



1. Project Data

Project ID

P146520

Project Name

Income Support Program for the Poorest

Country

Bangladesh

Practice Area(Lead)

Social Protection & Jobs

L/C/TF Number(s)

IDA-55530

Closing Date (Original)

30-Jun-2020

Total Project Cost (USD)

211,223,062.42

Bank Approval Date

16-Dec-2014

Closing Date (Actual)

15-Jun-2022

IBRD/IDA (USD)
Grants (USD)

Original Commitment

300,000,000.00

0.00

Revised Commitment

249,999,999.08

0.00

Actual

221,733,786.47

0.00

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2. Project Objectives and Components

a. Objectives

The project development objective was to provide income support to the poorest mothers in selected Upazilas, while (i) increasing the mothers' use of child nutrition and cognitive development services, and (ii) enhancing local level government capacity to deliver safety nets. The objectives were the same in the Project Appraisal Document (PAD, p. 6) and in the Financing Agreement (p. 5).

In agreement with the ICR, this ICR Review will assess achievement of three objectives:



- a. Provide income support to the poorest mothers in selected Upazilas
- b. Increased mothers' use of child nutrition and cognitive development services
- c. Enhanced local level government capacity to deliver safety nets

The objectives were not revised, but some outcome targets were changed at restructurings in 2018 and 2019. The target for the number of beneficiaries was reduced as part of a partial cancellation of the credit, and the number of Unions maintaining a single beneficiary registry of at least five safety net programs was increased as a result of speedier uptake than projected at appraisal. As the project met both the original and revised outcome targets in each case, a split rating methodology is not undertaken for this ICR Review.

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

No

c. Will a split evaluation be undertaken?

No

d. Components

The project had three components:

Cash transfers for beneficiary mothers (appraisal: US\$267 million; restructuring with partial cancellation: US\$205.21 million; actual: US\$187.2 million). This component was to finance quarterly cash transfers to eligible households that met two specific characteristics: (i) the households belonged to the bottom two expenditure quintiles, and (ii) the households had a pregnant mother and/or a mother of children below the age of 60 months. Transfers were conditional on pregnant women getting four antenatal checkups, children attending growth monitoring and promotion checkups, and pregnant women and mothers participating in monthly child nutrition and cognitive development awareness sessions.

Enhancing local level government capacity (appraisal: US\$32.87 million, of which International Development Association [IDA] US\$29.5 million; restructuring with partial cancellation: US\$22.67 million; actual: US\$13.01 million). This component was to support project implementation through strengthening the capacity of (i) local governments to develop beneficiary lists and enroll them in the program, locally branded as "Jawtno," or "Nurture"; (ii) of community clinics (CC) to deliver the services to mothers and children, and (iii) the Union Post Offices to make electronic payments to beneficiaries using postal cash cards. One or more non-governmental organizations (NGOs) were to be hired to support CCs in the provision of antenatal and child growth services, and to directly provide the child nutrition and cognitive development awareness sessions. Services agreements were to be signed with key agencies such as the Directorate General of Health Services and the Bangladesh Post Office.

Monitoring and evaluation (appraisal: US\$3.50 million; restructuring with partial cancellation: US\$2.69 million; actual: US\$6.90 million). A monitoring and evaluation system was to be designed to assess progress in achieving the project's objectives and the impact of cash transfers on household poverty and on child nutrition and cognitive development (CNCD) outcomes. A management information system was to be developed to monitor beneficiaries and their usage of health services. Also, third party monitoring would be responsible for (i) annual evaluations to determine administrative issues and constraints, (ii) biannual Knowledge, Attitude and Practice assessments on CNCD processes in order to course correct if necessary, and (iii) qualitative and quantitative evaluations to assess impact on household poverty and



CNCD outcomes based on household level surveys. Evaluations under item (iii) were to be financed through Trust Fund resources.

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

The project was approved on December 16, 2014, became effective on April 16, 2015, had the midterm review on December 27, 2017, and closed on June 15, 2022, 23.5 months after the original closing date of June 30, 2020.

The total project cost was originally estimated at US\$ 303.37 million, to be financed through US\$300 million of an IDA credit and US\$3.37 million through Government of Bangladesh counterpart financing. Actual total cost and IDA financing was US\$221.7 million.

The project was restructured twice. The first restructuring, on May 1, 2018, allowed Union Parishads (local level governments) to manage the targeting process using the same Proxy Means Testing methodology as the one used in the National Household Survey, and under criteria to be defined in the Operations Manual. This change was deemed necessary as the National Household Database was not available at the time of restructuring, three years after effectiveness, and further delays were expected. This restructuring also included an increase in the transfer allocations of 50 percent, to reflect cost of living increases in the country. In addition, some targets were changed, and the impact evaluation was dropped.

The second restructuring, dated August 20, 2019, included a partial cancellation of US\$50 million of IDA financing, cancellation of the whole of the counterpart financing, extension of the project closing date to June 15, 2022 (23.5 additional months), reallocation between disbursement categories, and more flexibility in the required experience of the procurement specialist (prior terms of reference had strict requirements with respect to experience, hindering the hiring process) and in the implementation schedule in accordance with the new timeline under the project extension.

Conditions were eliminated at the onset of the COVID-19 pandemic and not reinstated thereafter. The Financial Agreement was not amended for this purpose.

3. Relevance of Objectives

Rationale

The project objectives were relevant for the country. While there had been much progress in key social indicators in Bangladesh at the time of project preparation, still 31.5 percent of the population was poor and 18 percent extremely poor. Bangladesh already had social safety net programs, but they were highly fragmented and mainly directed towards emergency and seasonal shock responses. These programs had poor targeting mechanisms and covered only one-third of the poor population. The government, in its Sixth Five-Year Plan, included two objectives that addressed the need to establish results-based programs through improving “poor households’ access to quality education, health, and nutrition services,” and “strengthening coordination, targeting, and coverage of social protection programs.”



The project was well aligned with Bangladesh's Country Partnership Framework (CPF, FY 16-20) as part of Focus Area 2, Social Inclusion, which aimed to improve equity in access to quality of education, to quality maternal and infant health services, and to improved social protection coverage for the poor. The CPF addressed the challenges in governance in the country, particularly at the subnational level, an aspect that was highly relevant for this project as it was expected to be implemented at the local level, with support from central government. The World Bank had global experience in the development and implementation of social safety net programs that included conditional cash transfers focused on maternal health and child education, health, and nutrition. In addition, the project built on a pilot financed by the Bank's Rapid Social Response Multi-Donor Trust Fund (P123629, 2011-13, US\$2.1 million), called *Shombhob*, that provided cash transfers to mothers who fulfilled two co-responsibilities, namely, attending monthly nutrition awareness sessions and regular growth monitoring of their children up to 36 months old. The evaluation of the pilot showed that the targeting system using a Proxy Means Test Formula worked well, the additional income increased the quantity and quality of food consumed in the household, and wasting (weight for height) among children between 10-22 months was significantly reduced.

The project's objectives could have been stated at a higher outcome level. As described in the PAD, the objectives were output oriented, making it difficult to ensure a direct linkage with the expected medium-term impact of reduced poverty and strengthened future workforce and earning capabilities (as presented in the Theory of Change in the ICR). Given that the *Shombhob* pilot measured outcomes, similar indicators could have been used for this project. Furthermore, the project design included an impact evaluation that was ultimately cancelled.

Rating

Substantial

4. Achievement of Objectives (Efficacy)

OBJECTIVE 1

Objective

Provide income support to the poorest mothers in selected Upazilas

Rationale

This objective would achieve provision of income support through quarterly transfers to eligible households, as per the two following criteria: (i) households should belong to the bottom two expenditure quintiles, and (ii) these households should have pregnant women and/or children up to 60 months old. Therefore, beneficiaries were poor pregnant women and mothers with young children. The targeting requirement specified in the objective would be supported by assistance to local governments in developing beneficiary lists and capacity to enroll households in the program. Only two children per household could be recognized under the program, in line with family planning policy in Bangladesh.

Outputs and intermediate outcomes



Project implementation was mainly at the local government level, where beneficiaries enrolled in the program and were registered through a specifically designed management information system (MIS). There were multiple delays and challenges in development of the targeting mechanism and implementation of the MIS, but after two years of project implementation, the program was enrolling beneficiaries as projected. The enrollment process was stopped once lockdowns started due to COVID-19. Enrollment started again later, but at a slower pace due to capacity limitations.

Targeting of beneficiaries was to be implemented through the National Household Database (NHD), which was expected to be up and running by the time the program started. The NHD was not ready in time, however, and an alternative targeting system had to be developed at the local level using a proxy means testing methodology similar to the one used by the NHD.

Program implementation was monitored at the local level through periodic beneficiary spot checks surveys carried out by an independent firm. These spot checks validated program implementation by local governments, including coverage of minority and/or indigenous populations, and were under the responsibility of a third party specifically hired for this purpose. These spot checks were carried out close to targeted levels or exceeding targets between FY18 and FY20. However, they were stopped during COVID-19 lockdown measures, and once activities resumed, the spot checks were not relaunched because a new firm was not hired in time. As a result, the target of 20 spot checks per year was not met at project closure. Notably, the spot checks included monitoring of compliance with the project's Small Ethnic Communities Plan (SECP) to ensure that there were no adverse social impacts on minority ethnic groups. During the period in which spot checks were carried out, findings showed that inclusion efforts had been successful, such that no exclusions based on ethnicity were detected.

Outcomes

The main outcome for this objective was the number of beneficiaries receiving cash transfers. The project provided cash transfers to 600,007 beneficiaries, surpassing both the original target of 600,000 and the revised target of 400,000 beneficiaries. As part of the first restructuring, individual transfer amounts were increased, in order to reflect an increase in household consumption and expenditures since project preparation. As part of the second restructuring, US\$50 million in project financing was cancelled, and the beneficiaries target was revised from 600,000 to 400,000. The target of 400,000 was established on a yearly basis starting in year five (FY20), and according to the ICR, this target was achieved and surpassed in FY21.

The program focused on female beneficiaries in the bottom two expenditure quintiles. All beneficiaries were female, exceeding the 95 percent target. The program allowed for any female caregiver to be enrolled in the program, regardless of whether she was the biological mother of the child. Thus, there seems to have been little risk of exclusion of eligible beneficiary children. About 75 percent of beneficiaries were in the bottom two expenditure quintiles, exceeding the 70 percent target.

Rating

Substantial

OBJECTIVE 2

Objective



Increase mothers' use of child nutrition and cognitive development services

Rationale

The cash transfers under Objective 1 were to be paid to eligible households conditional to pregnant mothers having four antenatal visits, children being monitored for height and weight (on a monthly basis for 0-24 months old and then quarterly until 60 months), and monthly attendance to nutrition, development, and education sessions. The rationale was that monetary transfers would provide an incentive to pregnant women and mothers to go to CCs and get the medical check-ups and education sessions that could lead to improved health, nutrition, and cognitive development in children up to 5 years old.

Outputs and intermediate outcomes

Overall, attendance at CCs was quite positive, achieving or exceeding by the end of project the targets for co-responsibilities. There were four different co-responsibilities to be met: (i) up to four antenatal care (ANC) visits by pregnant women; (ii) monthly Growth, Monitoring and Promotion (GMP) checkups for children 0-24 months old; (iii) quarterly GMP checkups for children two to five years old; and, (iv) attendance to CNCD monthly sessions.

At the end line, all targets were exceeded for all co-responsibilities. The target of 70 percent was exceeded for ANC by project closure (actual was 81 percent), though there were challenges in meeting the target during the project period. Several factors came into play, including delays between enrollment and availability of services, inadequate capacity at CCs, women's mobility, and reluctance to attend sessions. Notably, the target was exceeded at the time where conditionalities were not a requirement to receive transfers. In the case of monthly GMP the final achievement was 94 percent, and the quarterly GMP was 91 percent, exceeding in both cases the target of 70 percent. For CNCD, 94 percent of mothers attended sessions, exceeding the target of 70 percent.

As per a beneficiary assessment carried out during FY21, pregnant women and mothers highly valued these services, so much so that even during FY21 and FY22, when transfers were not conditioned to attendance to these health services, the women continued to attend. This outcome is attributed to the strong commitment of the firm that carried out the sessions and provided technical assistance to CCs. Also, health workers and community leaders were important stakeholders in promoting services to pregnant women and mothers of young children. On the other hand, according to the FY21 beneficiary assessment, there seem to have been some challenges in the provision of services at the CCs, including the availability of functioning equipment, limiting their capacity to fully provide services.

Outcomes

All beneficiaries received at least half the maximum benefit amount, exceeding the target of 70 percent of beneficiaries. By service:

- 94 percent of CNCD beneficiaries fulfilled the co-responsibilities, surpassing the target of 70 percent;
- 81 percent of beneficiary pregnant women fulfilled the ANC co-responsibility, surpassing the target of 70 percent;
- 94 percent of beneficiary mothers fulfilled monthly GMP co-responsibilities, surpassing the target of 70 percent; and



- 91 percent of beneficiary mothers fulfilled quarterly GMP co-responsibilities, surpassing the target of 70 percent.

After the first restructuring in 2018, coverage was higher than the target. The only exception to this early achievement was ANC, which was below the target until FY22. Achievement of targets is attributed to the interest of mothers in obtaining maternal and child services, and to the stakeholders that provided these services who promoted them. During FY21 and FY22, conditionalities were eliminated so that women received the transfers regardless of whether they attended the CCs and CNCD sessions. There appears to be high demand for health services regardless of transfers, raising the question of whether financial incentives are necessary for the community to use them.

Rating

Substantial

OBJECTIVE 3

Objective

Enhance local level government capacity to deliver safety nets

Rationale

Under this objective, the project would facilitate the implementation of cash transfers, including (i) the use by Union Parishads of the NHD, previously called the Bangladesh Poverty Database, to create beneficiary lists and enroll beneficiaries into the project, (ii) strengthen CCs to deliver mother and child services, including education sessions, and (iii) strengthen Union Post Offices to make electronic payments through postal cash cards upon compliance with co-responsibilities, using biometric identification.

Outputs and intermediate outcomes

The project was implemented at the Union Parishad level, with support from higher-level governments (Upazilas and Districts) and overall coordination by the Local Government Division of the Ministry of Local Government, Rural Development and Cooperatives. There were also multiple partners involved at the local and central level, including the Bangladesh Bureau of Statistics (BBS), to determine potential beneficiary households; the Directorate General of Health Services of the Ministry of Health and Family Welfare (MoHFW), to coordinate maternal and child health services; and the Bangladesh Post Office to facilitate the biometric-enabled electronic payments.

Despite the complex institutional design and initial difficulties in getting payment and services up to speed, the governance structure worked satisfactorily as evidenced by the fact that beneficiaries received transfers and attendance at CCs was relatively high. Still, project implementation faced challenges. There were difficulties in setting up the targeting mechanism, operating the MIS, and managing the biometric system, all of which delayed payments to beneficiaries.

A grievance redress system was to be implemented at the Upazila level. This system was intended to generate transparency and create a place where beneficiaries could go if they felt they had not been treated fairly. By the end of the project, 85 percent of implementing Upazilas had processed grievances, far exceeding the target of 40 percent. Grievances were primarily related to issues around payments and lack of



understanding of the relationship between conditionalities and payments. During FY20 and FY21, when conditionalities were removed, the number of grievances decreased.

Outcome

At the outcome level, Unions were expected to be able to maintain a single beneficiary registry that would cover at least five safety net programs. The streamlining of beneficiary lists was expected to ensure more effective management of the multiple social safety net programs in Bangladesh. A total of 443 Unions kept a single beneficiary list by end of project, exceeding the original target of 100 Unions and the revised target of 325 Unions.

This objective also aimed to improve the capacity of CCs to provide the necessary services for mothers to meet the required co-responsibilities. Quality of service indicators were not monitored as part of the project, but the Bank commissioned a beneficiary assessment in 2021. This assessment focused on the knowledge, attitudes, and practices of pregnant women and mothers with respect to the maternal and child services provided to them. Overall, attitudes were quite positive towards the services provided. Ninety-eight percent of mothers who attended childcare services found that the child's growth chart was a useful instrument. Most mothers (78 percent) found the CNCD sessions useful, helping them to recognize nutritious foods as well as the need to play with children. Most respondents (90 percent) used the money to buy food and other necessities for their children. While these results are encouraging, they do not provide robust information on the quality of the services provided.

Rating

Substantial

OVERALL EFFICACY

Rationale

The project achieved its objectives, albeit with some difficulties during the launching process. In addition, during the COVID-19 lockdown period, services were not provided for a period of about ten months and, once services reopened, uptake was slow. With achievement of all three objectives rated Substantial, overall efficacy is rated Substantial.

Overall Efficacy Rating

Substantial

5. Efficiency

The PAD included an economic analysis using extensive evidence from the literature for similar conditional cash transfer programs, as well as from the *Shombhob* pilot project previously implemented in Bangladesh. Based on



this analysis, the impacts expected from the project were: (i) short-term impact on poverty; (ii) medium-term impact on child nutrition indicators; and (iii) longer-term impact on human capital and earnings of beneficiary children. A four percent reduction in rural poverty was estimated if the project were to have full coverage of rural areas in Bangladesh. The *Shombhob* pilot showed that counseling sessions had a significant impact on mother's knowledge of breastfeeding practices and on wasting (weight to height ratio), and to a lesser extent on dietary diversity, stunting, and underweight indicators. The PAD's analysis estimated long-term impact on future earnings via an assumed 0.5-year increase in schooling, taking into account repetition and dropouts. Its cost benefit analysis, at a 10 percent discount rate, resulted in an internal rate of return (IRR) of 10.5-16.5 percent and a net present value (NPV) of US\$17-US\$450 million. It should be noted that these estimates assumed coverage of the cash transfer program throughout all rural areas in the country, while the project only operated in two divisions (out of 8 divisions in the country) and in 7 districts (of a total of 64).

The project was also expected to lead to efficiency gains in the administration of social safety net programs. It was designed to support the streamlining of the five largest social safety net programs under the proxy means testing targeting system. The PAD's analysis estimated savings of US\$100-250 million per year, compensating by far the expected costs of the project. These savings were also calculated based on nationwide adoption of the streamlined system.

The ICR carried out a similar cost-benefit analysis using actual costs and achievement data, resulting in a NPV of the project between US\$174 million and US\$1.14 billion, with an IRR of 13.9 to 20.2 percent. An additional hypothetical scenario was run with the project closing in June 2020, with no extension. In this context, the IRR was somewhat higher (by 15-21 percent), but the NPV was lower (US\$73 million-US\$415 million). As per this estimate, the extension was well justified.

The cost-benefit analysis assumed that children's nutrition and cognitive abilities improved as a result of the service packages provided by the CCs and the NGOs, thus leading to improved cognitive abilities and to increased educational attainment. While this assumption is strongly supported by global experience with similar conditional cash transfer and early childhood development programs, specific evidence for this project is lacking. The impact evaluation for the project was cancelled, and there is no nutrition data available. The beneficiary assessment carried out in 2021 demonstrated that beneficiaries did go to clinics for the GMP and participated in the CNCD sessions; however, the quality of services was not evaluated, and child growth results were not recorded in a centrally accessible database.

The ICR also includes a simulation on poverty reduction as a result of the cash transfers. Assuming coverage of all the rural areas in the country (a similar assumption as that of the ex-ante simulation), extreme poverty could have been reduced by 2.7 percentage points, 1.3 percentage points fewer than what was estimated in the PAD.

The ICR does not mention the potential impact of streamlining social safety net programs. While only about ten percent of Union Parishads (443 Union Parishads) streamlined the five largest social safety net programs under the project, this achievement potentially could serve as a demonstration effect that could be scaled up to gain financial efficiency in the management of these programs.

There were significant implementation shortcomings. The slow start of the project had substantial opportunity costs. The project had a three-year delay in launching the transfers due to the unavailability of the targeting mechanism. The MIS experienced delays and shortcomings that necessitated manual intervention, slowing down payroll generation as the project scaled up and ultimately slowing payments to beneficiaries, "opening the door to potential error and fraud" (ICR, p. 15). Frequent turnover of Project Management Unit (PMU) staff, including of the Project Director, "hampered efficient implementation due to lack of leadership and decision-



making" (ICR, p. 15). Procurement activities were often slowed because of turnover and vacancies in procurement staffing. Also, there was a two-year delay in hiring the NGO that provided the CNCD services. This means that a significant group of mothers and young children missed the opportunity to benefit from the project.

Efficiency Rating

Modest

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	✓	16.50	100.00 <input type="checkbox"/> Not Applicable
ICR Estimate	✓	20.20	100.00 <input type="checkbox"/> Not Applicable

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

6. Outcome

Relevance of objectives is rated Substantial, as the objectives were fully aligned with the Bangladesh Country Partnership Framework (FY16-20), the Bangladesh Sixth Five-Year Plan, and country context. Efficacy is rated as Substantial as the project achieved its objectives, albeit with some challenges in the early years of implementation and the subsequent impact of the COVID-19 lockdown. Although the cost-benefit analysis demonstrated high returns, efficiency is rated Modest given significant implementation inefficiencies. Taken together, these ratings indicate that there were moderate shortcomings in the project's preparation, implementation, and achievement, leading to an Outcome rating of Moderately Satisfactory.

a. Outcome Rating

Moderately Satisfactory

7. Risk to Development Outcome

The project was the sole financier of the Jawtno conditional cash transfer program, such that once the project closed, transfers ended. The contract with the NGO providing support to CCs and offering the CNCD sessions also ended. The World Bank is preparing a new project, Bangladesh Enhancing Investments and Benefits for Early Years (BEIBEY, P178133), building on the experience of this project to support the early childhood development agenda, thus providing continuity in the implementation of public policy. Still, the break between the closure of this project and the launching of BEIBEY means that several cohorts of pregnant mothers and young children will not benefit from early childhood development services. The project's investments in strengthening local government capacity were critical for the development of early



childhood development programs. While the ICR states that the project generated overall awareness of the early childhood development agenda, there is a risk that both the awareness of this agenda and implementation capacity may dwindle if support from the central government does not continue.

8. Assessment of Bank Performance

a. Quality-at-Entry

Project design drew from extensive global knowledge on conditional cash transfer programs and from the *Shombhob* pilot project, implemented in Bangladesh. Transfer amounts were estimated based on specific amounts that would contribute to supplementing income, but avoiding an amount too large that could potentially lead beneficiaries to avoid seeking work opportunities. Ultimately, however, transfer amounts had to be raised by 50 percent, indicating that the allocations might have been somewhat low, given yearly cost of living increases in Bangladesh. The health and nutrition care packages and the CNCD sessions also drew from the pilot project, leading to an improved design, based on lessons learned. For example, project design took into account previously observed difficulties in using cash cards with personal identification numbers/codes (PINs), and opted instead for the use of biometric technology for validation of the individual's identity. Much of the preparation phase made good use of trust funds to provide technical assistance to the client.

Institutional arrangements were very complex, requiring multiple stakeholders to coordinate at the national and subnational levels. At the national level, the Ministry of Local Government, Rural Development and Cooperatives, MoHFW, BBS and Bangladesh Post Office had to work together so that their respective services would be provided at the local level. At the subnational level, Districts, Upazilas, and Union Parishads all had roles. Coordination mechanisms were designed into the project to ensure that each entity would carry out their roles and responsibilities; however, this level of expected coordination may have been too ambitious, given the low implementation capacity in the country.

The PAD's risk assessment deemed the project as having substantial risk. The reasons behind this rating were linked to weak country level governance, low implementation capacity, and risks of leakage of funds in the cash transfers. These risks were mitigated by the implementation of an MIS and setting up electronic payments. Overall, however, the project failed to ensure full readiness prior to launching. While NHD data was available, the Bangladesh Bureau of Statistic (BBS) lacked adequate capacity to process the data, thus meaning that there was no list of eligible beneficiaries at project launch. meaning that there was no targeting mechanism in place at project launch. The biometric system used to register women's attendance to CCs and CNCD activities had not been tested.

Quality-at-Entry Rating
Moderately Satisfactory



b. Quality of supervision

The project benefited from a strong local team that was able to carry out close supervision of the project. Supervision missions continued after the COVID-19 pandemic started, moving to a virtual format. The Bank team co-chaired a working group that met quarterly with partner government agencies and implementation support institutions to identify problems and agree on solutions. Counterpart institutions recognized and were appreciative of the Bank's support during the implementation process.

The Bank team responded to design issues through two restructuring processes. The first restructuring came late, three years after project launch; during this entire period, the NHD was still unavailable. The second restructuring was timely and ensured that the revised project financing and timeline were adequate to ensure full disbursement. A third restructuring should have been carried out to reflect the de-linking of cash transfers to co-responsibilities. Since this was a response to the COVID-19 pandemic, the de-linking is justified to ensure that poor women would receive cash transfers during lockdown.

Quality of Supervision Rating

Satisfactory

Overall Bank Performance Rating

Moderately Satisfactory

9. M&E Design, Implementation, & Utilization

a. M&E Design

The design of the project's monitoring and evaluation was comprehensive. An MIS was designed, based on the *Shombhob* pilot, to monitor indicators, each of which had a defined frequency of measurement, a defined data source, and target and baseline values. In addition, M&E design included hiring a third-party agency to carry out knowledge, attitudes, and practices (KAP) assessments and process evaluations. Finally, a quantitative impact evaluation was included to assess program impacts, including on household poverty and CNCD outcomes. The MIS design allowed for recurrent monitoring of most indicators in the results framework, thus ensuring that administrative systems were in place and reducing the project's dependence on third-party assessments.

b. M&E Implementation

M&E was generally implemented as designed, prior to the COVID-19 pandemic. The PMU collected and reported data regularly through the MIS. The reporting processes faced challenges due to changes in the targeting system, and to delays in processing data resulting from difficulties in managing the biometric system. These issues resulted in a need to register participants on paper and then transfer the information into the system so that women could be paid. A third-party Operational Review Services (ORS) firm was hired to carry out process evaluations and spot checks in sample locations. Results from this field work were discussed with Bank missions. The Bank, using Trust Fund financing, also commissioned quarterly spot checks of CNCD sessions between December 2017 and March 2020 to



determine the quality of service delivery and obtain beneficiary feedback. The baseline for the impact evaluation was carried out during the first half of 2019. However, the endline survey could not be carried out because of disruptions and changes in project implementation due to the pandemic. A beneficiary assessment was conducted in May 2021 to obtain information on KAP as well as feedback from beneficiaries. A follow-up survey is currently under implementation that will look at changes in family care, KAP, and household food frequency.

c. M&E Utilization

The M&E tools were used by the PMU and Bank teams to assess progress and make adjustments as necessary. In particular, the MIS provided the necessary data to update the results framework and make decisions on implementation activities that were lagging. The process and CNCD spot checks were used to design stakeholder assessment and refresher trainings for community facilitators, and to make other decisions to facilitate project implementation. The COVID-19 pandemic impeded field work during the last two years of project implementation, breaking the previous feedback loop that allowed improvements to occur. Finally, the lack of an impact evaluation did not allow for a lessons-learned exercise from the project. This shortcoming could be partially countered by the survey that is still to be delivered.

M&E Quality Rating

Substantial

10. Other Issues

a. Safeguards

The project was classified as Category C on Environmental Assessment, but it triggered the social policy OP/BP 4.10 on Indigenous Peoples as the project included areas with ethnic minorities. An SECP was prepared and disclosed. The ethnic communities identified in the project area spoke the same language as the local communities, so that materials did not need to be prepared specifically for them. The MIS enrollment system allowed for the monitoring of compliance with SECP and was reviewed on a yearly basis to ensure compliance. In addition, the spot check carried out by the ORS found that ethnic communities were integrated into the program, with no reports of exclusion due to ethnic origin. Monitoring indicators were not designed to quantify coverage, and therefore information on inclusion of small ethnic minorities is qualitative.

b. Fiduciary Compliance

Fiduciary responsibility was under the PMU, working with Local Government Divisions. At appraisal, fiduciary risk was assessed as substantial, given that large amounts of funds would be transferred as cash payments to beneficiaries. Financial reporting had to be done manually, as the audit system did not work. Financial audits were carried out on a yearly basis and, though at times delivered after the deadline, did



not show any ineligible expenditures. On procurement, the project faced challenges in adequate staffing, producing substantial delays in contracting and, thereafter, in amending contracts to reflect changing realities under the project. Procurement ratings ranged between moderately satisfactory and moderately unsatisfactory.

c. Unintended impacts (Positive or Negative)

None reported.

d. Other

11. Ratings

Ratings	ICR	IEG	Reason for Disagreements/Comment
Outcome	Satisfactory	Moderately Satisfactory	Significant implementation inefficiencies produced an Efficiency rating of modest.
Bank Performance	Satisfactory	Moderately Satisfactory	There were moderate shortcomings in readiness.
Quality of M&E	Substantial	Substantial	
Quality of ICR	---	Substantial	

12. Lessons

The ICR (pp. 19-20) offered insightful lessons, including some re-stated here by IEG:

- Global experience shows that the matching of conditionalities and cash transfers is a successful mechanism to achieve impact on human capital indicators. **The experience of this project shows that they can be decoupled.** Demand for health services could still be substantial apart from the incentive created by cash transfers, if promotion activities are actively undertaken and quality facilities are available.
- **Attention to quality of services is important to ensure impact in project implementation.** While project design needs to be realistic, considering country capacity, outcomes need to include some measurement of quality. In the case of this project, the collection of data on child weight and height could have contributed both to monitoring of services and to evaluation of project impact.
- **Support for the development of country systems is critical for the long-term sustainability of social programs.** The project contributed to the creation of an MIS that allowed for monitoring indicators on beneficiary access to services. In a similar manner, support for development of an information system to record maternal and child health



indicators could have contributed to capacity to measure impact and promote program sustainability.

- **The demonstration effect of pilots can be an important tool to motivate stakeholders to scale up programs that contribute to country strategic objectives.** In this case, the *Shombhob* pilot demonstrated that financing demand, while ensuring availability of quality services, could lead to significant results. This hands-on experience not only helped in the scaling up of the program, but also in generating a consensus that such a program could be viable in the country.
- **Simplicity of institutional arrangements can facilitate successful project implementation.** A program addressing child nutrition and cognitive development will inevitably require involvement of multiple stakeholders. However, project design can easily become too complex, making implementation difficult. Striving for simple institutional arrangements is therefore vital.

13. Assessment Recommended?

No

14. Comments on Quality of ICR

The ICR is well written and provides a comprehensive explanation of project implementation and results. The document provided a theory of change that was useful to assess project objectives. Project outcomes and intermediate results were explained in detail, and the narrative provided information on the key aspects of project design and implementation, as well as issues faced during implementation. Since the project design was output-oriented, there was little information on the quality of services that could have given a sense of whether there was progress toward longer-term impacts. The results from the ORS field work and the FY 21 beneficiary assessment could have been used more extensively for this purpose.

a. Quality of ICR Rating

Substantial