignment between the development objectives, the CPF, country context, government strategy and global evidence at appraisal and closing. Although PDO targets for nutrition interventions were surpassed, including impressive results with respect to certain nutrition outcomes and the establishment of FRANCs as a key community-based service delivery platform, overall efficacy was rated substantial due to mixed and unclear results on other indicators, including lack of progress on women's healthcare, the missed target on strengthened governance at decentralized levels, and absence of indicators tracking utilization of facilities and application of trainings. Efficiency is rated substantial in view of i) the project's (eventual) rapid roll-out and effective management despite low institutional and operational capacity at subnational level, and ii) substantial returns to investment.

In sum, these ratings are consistent with an outcome rating of Satisfactory, reflecting only minor shortcomings in the project's preparation, implementation, and achievement.

a. Outcome Rating

Satisfactory

7. Risk to Development Outcome

With respect to suitability of design, the project's reliance on NGOs set a risky precedent. Given the human resource challenges at ground level, using NGOs as LIAs likely facilitated rapid establishment of FRANCs and subsequent implementation efficiency. However, it also increased dependence on external, non-governmental actors, thus reducing pressure on both subnational coordination committees and line ministries to actively pursue joint actions for convergence. The ICR noted that reversing this trend would require government to progressively take over key responsibilities from NGOs, presumably via a clear transition plan including filling vacant frontline positions, capacity building, technical support, and alignment with the national policy agenda (ICR, p. 23). No explicit evidence was provided in the ICR that this transition plan was forthcoming. Rather, there was a statement that the MNCDP's successor - the Côte d'Ivoire Health, Nutrition, and Early Childhood Development Program (P179550) – "will continue the activities related to nutrition and early childhood development across the 14 regions until its closing date on June 30, 2028." Although the ICR offered additional information on the successor project's budget (US$225 million) and PIU (staff recruited from MNCDP), no details were provided regarding improved human resource management or other strategies to address the issues of weak subnational implementation by regional and sub-regional authorities.

A related risk is maintenance of positive attitudes and commitment at community level, given the project's heavy reliance on behavior change outcomes and community volunteers. As above, the ICR noted the lack of continuous training for community health workers and FRANC facilitators, occasional closure of FRANCs during periods of high-intensity farming work, termination of activities by some community health workers, and high levels of illiteracy as key deterrents. Offsetting these challenges will again depend largely on improved government support to convergence at the grassroots, as well as on communities themselves.

Finally, there is the perennial risk posed by climate change and political unrest, both of which reduce food security and compromise nutrition, health, and child development outcomes. The relative weight of these

risks was considerable during the project, as demonstrated by high rates of underweight and wasting recorded in beneficiary areas during implementation and thereafter.

8. Assessment of Bank Performance

a. Quality-at-Entry

A Project Preparation Advance of US$595,000 funded activities contributing to project readiness. Among these were several studies conducted to inform the project's strategic relevance, including malnutrition mapping and formative research on behavior change communication, community mobilization, and the impact of gender norms on food and nutrition outcomes (ICR, p. 17). As above, the project also incorporated lessons learned from the Africa Region and globally, and from prior experience with the Cote d'Ivoire PA on Nutrition Programming and Financing.

Institutional and implementation arrangements were extensively described in the PAD and included detailed diagrams and text on, among others, arrangements for supply-side RBF (Annex 2), links between central, subnational, and community actors (p. 57), the LIA recruitment process (p. 57), fund flows (p. 63), and the M&E schedule and data sources (p. 71). The PAD also provided a "simplified project model" that included a clear results chain based on the etiology of malnutrition, and as such was arguably clearer than the ICR's ToC (p. 78).

Overall risk was deemed Substantial at appraisal, given challenges related to continued political unrest, climate change, and low institutional and operational capacity, including general lack of experience with multisectoral coordination as well as lack of control over stakeholders' human resource management decisions and a related lack of local actors to work on community mobilization. Inclusive involvement, capacity building, and strengthening of operational and technical coordination at local and regional levels were the main proposed mitigation strategies (PAD, p. 24). The ICR characterizes these measures as "adequate" in Key Factors During Preparation (ICR, p. 18), but adds that they "could have been better phased and detailed" under Quality at Entry (ICR, p. 21). While this is certainly true, it is also important to note that the entire project was predicated on community and subnational capacity building and, as such, the phasing and details of these strategies were captured in great detail under the PAD's text on implementation arrangements.

The PAD also cited specific fiduciary risks attributable to i) potential low PIU capacity, ii) anticipation of a high volume of low-value transactions scattered across multiple remote locations, and iii) anticipated deployment of RBF (PAD, p.26). Comprehensive mitigation measures to address these risks were incorporated into the design of the project's financial management (FM) arrangements (see Fiduciary Compliance).

Based on the project's extensive efforts during inception to assure readiness (ex-ante studies, thoroughly researched institutional and implementation arrangements), clear-eyed assessment of risks, and realistic approach to mitigation, quality-at-entry is rated satisfactory.

Quality-at-Entry Rating
Satisfactory

b. Quality of supervision
With respect to adequacy of supervision, the ICR reported moderately satisfactory performance overall, given the following caveats. Because fiduciary and safeguards teams were not initially involved in supervision missions, early plans in STEP contained numerous errors, and procedures were not consistently followed, leading to frequent mistakes in the procurement process. Additionally, early reporting lacked details on implementation progress and challenges, including an updated Procurement Plan. The ICR stated that these issues were addressed "three months into implementation, resulting in improved reporting and documentation" (ICR, p. 22), with no additional detail provided. Both fiduciary and safeguard aspects were adequately supervised, as detailed in the relevant sections below. Regarding the PIU, the ICR states that the task team provided constructive advice and support for management and implementation of the project (ICR, p. 22).

The project faced a pandemic-related slowdown in 2020 due to supply chain bottlenecks and curbs on movement and in-person gatherings. These restrictions delayed larger-scale activities requiring extensive logistical planning, including trainings and deliveries of anthropometric and other supplies. In response, the project team nimbly leveraged established community and sub-prefectural platforms to implement essential preventive measures, including promoting handwashing, strengthening household food security, and managing cases of malnutrition. Where possible, community outreach initiatives were adapted to virtual formats or outdoor settings, expanding the project's reach in certain areas. Per the ICR, "these adjustments illustrate both the adaptability and resilience of the project team in maintaining essential services during a challenging period" (ICR, p. 19).

The ICR did not comment explicitly on candidness of reporting; however, it does note that a total of fourteen well-documented Implementation Status and Results Reports were submitted on-time over the project period, ensuring regular tracking of RF indicators, which were also tracked in Aide Memoires (ICR, p. 20). The ICR further noted that the project was overseen by two task team leaders, with smooth transitions and no extended periods of TTL replacement (ICR, pp. 35-36).

Quality of Supervision Rating
Moderately Satisfactory

Overall Bank Performance Rating
Moderately Satisfactory

9. M&E Design, Implementation, & Utilization

a. M&E Design
The project's M&E design was embedded institutionally, as it aligned with the M&E framework and systems of the PNMN, development of which was underway in conjunction with project implementation. Per the PAD, both the project and PNMN frameworks were anticipated to include i) data collected on a routine

basis within each of the relevant sectors, and ii) a new information platform for community-based service delivery (*Système Informatisé de Suivi Evaluation* or SISE), given that no existing systems collected data at ground level. Baseline, midline, and endline data were expected to be provided via two population-based surveys (MICs and SMART; PAD, p. 71).

With respect to specification of indicators, there was - in general terms - a progression between the results chain (more clear in the PAD's "simplified project model" than the ICR's ToC), and the RF, with explicit links between PDO and IR indicators to each component. However, there were a few choices for which the rationale was unclear, as follows:

- In addition to outcome indicators on minimum acceptable diet and antinatal care visits, several output indicators (number of food production and parent education trainings, number of handwashing facilities) were included at PDO-level, and at least one outcome level indicator (on exclusive breaast-feeding) was listed as an IRI. These choices may well have been carefully deliberated for specific reasons at appraisal or thereafter; however, there was no explanation offered in the PAD or ICR, or by the project team (where the current TTL took over late in the project cycle).
- As above, although utilization of services and application of trainings were fundamental underlying assumptions of the project's causal pathway, they were assessed inconsistently across intervention types. Most notably, there was no information on parental uptake of child stimulation practices at home after receiving trainings from the FRANCs, nor on the degree to which WASH practices actually changed, relative to SBC messaging and increased access to handwashing facilities and latrines.
- In line with the point above, there were no indicators designed to capture possible shifts in knowledge and attitudes towards women's health care. As discussed, it may be that FRANCs' SBC communication on this topic did move the needle slightly for some households, albeit not enough to produce the critical mass of impact required for measurable improvements in the designated indicators. Including one or more IRIs to measure progress in knowledge and attitudes, as opposed to data on de facto health seeking, might have helped unpack whether this was indeed the case.

With respect to both targets and baselines, as above, the PAD stipulated use of population-level surveys for both baseline and endline. However, following the mid-term review in 2021, the decision was taken to revise baseline and target values using project-specific data to improve accuracy. Although the ICR is critical of this perceived lack of foresight (which could alternatively be framed as a routine course correction), it also states that the "project's overall ambition remained unchanged" (ICR, pp. 9 & 19; see also third ISR, pp. 10-15). It is worth noting that this is in fact not the case. Rather, all three metrics on women's health care (pregnant women attending four prenatal care visits, pregnant women making first prenatal care consultation in first trimester, married women of reproductive age who usually make their own decision regarding health care) were downgraded in terms of percent increase from baseline (by 3.2 percent, 17.5 percent, and 2.3 percent, respectively). The consistent downgrading for women's health aligns with the narrative on high barriers and implies underestimation of this topic by the project at appraisal. (It is also very likely that restrictions on pandemic-related movement impacted these indicators particularly badly, resulting not only in targeting shortfalls but higher baselines than endlines.) In contrast, all other revised targets were upgraded in terms of ambition, in some cases considerably, implying that the project was outperforming on several indicators.

b. M&E Implementation

M&E performance appears to have been substantial during implementation. As above, baseline and target values were revised to improve accuracy, following the MTR. SISE was described as functional by the ICR, including being regularly updated with data i) collected at FRANC- level and ii) validated at regional and sub-prefecture levels (ICR, p. 20). As above, the ICR also notes that fourteen well-documented Implementation Status and Results Reports were submitted on time over the project period, ensuring regular tracking of RF indicators. Regarding specification of indicators, although the ICR cited "restructurings to clarify indicator definitions," no further details were provided, and there was no evidence in the third restructuring paper that this had occurred, beyond the aforementioned revisions to baselines and targets.

c. M&E Utilization

The ICR stated that "data collected through the M&E system played a crucial role in informing key decisions that led to the significant restructuring of the project" (ICR, p. 20). However, other than reiteration of the points on revision of baselines and targets, no further details were provided. Nevertheless, it can be inferred that utilization was constrained during the first year of the Program due to COVID-19, which universally slowed implementation and reduced data availability. Post-pandemic, given the functionality of SISE and the PAD's description of planned Joint Annual Reviews and routine process evaluations (PAD, p. 70), it is reasonable to assume that M&E data and analysis were used to inform and adjust the project at multiple levels -- for example, to advise the NNC in its stewardship capacity, highlight what was working and what was not at regional and sub-prefectural level, and inform LIAs, traditional authorities, FRANC facilitators, and other ground-level stakeholders on progress made through the community-based sub-projects that were so central to the project. That said, questions remain regarding frequency and quality of progress review meetings and similarly with participating sectors, government representatives, local authorities, and other stakeholders, as well as regarding the outcomes of several project evaluations and operational research studies described in the PAD (p. 70).

Regarding the degree to which M&E data informed subsequent interventions, the aforementioned Côte d'Ivoire Health, Nutrition, and Early Childhood Development Program was approved in 2023 and builds on lessons learned by this predecessor project.

M&E Quality Rating

Substantial

10. Other Issues

a. Safeguards

The project complied with World Bank safeguard policies. During preparation, the project was classified as Environmental Category B: Partial Assessment and triggered three operational policies: OP/BP 4.01 (Environmental Assessment), OP 4.09 (Pest Management), and OP/BP 4.11 (Physical Cultural Resources). An Environmental and Social (E&S) Management Framework, including a Pest Management Plan, was consequently prepared and publicly disclosed on November 18, 2017. An E&S Specialist was recruited to

the PIU in compliance with World Bank recommendations, and capacity was further reinforced by technical assistance from the World Bank. The ICR noted that an audit was conducted to identify non-compliance and to provide a remedial action plan comprising “screening procedures and regular and close monitoring of project activities… [to] ensure E&S performance was consistent with safeguard policies triggered” (ICR, p. 20). However, no details were provided regarding specific instances of non-compliance and follow-up, and the project team interview was unable to clarify, given late entry to the project. Safeguard instruments and the E&S management procedure - including good agri-environmental practices related to the interventions on food production and transformation – were disseminated by sub-projects across all fourteen regions. The project established a grievance mechanism through community platforms and the decentralized coordinating committees. In line with the overall focus on community empowerment, local actors were trained to inform beneficiaries, and grievances were addressed through community dialogue.

b. Fiduciary Compliance

Per the ICR, performance of financial management duties by the PIU was rated Moderately Satisfactory in the majority of ISRs. The project maintained appropriate financial management arrangements, including staffing in compliance with the legal covenants. Unaudited interim financial reports and external audit reports were submitted in a timely manner and found acceptable to the World Bank. The financial management team met regularly with the PIU through touch-base meetings and made themselves available via email for ad hoc support. An initial fiduciary challenge due to weak accounting practices, including substantial undocumented expenditures by LIAs, was mitigated by institution of a requirement that, on the 10th of each month, the PIU’s financial team submit a report of advances to LIAs. This requirement permitted the project to more closely monitor documented expenditures relative to execution of agreements on ground level.

With respect to procurement, the ICR cited the lack of an updated Plan for the 2018 calendar year as the main fiduciary challenge. This delay appears to have been attributable to weak early reporting, errors in STEP, and subsequent failure to update the Procurement Plan. It is highly likely that this shortfall was exacerbated by the switch in institutional arrangements, pursuant to the June 2018 government ordinance to create a PIU specific to the MNCDP, as well as the fact that fiduciary and safeguards teams were not involved in supervision missions during the first three months of the project (see “Quality of Supervision”, above). The ICR noted that the project’ s audit findings were instrumental in strengthening capacity for fiduciary arrangements, especially procurement functions, at the PIU. However, updating of information and documents in STEP remained a challenge throughout implementation (ICR, p. 21).

c. Unintended impacts (Positive or Negative)

None reported.

d. Other

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11. Ratings

Ratings	ICR	IEG	Reason for Disagreements/Comment
Outcome	Satisfactory	Satisfactory	
Bank Performance	Moderately Satisfactory	Moderately Satisfactory	
Quality of M&E	Substantial	Substantial	
Quality of ICR	---	Substantial	

12. Lessons

The ICR (pp. 23-24) offered several lessons and recommendations, including the following lessons re-stated by IEG Review:

- **Engaging community health workers and other community members is a game-changer.** The success of community-based delivery models in promoting behavior change (including increased demand for services) suggests that future projects should prioritize this approach. Indeed, in resource-poor contexts where public sector service delivery is falling short, community mobilization can be considered a goal unto itself. In these contexts, communities are high potential vehicles for progress. Ingredients for success include intensive and sustained information and social marketing campaigns to validate and strengthen SBC messaging and other interventions, with implementation spearheaded by an actor with extensive previous experience and contacts in beneficiary communities.

- **The use of reputable local non-governmental organizations was instrumental to the project's success, but relying on NGOs risks building dependency on external actors.** In addition to reducing pressure on the government to build capacity, NGO prerogatives may not align well with national priorities, leading to increased rather than decreased fragmentation in service delivery and confounding convergence efforts. Striking a balance between these variables requires weighing alternative options as well as honest assessment of whether the government is truly in a position to foster institutional adoption of the model by engaging sectoral ministries and local authorities in sustainable community convergence strategies.

- **Strong M&E is critical for effective monitoring of multisectoral nutrition interventions.** While this lesson is self-evident, it warrants repeating given that the convergence approach to nutrition programming requires sustained monitoring of joint implementation across sectors. As this is no easy task, projects that take the community convergence approach might wish to include an internal monitoring mechanism in their design, so as to safeguard capacity to track progress and results.

An additional lesson not discussed in the ICR is as follows:

- **The project's integrated, multisectoral approach fostered multiple virtuous circles that reinforced the entire project's function.** The "Minimum Package of Activities" delivered by FRANCs included a range of nutrition-promoting activities executed in tandem to ensure maximum "bang for the buck." These activities were further reinforced by the project's support to primary-level services. For example, FRANCs provided direct delivery of bi-monthly childhood stimulation sessions while simultaneously educating parents on the importance of engaging in similar activities at home. Both these activities emphasized key WASH principles, which were in turn reiterated by health service providers and agricultural extension staff, *and* promoted by the project's support to construction of latrines and handwashing facilities. In addition to creating interlinking and mutually reinforcing chains of action and impact, this approach provided a built-in buffer against shocks by spreading risk to development outcomes across a broad portfolio of activities.

13. Assessment Recommended?

No

14. Comments on Quality of ICR

The ICR's narrative generally supported the overall ICR ratings. It followed the guidelines; it was internally consistent, results oriented, and candid; and it included a robust efficiency analysis and lessons that responded appropriately to findings from the project experience. Overall quality of evidence was substantial. In addition to the RF, the Report cited findings from an external evaluation, which strengthened the case for attribution in terms of reduced stunting and improved child development outcomes.

That said, accuracy and quality of analysis was reduced in several ways. First and perhaps foremost, the ToC was highly reductionist, with no reference to the etiology of malnutrition. This was in contrast to the PAD's logic model, which provided clear articulation of i) how the project's activities would address both underlying and proximate drivers of malnutrition, and ii) what impact these activities would have on physical growth and cognitive development, with longer-term implications for individual and national productivity. Because the ICR's ToC was so sparse, it was difficult to follow the logic of the narrative generally as well as i) with respect to the degree to which the project intended to address wasting and underweight, and ii) in terms of increased utilization. Regarding the latter, it appears that the project's RF was itself lacking with respect to assessing knowledge, attitudes, and practices across several intervention types. This ambiguity was increased rather than addressed in the ICR because of the ICR ToC's own lack of clarity.

There were two content errors which, while minor in the overall scheme of the report, were nevertheless confusing:

- On page 14, the ICR noted that "PDOI 1 ('Number of caregivers educated on parenting practices on the basis of parenting module in the last 3 months') was not achieved." As the target for this indicator was actually surpassed, presumably this text intended to refer to the PDO on antenatal care ("Percentage of pregnant women attending 4 prenatal care visits").

- On page 8, the (canceled) RBF activities were listed under Component 2, despite having been described in both the PAD and elsewhere in the ICR as comprising Sub-component 1.3.

Last but not least, given the community-based focus of the project, including complementary data from the perspective of beneficiaries would have added considerable value.

a. Quality of ICR Rating

Substantial