



1. Project Data

Project ID P161624	Project Name Sindh Response to Stunting	
Country Pakistan	Practice Area(Lead) Health, Nutrition & Population	
L/C/TF Number(s) IDA-60470	Closing Date (Original) 31-Dec-2021	Total Project Cost (USD) 55,178,082.60
Bank Approval Date 26-May-2017	Closing Date (Actual) 31-Dec-2021	
	IBRD/IDA (USD)	Grants (USD)
Original Commitment	61,615,000.00	0.00
Revised Commitment	56,615,000.00	0.00
Actual	55,178,082.60	0.00

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2. Project Objectives and Components

a. Objectives

According to the Financing Agreement (p. 5), the project's objective was "to contribute to the reduction of the stunting rate among children under five years of age by targeting the most affected districts in the Province of Sindh."

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 was to support the implementation of the government's Accelerated Action Plan (AAP) for Reduction of Stunting and Malnutrition in the 23 districts of the province with the highest stunting rates, through a results-based approach that linked disbursements to the achievement of agreed pre-designated indicators (disbursement-linked indicators, DLIs). It was to target pregnant and lactating women, to improve their nutritional status and reduce the risk of low-birthweight babies; and children aged 0 to 59 months, when stunting and its associated pathologies are most responsive to or preventable by specific interventions, and when nutrition interventions and early childhood education programs can influence children's future eating habits. Project financing was to expand the geographic reach of nutrition interventions already supported by the Bank and other donors; the project was to cover an estimated 14 percent of total AAP costs for the 23 targeted districts.

The project contained two components:

1. Expanding access to a multisectoral package of services for reducing stunting (appraisal: US\$45 million; actual: US\$41.5 million) was to support expansion and increase coverage of a multisectoral package of services related to maternal and child nutrition, hygiene and sanitation practices, and quality and diversification of dietary practices: (a) expanding coverage of the planned Bank-financed Multisectoral Action for Nutrition (MSAN) project (2017-2020) to an additional 23 districts, and building institutional capacity in those districts to plan, implement, and monitor nutrition services; (b) incentivizing the training of licensed health workers to provide family planning counseling and to supply short- and long-term family planning methods to all 23 project districts; (c) improving access to early childhood education in public schools and better access for high school-level girls to nutrition education; (d) supporting districts to become open defecation free, and promoting an enhanced program on handwashing in those districts; and (e) supporting Agriculture Department plans to scale up nutrition-sensitive interventions contributing to enhanced household food diversity and increased access to and consumption of foods of high nutrition content. DLI-incentivized activities were to be financed under a defined Eligible Expenditure Program that was part of the recurrent budget for participating departments at the provincial and district levels.

2. Strengthening key cross-cutting nutrition-related interventions and project management (appraisal: US\$16.62 million; actual: US\$15.12 million) was to finance technical assistance (TA) and selected inputs for effective cross-sectoral communication, coordination, and information systems, in addition to a conditional cash transfer (CCT) demand-side pilot to incentivize health checkups for pregnant and lactating women as well as growth monitoring and immunization of children under two years of age. This component was also to finance operations of an AAP Secretariat, to be led by a Nutrition Coordinator; nutrition expenditure tracking by the existing financial management information system of the province; project monitoring and evaluation (M&E); and citizen engagement activities.

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

The project was to be financed by a US\$61.62 million International Development Association (IDA) credit, covering approximately 14 percent of the total estimated US\$437 million cost to roll out the AAP to all 23



project districts. Other costs were to be covered by the provincial government (US\$30 million) and other partners, including the European Union, United States Agency for International Development (through UNICEF), and the World Food Program, as well as through other Bank-financed projects, with the government planning to seek coverage of a remaining 35 percent financing gap (US\$151.4 million) through a donor conference planned for late 2017. US\$56.62 million was actually disbursed, and US\$5 million was cancelled. The ICR (p. 13) reported that, at the government's request, US\$7 million in project funds was reallocated in June 2020 toward the province's COVID-19 response, but these funds remained unused. The ICR did not provide information on actual spending by the government or other partners, or on whether the financing gap for the AAP was eventually covered.

The project was approved on May 26, 2017, became effective on October 4, 2017, and closed as planned on December 31, 2021. It was restructured twice:

- December 15, 2019: Adjustment of implementation arrangements to clarify responsibilities of the Provincial Steering Committee and Provincial Task Force under the AAP, and revisions to the results framework to modify and refine definitions of some intermediate indicators.
- December 23, 2021: Partial cancellation of US\$5 million of project funds to reflect non-achievement of the DLI related to open defecation free villages in 2019-20 and 2020-21, as well as delayed implementation of the planned CCT pilot.

3. Relevance of Objectives

Rationale

The objective was highly responsive to country context. Though Pakistan had achieved considerable gains in reducing poverty and inequality from 2001-2014, its social indicators for health, nutrition, and education were low, lagging far behind those of other countries in the region. Malnutrition affected nearly half of the mothers and children in Pakistan. It was estimated that malnutrition was costing Pakistan's economy 2-3 percent of gross domestic product per year by impairing health, growth and cognitive development, school readiness and learning outcomes, and consequent loss in productivity and earnings. The situation was particularly acute in Sindh province, the second most populous province in the country. A 2011 National Nutrition Survey found that 72 percent of households in Sindh were food insecure, with significant variation among districts within the province. 49.8 percent of Sindh's children under five were malnourished and/or stunted, and 17.5 percent suffered from acute malnutrition (wasting).

The objective was also highly responsive to government strategy. Government spending on nutrition was low, despite increased attention under the *Pakistan Vision 2025* and the establishment of federal and provincial government secretariats to coordinate and support scaling up of nutrition interventions. Only about ten percent of the national health budget was spent on nutrition, and 90 percent of that amount was financed by development partners. In response, in 2016, the government of Sindh approved a 2017-2021 AAP with the goal of reducing stunting to 30 percent by 2021. The AAP included objectives and expected outcomes across multiple sectors related to addressing the underlying causes of stunting: health, population, sanitation and hygiene, agriculture, social protection, education, and behavior change communication.



The objective was tightly aligned with Bank strategy at appraisal through completion. The Bank's Country Partnership Strategy (CPS) with Pakistan at appraisal (2015-2019) contained a results area on improving access to maternal and child health and nutrition services; the project's objectives were also linked with another CPS results area on inclusion by reducing the vulnerability of at-risk groups. A joint Bank-Pakistani effort to envision Pakistan's future, published in 2019 (*Pakistan@100: Shaping the Future*), stressed the importance of investing in human capital; it prioritized the implementation of integrated health and nutrition programs for the first 1,000 days of a child's life, and provision of CCT programs to the poor and vulnerable. At project closing, the CPS had been extended to 2021. The Systematic Country Diagnostic (SCD) informing preparation of the FY22-26 Country Partnership Framework focused on the "FiveGs": girls' and boys' education, growing healthy, green and clean Pakistan, growth that is inclusive, and governance. The project's objectives remained highly relevant to this framework.

Rating

High

4. Achievement of Objectives (Efficacy)

OBJECTIVE 1

Objective

Contribute to the reduction of the stunting rate among children under five years of age by targeting the most affected districts in the Province of Sindh

Rationale

The theory of change expressed in the PAD (p. 12 and Annex 2, p. 43) noted that reduction of stunting requires a multisectoral response. At a higher level than the project objectives, it envisaged that improvements in child nutrition, growth, and cognition would be achieved through improved dietary intake and reduced disease burden. It held that improved maternal and child nutrition would be achieved by enhancing the coverage of health-related nutrition services, reducing exposure to fecal pathogens through better hygiene and sanitation practices, and improved quality and diversification of dietary practices. This project's specific interventions, supporting the government's AAP, were considered to be the most critical and effective specifically to support reductions in childhood stunting.

Outputs

Support was provided to the implementation of the AAP through DLIs. A system to strengthen coordination, collaboration, and feedback between AAP service providers and target beneficiary populations was established and implemented, as planned. Two provincial nutrition steering committees were established and became functional, not meeting the target of ten committees.



6.164 million pregnant or lactating women, adolescent girls, and children under age five were reached by basic nutrition services under the project, not reaching the target of 7.95 million persons. 5.912 million women and children received basic health, nutrition, and population services under the project, not reaching the target of 7.95 million women and children.

The cumulative number of pregnant women who received four prenatal care visits and counseling at the community level reached 1.625 million by project closure, not achieving the target of 1.95 million. The cumulative number of iron folic acid doses distributed to pregnant and lactating women reached 4.07 million, far exceeding the target of 1.85 million. The cumulative number of pregnant women who received tetanus toxoid (two or more injections) reached 2.343 million by project closure, exceeding the target of 1.725 million women.

By project closure, there were 56,287 new users of modern contraceptive methods, not reaching the target of 229,700 users.

The number of screenings for malnutrition at the community level reached 5.97 million, not reaching the target of 7.95 million screenings.

The cumulative number of villages certified open defecation free under the project reached 3,000, missing the target of 8,600 villages.

2,531 kitchen gardens were established under the project, essentially meeting the target of 2,600 gardens. 20,171 households establishing backyard poultry raising and goat farming, not reaching the target of 26,000 families.

The cumulative number of children aged 36-59 months attending early childhood education under the project reached 880,000, exceeding the target of 750,000 children.

3,900 mothers' groups were established under the project, meeting the target.

Intermediate outcomes

The percentage of children with a minimum acceptable diet increased from 8.9 percent in 2014 to 11.7 percent in 2020, not achieving the target of 20 percent.

7.475 million children between the ages of 6 and 59 months received vitamin A supplementation under the project, almost reaching the target of 7.95 million children.

Micro-nutrient sachets were distributed to 3.25 million children, exceeding the target of 2.65 million children.

Outcomes

The prevalence of moderate to severe stunting was reduced from 48 percent in 2014 to 45.5 percent in 2021, not achieving the target of 43 percent. Stunting data for 2014 and 2018 were taken from Multi-Indicator



Cluster Surveys (MICS) that were not repeated later. Additional data, while not strictly comparable with the MICS, was derived from the National Nutrition Survey and Standardized Monitoring and Assessment of Relief and Transition conducted in selected districts. These data (ICR, p. 7) show that, since 2018, the prevalence of acute malnutrition consistently declined in some districts but varied (mix of increases and decreases over time) in others. The ICR (pp. 7-8) presented data from additional surveys indicating that food insecurity declined in some project districts, but that progress was sharply interrupted during the COVID-19 pandemic.

Rating

Modest

OVERALL EFFICACY

Rationale

The project's geographic support increased rapidly across its lifetime, covering four districts in the first year, 16 in the second year, and all 23 districts by the fourth year. Other sources of financing for nutrition interventions were present in all 23 project districts throughout the entire project period. The ICR (p. 8) raised questions of attribution in this context, but in an environment with multiple donors working in the same area, Bank-financed projects are expected to achieve contribution rather than sole attribution.

However, given only partial progress toward the targeted reduction in stunting, achievement of the project's sole objective is rated Modest.

Overall Efficacy Rating

Modest

Primary Reason

Low achievement

5. Efficiency

The PAD's economic analysis (pp. 24-25), which focused on the effects of childhood stunting on per capita consumption expenditure in adulthood, found an internal rate of return (IRR) of 14 percent and a benefit-cost ratio of 28:1. It estimated that the project would reduce the effect of childhood stunting on per capita consumption in adulthood by 66 percent. The analysis used a five percent discount rate and assumed that 90 percent of the consumption gain from reducing stunting is realized during the child's working age. The findings were robust to sensitivity analysis; under more conservative assumptions (10 percent discount rate and lower reduction in stunting), the project had an IRR of 13 percent and benefit-cost ratio of 13:1. The ICR (p. 9) argued that insufficient data (in particular, lack of MICS data) precluded a follow-up analysis of IRR and the ratio of costs to benefits.

Implementation efficiency was facilitated by the elimination of duplicate mandates when the government of Sindh established a Shared Services Unit in the Provincial Planning and Development Department under the AAP Secretariat to provide cross-functional support to Bank-financed projects across Sindh and to strengthen capacity for project implementation. However, there were shortcomings: ongoing coordination challenges at the



province and district levels; recruitment, motivation, and turnover issues among key staff; and funding issues (amounts and timeliness of budget releases) (ICR, p. 12). The position of Coordinator for Nutrition to the Chief Minister of Sindh was vacant for three years, from 2018 through 2021, resulting in "huge underspending" of the project during that time period (ICR, p. 42). Procurement issues produced significant delays in implementation of activities under the second component. DLI incentives were negatively affected by slow processes for verifying and disbursing funds, late recruitment of the third-party verifier, and lack of perception among implementing sectors that the incentives were adequate to affect their activities. Corrective action was taken on some of these issues following the mid-term review, which took place in January 2021, extremely late in the project implementation period.

In terms of allocative efficiency, according to the ICR (p. 9 and Annex 4, pp. 38-39), the overall amounts allocated to nutrition as well as the allocations by sector were insufficient to achieve the targeted outcomes. Of the total expenditures under the first component, 99 percent were for health and food production, leaving only one percent for education, family planning, water and sanitation, and the AAP Secretariat. An analysis of health sector interventions conducted in 2019 concluded that a reallocation of resources would have enhanced the project's effects (ICR, p. 9). Furthermore, the project's monitoring systems did not provide adequate data to target inputs effectively to households and population groups, or to determine whether project-financed activities and outputs were achieving expected results.

Given lack of updated economic analysis and low allocative, implementation, and technical efficiency, overall project efficiency is rated Modest.

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	✓	13.00	100.00 <input type="checkbox"/> Not Applicable
ICR Estimate		0	0 <input type="checkbox"/> Not Applicable

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

6. Outcome

The project's objectives were highly relevant to Sindh's context and to government and Bank strategy. However, the objective to reduce stunting in the province was only modestly achieved, and project efficiency was modest as well. These ratings are indicative of significant shortcomings in the project's preparation, implementation, and achievement, resulting in an Outcome rating of Moderately Unsatisfactory.



a. Outcome Rating

Moderately Unsatisfactory

7. Risk to Development Outcome

According to the ICR (p. 18), the final Bank supervision mission requested the preparation of sectoral sustainability plans, but only two sectoral plans (education and water/sanitation) were submitted, and "neither presented persuasive details for sustaining results." However, declared government commitment to the AAP and eventual realization of the project's objective remains firm. Institutional measures introduced by the project (strengthening of the AAP Secretariat, provincial coordination) remain in place, and establishment of a grievance redress mechanism has provided another channel at decentralized levels for accountability for results.

Ultimately, however, the ICR's conclusion was not promising: "Sindh's strategies to reduce stunting have incorporated every proven intervention without markedly affecting prevalence" (pp. 18-19). The ICR questioned whether the multi-sectoral approach has been adequately interrogated for the completeness and effectiveness of the activities financed, and for the relevance of top-down provincial-level decisions to district planning and targeting. The ICR also pointed to the potential negative impact of broader risks outside the boundaries of the project: ongoing COVID-19 effects, drought and floods, and volatility due to economic, political, and security-related instabilities.

8. Assessment of Bank Performance

a. Quality-at-Entry

The project's theory of change was largely sound and evidence based, but with important gaps: there was no treatment for moderate under-nutrition, no building of latrines for poor households, and a lack of actions/arrangements to promote multisectoral work. Project design was supported by extensive analytical work done by the Bank, the United Kingdom Department for International Development, and other partners (ICR, p. 10). It acknowledged lessons learned from previous and ongoing Bank engagements using results-based financing approaches, highlighting their potential to contribute to policy and sector dialogue by focusing on political ownership, on results, and on donor coordination. The project also drew on international experience demonstrating the importance of combining demand- and supply-side interventions to reduce stunting, and the need for strong coordination mechanisms to underpin a multisectoral approach. Government readiness had been demonstrated through development of and commitment to provincial policies and sectoral strategies, developed in collaboration with international partners; existing multi-sectoral nutrition operations ongoing in the province; full integration of the project into existing government structures; and agreement on partial government financing of the project. Overall risk was considered to be substantial, with particular risks stemming from the complex, multisectoral nature of the project, the first of its kind in Sindh; the need to rapidly expand the number of covered districts; and the potential challenges with measurement of results. The introduction of the DLI mechanism was intended to mitigate these risks. Institutional arrangements for the project were well



specified and based on those established by the provincial government for implementation of the AAP. M&E arrangements were carefully delineated, and the results framework was logical and complete.

Project preparation and review were part of the Agile Pilots initiative, reflecting a belief that essential elements for success were in place. This approach envisaged financial phasing, with initial Bank support to the AAP to be followed by a second phase, with no reference to the financing envelope; and technical phasing, with sequencing of implementation over the first 2-3 years to be based on the sector's current readiness and ability to scale up activities, and adjustments after a mid-term review. Preparation was expedited and treated as an emergency in order to take advantage of IDA 17 resources.

As the ICR (p. 11) noted, more intensive preparation of technical and financial aspects was required, given the project's complexity. Lessons learned from prior experience, while well cited, were not internalized into project design, and risk mitigation was inadequate. The ICR (p. 17) observed that "the congruence of Sindh and Bank expectations for the project possibly crowded out consideration of significant project issues." The activities to be financed by the first component were not adequately specified, particularly in an environment already crowded with other projects and partners. The Borrower's ICR (pp. 40-42) detailed some of these shortcomings: there were no planned interventions to treat children with Moderate Acute Malnutrition (MAM), despite the fact that the number of MAM children is higher than those with Severe Acute Malnutrition, and untreated MAM children are at high risk of becoming SAM children; and community mobilization for water and sanitation focused only on making villages open defecation free without additional provisions for construction of latrines for poor households. Furthermore, an effective mechanism was not defined or established to facilitate multi-sectoral convergence. As a result, the project did not have provisions in place to track whether beneficiary households had actually benefited from project-supported activities offered by different departments. Institutional relationships were not clarified between departments at the provincial and district levels, and there was inadequate planning for ongoing engagement with communities and households. There was insufficient preparation of innovative approaches -- DLIs and CCTs -- that were not well understood by participating sectors, and arrangements for third-party verification of DLIs were not wholly in place. Coordination with other development partners was not sufficient to ensure the necessary targeting and convergence of interventions during implementation.

The ICR (p. 11) observed that many of these issues were raised at the Project Concept Note and Decision Meeting reviews, but they were inadequately addressed prior to project effectiveness. Overall, the PAD did not provide adequate analysis of Sindh's nutritional status, its determinants, and mapping of the pre-existing program response; clarification of achievements and lessons learned from ongoing and recently closed projects and programs; or delineation of existing and proposed new complementary and value-added activities (ICR, pp. 11-12).

Quality-at-Entry Rating Moderately Unsatisfactory

b. Quality of supervision

The task team leader and project team were based in-country and remained consistent throughout the project period. The Bank team worked closely with the AAP Secretariat to resolve institutional, technical, and fiduciary matters. Supervision missions were regular, and aides-memoire were promptly shared with



the government to try to remedy identified problems. Specific efforts to address issues included a December 2018 Implementation Support Mission, which proposed a dozen measures to strengthen institutional, administrative, and technical arrangements; the 2019 restructuring; and a mid-term review (MTR). The MTR was not conducted until January 2021, extremely late in the project period, but many adjustments were made at the 2019 restructuring, and three-monthly actions plans were followed up regularly after that point. The ICR (p. 18) noted that, despite the Bank's participation in several exercises led by partners, development partners reported "challenges to coordination and information sharing with the World Bank team." According to the ICR (p. 13), the COVID-19 pandemic limited contact in the field and impeded in-person supervision, but annual component outputs, intermediate results, and disbursements improved in 2020 and 2021 compared with prior years.

Quality of Supervision Rating

Satisfactory

Overall Bank Performance Rating

Moderately Unsatisfactory

9. M&E Design, Implementation, & Utilization

a. M&E Design

M&E design was, in concept, coherent and aligned with the project's theory of change. Results framework indicators represented a subset of broader government AAP results, selected to measure those activities directly supported by the project. Baseline values, target values, and data sources were clearly identified. DLI targets, where possible, were formulated as absolute numbers rather than percentages in order to facilitate triggering of disbursements. M&E responsibilities were well established at the provincial and district levels, with sector-specific monthly district reports to be consolidated at the provincial level. Monitoring was to include regular reporting from the departments, especially through the Department of Health's District Health Information Systems; third-party monitoring for verification of DLIs; and specialized surveys (including at least one province-wide stunting survey) to assess the stunting rate and other key project indicators. Capacity to consolidate data from various government systems was to be strengthened gradually through TA under the project's second component.

Lack of planning for a comparable follow-up study to the baseline 2014 MICS (and the intermediate data provided by the 2018 MICS) meant that there were no studies providing complete end-of-project data on the nutrition and health outcomes of beneficiaries.

b. M&E Implementation

A package of M&E tools was developed, finalized, and disseminated to implementing sectors in line with M&E implementation. With support from UNICEF and other partners, an M&E dashboard was developed covering all AAP interventions. The AAP website was regularly updated and maintained.



However, compliance with monthly M&E reporting requirements was inadequate, at only 27 percent in 2017-18 and around 40 percent for 2018 through project closure. The completeness of sector implementation reports varied widely. A planned M&E manual that would have brought together all sector and program responsibilities for collecting and presenting data was never formally adopted or used in training personnel. According to the ICR (p. 14), M&E implementation was hindered by erratic staffing within the AAP Secretariat and delays in procuring resources to strengthen the system. The Borrower's ICR (p. 41) noted that, until the project's final year, only a single AAP Secretariat staff member was responsible for monitoring of all involved sectors and development partners. Delays in recruiting TA for M&E resulted in non-use of allocated funds. Additional tools, particularly the Nutrition Expenditure Tracking System (NETS), were developed late in the project period, not in time to contribute to assessment of the project. Third-party verification of DLIs was delayed by a lengthy procurement process and not completed until 2020; as a result, disbursements for 2017 through 2019 were approved only in 2020, and those for 2019 through 2021 were approved in 2021.

c. M&E Utilization

Progress reports noted ongoing challenges and made recommendations for improvement, and the project's two restructurings made adjustments to implementation and indicators. The ICR (p. 15) noted that M&E results were presented at two Provincial Steering Committee meetings. The ICR stated that use of M&E data at the district level was unclear. Overall, reliance on programmed surveys and the absence of evaluations of implemented initiatives reduced the potential for learning from the project.

M&E Quality Rating

Modest

10. Other Issues

a. Safeguards

The project was rated environmental assessment category "B" and triggered OP/BP 4.01 Environmental Assessment, OP 4.09 Pest Management, and OP/BP 4.12 Involuntary Resettlement. The existing Environmental and Social Management Framework (ESMF) of the planned MSAN project was reviewed and updated to reflect the scale-up of activities to the 23 target districts under this project. The ESMF included guidance on developing management plans to provide the basis for identifying and costing measures to mitigate potential adverse impact of subprojects, such as proper construction of soaking pits for effective drainage to prevent the accumulation of stagnant water; appropriate siting of latrines to avoid water contamination and undue pressure on aquifers; and community involvement in latrine management and leakage detection. The project Secretariat included safeguards specialists to monitor ESMF implementation progress and compliance.

OP/BP 4.12 was triggered due to the possibility that the project would need to acquire small pieces of land for some interventions. A Resettlement Policy Framework was prepared, and it was anticipated that Voluntary Land Donation (VLD) would be used wherever possible, with appropriate screening, to ensure that land was truly donated without any pressure.



OP 4.09 was triggered because of project support for agriculture enhancement technologies at the farm level, with possible use of pesticides to enhance crop production. The government had already approved and disclosed an integrated Pest Management Plan for the ongoing Sindh Agricultural Growth Project (US\$76.4 million, 2014-2021); that plan was applied to this project as well.

According to the ICR (p. 15), safeguards compliance was rated Moderately Satisfactory throughout project implementation. The project was non-compliant with the legal covenant for extended periods of time because several of the safeguards-related positions in the AAP Secretariat were vacant. The fisheries sector constructed fish ponds without following the procedures and mitigation measures specified in the ESMF for VLD. Safeguards reporting often took place with delays.

b. Fiduciary Compliance

Financial management was rated Moderately Satisfactory across the project's lifetime, despite disbursements that consistently lagged well behind projections. Financial management specialists were recruited for the AAP Secretariat, and a project Operations Manual was adopted. Financial reports were sometimes delayed, but there were no substantive issues reported. Internal audits found issues with the health, livestock, and fisheries sectors. External audits, conducted annually by the Auditor General of Pakistan, found "many irregularities" (ICR, p. 16), but the Bank's Implementation Status and Results Reports did not note any audit issues.

Procurement ratings varied widely during project implementation. All procurement was processed through the Bank's Systematic Tracking of Exchanges in Procurement (STEP) system, and the Bank's procurement team provided hands-on assistance to strengthen processes for the sectors and the AAP Secretariat. Despite these efforts, procurement ratings fell from Satisfactory to Moderately Unsatisfactory for much of 2019 and 2020, largely due to delays in the procurement of consultants to provide TA under the project's second component (behavior change communication, NETS, DLI verification, M&E, and citizen engagement). The M&E and citizen engagement contracts were eventually cancelled due to lack of remaining time to implement activities. The procurement rating improved to Satisfactory in 2021 following the establishment of a Shared Services Unit in the Provincial Planning and Development Department, under the AAP Secretariat, to provide cross-functional support for Bank-financed projects across Sindh.

c. Unintended impacts (Positive or Negative)

None reported.

d. Other

11. Ratings



Ratings	ICR	IEG	Reason for Disagreements/Comment
Outcome	Moderately Unsatisfactory	Moderately Unsatisfactory	
Bank Performance	Satisfactory	Moderately Unsatisfactory	Significant shortcomings in project preparation and design that impacted achievement of outcomes..
Quality of M&E	Modest	Modest	
Quality of ICR	---	Substantial	

12. Lessons

The ICR (pp. 19-20) presented insightful lessons and recommendations, some of which are summarized here:

Assembling the individual elements of other proven effective responses to combat stunting may not yield expected positive results in new contexts. In this case, although the AAP, with project support, prescribed all the "right" things -- relevant policies and strategies at the provincial and districts levels to support a multi-sectoral approach; harnessing of technical, institutional, and administrative capacity to implement proven interventions; sustained financial commitment; and emphasis on results backed by financial modalities and expenditure monitoring -- progress has remained elusive.

Addressing a complex problem like stunting is facilitated not only by defining what must be done, but also by addressing how things should be done within a specific local context. In this case, project design did not adequately define the tools that would be needed to achieve the targeted objective in Sindh province, including the role of intersectoral convergence and enhanced accountability for resource use and service delivery at all levels.

Initial enthusiasm surrounding a project can cloud estimations of project complexity and the likely time frame for achieving outcomes. Improving nutritional status involves changing knowledge and behaviors among a range of population groups at different levels over time. In other countries, Bank support for nutrition projects has often lasted more than a decade and involved multiple projects and/or additional financings. The planned time frame for this project was extremely ambitious and optimistic.

A rigorous evaluation plan and research constitute the foundation of mid-course correction and learning for all projects, and especially for projects involving multiple sectors and/or innovative approaches. In this case, the project encompassed eight sectors and multiple innovative initiatives, but there is no evidence that the project engaged funding to assess and evaluate results, or effectively leveraged expertise from other development partners to assess the program's overall impact.



13. Assessment Recommended?

No

14. Comments on Quality of ICR

The ICR was clear, concise, and evidence-driven. It followed established guidelines. The ICR candidly assessed the factors driving the project's under-achievement of planned outcomes, citing relevant literature and presenting high-quality analysis. However, there were shortcomings. The ICR's presentation of the project's theory of change (Annex 6, pp. 43-44) included treatment for MAM even though there were no planned project interventions in this area (see Section 8a), and in some instances it simply mentioned principles ("sanitation," "hygiene") without spelling out concrete activities that would explain the pathway to intended outcomes. Its narrative made no mention of the activities the project actually implemented; in its effort to be concise, it sacrificed analysis of the relationship between reported outputs and achieved outcomes. The ICR commented on the inadequacy of the MICS as a source of project baseline data without explaining why this was the case.

a. Quality of ICR Rating

Substantial