Report Number: ICRR0023973

1. Project Data

Project ID	Project Name
P164164	Towards Zero Stunting and Emergency Resp
Country	**Practice Area(Lead)**
Djibouti	Health, Nutrition & Population

L/C/TF Number(s)	Closing Date (Original)	Total Project Cost (USD)
IDA-62900	31-Dec-2023	14,651,115.50
Bank Approval Date	**Closing Date (Actual)**	
09-Jul-2018	15-Jul-2023	

	IBRD/IDA (USD)	Grants (USD)
Original Commitment	15,000,000.00	0.00
Revised Commitment	15,000,000.00	0.00
Actual	14,651,115.50	0.00

Prepared by	Reviewed by	ICR Review Coordinator	Group
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2. Project Objectives and Components

a. Objectives

The original project development objective (PDO) was to “reduce stunting among children under five in Djibouti”, as stated in both the Financing Agreement (FA, p4) and the Project Agreement Document (PAD, p7). This objective was revised two months after effectiveness was declared, due to activation of the project’s Contingent Emergency Response (CERC). The revised PDO statement was to “improve selected practices known to be key determinants in reducing chronic malnutrition and respond promptly and effectively to eligible crises and emergencies”. The revision of the PDO statement reflected a new focus on emergency response.

While these revisions would normally call for a split rating, there were no disbursements prior to the CERC activation and thus there is no weight value to consider for a split rating calculation. As such, this ICR Review does not apply a split rating methodology, as it would not have any bearing on deriving the outcome rating in this particular case. Rather, this ICR Review uses the revised objectives in the assessment and validation of the ICR's findings.

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

04-Aug-2021

c. Will a split evaluation be undertaken?

No

d. Components

1. High-impact Health and Nutrition Services to Reduce Stunting (Appraisal: US$11.6 million, comprising US$7.3 million IDA and US$4.3 million Counterpart funding; Actual: US$2.9 million). This component intended to focus on delivery of services and interventions to address stunting at district healthcare facility and community levels.

- ***Sub-component 1.1: Strengthening of health and nutrition services at the district facility level.*** This sub-component aimed to improve deployment of proven nutrition and health interventions at district health facility level, namely growth monitoring and promotion activities, deworming and micronutrient supplementation, and provision of interventions targeted to pregnant and breastfeeding women (antenatal care (ANC) iron/folic acid supplementation, post-partum care, and counseling on child care, hygiene, exclusive breastfeeding (EBF) and complementary feeding). It also aimed to improve water, sanitation and hygiene (WASH) practices in district facilities and to improve linkages, referrals and counter-referrals between those facilities and the community.
- ***Sub-component 1.2: Prevention and management of stunting and wasting at the community level.*** This sub-component aimed to support the delivery of health and nutrition services at the community level, as well as community sensitization and mobilization. Subcomponent 1.2a was to be financed through Investment Project Financing (IPF), subcomponent 1.2b. was to be financed using Results Based Financing (RBF) using Disbursement Linked Indicators (DLIs).
    - **Sub-component 1.2a Supporting behavior change and outreach at the community level.** Activities under 1.2a were intended to support behavior change and community sensitization via (i) development of a Behavior Change Communication (BCC) strategy that incorporated locally appropriate messaging on maternal nutrition, infant and young child feeding (IYCF) and WASH; (ii) definition of a common community participation strategy to facilitate convergence of a multi-sectoral minimum package of services at community level; (iii) utilization of the "positive deviance" approach; (iv) improved access to WASH interventions via installation of handwashing stations with soap and safe water

storage; (v) provision of adolescent girls with iron and folic acid supplementation; and (vi) increasing the number of mobile "Caravan" clinics and teams to better reach rural and nomadic populations with health and nutrition services.

- **Sub-component 1.2b Strengthening the role of community health workers.** Activities under 1.2b were intended to increase the effectiveness of the Ministry of Health's (MoH[SH1] ')s cadre of CHWs through training, improved supervision and mentorship, introduction of new technologies to facilitate links between the community and health facilities, and strengthening of the commodity supply chain. The DLIs - "1A-Number of women referred by community health workers and registered at the health facility within the first four months of pregnancy; 1B-Number of women referred by community health workers who completed at least three antenatal visits at the health facility; and 1C-Number of women referred by community health workers who completed at least 2 postnatal visits at the health facility" were proposed to expedite progress in the implementation of community-based interventions for stunting reduction in the first 1000 days, including recruitment of community members to identify, refer and follow up on children with growth faltering.

2. Strengthening Multi-sectoral Interventions for Stunting Reduction (Appraisal: US$3.3 million IDA; Actual US$1.3 million). This component intended to focus on creating an enabling environment for strengthening multi-sectoral interventions to reduce stunting.

- ***Sub-component 2.1: Using multi-sectoral platforms for the prevention and management of stunting.*** This sub-component aimed to develop a Behavior Change Communication (BCC) strategy to facilitate locally appropriate stunting prevention messaging. Additionally, it sought to ensure linkages with the WB Djibouti Crisis Response Social Safety Net Project and the Rural Community Development and Water Mobilization Project (PRODERMO) with respect to follow-up of stunting cases, case management, and prevention.
- ***Sub-component 2.2: Addressing stunting in relevant policies and strategies.*** This sub-component aimed to support line ministries involved in the multi-sectoral response to formulate or update policies, strategies, norms, guidelines and protocols to facilitate an enabling environment for the implementation of multi-sectoral nutrition interventions.
- ***Sub-component 2.3: Multi-sectoral capacity building (US$0.53 million IDA).*** This sub-component aimed to complement and scale-up ongoing initiatives under the National Nutrition Program by providing technical assistance and backstopping to i) strengthen delivery of nutrition-specific and nutrition-sensitive interventions at community level, and ii) improve capacity at all levels to address the multi-sectoral nature of stunting. Both goals were intended to be met by improving the coordination and facilitation functions of MoH national and regional nutrition programs, including via formation and staffing of a National Nutrition and Food Coordination Authority (*Organe de Coordination Nationale de Nutrition et Alimentation* (OCNNA)). Creation of this agency was a prerequisite for the project. It was intended to serve as both the PIU and as a high-level coordinating platform for multisectoral nutrition action.

3. Strengthening Coordination, Project Management and Monitoring and Evaluation (M&E) (Appraisal: US$4.4 million IDA; Actual: not reported). The activities under this component were intended to complement those under Components 1 and 2 by improving the project management capacity of national implementing agencies. It was to be financed via IPF for Sub-component 3.1 and RBF for Sub-component 3.2.

- ***Sub-component 3.1: Institutional strengthening for coordination, project management and M&E.*** This sub-component aimed to (i) support the day-to-day management of project activities, including fiduciary activities; (ii) build capacity for geospatial mapping to identify gaps in service provision; and (iii) monitor and evaluate project activities via periodic surveys, assessments, and impact evaluations. (Data sources and other considerations for these activities were not specified in the PAD or ICR. See "Quality at Entry", and "M&E Design" for more detail.)
- ***Sub-component 3.2: Strengthening the use of information systems for enhanced M&E capacity.*** This DLI-financed sub-component aimed to support the development and rollout of district level information systems for i) routine tracking of women and children and ii) ensuring that the correct structures and systems were in place to implement and monitor nutrition interventions, including the project's. DLI #2 - "Percentage of health facilities that have annual disaggregated data using the District Health Information System (DHIS2)" (total DLI value = $0.5 million) was proposed to accelerate progress in these areas, with the PAD noting that this DLI would be important for: "(i) the project, both in terms of the application of technological solutions for beneficiary tracking and monitoring as well as timely availability of data from both health facility and community levels; and (ii) strengthening the health system more broadly" (PAD, p.11)

4. Contingent Emergency Response Component (CERC) (Appraisal: US$0; Actual: US$10.8 million). A CERC was included in the project as a US$0 component, in accordance with Operational Policy 10.00, paragraphs 12-14, for Projects in Situations of Urgent Need of Assistance or Capacity Constraints. The intention was to permit rapid reallocation of project proceeds in the event of a natural or man-made disaster that caused, or was likely to imminently cause, an adverse economic and/or social impact with public health consequences. The PAD stipulated that an "Emergency Response Operational Manual" (EROM) would be prepared as part of the Project Operational Manual. Triggers for the CERC were to be clearly outlined in the EROM, with disbursements to be made against an approved list of goods, works, and services required to support crisis mitigation, response and recovery. The PAD also stipulated that all expenditures under this activity were to be appraised, reviewed, and found to be acceptable to the World Bank prior to disbursement (PAD, pp. 12-13).

e. Revised components

In April 2020, two months after the OCNNA became operational, the GoD requested activation of the CERC to assist in responding to the following three emergencies:

- **Flooding:** Djibouti experienced heavy rains in November 2019 and again in April 2020. Each event triggered flash floods across the country, increasing risk of both vector and water-borne diseases due to standing water and overflows from the damaged sewage systems.
- **Locust invasion:** The abnormal humidity resulting from the heavy rain in November 2019 triggered a Desert Locust infestation which increased food insecurity, especially in rural areas.
- **COVID-19:** The first COVID-19 case in Djibouti was confirmed on March 18, 2020. Although the Djibouti COVID-19 Response Project (P173807) was approved by the WB's Board of Executive Directors on April 2, 2020, the credit (US$5 million equivalent) did not match estimated needs. As a result, P164164 was leveraged for additional funds.

Following activation of the CERC, the project was restructured:

Component 1 was renamed "Basic Package of High-impact Health and Nutrition Services to Improve Nutritional Status" (US$7.3 million under the original design, revised to US$2.86 million). Although

this component remained focused on the delivery of targeted nutrition services and interventions to district facilities and communities, the scope was narrowed to the following activities: i) growth monitoring and promotion, promotion of EBF, and provision of appropriate micronutrient supplementation to children at facility level; ii) training of health facility workers on nutrition education and counselling to ensure proper implementation of the above-mentioned activities, and iii) trainings and workshops with CHWs, facility health workers, and community members on WASH, IYCF, and the importance of pre and post-natal care, including iron/folic acid supplementation and sufficient visits to health centers. Elaboration of a BCC strategy; increasing the number of mobile clinics and teams; defining a common community participation strategy between the different sectors and facilitating convergence of a multi-sectoral minimum package of services at community level were removed.

Components 2 (US$3.3 million under the original design) and 3 (US$4.4 million under the original design) were merged into "Strengthening Coordination, Project Management, and Monitoring and Evaluation" (revised to US$1.3 million). The revised component was intended to support the OCNNA in its role as a high-level coordinating platform. Although investments in multisectoral capacity building, including support to relevant ministries [2] to update their policies, were maintained, investments in programmatic mapping and information technology were removed, and investments in M&E were reduced.

Component 3: Contingent Emergency Response Component (US$10,841,142). Following its activation, the CERC supported:

- **A Flooding Response (US$2,241,142)** which aimed to i) improve case management of vector-borne diseases via provision of drugs and diagnostics and ii) reduce transmission via training for service providers, CHWs and community members on emergency response, WASH and use of mosquito nets.
- **A Locust Invasion Response (US$600,000)** which aimed to i) directly support affected farmers and pastoral communities through provision of sprayers and insecticide, animal feed, and other inputs; and ii) support investment by local institutions and communities in early warning systems.
- **A COVID-19 Response (US$8,000,000)** which complemented P173807 by funding i) procurement and distribution of medical supplies and equipment, including procurement of incinerators (US$150,000), and ii) minor rehabilitation of quarantine and isolation facilities.

Following the Mid-Term Review (MTR) and subsequent mission in May 2022, project activities were further adjusted to support Djibouti in addressing a fourth emergency: a severe food security crisis. This emergency was related to the crises cited above and exacerbated by a drought in 2022 as well as rising wheat prices due to the war in Ukraine. In response, the project team used financing from Component 1 of the project (US$280,000) to procure nutrition commodities. (The ICR rationalized this decision by explaining that it was taken in an effort to "avoid cumbersome administrative processes", given the urgency of the crisis (ICR, p.30)).

[Note: The first Restructuring Report (RES40764) names the following ministries: Economy and Finance, Agriculture, Education, Commerce, Women and Family, and Social Affairs].

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

Project Costs, Financing, and Borrower Contribution: Total costs were estimated at Appraisal at US$19.3 million, of which US$15 million was expected to be provided by the World Bank via IDA Credit, and US$4.3 million was expected to be contributed by the Borrower. The lending instrument consisted of Investment Project Financing (IPF). The CERC activation and subsequent restructuring resulted in a reallocation of two thirds of the IDA funds (US$10,841,142) for responding to the emergencies cited above; one third (US$4,158,858) remained earmarked for nutrition-focused activities. With respect to the CERC component, US$80,000 was subcontracted to UNICEF for the procurement of the nutrition commodity PlumpyNut, US$150,000 to the WFP for the nutrition commodity Super Cereals, and US$250,000 to FAO for locust eradication and recovery. The contribution from the Borrower was revised to US$0. At closing, the ICR reported actual World Bank disbursements of US$14,651,116, reflecting a disbursement rate of 98 percent. As such, the credit may be considered fully disbursed.

Dates: The project was approved on July 9, 2018, and became effective on February 26, 2019, with the delay attributable to formation of the OCNNA. As above, this agency was created concurrent to Appraisal and as such there were requirements for its establishment which took time to fulfill. There was also a second delay between CERC activation, which occurred in April 2020, and the first formal restructuring, which occurred in August 2021. The ICR attributed this second lag to i) a shift in the OCNNA's focus from nutrition to emergency response, resulting in an expansion of its remit and a new name, the Direction de Gestion des Projects (DGP) and ii) pandemic-related travel restrictions, which reduced the Bank's capacity to coordinate restructuring (ICR p.29). The MTR was conducted on May 8, 2022. Although the original closing date was scheduled for December 31, 2023, the project was restructured again in July 2023 to permit it to close six months early, on July 15, 2023. The ICR attributed the early closure to the fact that, by July 2023, 94 percent of the Credit had been dispersed and a new health project (P178033, Health System Strengthening Project for Djibouti (HSS)), was underway, providing the opportunity to shift away from emergency response and to intensify the nutrition focus (ICR, p.15).

3. Relevance of Objectives

Rationale

The current Country Partnership Framework (CPF) for Djibouti identifies child stunting as a "major concern" for human capital formation, and characterizes the impacts of climate change as a "major risk". Both are included in the Framework's classification of "main development challenges".

With respect to stunting, the CPF reports that national prevalence was assessed at 21 percent in 2019 (higher in rural areas), and cites lack of access to WASH, most notably in rural communities and also in health facilities, as well as low utilization of pre- and post-partum services, as related challenges.

Regarding climate change, the CPF notes that "Djibouti is ranked among the world's most at-risk countries, with respect to both direct exposure to climate change and its effects on disease" (CPF, p. 10). This ranking implies that Djibouti is subject to increased prevalence of infectious disease, decreased food security, and decreased access to potable water due to climate change-related events. Although the CPF does not make the connection explicit, each of these hazards is also linked to increased risk of stunting (Bhutta et al. 2020).

With respect to the pandemic, the CPF notes that the WB "will stand ready to support additional crisis-response efforts", but also notes that beyond emergency assistance, the Bank will continue to support Djibouti in expanding access to good-quality health care, including via support to the GoD's Towards Zero Stunting Program."

As both the flooding and locust infestation addressed by the CERC can be characterized as emergencies related to climate change (World Bank 2024, Xinyue Liu et al. 2024), the project's revised development objectives remained highly relevant to CPF priorities through closing. Alignment is most obvious with respect to CPF Objective 3: "Strengthen basic service delivery to improve access, quality, and inclusion, while enhancing resilience to climate change and natural disasters", under Focus Area 2: "Strengthening the role and capacity of the state, supporting the government's efforts to strengthen basic service delivery and social inclusion, notably in health, as well as the capacity of public institutions." Additionally, the implicit PDO focus on improved utilization of maternal health services aligned with the cross-cutting theme of gender parity (CPF, p.1), and the project design strategy of applying an RBF mechanism aligned with the cross-cutting theme of strengthening transparency to support good governance (CPF, p.1).

Finally, the project's revised objectives were relevant to CPF emphases on i) embedding flexibility to respond to shocks as a program priority, and ii) increasing selectivity of the portfolio by reducing its scope to sectors where the World Bank had an established comparative advantage, including health (CPF, p. 14). As 72 percent of the funds committed to the parent project were understandably allocated to the arising emergencies, the human development challenge of stunting remains, and has to be revisited in the future.

Rating
High

4. Achievement of Objectives (Efficacy)

OBJECTIVE 1
Objective
Improve selected practices known to be key determinants in reducing chronic malnutrition

Rationale
The **Theory of Change** assumed that upstream policy support to relevant agencies, combined with technical assistance (TA) for downstream delivery of nutrition commodities and services, would result in measurable improvements in "selected practices known to be key determinants in reducing chronic malnutrition", namely, EBF and utilization of prenatal medical care.

Activities
The ICR described the following activities for this component:

- Support to the MoH and other relevant ministries to develop a **Multisectoral Roadmap and Action Plan** for all nutrition-specific and nutrition-sensitive activities planned in the next five years, in line with the National Nutrition Strategy, to be financed by the new Bank-supported HSS project as well as by relevant ministries and Development Partners.
- Preparation of a **nutrition training guide** for facility health workers and CHWs to improve knowledge and practices. (Intended to complement the community health strategy currently under development by the MoH in collaboration with partners, including the Bank via the new HSS project)
- **Workshops** with facility health workers, CHWs, and community members on a range of topics such as hygiene, IYCF, and strategies to increase ANC and post-natal care referrals to health centers in all regions of the country.
- **Cooking demonstrations** in health facilities to inform caretakers on approaches for providing nutrient dense meals using affordable, locally available ingredients.
- Purchase and distribution of **baby kits** to create an incentive for expectant mothers to seek sufficient antenatal care. Over 400 kits were distributed to pregnant women by project close, presumably upon completion of the fourth appointment.
- Phase 1 of an **emergency food distribution** effort, comprising delivery of micronutrient supplement and ready-to-use therapeutic foods (RUTFs; namely Plumpynut and Super Cereal) to nutrition referral centers, district facilities, community centers, and health posts. Six thousand cartons of Super Cereal and 2,440 cartons of Plumpy Nut were delivered to the Central Purchasing Center for Essential Medicines and Medical Consumables (*Centrale d'Achat des Médicaments et Matériels Essentiels* (CAMME)) on February 2, 2023 and March 16, 2023 respectively.

The ICR did not include details (e.g. description/ number of trainings conducted; information regarding independent verification) on implementation of RBF under this Component.

IRIs associated with these activities

Pre- and post-natal care:
Two IRIs assessed progress on increased utilization of prenatal care: "[Number of] Women referred by CHWs and registered at the health facility within four months of pregnancy" (DLI 1A) and "[Number of] Women referred by CHWs, who completed at least three antenatal visits at the health facility" (DLI 1B). Both far exceeded their targets, with 29,618 women registering within four months of pregnancy (relative to the target of 3,375; baseline 0), and 19,906 completing at least three antenatal visits (relative to the target of 3,800; baseline 0). Per the ICR, the magnitude of overachievement suggests that targets were set too low and could have been achieved regardless of the project.

The IRI for postnatal care "[Number of] Women referred by CHWs, who completed at least two postnatal visits at the health facility" (DLI 1C) also exceeded its target, but by a narrower margin: 5,696 actual, relative to the target of 2,375 (baseline 0). No explanation was provided by the ICR regarding the difference in magnitude of overachievement between this IRI and the two IRIs assessing prenatal care.

Nutrition commodities and nutrition sensitive services (WASH):
Sixty-one percent of children 6-23 months across all five regions were reported to "have received micronutrient powder supplement", relative to the target of 60 percent. The baseline for this IRI was 32 percent. No details were provided in the ICR regarding delivery entry points (facility and/or CHW), nor amount (number of sachets across a given time span). However, the ICR did note that the existence and empowerment of the DGP (supported by the project), strengthened MoH capacity to manage distribution of

the supplement to facilities, “a role previously performed by UN partners”. The Task Team clarified that both supplement *and* RUTFs were distributed to regional hospitals and health posts, as well as to community health centers in Djibouti City, by CAMME. The Task Team further noted that CAMME displayed impressive capacity during this distribution effort, including rapid last-mile delivery from the central distribution center to outposts in five days. This achievement (of a role previously played by UN partners), helped the Team identify CAMME as a high performing agency with potential to play a strengthened role in the country’s health system (see “Unintended Impacts”, below) .

Six hundred households were reported to have “benefited from sensitization on hygiene, drinking water, good storage and handling practices of water at home”, achieving the target which was set at 600. The baseline for this IRI was 0; no details were provided in the ICR regarding definitions of “benefited” or “sensitization”.

General measures of health service access and utilization:
The IRI for “People who have received essential health, nutrition, and population services” was reported as 115,821, exceeding the target of 75,000 (baseline 0). This indictor was disaggregated for women, reported as 94,683, exceeding the target of 50,000 (baseline 0), and also for women and children. The value for the latter was also reported as 115,821, implying that the composite indicator and the one for women and children were equivalent.

Multisectoral coordination
The ratification of a multisectoral nutrition roadmap and action plan in June 2023 fulfilled the requirements for a “multisectoral coordinating mechanism” (DLI 2). Created by the DGP in collaboration with the Directorate of Mother and Child Health (DSME), both documents are in full alignment with the National Nutrition Strategy and comprise the main program of work for nutrition specific and nutrition sensitive activities planned by the GoD for the next five years. The ICR noted that their ratification “marks an important step in positioning the MoH to lead the nutrition agenda in the country by institutionalizing this agenda in the DSME and consolidating the nutrition program, and is expected to improve multi-sectoral coordination, including with Development Partners” (ICR, p.20).

Outcomes associated with these activities and outputs

EBF
At closing, the PDO indicator for EBF- “[Percent of] Infants 0-5 months exclusively breastfed” - could not be measured due to the fact that the 2023 Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey –the sole designated data source for this indicator –was indefinitely delayed pending completion of the population census. Additionally, although the PAD set the baseline rate for EBF at 12.4 percent, with a target of 36 percent, these were revised at the first restructuring, to a baseline of 51.5 percent and a target of 70 percent. The ICR attributed this revision to the release of the 2019 SMART survey, and stated that the new target was unrealistic, based on survey data provided in a 2023 report by the National Food Security Technical Working Group, which reported a national EBF rate of 22 percent (ICR, p.20).

Antenatal care
The PDO indicator “[Percent of] Women who attended at least four pre-natal visits during their most recent pregnancy” was assessed at 8 percent coverage, relative to a target of 50 percent and a baseline of 23 percent. Neither target nor baseline were revised at restructuring. With respect to baseline, the ICR cited data from the IVA report on crude birth rates and total population which indicate that the baseline should have been around 14 percent (ICR, Annex 6). With respect to the target, the ICR stated that it was overly ambitious to begin with, and became more so due to service disruptions from COVID-19 and the other emergencies

(ICR, p.19). Although the ICR did not address the difference between baseline and actual endline (23 percent baseline versus 8 percent actual), it is possible that service disruptions may also be the explanation behind this sharp drop, especially if the more accurate IVA baseline (of 14 percent) is also considered.

Summary:
The creation of the DGP and subsequent drafting and ratification of the Multisectoral Nutrition Roadmap and Action Plan represented an important step in increasing Djibouti's political commitment to making nutrition a national priority. There are "soft" capacity strengthening outputs related to this achievement which, while unmeasurable, should not be underestimated. The ICR cites two, i) the fact that the MoH and CAMME acted as the primary distributor of nutrition supplements during the food security crisis (replacing UN agencies who had previously undertaken this role due to weak GoD capacity), and ii) the formal casting of the MoH as primary implementer of the National Nutrition Strategy, which could potentially result in improved coordination between line ministries and Development Partners.

However, the PDO indicator for EBF could not be measured at closing and the PDO indicator for antenatal care fell extremely short. Additionally, although IRIs for pre and post-natal care exceeded their targets, the former was by such a wide margin that it is difficult to attribute progress to project activities.

In contrast, it is possible to cite achievement with respect to the delivery of nutrition commodities and WASH services, as targets for both of these outcomes were met.

On balance, although these mixed results represent achievement in specific areas, there were major shortcomings and data gaps with respect to both PDO indicators. Achievement of this Objective is therefore rated modest.

Rating
Modest

OBJECTIVE 2
Objective
Respond promptly and effectively to eligible crises and emergencies

Rationale
Rationale
The **Theory of Change** assumed that rapid acquisition and distribution of medicines, medical equipment, and locust control inputs, combined with TA for relevant stakeholders, would result in improvements in the effectiveness and timeliness of the GoD's emergency response.

Activities
The ICR described the following activities for this component:

- Execution of two contracts with CAMME for the acquisition and distribution of medicines and personal protective equipment (PPE) as well as diagnostic and therapeutic tools to diagnose and treat cases of COVID-19.
- Execution of a contract with CAMME for the acquisition and distribution of medicines and diagnostic tools to diagnose and treat vector-borne disease related to flooding, namely malaria, chikungunya, and dengue fever.
- Support to MoH trainings for facility service providers and CHWs on handling emergencies. No details were provided in the main text of the ICR regarding the content of these trainings, however use of insecticide treated bed nets is mentioned in Annex 5 (ICR, p.54), albeit not specifically in the context of trainings.
- Acquisition and distribution of materials and tools for spraying locust affected areas with insecticide, as well as acquisition and distribution of animal feed, seeds, and fertilizer to offset losses in communities affected by infestation (via FAO and the Ministry of Agriculture)
- TA for strengthening the surveillance capacity of local authorities to foresee and mitigate future infestations (via FAO and the Ministry of Agriculture)

IRIs and outputs associated with these activities
COVID-19
The number of PCR tests conducted for COVID-19 reached 536,513 by project close, relative to the target of 200,000 (baseline 0). Intensive care units were rehabilitated and equipped at the 3 main health facilities, achieving the target (baseline 0).

Non-IRI Outputs
Specific outputs cited by the ICR, but not linked to a specific IRI, were as follows: “Medications and 20 pediatric resuscitation equipment monitors were delivered to Peltier Hospital” and “two mortuary refrigerators for the morgue at Ali Sabieh regional hospital were delivered”.

Outcomes associated with these activities and outputs

COVID-19 and flooding-related vector-borne diseases
The PDO indicator “Number of COVID-19 patients treated according to the MoH procedures” was exceeded, with 9,675 patients reported treated as per MoH protocol by project close, relative to the target of 6,000 (baseline 5,323). As the two Bank projects constituted the lion’s share of COVID assistance provided to the GoD during 2020, and given the achievement of IRIs related to this outcome indicator, it is reasonable to assume that the high levels of effectiveness in diagnosis and treatment are at least partially attributable to Bank support.

The PDO indicator “Number of health facilities receiving consumables, medicines and equipment financed by the project” was met, with 20 facilities receiving supplies relative to the target of 20 (baseline 0). Although no additional details regarding specific facilities or supplies (e.g. procurement and distribution of antimalarials) were provided for this indicator, plausible attribution is possible in principle, given the absence of non-project factors which could have contributed to the results. That said, the vagueness of this indicator’s definition, and the fact that no IRIs were explicitly linked to it, weakens the result chain’s logic. It is possible that the IRI on WASH (see section above), defined as “Number of households which benefited from sensitization on hygiene, drinking water, good storage and handling practices of water at home” was also intended to

contribute to the project's flooding response. No statement to this effect was made in the ICR, however, it was confirmed as "probably the case" by the project team.

The parameters of this outcome are further muddled because the ICR notes that the deliveries of PlumpyNut and SuperCereal to health facilities (Component 1) were factored into this PDO indicator, and that i) "PCR machines originally procured for COVID-19 purposes were repurposed for malaria and other antigen testing" and ii) "pediatric resuscitation equipment was not only relevant for difficult COVID-19 cases but also for severe acute malnutrition treatment". While these double duty actions are justified and commendable given the need for a rapid response that simultaneously addressed risk factors related to malnutrition, COVID, malaria and other vector-borne disease, their contributions to this PDO indicator are insufficiently unpacked.

Locust response
The ICR stated that the PDO indicator– "Area sprayed to control locusts" - was "considered met", despite the fact that the actual area sprayed at closing (1,750 hectares) was less than the target (2,500 hectares). The ICR main text then stated that "it was subsequently determined that the sprayed area of 1,750 hectares was sufficient" and that "this indicator is considered achieved" (ICR, p.22). No further information is provided for this rationale, however presumably it was a decision taken by FAO and the Ministry of Agriculture. (A stakeholder comment in Annex 5 of the ICR could be construed as disputing sufficiency: "The target was 2,500 hectares, but the report shows an area of 1,750 hectares sprayed. It is important to increase locust control efforts to protect crops and ensure food security" (ICR, p. 60).)

Regardless of the shortfall, Bank support contributed to the outcome "number of hectares sprayed". What is less clear is the degree to which that support contributed to i) abating crop and livestock losses, and ii) strengthening the capacity of local authorities to foresee and mitigate future infestations. While it could be argued that neither of these outcomes is explicitly included in the theory of change, both are obvious outcomes which it would have been helpful to address through IRIs or even anecdotal evidence, given the mentions in project documents of TA for strengthening surveillance capacity and provision of agricultural inputs to offset farmers' losses.

Summary
IRIs and the PDO Indicator for COVID-19 were exceeded or met. Targets for these indicators appear to have been appropriate and it is highly likely that the Bank's support contributed to Djibouti's pandemic response in the spring of 2020. The PDO indicator for flooding was also met, however as there were no IRIs associated with this indicator and there is also a lack of clarity regarding its definition, plausible causality is difficult to confirm. It is the case that Bank support improved the functionality of the country's three main health facilities and reduced stockouts, however beyond those basics, it is difficult to say exactly how the project addressed any higher bar outcomes concerning vector-borne diseases. Similarly, with respect to the locust invasion, the Bank contributed to the GoD's emergency response in terms of providing equipment and assistance for spraying. However, questions remain with respect to i) the decision to reduce the requirement for hectares sprayed, and ii) how TA provided by FAO and the Ministry of Agriculture mitigated losses during the emergency and built capacity thereafter.

Rating
Substantial

OVERALL EFFICACY

Rationale

Overall efficacy across the two objectives is rounded up to substantial. Although mixed outcomes on ANC and postnatal care, lack of data on EBF, and narrowly defined indicators for flooding and locust response compromised results and plausibility of attribution, the project demonstrated robust results overall. It succeeded in meeting selected targets under the first objective, namely drafting and ratification of the Multisectoral Nutrition Roadmap and Action Plan, and delivery of nutrition commodities and WASH services, and exceeded or met all the targets for the second objective.

Overall Efficacy Rating

Substantial

5. Efficiency

Ex-Ante Assessment of Economic Efficiency

Cost benefit analysis conducted at Appraisal estimated that the economic return to the project would be US$38 million, yielding a benefit of over US$2.5 for every dollar invested in reduced stunting (PAD, p.26). Returns were calculated using reasonable assumptions under the willingness-to-pay for health approach, and the human capital approach. Both models generated similar estimates. The PAD also included a sensitivity analysis that suggested the benefit-cost ratio would remain high at US$1.3 for every dollar invested, even if the project only achieved an average annual rate of reduction of 0.72 (relative to the target AARR set at 1.43).

The PAD also noted that public investments in stunting reduction are critical for breaking the vicious circles of poverty and malnutrition. These cycles are intergenerational and mutually informing and as such, the PAD notes: “Not only are investments in nutrition one of the best value-for-money development actions, they also lay the groundwork for the success of investments in other sectors (such as education and social protection), and are needed to accelerate national economic growth through enhanced human capital development” (PAD, p.27).

Ex-Post Assessment of Economic Efficiency

The ICR revised the efficiency analysis based on actual activities implemented after the CERC was activated, and states “under the restructured project, all activities conducted were cost-effective” (ICR, p.23). With respect to COVID-19, total savings on health expenditures were estimated at US$9,657,000, with a return-on-investment specific to PPE of US$118,980,000. Savings on health expenditures attributable to micronutrient powder supplementation were estimated at US$85.1 million. DALYs averted were also calculated with respect to micronutrient supplementation and RUTFs (643 and 519, respectively). Total estimated savings from the COVID-19, nutrition and RUTF interventions were estimated at US$128.6 million. The ICR further noted that this number was derived from conservative assumptions, given the difficulty of quantifying the impact of the Nutrition Road Map, and concluded that the cumulative rate of return was US$8.5, far higher than originally envisioned. No calculations were conducted to estimate the return-on-investment for the activities related to locust control and flooding.

Implementation Efficiency
Delays in project implementation reduced efficiency during the first 2.5 years of the project. As above, the ICR attributed these delays to i) the time it took to establish the OCNNA as a functioning agency, ii) a shift in the OCNN's focus from nutrition to emergency response, resulting in an expansion of its remit and its "rebranding" to the DGP, and iii) pandemic-related travel restrictions, which reduced the Bank's capacity to coordinate restructuring. Presumably, activities during this period were also highly constrained due to the volatile situation within Djibouti, namely COVID-19 restrictions combined with emergency circumstances due to flooding and locust invasion. Examples of the delays that occurred between February 2019 and August 2021 are described in Annex 5 of the ICR under "Stakeholder Comments", including difficulties in fund management due to absence of specific disbursement procedures for the emergency component, delays in several of the facility and community-based nutrition activities under Component 1, and delays in revising the project management procedures manual. Annex 5 also notes that "no TA was provided at the start of the project" (ICR, p. 61).

In contrast, once restructuring was completed in August 2021 (and COVID restrictions had relaxed), implementation accelerated to the point that the project was able to close almost six months ahead of schedule. The ICR cited multiple innovations which improved implementation efficiency during this period, including (i) repurposing of paravanes initially purchased for COVID-19 for intensive care units; (ii) repurposing of PCR machines originally procured for COVID-19 for malaria and other antigen testing; and (iii) pediatric resuscitation equipment used for severe COVID-19 cases and for treatment of severe acute malnutrition. The ICR also stated that "morgue capacity in the country was tripled by the project, which helped meet a need beyond the COVID-19 pandemic" (ICR, p.24).

In addition to innovations in the use of medical equipment, the ICR attributed increased implementation efficiency in the second half of the project to the DGP's proactive PIU and intensive hands-on support provided by the World Bank. No details are provided regarding funding flows or procurement in the ICR. However, the fact that the project's disbursement rate was considered sufficient for early closure implies considerable capacity on the part of the PIU. This is all the more impressive given the newness of the DGP, and the difficult context within which it was operating.

Based on the overall implementation experience, as well as the early project closure and substantial returns to investment, efficiency of the project 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 development objectives and the Country Partnership Framework at project closing. Although efficacy of Objective 1 is rated modest, the overall rating for efficacy was assessed as substantial, given the considerable achievements under Objective 2. Efficiency is rated substantial in view of the project's substantial returns to investment, and the fact that, by closing, both the DGP and Bank teams had completely made up for time lost during the first years of the project. Given that there was modest achievement of one objective used in the assessment of overall efficacy, the aggregation of the above ratings is consistent with a moderately satisfactory overall outcome, indicating moderate shortcomings in the project's preparation, implementation, and achievement.

a. Outcome Rating

Moderately Satisfactory

7. Risk to Development Outcome

With respect to the project's emergency aspects, the question unfortunately is not "if" but "when". Djibouti's high susceptibility to drought, flooding and other climate-related disasters poses a major risk to food and water security as well as increased prevalence of malaria and other vector-borne diseases. Each of these hazards compromises human health and productivity and, as above, is also linked to increased risk of stunting. As such, the inclusion of a CERC in the new HSS is a critical mitigating measure to protect progress.

With respect to non-emergency aspects of the project, sustainability depends on continued Government commitment to reducing malnutrition, as well as operational capacity to implement needed interventions. Establishment of the DGP and ratification of the multisectoral nutrition roadmap should increase the probability of achieving both of these goals. The latter via the publication of a policy document and action plan to clarify next steps and increase government accountability, the former in terms of the streamlined administrative function provided by the DGP, including improved coordination with Development Partners and relevant technical directorates on implementation (see also "Unintended Outcomes").

8. Assessment of Bank Performance

a. Quality-at-Entry

The overall strategic approach of the original project was sound as it sought to scale up proven, cost-effective interventions to reduce stunting, and to strengthen the institutional capacity of the MoH. The

project incorporated lessons learned from the Africa Region and globally, namely i) the need to address malnutrition via a wide range of multisectoral approaches, and ii) the critical role played by CHWs and behavior change. The original Results Framework was in line with the objectives of the project, however there were shortcomings in M&E design, each of which is discussed in Section 9, below.

Overall risk was deemed Substantial at Appraisal, given challenges related to institutional and fiduciary capacity, Djibouti's limited track record in working across sectors on nutrition, lack of survey data, and lack of reliable district level health data (PAD, p.vii). With respect to institutional and fiduciary capacity, the main risk was the DGP (then OCNNA), given its fledgling status and total unfamiliarity with Bank protocols. TA to mitigate this risk was stipulated under Sub-component 3.1 at Appraisal (PAD, p.11). With respect to data paucity, the project at Appraisal did include a focus on M&E under Component 3. However, most of the language in the PAD concerning M&E refers to strengthening the capacity of the DHIS and other government-owned systems (per Sub-component 3.2), as opposed to addressing the risk of inaccurate or absent data for project monitoring per se. Only one line in the PAD referred to project-specific M&E measures, with no information provided regarding potential alternative data sources (see Sub-component 3.1). This issue is discussed further under M&E Design.

As no mitigating measures were actually implemented due to activation of the CERC and COVID-19 travel restrictions, it is impossible to assess whether they would have been sufficient. What is clear is that, given the reality of the pandemic and triple emergencies, there were unavoidable shortcomings in overall readiness. As above, the project was approved on July 9, 2018, and became effective on February 26, 2019, with the initial delay attributable to establishment and staffing of the OCNNA.

In line with activation of the CERC, the project was reprogrammed to prioritize emergency response. Risks pertaining to the new activities – inappropriate use of pesticide, occupational health and safety, infection control, biomedical waste management, beneficiary selection, and potential risks of sexual abuse and exploitation – were identified quickly and two new stand-alone Environmental and Social Management Frameworks (ESMFs) were prepared and disclosed accordingly. Additionally, the original ESMF was updated to address risks associated with testing for and treating malaria and dengue medication and testing equipment.

Although there should have been a stronger effort to provide preliminary supervisory assistance to the OCNNA via virtual support, the circumstances which reduced quality at entry were extenuating, and the project pivoted to emergency response with rapidity and efficiency. As such, quality-at-entry is rated moderately satisfactory, indicating moderate shortcomings in project preparation and appraisal.

Quality-at-Entry Rating
Moderately Satisfactory

b. Quality of supervision
There is no record in the ICR of virtual support having been provided during the pandemic. However, as soon as international travel resumed, the Task Team initiated frequent in-country missions to strengthen the capacity of the OCNNA/DGP team and improve implementation. Six in-country missions - including field visits to health outposts, joint monitoring with the client and UN partners, and trainings on financial management, procurement, Bank protocol and systems management - were conducted from May 2022

until project closure in July 2023. As above, during this period the project displayed impressive efficiencies in implementation, attributed by the ICR to a proactive PIU who benefited from intensive hands-on support provided by the World Bank. In this context, it is important to reiterate the impact of this project on MoH capacity. Prior to creation of the OCNNA/DGP, the Bank had relied exclusively on “satellite” PIUs staffed by externally financed consultants, rather than using PIUs staffed by public servants. Formation of the OCNNA, which was a prerequisite of the project, represented the first stage of a longer change management process centered around the Bank’s commitment to reduce distortions and increase continuity between projects by strengthening client capacity. In line with this rationale, the new HSS project builds on lessons learned from "Zero Stunting", and uses the Multisectoral Roadmap as its blueprint for action.

With respect to performance reporting, the ICR did not provide details. However, the Bank team clarified that 3 candid ISRs and 6 AMs were submitted during the second half of the project. Additionally, although there was a general lack of information regarding RBF implementation in the ICR, the Bank team was able to provide some clarification, noting that trainings for CHWs were undertaken at district and community level, and that verification relied primarily on DHIS data.

Given that important shortcomings in the M&E system have not been addressed over the course of the project (ICR, p. 31), and given the delayed formal restructuring of the project (ICR, p. 34), the quality of supervision is rated moderately satisfactory.

Based on the ratings of the two dimensions of Bank Performance, and given the extenuating circumstances at entry, the diligence of the Bank team as soon as pandemic restrictions relaxed, the far-sightedness of the strategy to create and empower the DGP, and the overall outcome rating, overall Bank performance is rated moderately satisfactory.

Quality of Supervision Rating
Moderately Satisfactory

Overall Bank Performance Rating
Moderately Satisfactory

9. M&E Design, Implementation, & Utilization

a. M&E Design
The objective of the original project was clearly stated and generally reflected by the indicators. The DLIs were aligned with the objective, and a comprehensive Results Framework was developed. The PAD stated that, as data for a number of indicators were drawn from outdated sources, baselines would be adjusted when new surveys were conducted. In particular, the PAD noted that updated SMART survey results might be available in late 2018 (PAD, p.19). The design included engagement of an independent third party for verification activities. However, other than the afore-mentioned line in the PAD under Sub-component 3.1 regarding “periodic assessments” (PAD, p.11), there is no evidence that independent, alternative surveys for data that were not available (or whose quality would be questionable) were adequately planned.

Restructuring resulted in the addition of three new PDO indicators to reflect the revised focus on emergency response, removal of two nutrition PDO indicators, re-designation of three nutrition-related PDO-level DLIs as IRIs with their targets reduced, removal of six nutrition IRIs, and addition of three new emergency response IRIs. (Two IRIS proposed in the Restructuring Document: “Percentage of grievances that are addressed and responded to within a timeline that has been specified and publicly communicated by the project”, and “Number of health structures with a waste management system within the framework of the project” were not reflected in the ICR Results Framework, nor were they discussed in the ICR’s analysis of efficacy.)

Although the revised Results Framework did include indicators that encompassed all outcomes of the revised PDO statement, there were also considerable shortcomings in its design. Some of these carried over from the original Framework, others pertained to the new emergency response activities, as follows:

- Per the section above on Component 1, there appear to have been issues with setting initial baselines and targets for indicators for ANC. For the PDO indicator related to four prenatal visits, the baseline was set too high, and the target was overly ambitious. In contrast, the IRI for three prenatal visits exceeded the target by such a wide margin that the targets appear to have been set too low. The ICR documents this discrepancy but does not provide any additional granularity. When an explanation was requested, the Bank team suggested that one reason might have been to track the drop-off between 3 and 4 visits. However, this rationale was qualified as conjecture, as the respondant was not involved in the project during its design phase.

- The PDO indicator for EBF could not be measured at closing due to the fact that the 2022 SMART survey –the sole designated data source for this indicator –was indefinitely delayed pending completion of the population census. As above, although the PAD acknowledged the lack of reliable data and included a specific focus on strengthening M&E under the original Component 3, most of this focus pertained to strengthening the quality of routine data collected through DHIS and related systems, as opposed to supporting or initiating stand-alone surveys to collect data on project outcomes. Given the lack of reliable data in Djibouti, it might have been prudent at Appraisal to have explicitly included an internal, project-specific “Plan B” for surveying the EBF PDO indicator and related outcomes. For example, specification of periodic Lot Quality Assurance Sampling to provide “snapshot” surveys, combined with qualitive assessments. As above, the target for EBF was also set too high, with no explanation provided in the ICR or by the Bank team.

- Insufficient details were provided in the ICR or other project documents to unpack the WASH IRI “Number of households having benefited from sensitization on hygiene, drinking water, good storage and handling practices of water at home.” It was unclear how the project defined “benefitted” or “sensitization”. Additionally, although this indicator was linked to PDO 1 in the ICR’s Results Framework, it also appears to have been used for PDO 2 with respect to assessing activities related to vector-borne diseases related to flooding. If this indicator did indeed serve “doubly-duty” it should have been disclosed as such in the ICR.

- Insufficient details were provided in the ICR or other project documents to unpack the definition and assessment of the indicators for flooding and locust control. Although there was no ambiguity regarding the definition of the PDO indicator on locust control (“number of hectares sprayed”), there was little information provided regarding the reduction in target. Additionally, because there were no IRIs in the RF on locust control activities, it was difficult to understand how emergency activities contributed to other claims regarding mitigating farmers’ losses and building capacity for future

infestations.

- Similarly, it was difficult to untangle what actually happened with respect to the PDO indicator "Number of health facilities receiving consumables, medicines and equipment financed by the project". As above, in addition to medical consumables and equipment, this indicator also seems to have been used for assessment of the delivery of RUTFs to health facilities.

b. M&E Implementation

The project's early delays in overall implementation retarded M&E, resulting in insufficient information to assess initial progress. Once implementation efficiency increased, major data challenges remained, most notably with respect to measuring results under Component 1. These challenges are attributable to the project's afore-mentioned reliance on the 2022 SMART survey and DHIS data to monitor the nutrition-related activities. In particular, the ICR noted that inaccuracies in DHIS data likely contributed to the confusion regarding ANC indicators, with results for the PDO indicator on 4 antenatal visits fluctuating from 3.8 percent in May 2022, to 12 percent in December 2022, to 8 percent in April 2023 (ICR, p. 31).

Regarding M&E implementation for the CERC-related activities, the Bank team confirmed that data pertaining to COVID-19 activities were collected and analyzed according to accepted methodological protocols. Design questions notwithstanding, data were also adequately collected and analyzed for the indicators pertaining to locust control and flooding response.

A report was provided by the MoH in the last months of the project validating the results of the IVA Report.

c. M&E Utilization

Although utilization is not fully discussed in the ICR, it can be deduced that data on performance and progress were used during the entire project cycle to inform management and decision making, and to document achievements. For example, the clear reporting on COVID testing and treatment, the course correction on the number of hectares sprayed for locust control, and the documentation of CAMME's impressive distribution of nutrition supplements and RUTFs, including rapid last mile delivery to remote health outposts. With respect to the latter, documentation of CAMME's performance led to a recommendation by the Bank to permanently expand their mandate (see Unintended Impacts, below).

M&E Quality Rating

Modest

10. Other Issues

a. Safeguards

The project triggered the Environmental Assessment OP/BP 4.01 safeguards policy and an ESMF was prepared and disclosed on May 7, 2018. The restructuring of the project resulted in the update of the

original ESMF to address risks associated with the COVID-19 pandemic, malaria and dengue medication and testing equipment. The updated ESMF was disclosed on July 1, 2020, while a new stand-alone ESMF for locust-control activities was prepared and disclosed on March 1, 2020. The ESMF for the COVID-19 Response Project (P173807) and the COVID-19 activities under P164164 were eventually combined into a single document to simplify implementation and the COVID-19 ESMF was disclosed on October 1, 2020. An Environmental and Social Impact Assessment (ESIA) for the 3 incinerators financed by the project was prepared with significant delay and disclosed on January 1, 2023. All E&S instruments were disclosed in-country and in the Bank website.

Per the ICR, performance of Environmental and Social (E&S) instruments was initially rated Moderately Unsatisfactory. Non-compliance included inadequate human resources, absence of reporting on E&S instruments, limited evidence of the implementation of ESMF and Labor Management measures, and a poorly performing grievance mechanism which was largely inactive during most of the project.

During the May 2022 MTR, a Corrective Action Plan (CAP) was initiated to i) improve the grievance mechanisms, ii) implement the ESIA, iii) install incinerators acquired under the project, and iv) draft the manuals for healthcare waste and health and safety for healthcare workers. The CAP commitments were fulfilled by project closure, leading to a revised rating of Moderately Satisfactory.

Despite the upgraded E&S compliance rating, the ICR noted that the DGP's capacity to manage E&S issues remained weak across the life of the project. Corrective actions heavily relied on the Bank's involvement, with no dedicated E&S specialist in the core team during implementation.

b. Fiduciary Compliance

Per the ICR, the DGP complied with a majority of the Bank’s financial management (FM) requirements, including timely submission of acceptable IFRs and audit reports. However, the last audit report and management letter highlighted the need to finalize customization of the accounting software and improve adherence by the DGP to acquiring Bank clearance on some eligible expenses. Based on these recommendations, the FM rating was downgraded to Moderately Satisfactory. The ICR noted that “the DGP will put in place an action plan for the new HSS project to address these issues”, however no further detail was provided (ICR, p.33).

With respect to procurement, the ICR reported that, during the intensified supervision missions conducted in FY23, the Bank “diligently accompanied the client in monitoring the completion of contracts and activities before the closing date” (ICR, p.33). Based on this experience, the FY23 PPR, finalized in April 2023, provided detailed recommendations for improvement during implementation of the new HSS project, to be managed again by the MoH and DGP. Procurement performance was rated satisfactory at project closure.

c. Unintended impacts (Positive or Negative)

The Task Team noted two unintended positive impacts, as follows:

- Transformation of this project from a multisectoral nutrition initiative to emergency response constituted an unanticipated “shock test” which highlighted what was working and what was not within Djibouti’s health system. The experience provided valuable insights into the design of the pending HSS project, not least with respect to CAMME. This agency demonstrated exceptional capacity throughout the life of the project, including assuming nutrition commodity distribution responsibilities from UN agencies, and executing rapid last-mile delivery to health outposts in all 5 regions. This impressive performance sets the stage for CAMME in future Bank project design, including increased support for a higher profile role that expands their procurement and logistics mandate.

- The DGP (né OCNNA) has become an important coordinating agency within the MoH, fulfilling two important and mutually informing roles: First, its formation and staffing embedded a counterpart-owned implementation system within the GoD, thus removing the need for “Satellite PIUs” staffed by costly external consultants and increasing the likelihood of continuity between projects. Second, in its current iteration, it is serving a wider coordinating function by bringing all donors who are providing health assistance in the country “under one roof”, improving coherence between Development Partners and increasing the overall impact of development assistance.

d. Other

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11. Ratings

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

12. Lessons

The ICR (pp. 36-37) offered several lessons and recommendations, including the following lessons re-stated by the IEG Review:

- **Strengthening institutional capacity *always* requires intensive hand-on support.** Formation of the OCNNA, which was a prerequisite of the project, was an ambitious undertaking for which the Bank anticipated providing extensive TA. The pandemic exposed just how much this TA was needed, as travel restrictions prevented hands-on guidance and as a result, the new PIU floundered. Once in-person travel resumed, implementation capacity accelerated markedly in conjunction with intensive support from the Bank.

- **Climate change poses a major threat to nutrition programming in Djibouti.** Djibouti is extremely susceptible to climate catastrophes, many of which will increase risk of malnutrition via increased exposure to infectious disease. This lesson prompted an ICR recommendation that future operations routinely consider the emergency-prone nature of the country in project design. Not only via (HNP mandated) regular inclusion of a CERC, but also with respect to systematic inclusion of activities to address climate-related risks with health implications, for example, prevention of water- and vector-borne diseases.

- **Lack of both data and information systems pose critical constraints to M&E.** While this lesson is self-evident, it warrants repeating given the fact that the project did not include sufficient internal mechanisms to safeguard its capacity to track progress and results, despite acknowledgement at Appraisal that existing information systems were weak.

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

- **Because RBF requires a stable verification mechanism, it may be an overly ambitious choice in some fragile state contexts.** The challenges of data paucity and weak information systems raises questions regarding the decision to introduce RBF, which relies on sustained measurement and performance reporting as the basis for payments.

13. Assessment Recommended?

No

14. Comments on Quality of ICR

The ICR's narrative generally supported the overall ICR ratings. It followed the guidelines, was internally consistent, candid, and included a robust efficiency analysis and lessons which responded appropriately to the findings from the project experience.

However, quality of analysis was reduced by a lack of clarity in several important sections. Results chains were provided for both the original project and the revised version, but were not accompanied by explanatory text on the theory of change. Consequently, the efficacy analysis lacked specificity regarding what activities were financed by the project and how they were expected to improve outcomes. There was also insufficient text on M&E design, implementation and utilization, a lack of information regarding RBF trainings for CHWs and arrangements for independent verification, and a lack of specificity regarding safeguards and fiduciary compliance.

These and related information gaps were effectively addressed for the most part by the Bank team.

Regarding accuracy, the majority of evidence presented was from a credible source and was appropriately referenced. The annexes and appendices were useful and contributed to the evidence base, most notably with respect to the afore-mentioned efficiency analysis, and also Annex 5 which included insightful stakeholder comments and details on implementation. That said, it should be noted that although the ICR stated that "there was no particular focus" on EBF after the CERC was activated (ICR, p. 30), this appears to be a misperception,

as both the Bank team and project documents indicate that IYCF continued to be promoted under Component 1, albeit with reduced scope. Additionally, the ICR asserted i) that stunting cannot be reduced over a 5-year period (ICR, p.27), and ii) that "recent global evidence suggests that interventions that improve exclusive breastfeeding do not influence the prevalence of child stunting or wasting" (ICR, p. 30). These statements are highly reductionist and can be refuted by a critical mass of empirical evidence to the contrary, including seminal articles published in peer review journals as well as numerous Bank and UN publications.

On balance, these shortcomings were outweighed by the report's positive aspects, which provided enough information for the IEG Review to reach informed conclusions.

a. Quality of ICR Rating
Substantial