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

Concept Stage | Date Prepared/Updated: 08-Nov-2016 | Report No: PIDISDSC20192



BASIC INFORMATION

A. Basic Project Data

Country Pakistan	Project ID P161624	Parent Project ID (if any)	Project Name Sindh Enhancing Response to Reduce Stunting and Malnutrition (P161624)
Region SOUTH ASIA	Estimated Appraisal Date Jan 09, 2017	Estimated Board Date Mar 28, 2017	Practice Area (Lead) Health, Nutrition & Population
Lending Instrument Investment Project Financing	Borrower(s) Economic Affairs Division	Implementing Agency Government of Sindh, Planning and Development	

Proposed Development Objective(s)

The Project Development Objective (PDO) is to expand, in selected areas, the coverage of a multi-sectoral package of interventions, and improve behaviors, and practices in selected sectors, which have been proven to contribute to reducing stunting and malnutrition.

Financing (in USD Million)

Financing Source	Amount
International Development Association (IDA)	63.00
Total Project Cost	63.00

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



B. Introduction and Context

Country Context

Pakistan is the world's sixth most populous country, with an estimated population of over 191 million in 2015; it is classified as a lower-middle-income country with a 2015 per-capita gross national income of US\$1,429.

Despite significant political accomplishments in recent years, Pakistan confronts many serious challenges, including: (i) insecurity; (ii) insufficient progress in achieving human development and MDG targets; and (iii) slow economic recovery and slow progress in addressing macroeconomic challenges. While GDP growth was limited to 2.9% over the period of FY09–13 (or about half the FY04–07 rates), a growth incidence analysis in the recent Country Partnership Strategy (CPS) has confirmed the pro-poor characteristics of Pakistan's growth. The country has achieved considerable gains in poverty reduction and shared prosperity as evidenced by: (i) exceptional decline in poverty over the last 15 years down from about 35% in 2001-02 to under 10% in 2013-14; and (ii) a reduction from 14% of the population in 2001 to 2% of the population in 2014 with a per capita expenditure level of 550 Pakistani Rupees (approx. US\$5.25). However, these poverty gains remain fragile as evidenced by: (i) the number of households clustered near the poverty line (and therefore vulnerable to any kind of shock); and (ii) the share of the population considered vulnerable to any shocks (which increased from 53.1% in 1999 to 60.1% in 2011).

Sindh Province, with a population of 51 million, comprises about a quarter of the country's population; it is the second most populous province of Pakistan and is nearly 50 % urban. The province contributes 30-33 % of the country's GDP, and its GDP per capita is roughly three times that of the country as a whole. Though benefiting from economic, geographic, and resource advantages, Sindh also faces challenges reflecting both the national context (e.g., law and order in Karachi) and the fiscal and administrative relationships (introduced in 2010) between the Federal Government and the Province and between the Province and Districts (e.g., relatively static revenue collection with a reliance on federal transfers, local vested interests, limited capacity, etc.).

Sectoral and Institutional Context

Findings from the 2011 National Nutrition Survey (NNS) indicate that: (i) Pakistani women and children suffer from some of the highest rates of malnutrition in the world (with a stunting prevalence among children under five of 43.7%); and the (ii) minimal progress in improving nutritional outcomes of children and mothers has been made over the last four decades. Based on the latest poverty data, 25.3% of the population of Sindh lives under the revised poverty line and is the most food-deprived province. The 2011 NNS found that 72 % of households were food insecure, 49.8 % of children under five were malnourished and/or stunted, and 17.5 % of these children suffered from acute malnutrition (wasting). The 2014 Multi Indicator Cluster Survey (MICS) for Sindh Province found that 48 % of children under five suffered from stunting.

The underlying causes of stunting are multiple, but international research has particularly highlighted: (i) low intrauterine growth and low birth weight (which accounts for 20% of all childhood stunting); (ii) inadequate food/nutrient intake; and (iii) infectious disease, resulting from poor water, sanitation and hygiene practices, and inadequate provision and uptake of health services. Inadequate education, particularly of females leading to harmful maternal and child care practices, has also been demonstrated to have significant negative development impacts due to the effects on family hygiene, food security, and the utilization of health services.



Budget analysis shows that only about 10 % of the national health budget is spent on nutrition; of this amount, 90 % is financed by development partners in Pakistan, with nutrition-related activities mainly delivered by NGOs (often contracted directly by the development partners). Development Partner supported activities in Sindh Province that contribute to reduce stunting and malnutrition include: (i) the World Bank-financed “Enhanced Nutrition for Mothers and Children”; (ii) the recently completed EU-funded “Women and Children Improved Nutrition Sindh”, and the USAID-funded “Maternal and Child Nutrition Stunting Reduction” (to be implemented by UNICEF and WFP). With a contribution from DFID, the Pakistan Partnership for Improved Nutrition (PPIN), a Multi Donor Trust Fund administered by the World Bank, plans to finance key interventions such as sanitation and hygiene interventions in 13 districts and nutrition sensitive agriculture interventions in four districts.

Under Pakistan’s Vision 2025, nutrition has received increased attention, and the Government has established a secretariat to coordinate and support its scale-up. Pakistan joined the global movement of Scaling-Up-Nutrition (SUN) in 2013. Sindh Province has recently adopted an Accelerated Action Plan for Reduction of Stunting and Malnutrition (AAP). The AAP has the ambitious goals of reducing stunting from 48% to 30% by 2021 and to 15% by 2026 by increasing and expanding coverage of multi-sectoral interventions proven to reduce stunting in the first five years of life. It comprises objectives and expected outcomes related to addressing the underlying causes (by sectors) of stunting: health, population, sanitation and hygiene, agriculture, social protection, education, and behavioral change. The Government has committed itself to match every USD of Overseas Development Aid (ODA) funding by 0.5 USD domestic financing and has allocated 1 billion PKR per year for the next three years through their development budget as an indication of this commitment and ownership.



Relationship to CPF

In the context of the WBG's twin goals to reduce poverty and promote shared prosperity, the 2015-19 Country Partnership Strategy has modified its approach from previous strategies. Instead of addressing resources, social services, and governance aspects under separate pillars, the new strategy integrates better resources management (increasing revenues and allocations) with improved targeting (increasing the effectiveness and efficiency of pro-poor expenditures). This change will be accompanied by a greater focus on the roles of federal and provincial governments, with the former providing coordination or stewardship, even as service provision is devolved to the latter. Specifically, the WBG will work with federal, provincial, and local governments to: (i) help improve revenues and expenditures to create the fiscal space necessary to fund essential services; and (ii) set more ambitious targets for areas of past WBG involvement that are not producing change fast enough (such as health and education).

The WBG's involvement will focus on: (i) improving access to maternal and child health (MCH) services; (ii) increasing school enrollment and educational quality; and (iii) adopting performance and transparency mechanisms (i.e., citizen feedback). Within MCH, the WBG will support efforts to: (i) improve coverage of immunization services; (ii) roll out provincial plans to scale up nutrition interventions and strengthen cross-linkages across health, agriculture and related sectors; and (iii) strengthen health systems as well as capacity and stewardship in provincial governments. In addition, while addressing maternal mortality and fertility rates, the WBG will engage in a broader dialogue and analytical work on population management. Overall, proposed project would support the World Bank HNP Global Practice's objective of contributing to achieving universal health coverage.

The Project's objectives reflect the Sustainable Development Goal (SDG) to end all forms of malnutrition by 2030, including: (i) achieving the internationally agreed targets on stunting and wasting in children under five years of age; and (ii) addressing the nutritional needs of adolescent girls, pregnant and lactating women and older persons by 2025. The Project would also support SDG 3 to ensure healthy lives and promote well-being for all ages, SDG 6 to ensure access to clean water and sanitation for all, and SDG 10 to reduce income inequalities within countries.

C. Proposed Development Objective(s)

Note to Task Teams: The PDO has been pre-populated from the datasheet for the first time for your convenience. Please keep it up to date whenever it is changed in the datasheet.

The Project Development Objective (PDO) is to expand, in selected areas, the coverage of a multi-sectoral package of interventions, and improve behaviors and practices in selected sectors, which have been proven to contribute to reducing stunting and malnutrition.

Key Results (From PCN)

To monitor progress toward the PDO, the following key indicators are being considered:

- Delivery of the identified package of maternal health, nutrition and family planning services provided in at least 80 % of X districts in year 1, Y districts in year 2, Z districts in Year 3 and all districts in Year 4.
- Reduction in stunting from 48 % to 43 % by 2021 in the province
- Percentage reduction in occurrence of diarrhea.



In addition, the following intermediate outcome level indicators are being considered:

- Nutrition-specific Financing and Expenditure (indicator to be fine-tuned together with GoS by project appraisal)
- Number of villages certified as '100% open defecation free'
- Health and nutrition Conditional Cash Transfer (CCT pilot rolled out in 3 to 4 districts (number to be confirmed by project appraisal)
- Increased coverage and utilization of MNCH services, including Family Planning by mothers of children under two from the lowest income quintile (the increases to be specified by project appraisal)

A set of Disbursement-linked Indicators (DLIs) will also be developed in line with the above PDO and intermediate outcome indicators as well as on key results areas which will form the basis for disbursement. Together with GoS, these DLIs will be further defined during project preparation.

D. Concept Description

Using a multi-sectoral approach, the Project will contribute to kick start the implementation of Sindh Province's Accelerated Action Plan and its goal of reducing stunting and malnutrition. In line with the CPS, the project will improve targeting, better integrate and coordinate programmatic interventions, and enhance accountability for resource use and service delivery at district and provincial levels. The project will also stimulate demand for service utilization and promote behavior change.

In line with the GoS AAP, the project will target districts where stunting rates are above 30% and, within these districts, the most vulnerable segments of populations: (i) children in the first 1,000 days (when stunting and likely all associated pathology including impaired physical and mental development are most responsive to, or are preventable by, specific interventions) and in years 2-5 (when nutritional interventions can build healthier eating habits and life style through early childhood education programs); (ii) women of reproductive age; and (iii) adolescent girls (when there is an increased risk of anemia and micro-nutrient deficiencies that will lead to low birth weight babies when they become pregnant.)

The project will also target proven interventions as identified in [The Lancet \(2008\)](#) and organized across key sectors to address the multi-sectoral drivers of stunting and malnutrition. These interventions will comprise: (i) ongoing sectoral interventions within Sindh Province (health and nutrition, population, sanitation and hygiene, agriculture, education, and social protection); and (ii) cross-cutting initiatives (strategic communication and citizen engagement). The project will include a Conditional Cash Transfer (CCT) program to create demand for nutrition services, promote behavioral change and increase uptake of health and nutrition services focused on the first 1000 days of life by incentivizing health check-ups of pregnant and lactating mothers, growth monitoring and immunization of children under 2 years of age through a regular and predictable cash transfer within targeted poor and vulnerable households of Sindh.

The AAP has already identified oversight roles at village, district, provincial, and national levels and plans to establish the structures and recruit the staff to ensure these roles. A results-based approach will be adopted to enhance the linkage between expenditures and performance and establish accountability for improvements in the coverage and access to a basic package of multi-sectoral interventions and services and to the quantity and quality of services delivered.

The proposed project will be supported through an Investment Project Financing in the amount of \$63 million using a programmatic approach and focusing on results over a four to five-year period. Many development challenges, particularly those faced in health and nutrition, are complex – the problem and potential solutions are not well



understood upfront. Learning by doing (a structured process of testing, learning and iterating) can be an effective way of addressing complex challenges. To support learning by doing, the project may incorporate a multi-phase lending approach currently under development within the Agile Pilots. Similar to the previous Adaptable Program Loan (APL) instrument, a multi-phase lending approach defines the first set of activities in detail, while indicating the potential direction for activities funded through subsequent phases. During the first phase of implementation, activities for subsequent phases are then defined in more detail, based on the learning from the first phase. If a multi-phased lending approach is used for the project, specific detail regarding the phases and timing will be determined following the PCN review.

The proposed project would include two components. **Component 1** would incentivize the implementation of a multi-sectoral package of services to address the main risk factors of stunting and malnutrition by financing results using DLIs under a defined eligible expenditure program (EEP). **Component 2** would finance technical assistance and some inputs to support: (i) the coordination and implementation of Component 1 interventions; (ii) the institutional arrangements for implementing the CCT program to increase the utilization of the package of services and the DLIs to measure the delivery of services; and (iii) the systems needed for cross-cutting interventions such as strategic communication for social and behavior change, citizens engagement, integrated multi-sectoral data information systems, and monitoring, evaluation and supervision.

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SAFEGUARDS

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

The proposed project will target districts where stunting rates are over 30% and within these districts, the most vulnerable segments of the population - children in the first 1,000 days and 2-5 years, women of reproductive age and adolescent girls. The selection of target districts will be finalized during project preparation in accordance with selection criteria agreed with Government of Sindh (GoS).

B. Borrower's Institutional Capacity for Safeguard Policies

The Local Government Department (LGD) has adequate staff and representation throughout the province. Historically, the department has been unable to make province-wide policy and implementation plans due to both limited capacity and constraining resources. It is proposed that a focal person from the Chief Environment office at Planning & Development be appointed to coordinate environmental safeguard implementation and interventions at Province level. A Social Safeguards Focal Person will also be appointed since there is no specific institution responsible for overseeing social aspects.

C. Environmental and Social Safeguards Specialists on the Team

Salma Omar, Rahat Jabeen



D. Policies that might apply

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	The proposed project has been assigned an EA category of B (partial assessment) due to the sanitation and hygiene activities under Component 1 which which may likely have negative impacts on the environment such as improper disposal of sanitation, contamination of open irrigation canals and water channels, etc.. An Environmental and Social Management Framework (ESMF) has been prepared under the Multi-sectoral Actions for Nutrition (MSAN) project. No new types of investments are envisaged under MSAN with different impacts. The ESMF which will be reviewed and revised in order to address the scale up in scope under the proposed project.
Natural Habitats OP/BP 4.04	No	The Project does not involve natural habitats.
Forests OP/BP 4.36	No	The Project does not involve forests.
Pest Management OP 4.09	No	The Project does not involve pest management.
Physical Cultural Resources OP/BP 4.11	No	The Project does not involve physical cultural resources.
Indigenous Peoples OP/BP 4.10	No	No known Indigenous People are located in the project areas.
Involuntary Resettlement OP/BP 4.12	No	The Project involves no land acquisition and resettlement of people.
Safety of Dams OP/BP 4.37	No	The Project does not involve dams.
Projects on International Waterways OP/BP 7.50	No	The Project does not involve international waterways.
Projects in Disputed Areas OP/BP 7.60	No	

E. Safeguard Preparation Plan

Tentative target date for preparing the Appraisal Stage PID/ISDS

Dec 08, 2016

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

An Environment and Social Management Framework (ESMF) with mitigation measures will be prepared for the Project since the exact location of sub-projects is, as yet, unclear. The ESMF will be prepared and disclosed prior to appraisal of the proposed project.



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APPROVAL

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