# BASIC INFORMATION

## A. Basic Project Data

<table>
<thead>
<tr>
<th>Country</th>
<th>Project ID</th>
<th>Project Name</th>
<th>Parent Project ID (if any)</th>
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<td>Lao People’s Democratic Republic</td>
<td>P162565</td>
<td>Reducing Rural Poverty and Malnutrition Project</td>
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<td>Social Protection &amp; Labor</td>
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<td>Ministry of Finance</td>
<td>Ministry of Agriculture and Forestry</td>
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**Proposed Development Objective(s)**

The Project Development Objectives are to: (i) develop targeting, information and monitoring systems for social protection programs; (ii) improve key nutrition behaviors that are known to reduce childhood stunting through a nutrition-sensitive cash transfer program in selected provinces, and; (iii) enhance coordination of a multisectoral nutrition convergence approach in targeted provinces.

**Components**

- Component 1: Developing the building blocks of a social protection system
- Component 2: Conditional Cash transfer program for pregnant women and/or women with children under two years old
- Component 3: Coordination, management, monitoring and evaluation

## PROJECT FINANCING DATA (US$, Millions)

### SUMMARY

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### DETAILS

World Bank Group Financing
B. Introduction and Context

Country Context

1. **Lao PDR has experienced rapid economic growth over the past decade, though this has not translated into proportional gains in poverty reduction.** A landlocked country of 6.4 million, its gross domestic product (GDP) growth averaged 7.8 percent per year over the past decade and poverty declined from 33.5 to 23.2 percent between 2002/03 and 2012/13, making it the 13th fastest-growing economy globally. However, the growth has been less inclusive and driven largely by mega projects in the natural resource sector with limited employment opportunities. The pace of poverty reduction was modest compared to some of its neighbors (a one percent increase in GDP in Cambodia translated to 1.2 percent poverty reduction, whereas in Laos it was only 0.4 percent) and was also coupled with increased inequality, as evidenced by regional disparities, and a growing rural-urban divide.

2. **Economic growth has been heavily concentrated in urban areas** while in rural areas, **high levels of poverty and inequality prevail.** Poverty incidence is estimated at 23.2 percent nationally, but 40 percent in rural areas without roads compared to 10 percent in urban areas. Poverty, along with lack of access to basic social services, remains entrenched in remote and highland areas in the northern part of the country even though some improvements have been observed. Infrastructure in remote areas is particularly limited, and many communities are inaccessible during the annual rainy season. These remote areas also continue to be characterized by poor access to appropriate sanitation facilities and other publicly provided social services such as health and education.

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1. The Gini coefficient experienced a rapid increase in the past decade. While it increased slightly in the 90s from 34.31 to 34.66, the latest data report a drastic increase between 2010 and 2012 to 37.9.

3. **Poverty and human development indicators are also worse for ethnic minorities, many of whom live in remote areas.** For instance, poverty rates among the Mon-Khmer and Hmong (at 42 and 40 percent respectively) are nearly three times higher than that among the majority Lao Tai (at 15 percent). In addition, poverty reduction is continually threatened by high vulnerability to shocks and the absence of adequate support or risk mitigation measures for most of the population (World Bank 2016).

4. **Despite substantial gains in economic growth, childhood chronic undernutrition (stunting) levels remain very high.** About 33 percent of children under-five are stunted, 21 percent underweight and 9 percent are wasted. Stunting affects several groups disproportionately, namely the poor, ethnic minorities, rural children, and upland areas of the country, and stunting and underweight among children in the poorest wealth quintile (which is predominantly rural) is over three times the rates for children in the richest quintile.

**Sectoral and Institutional Context**

*Levels, trends and determinants of undernutrition*

5. **The persistence of high levels of childhood undernutrition presents a staggering, yet avoidable loss of human and economic potential for Lao PDR.** At the current levels of maternal and childhood malnutrition, the burden on the national economy has been estimated to be at least $200 million annually, representing about 2.4% of the country’s GDP. In addition, stunting has been shown to have long-term developmental impacts that far surpass childhood, and has been linked to slower learning outcomes, poor academic performance, and lower productivity and wages in adulthood. In other words, stunted children are unable to develop their human capital to its full potential, with negative consequences on the aggregate level in terms of labor market productivity and economic growth. Although there have been marked improvements in stunting over time, Lao PDR still performs poorly compared to other countries with similar levels of income and to other ASEAN countries (Figure 1). If malnutrition continues at this magnitude, its ambitious national goal of 8 percent annual GDP growth will be difficult to sustain.

6. **National aggregates of childhood undernutrition also mask wide inequalities, with far worse outcomes in some provinces than in others.** For example, stunting rates are higher in provinces like Huaphanh (40.7 %) and Phongsaly (54 %) and Xiengkhuang (48.3 %) and Sekong (49.9%)-(Figure 2). There is also significant variation across income levels; both stunting and underweight among children in the poorest wealth quintile (48% stunted) are close to three times the rates for children in the richest quintile (14% stunted), and ethnic groups (i.e. among Hmong-Mien reaching 50 percent).

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3 Stunting is a reflection of chronic malnutrition as a result of failure to receive adequate nutrition over a long period of time and recurrent or chronic illness. The way it is measured is by height-for-age. Children whose height-for-age is more than two standard deviations below the median of the reference population are considered short for their age and are classified as moderately or severely stunted. Those whose height-for-age is more than three standard deviations below the median are classified as severely stunted.


7. The multi-dimensional causes of childhood stunting in Lao-PDR underscore the diversity of actions that are needed across different sectors to address stunting and sub-optimal childhood development. Childhood undernutrition is an outcome of immediate, underlying, and basic causes\(^6\): at the immediate level, nutritional status is determined by nutrient intake to the body to meet its requirements, and the status of health (illness); underlying causes are related to food security (access, availability and utilization of food), maternal and child care practices, access to health services as well as clean water, appropriate sanitation and hygiene. Underlying these factors are basic causes: poverty is a basic cause of undernutrition, as are other economic and institutional constraints, women’s status, etc.

8. Coverage of water supply, sanitation, and hygiene (WASH) interventions is limited, and is an important underlying cause of undernutrition. While approximately 78 percent of households have access to “basic” drinking water, over 83 percent of households had E. Coli contamination in their source of water. Only 65 percent of rural households have access to basic sanitation and as many as 32 percent of

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\(^6\) The UNICEF Conceptual Framework on Undernutrition, originally designed in 1990, identifies basic, underlying and immediate causes of malnutrition. The basic causes address systemic challenges including social, cultural, economic and political that contribute to an unequal distribution of resources.
households practice open defecation. There are large regional variations, with 47 percent of households in Phongsaly practicing open defecation (LSIS 2017).

9. **Diet affordability and diversity are also considerable issues in Lao PDR and are correlated with stunting prevalence.** Only 55 percent of households in Lao PDR can afford a nutritious diet (WFP 2017); estimates from the Laos Social Indicator Survey (LSIS) 2017 are even higher at 61 percent. Affordability of a nutritious diet can vary widely by province, for example at 83 percent in Vientiane versus five percent in Sekong. Since unaffordability is a major constraint to diet diversity, household access to diverse diets is low. As the 2012-2013 Laos Expenditure and Consumption Survey (LECS V) demonstrated, this is more acute in rural areas where most households consume only three of the nine recommended food groups.

10. **Limited access to health and nutrition services is a strong determinant of child undernutrition and represents a notable gender gap.** The LSIS 2017 found that only 52 percent of pregnant women from the poorest wealth quintile received ante-natal care (ANC) from a trained health professional and over 36 percent of pregnant women living in rural areas without roads received no ante-natal services. For the rural poor, many of whom live in remote areas, distance to health facilities is a major barrier to access. Only 34.1 percent of pregnant women in rural households were assisted by a skilled birth attendant when giving birth, compared to the national average of 64.4 percent (LSIS 2017), and the regional average in rural areas of 90 percent. As a result, Lao PDR’s maternal mortality rate remains the highest in the region at a rate of 197 per 100,000 live births compared to East Asia’s regional average of 62 per 100,000 live births. Unsurprisingly, limited access to maternal health care also translates into inadequate healthcare for children—about 90 percent of rural women did not go for post-natal care, and less than 50 percent of children are fully vaccinated across the country, with fewer still in the northern provinces (LSIS 2017).

11. **Though a likely threat to food security and ability to access health and nutrition services in Lao PDR, climate change is expected to have a low impact on stunting.** It has been predicted that nationally, average daily temperature will rise, precipitation will increase, and the frequency of droughts might increase, though marginally so. Consequently, heavy precipitation, for example, may limit both the ability of patients to access health facilities to receive essential nutrition and health service as well as the ability of health workers to travel to remote areas to provide these services. The community-based platforms that the Government of Lao-PDR has established are also likely to reduce the adverse impacts of these consequences.

12. **Other cross-cutting gender dimensions and social and cultural norms also contribute to Lao PDR’s high stunting prevalence.** Diverse literature on the causes of stunting in Lao PDR points to elements such as women’s and mothers’ socio-economic status, level of education, early marriage, and age of pregnancy, among others, as determinants of stunting.7 Mothers’ level of education, for example, is significantly correlated with stunting, and about 45 percent of stunted children’s mothers received no education or only early childhood education (ECE) (LSIS 2017). Early marriage, particularly in rural areas and among women with lower educational attainment, remains widely accepted and is the leading cause for teenage pregnancy in Laos (Osornprasop 2016). Children born to mothers aged 18 years old and under are ten percentage points more likely to be stunted. In addition to the physiological characteristics of

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teenagers that are less than ideal for pregnancy and motherhood, the low nutrition-related knowledge of these young caregivers is compounded by supply-side challenges in rural areas. This is a significant issue as evidenced by Laos’ adolescent birthrate, which is the highest in the region—about 94 out of 1,000 births correspond to girls aged 15 to 19 (UNFPA 2016) compared to the regional East Asian average of 47 out of 1,000 births. Beyond teenage pregnancy, cultural beliefs that are potentially detrimental to pregnant women and children also affect behaviors at the household level and are often promoted, and at times enforced, by influential family members like grandmothers and husbands. Mothers have reported that they are encouraged to restrict food intake during pregnancy due to certain taboos, or so they can have smaller babies and easier deliveries. These taboos and restrictions often continue through the delivery and breastfeeding period.

13. **Women’s agency and empowerment, or lack thereof, have also been found to be determinants of stunting.** Three dimensions of women’s autonomy—confidence in the ability to exert control over their own health care, self-esteem, and control over own spending or money, are associated with better nutritional outcomes in Laos. In other words, the likelihood of stunting is lower with women’s increased access to health care, both in terms of distance and access costs, and with their ability to make spending decisions and use money as they wish. Two separate studies also found that higher self-esteem for women, defined as their intolerance for domestic violence, is also associated with lower levels of stunting in Lao PDR.

14. **Although poverty is cross-cutting and a key basic cause of childhood undernutrition, Lao PDR currently lacks social protection programs that explicitly address it.** While most countries in the East Asia region and beyond have invested significantly in the past decades in developing targeted programs in support to the poor and most in need, Lao PDR still lacks them. The Poverty Reduction Fund (PRF) is one of the few programs which focuses on poverty reduction through a community-driven development (CDD) approach. As such, the coverage of social protection is extremely limited at about 0.3 percent of the population, with no Government-financed non-contributory programs. Those who are covered by social protection programs are mostly confined to social insurance provided by the private sector or the civil service, with a few programs providing health insurance to the poor at limited scale. A recent stocktaking of SP programs in Laos undertaken by the ILO found that only around two percent of the population is covered by any form of social protection, including social insurance. Overall spending on social protection is around 1.7 percent of GDP, far below neighboring Vietnam at 6.7 percent and the East Asia region average of 5.7 percent. Social assistance programs are fragmented, small scale, and financed mainly by development partners. There has been to date no large-scale safety net program that provides support at the household level specifically.

15. **The fragmentation of these programs has resulted in little to no development of the underlying building blocks of a social protection system in support to the poor.** Such building blocks would include systems for identification, registration, payments, and systems to enable coordination, monitoring or evaluation. The use of digital technologies to disburse government to persons (G2P) payments for social

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8 See Kamiya et al. Mothers’ autonomy and childhood stunting: evidence from semi-urban communities in Lao PDR. BMC Women’s Health 2018 18:70.


11 World Bank Atlas of Social Protection Indicators or Resilience and Equity (ASPIRE database).
protection is seriously underdeveloped, particularly outside of the capital, Vientiane. The Government conducts a yearly poverty census (referred to as a poverty assessment) and creates at the local level, a list of poor households in accordance with the national poverty criteria. The exercise however is used to collect aggregate data (i.e. number of poor households) to monitor progress toward poverty reduction targets and not as a targeting system for programs by and large. As such, there is no national registry or list of poor households. Since 2016 the Government has undergone a revision of its poverty criteria and methodology in collaboration with the Bank. This included the development of a simplified Proxy Means Test (PMT) questionnaire which was piloted in five districts and refined to better adhere to the new poverty criteria and simplified to enable easier implementation given local capacity constraints. A discussion on the potential roll-out of a PMT survey at the national level, with the objective to inform poverty-targeted programs, is underway.

16. Among the social protection programs in existence, Health Equity Funds (HEFs) provide health insurance for the poor. Health Equity Funds (HEFs) were piloted in 2004 and rolled out nationwide in 2019 with the goal to promote utilization of health services through service fee waivers and coverage of non-medical expenditures such as food and transportation allowances. In 2016, HEF covered approximately 501,000 people or 46 percent of the population under the national poverty line using the government lists of the poor plus others identified through different targeting mechanisms (Ministry of Health, MOH 2017). There has been no known studies to date on utilization of HEFs, but anecdotal evidence suggests that it remains low due to low demand for health services. Since the launch of the National Health Insurance (NHI) scheme in 2016, various social health protection schemes for the poor and informal sector, including HEFs and the free MCH program targeted for pregnant women, mothers and children under 5 years old, have been merged under the NHI. Social health insurance schemes for the formal sector are still managed separately under the National Social Security Fund (NSSF) though eventual integration is being planned under the NHI law. In 2017, the NHI was rolled out nationwide except in Vientiane Capital covering 4,996,070 people or 74 percent of the total population; as such, health insurance schemes cover about 94 percent of the population (MOH, 2018). Under the NHI scheme, the co-payment is set for both OPD and IPD at 5,000 kip/visit at health center level; 10,000 kip/visit for OPD at district hospital and 15,000 kip/visit for provincial hospital; and 30,000 kip/visit for IPD cases for both district and provincial hospitals. Users in the list of poor households, pregnant women and children under 5 are exempted from the copayments.

Government Strategies

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12 The term “Proxy Means Test” is used to describe a situation where information on households of individual characteristics correlated with welfare levels is used in a formal algorithm to proxy households’ income, welfare or need. This is particularly relevant in countries that cannot rely on income data. Too much detail

13 As noted earlier, the lists of the poor were developed in accordance with Lao PDR’s old poverty criteria, according to which about 11 percent of the population classified as poor in 2016. This stands in contrast to household survey poverty data, such as that from LECS V, which estimates a 23 percent poverty rate. As such, the HEF program covers a much narrower segment of the population.

17. The Government of Laos’ (GoL) commitment to finding solutions to the pressing issues of poverty and malnutrition is clearly spelled out in its National Development Strategy. Notably, among the key objectives of the 8th National Social Economic Development Strategy 2016-2020 (NSEDP) are the development of human capital, graduation from LDC status by 2020, and achieving a reduction in poverty to 15 percent by 2020 through sustained and inclusive growth. The NSEDP calls for poverty reduction among all ethnic groups and equal access to education and health for both genders in all ethnic groups, as well as decreased malnutrition. The Government also promulgated the first National Nutrition Policy in 2008, and based on this policy, the 2015-2025 National Nutrition Strategy and Plan of Action (NNSPA) was formulated. Subsequently, the 2016-2020 National Nutrition Strategy Action Plan was formulated as an improvement based on the experiences, opportunities, obligations, and important participation of multiple sectors and development partners (DPs), and as a means of adopting the policies and strategies of the NSEDP.

18. The guiding framework for addressing malnutrition is the National Nutrition Strategy (2016-2025) and Plan of Action 2016-2020 (NNSAP), which establishes a multi-sectoral convergence approach. The NNSAP was designed to accelerate the reduction of under-5 stunting from 44 percent to an ambitious target of 25 percent by 2025. The NNSAP has four strategic directions: addressing the immediate, underlying, and basic causes of malnutrition; and addressing their linkages (see figure 3). Its 11 strategic objectives include (among others) improving nutrient intake, achieving adequate food consumption emphasizing the first 1,000 days of life, improving availability and access to nutritious foods, improving maternal and child health practices, improving water, sanitation and environments, and improving access to health and nutrition services. To achieve these objectives, 29 interventions have been identified, 22 of which are considered first order priority interventions for improved nutrition. These priority interventions are “assigned” to specific sectors like health, agriculture, WASH, and education, plus a few cross-cutting ones, and the strategy emphasizes working through and strengthening community level platforms. Coverage of the 22 priority actions, however, is scattered and fragmented due to limited resources—in 2017, DPs provided 86 percent of the total budget for the 22 nutrition actions, and a financing gap of US$30m was foreseen for 2018.

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Figure 3: Conceptual Framework of the Causes of Malnutrition in Lao PDR

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15 The NNS causal framework for undernutrition is based on the 1990 UNICEF conceptual framework, which specifies the main causes for malnutrition in children at different levels: immediate, underlying, and basic.

16 16 It is noteworthy that the WB Health projects will cover all interventions except 4,6,7,8 and 10. The WASH project will contribute to intervention 14. The 4 education priority interventions will not be part of the convergence approach, primarily because the approach focuses on those interventions in the first 1000 days of life. The Poverty Reduction Fund (AF) and AFN will support almost all elements of the 4 priority interventions under Food and Agriculture, although the specifics might be slightly different.

A National Nutrition Committee (NNC) was created in 2013 and amended in 2016 to lead and coordinate efforts around nutrition. The Committee is chaired by a Deputy Prime Minister with one Vice Chair being the Minister of Health. The NNC has Deputy Ministers from 12 ministries and mass organizations as members. The Ministry of Health (MOH), Ministry of Education and Sport (MOES), Ministry of Planning and Investment (MPI), and the Ministry of Agriculture and Forestry (MAF) are the four leading agencies in charge of implementation of the strategy. The Secretariat is headed by the Deputy Minister of Health with three Deputy Heads and oversees implementation of the NNSAP. The leading technical team comprises members from the Ministries of Health, Education and Sport, Agriculture and Forestry, and Planning and Investment. A mirror structure is being progressively mirrored at provincial and district levels.

A nutrition-sensitive social protection program, coupled with investments in key social protection system building blocks, could bolster the ongoing dialogue with the GoL on the development of a national social protection strategy and ensure protection for the poor and vulnerable. While there is no single ministry with a social protection (SP) mandate, the recent expansion of MAF’s mandate now comprises rural development and poverty reduction, which were previously under the purview of the National Leading Committee for Poverty Eradication and Rural Development in the Prime Minister’s Office. Some of the key functions that were re-mapped to MAF include the coordination and implementation of rural poverty reduction programs as well as the annual poverty assessment. A nutrition-sensitive SP program under MAF could be an ideal entry point for systems development, with the flexibility to enable future expansion and coordination of SP programs. It would also be well aligned with MAF’s ongoing nutrition-related activities and its rural development and poverty reduction focus. The program would also promote policy discussion on SP alongside a draft SP strategy which is being developed with assistance from ILO, UNICEF, DFAT, and other development partners working jointly with the Ministry of Labor and Social Welfare (MOLSW).

World Bank Multi-Sectoral Action Plan to Reduce Stunting
21. In response to the multi-dimensional causes of malnutrition in Lao PDR, the World Bank has made a commitment to a multi-sectoral action plan to support the Government efforts to tackling childhood stunting. The long-term vision for the WB nutrition agenda is aligned with the GoL’s objective to reduce stunting prevalence at the national level by 40 percent (to 25 percent) by 2025 (see figure 4). As such, the goal is to redefine the World Bank’s approach to tackling undernutrition in Laos to optimize existing and future operational and TA commitments (active and pipeline), as well as the policy dialogue on nutrition, anchored in concrete operational commitments and a defined mechanism to lead a multi-sector policy dialogue. Agreement was reached that nutrition-sensitive and nutrition-specific interventions in Lao PDR will be coordinated to the extent feasible in four key areas: (a) geographic convergence of nutrition-specific and nutrition-sensitive interventions in the same communities and households; (b) use of a common Social Behavior Change Communication (SBCC) strategy, action plan, and tools for consistent messaging; (c) leveraging each other’s delivery platforms, for example pre-established community structures; and (d) exploring possibilities for common monitoring and evaluation frameworks. An overarching framework is summarized below.

Figure 4. World Bank Lao PDR phased multi-sectoral approach to reduce stunting, 2018-2028

22. In phase one, the overall objective is to lay the institutional and operational foundations for the multi-sector convergence approach before possible scale up in subsequent phases. Three active and four pipeline operations have been identified as nutrition-sensitive and, through simultaneous implementation in the same geographic regions and reaching the same households, would help maximize the reduction in stunting prevalence. Each of these interventions would address a key cause of undernutrition in Laos: poverty and vulnerability, limited access to quality health and nutrition services, limited access to water and sanitation, and limited knowledge of adequate maternal and child health and nutrition practices and early childhood development at the household level. In addition, these projects would help to address issues that cut across sectors, particularly gender dynamics that contribute to high levels of stunting. The specific projects include: Health Governance Nutrition Development (HGNDP); The national target (reduction of stunting to 25 percent) pertain to national level objectives. The World Bank convergence approach will be centered on a subset of four provinces, and given that the operations noted above will converge in areas with a higher stunting prevalence (including some provinces with over 60 percent stunting), significantly contribute to the national goal of reduction of stunting. The common Monitoring and Evaluation Framework and expected reduction in stunting in the proposed area of intervention is presented in the Annexes. The existing operation and its additional financing (approved in 2017) close in 2020.
new health operation under preparation (Health and Nutrition Services Access Project); the Water Supply and Sanitation Project under preparation; the ongoing Early Childhood Education (ECE) project; the PRF project and its additional financing; and the proposed project. In the short term, the proposed four sectoral operations would jointly contribute (see Figure 5) to tackling the immediate and underlying causes of malnutrition in 12 priority districts in the provinces with the highest share and absolute numbers of stunted children. The objective for phase one is to produce a significant reduction in stunting in targeted areas, about a 20 percent reduction in the targeted areas, and a 1.75 percent reduction nationally (for more details Annex 3 on overall convergence approach result chain and monitoring and evaluation approach).

Figure 5. World Bank programmatic approach portfolio in Phase 1

The proposed LRRPMP would address poverty and vulnerability specifically, which are among the key basic causes of undernutrition. The project would incorporate best practices from other nutrition-sensitive social protection programs in the region and around the world, such as Peru’s. It would provide a safety net to poor and vulnerable households, namely regular cash transfers, and help to close the financial gap that contributes to undernutrition, particularly the unaffordability of food and transport to access essential services. The Project would also encourage households to adopt optimal health, nutrition and hygiene practices through co-responsibilities attached to the cash transfers. These would include attendance of regular SBCC sessions that focus on maternal and child health and nutrition related topics and which are being delivered through the Health, Education, PRF, and WASH projects. The project would thus complement the parallel efforts of the other World Bank projects, as well as other interventions financed by the Government and other DPs. As a cross-cutting operation that will complement other sector work on nutrition, this operation will also serve as the “flagship” nutrition operation, to serve as a

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20 Phongsaly 54 percent, Oudomxay 42.7 percent, Houaphanh 40.7 percent and Xiengkhuang 46.3 percent (LSIS, 2017).
coordination mechanism for policy level dialogue on nutrition and the higher-level objectives of the multi-sector approach.

**C. Proposed Development Objective(s)**

Development Objective(s) (From PAD)

The Project Development Objectives are to: (i) develop a targeting, information and monitoring systems for social protection programs; (ii) improve key nutrition behaviors that are known to reduce childhood stunting through a nutrition-sensitive cash transfer program in selected provinces, and; (iii) enhance coordination of a multisectoral nutrition convergence approach in targeted provinces.

**Key Results**

- (a) Number of cash transfer beneficiaries
- (b) Percentage of households with periodically updated socio-economic survey information reported in the social registry
- (c) Percentage increase in children 6-23 months old from cash transfer beneficiary households consuming foods from four or more recommended food groups
- (d) Number of villages in project districts where at least three nutrition convergence projects have been implemented

**D. Project Description**

23. The project will support the implementation of a nutrition-sensitive social assistance program to address poverty and malnutrition. It will support a complementary package of incentives (cash transfers) intended to increase utilization of essential health and nutrition services and encourage health and nutrition practices advocated through existing social and behavior change communication (SBCC) activities targeted at households in poor, rural areas. The project will develop key building blocks for an effective social protection system in this process. Project activities will complement other nutrition-specific and nutrition-sensitive sector investments in rural health and nutrition services, WASH and rural infrastructure, and finance the set-up of coordination, monitoring and evaluation of the proposed nutrition convergence approach.

24. The proposed Project will comprise three components. Component one will focus on setting up the basic building blocks of a social protection system, namely: (i) a targeting system for the country, which will be used by the proposed nutrition sensitive social safety net program financed under component 2 and by any other program targeted to the poor in the selected areas; and (ii) a social registry which will be critical to inform policy makers on gaps in the supply of programs and to report on the overlap of coverage in programs. Component two will finance the set up and effective implementation of a nutrition-focused conditional cash transfer program targeted to the first 1000 days for poor and vulnerable families. Component 3 will finance the day to day support to the implementation of the cash transfer program, the social registry, and the coordination, monitoring and evaluation for the overall WB multi-sectoral nutrition convergence approach.
Component 1: Developing the building blocks of a social protection system

25. The objective of this component is to develop some of the key building blocks of a social protection system. This includes project support to create and regularly update a social registry, leveraging the government’s previous data collection from all households. This information system will provide a “gateway” for potential inclusion of intended populations into social programs. The social registry would be used as a basis for targeting for this project conditional cash transfer and other programs that are part of the nutrition convergence approach. At the same time this component will finance the set-up of an integrated beneficiary registry which will allow for monitoring and coordinating “who receives what” across programs in target areas.

26. **Subcomponent 1.1. Design and operationalize a methodology for identification of poor households.** This component will build on the Government’s current system for identifying poor households (referred to as the national poverty assessment) and previous technical assistance to the Department of Rural Development and Cooperatives (DRDC) within MAF. The activity will develop a simplified proxy means test (PMT) socio-economic questionnaire, translating the Government’s existing Well-Being Criteria into objective indicators for assessing poverty and the socio-economic situation of households. Besides the basic PMT indicators, the questionnaire will capture additional indicators that could be useful for categorical targeting in social sectors. The project will also finance development and testing of operational manuals for implementing the questionnaire, along with communication tools, in preparation for its eventual roll-out.

27. **Subcomponent 1.2. Implementation of the socio-economic survey in project provinces.** As proof of concept, the project will finance data collection for the socio-economic survey questionnaire in all households in the 4 provinces. This encompasses training central, provincial and district officials to supervise and collect data at the household level. The project activities will help to: (i) improve the process of data collection by government officials; (ii) improve and institutionalize the supervision structure; and (iii) enhance the overall quality control mechanisms to improve the robustness of the data collection process. The project will finance the logistical costs for two rounds of data collection in these provinces, at the beginning and mid-point of the project, and application of a PMT. The project will leverage the use of digital platforms and technology to the extent possible to improve the quality of data collection and to lower costs. This includes procurement of tablets for data collection and developing the software application for electronic data collection. Central and provincial officials would be trained on the use of these new digital platforms, and the training materials and operational guidelines will be used to support the eventual roll-out of the instruments nationwide. This data collection exercise will precede the enrolment of beneficiaries for the cash transfers, as it is intended to provide the screening list of poor and near poor households eligible for enrolment in the conditional cash transfer program. This sub-component would also finance the training of trainers at a national level, and additional training at provincial level to facilitate the eventual roll-out of the data collection nationally using agreed instruments and operating manuals.

28. **Subcomponent 1.3. Creating a national social registry and a beneficiary registry.** The project will finance the development of an information system to capture household information collected nationally, as part of the implementation of Decree 348 and their poverty classifications. This information system is referred to as a social registry. To achieve this, the project will strengthen the data collection process for

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21 Implement the National Decree which sets the criteria for poverty graduation and development for households, communities and villages, Lao PDR Decree No.348, November 16, 2017.
the poverty criteria under Decree 348 and building on established methodologies in subcomponents 1.1 and 1.2 as previously described. The project will also finance the IT infrastructure and systems for collecting and aggregating the household level data into a centralized social registry to provide a harmonized database for social programs to target their interventions, improving inclusion of poor households and efficiency in spending. The social registry improves upon the GoL’s past data collection exercise whereby the household list of the poor was never systematically collected and maintained at central level. The social registry will be complemented by a beneficiary registry i.e. a database which will allow tracking of the interventions each household in the targeted areas receives, whether through the proposed project or any other project. As such, the beneficiary registry will be designed to be interoperable with the conditional cash transfer program’s beneficiary information system (see Component 2.1), and the ministry’s other existing information systems. The proposed social and beneficiary information systems will be designed to be interoperable, to the extent possible, with other ministries’ information systems for programs in the 12 districts, particularly WASH and Health. The project will thus invest in IT systems for secure data transfer between the central, provincial and district levels, server management and database maintenance\(^{22}\), and additional IT technical support for running the systems.

**Component 2: Conditional Cash transfer program for pregnant women and/or mothers with children under two years old**

29. The objective of Component 2 is to support the Government of Lao in setting up and delivering a conditional cash transfer program to support poor and vulnerable households in selected rural areas with pregnant women and/or children under two years old. The goal of the cash transfer program would be to incentivize nutrition-promoting behaviors such as improving dietary quality (in terms of diversity and amount), increasing utilization of essential health and nutrition services, as well as to contribute to poverty reduction in targeted areas. This component will finance the development and implementation of the key operational aspects of the conditional cash transfer program.

30. **Sub-Component 2.1. Building the delivery system for a conditional cash transfer (CT) program.** This subcomponent will support the development of the underlying systems to implement effectively a conditional cash transfer program. These include: (i) a management information system to support implementation and monitoring of the cash transfer program; (ii) an effective system to enroll eligible households; (iii) a system for delivery of secure and timely cash payments, and (iv) a system for grievance redress.

31. **Conditional Cash Transfer Program Management Information System (MIS):** The component will finance development of the conditional cash transfer management information system (MIS) to support key elements of program implementation and monitor intermediate outcomes. The MIS will be linked to the social registry under Subcomponent 1.2 and will draw a preliminary list of eligible households from the social registry. The MIS would be used to record beneficiary compliance with program co-responsibilities and to track cash payments to beneficiaries, as well as to follow the progress of households up until the point that they “graduate” from the program when a child turns two. The project will also

explore the possibility of making the program MIS interoperable with the health information system to allow for easier monitoring of co-responsibilities related to health and nutrition services and would provide updated information on cash transfer beneficiaries to the Management Information System.

32. **Enrollment and certification of Conditionalities**: The transfer of cash to beneficiaries will be conditioned on some specific behaviors. The program operations manual will clearly state out the enrolment and conditionalities. The cash transfers will initially be conditioned on attendance at monthly village-level SBCC sessions. The program will also include conditions relating to health seeking behaviors such as participation in ANC, PNC, growth monitoring, vaccination, etc based on availability of services.

33. **Payment system**: The project would finance the contracting out of the regular cash transfer payments to beneficiaries to external providers (which may include several modalities, including digital payments wherever available). The scarce availability of financial service providers in the targeted areas, as well as limited financial inclusion and literacy, is likely to pose challenges in the initial phases of the Project. To the extent possible, the project will work with other partners, both private and public, to incentivize the expansion of digital financial services to targeted areas and the financial inclusion of marginalized communities.

34. **Grievance redress mechanism**: A grievance redress mechanism will allow all stakeholders, and especially communities in the selected areas, to register complaints or report irregularities in an anonymous and confidential manner. This would include grievances from the time of enrollment and throughout the program’s implementation. The project will consider various modalities for registering grievances, including digital (through a URL), paper, and telephone. The project will finance the development of the needed software and specialized personnel or time of existing personnel to report regularly on progress in solving grievances cases.

35. **Sub-Component 2.2. Conditional Cash transfers for eligible pregnant women and mothers of children 0-2**: This sub-component will finance cash transfers to pregnant women and children under two in the selected areas. Cash transfer amounts will be set around 15 percent of household consumption for the poor. This will ensure, on the one hand, that transfers can have a sufficient impact on consumption and service utilization and, on the other hand, that they do not distort labor market incentives. In addition to providing additional income, the cash transfers are expected to allow for the consumption of more diverse and nutritious foods, and/or for covering transportation and other costs to access health and nutrition services. The program is expected to target the bottom 50 percent of households based on the national poverty distribution threshold, previously identified under Component 1. Through this targeted approach the project would include approximately 88 percent of stunted children (based on simulations) in the selected districts.

36. **Sub-Component 2.3. Innovations in social behavioral change communication**. This subcomponent will complement national as well as other WB-funded activities (primarily by HGNPD) through community-based SBCC activities aimed at contributing to improvements in: (a) maternal nutrition and related caring practices; (b) infant and young child feeding and caring practices; (c) sanitation and personal as well as environment-related hygiene behaviors; (d) dietary diversification; and, (e) other determinants of nutrition at the village level. As part of the convergence approach, the different WB teams
have agreed to use, to the extent possible, the same community-based platform to deliver SBCC; that is, the monthly village SBCC sessions primarily targeted at pregnant women and women with young children. For select sessions, male heads of households and mothers-in-law might be invited to participate. Specifically, the project will finance the following additional activities:

- Development of new SBCC modules on: the optimal use of cash to buy health and nutrition inputs; women’s empowerment, namely modules that address sexual and gender-based violence (SGBV) as well as other methodologies for encouraging women’s empowerment; basic financial literacy; and disaster preparedness. These modules are currently not available, and the component would deliver them to all participants in the village SBCC sessions, as it would be beneficial to all families.

- Development of innovative audio-visual tools to deliver key SBCC modules (namely, use of cash, optimal infant and young child feeding practices and personal hygiene). The high rates of illiteracy amongst beneficiaries and the low capacity of village facilitators have rendered the current “lecture” approach to message delivery sub-optimal. The videos will not be limited to project beneficiaries but offered to all SBCC participants and by other WB financed projects as well. They will be developed in close collaboration with and under the technical leadership of the National Nutrition Center.

37. Relevant formative research on potential use of different innovative approaches, to one-on-one and/or group counselling and other forms of message packaging and delivery, if deemed necessary, will also be financed through this sub-component. This component will be planned and implemented in close collaboration with the MoH, MoE, and Ministry of Public Works.

Component 3: Coordination, management, and monitoring and evaluation

The objective of this component is to support MAF in the timely implementation of the project, and MPI in their role of overseeing the overall implementation of the nutrition convergence approach. The component will finance project coordination, management, policy research, citizen engagement, and capacity building support to MAF for project implementation, and to other entities (for example MPI) that would facilitate multi-sectoral coordination at province and district levels. The component will also support the monitoring (and evaluation) of the implementation of the multisectoral nutrition convergence approach in the project areas.

38. Subcomponent 3.1. Project management. This subcomponent will support the provision of technical and operational assistance for the day-to-day implementation, coordination, procurement, financial management, safeguards management, and monitoring and evaluation (M&E) of the Project. The implementing agency’s human resources will be complemented as needed by additional staff, all of whom will receive regular capacity building. This subcomponent will also finance the implementation of key process monitoring tools for the day-to-day operation of the conditional cash transfer program for which regular surveys will be conducted (i.e., post monetary distribution surveys, citizen engagement through perception and satisfaction surveys), as well as analyses of the different processes involved in the cash transfer, and their timeliness (i.e., timeliness of registration of beneficiaries and submission to district level, provincial and central level; time for reporting a change in location of households or proxy for receiving the cash; timeliness of payments, etc.), and overall use of innovations and ICT to enhance results. Findings from these various surveys will be assessed on an ongoing basis and incorporated into the project implementation manual as needed.
Subcomponent 3.2. Support the coordination, monitoring, and evaluation of the multi-sector nutrition convergence approach. The objective of this subcomponent will be to support the planning, coordination, and monitoring and evaluation of the nutrition convergence approach through technical and operational assistance. It will finance the development of planning guidelines to be used at different levels, training and operational costs for the execution of the coordination, development and implementation of M&E functions (i.e., additional staffing, facilitation of and/or support for organizing regular multi-sectoral nutrition coordination meetings at provincial and district levels, regular supervision, etc.), and studies and/or surveys and citizen engagement to assess operational effectiveness and impact of the convergence approach. Documenting progress in the effectiveness of the convergence approach in reducing stunting will be critical for its future scale up.

A comprehensive monitoring and evaluation framework will be established to: (i) track the convergence of the World Bank’s portfolio of nutrition interventions at the village level, (ii) report on nutrition outputs, outcomes and impact indicators, and (iii) quantify the impact of the convergence approach. The monitoring of the convergence approach will be conducted through four main tools, namely, village score cards, iterative beneficiary monitoring, administrative data (sector and convergence projects’ MIS), spot checks and key informant interviews. The component will also finance the evaluation of the convergence approach. A key feature of the convergence approach will be the staggered roll-out of the different projects in the convergence districts which will permit embedding an evaluation of the impact and cost effectiveness of the convergence approach.

The evidence base for the proposed project and overall convergence approach will build on the results of the Knowledge, Attitudes and Practices (KAP) Survey which is being collected every 18 months until mid-2019 by the HGNDP project (see more under M&E session). The first KAP survey was conducted in the 12 priority districts in July-August 2017. The information gathered from this survey is informing the design of SBCC and overall program design. A follow-up (midline) KAP survey is scheduled for 2019 and a final one (end-line) in 2021. These studies will enable a deeper understanding of the socio-cultural norms, behaviors, enabling environments, and obstacles to improved health and nutrition-related practices. Resources would be needed under this project to finance one more round of the KAP as the endline for Phase 1 of convergence, where the midline will be used as the baseline for the proposed nutrition multisectoral programmatic approach. This subcomponent will also finance qualitative studies in the 12 selected districts, which will be designed to complement parallel quantitative data gathering efforts.

E. Implementation

Institutional and Implementation Arrangements

In 2016, a GoL reform led to MAF’s incorporation of the National Committee for Rural Development and Poverty Eradication (National Committee) and the PRF, both previously under the Prime Minister’s Office. The National Committee (now Department of Rural Development and Cooperative (DRDC) within MAF) has overarching responsibility for overseeing and coordinating poverty reduction programs at the national level, and monitoring progress toward achievement of poverty reduction goals. This includes an annual exercise to identify poor households in rural areas. DRDC also houses the PRF program. The PRF under MAF is one of Lao PDR’s core poverty reduction programs, with coverage in 10 out of 14 provinces. Its objectives are to foster community driven development and poverty reduction through the promotion and support of self-help groups, and investments in small-scale community infrastructure. Given its vast presence in rural areas and deep-rooted knowledge of local communities,
the PRF has recognized potential for partnership and collaboration with other sectors that seek to engage at the community level. MAF now houses one of the largest poverty reduction programs in Laos, which includes local level implementation and community engagement capacity. In addition to poverty reduction-oriented initiatives, MAF is working on a joint platform with other ministries to improve nutrition, including efforts to improve service provision in health, education, water and sanitation, and agriculture. MAF is responsible for 4 out of 22 agreed actions under the National Nutrition Plan and is already a strong partner in country-wide efforts to implement SBCC and community led total sanitation (CLTS).

43. MAF will be responsible for overall implementation of the Project. Day-to-day project implementation will be managed by the DRDC, whose mandate is closely aligned with Project objectives. MAF’s Department of Planning and Finance (DoPF) will be responsible for overseeing fiduciary aspects of the Project, in which it has previous experience through the implementation of other World Bank-financed projects, and overall coordination within the Ministry. Because DRDC is a relatively new department with limited experience managing WB financed projects, early investments in capacity building will be part of Component 3 of the project. Building technical capacity within DRDC, at the central and local levels, will be a key element of the project, complemented by TA from the Bank on the development of SP systems.

44. The PRF and IFAD-financed AFN programs which are also under MAF, would be key internal partners as they provide an effective service delivery platform at the local level. While the PRF and AFN programs do not have the capacity to assume technical programmatic work beyond their core competencies, they provide an on-the-ground presence that is needed for the successful delivery of the proposed program, particularly given their demonstrated ability to provide outreach and organize communities. At the district level they are already being integrated into the district agriculture and forestry office (DAFO), which will allow for easier coordination at that level. Activities at the local level will thus be planned jointly with AFN and PRF staff at the district level.

45. Though not financed through the project specifically, the project will rely on several partners for the implementation of complementary services and activities. This includes services like SBCC provision by AFN and MOH, as well as the Lao Women’s Union (LWU) (through HGNDP and the pipeline health and nutrition operation). All of these entities, with additional support from the WASH and health operations, will continue to implement, expand, and improve their SBCC activities in the targeted districts. Should the additional SBCC modules developed under the project (financial inclusion, use of cash, disaster preparedness, and women empowerment) prove to be an implementation challenge for MOH and AFN, the project will consider engaging the LWU to deliver these specific modules. The CNP pilot proved that this was a replicable model for delivering messages given their existing knowledge of communities and widespread presence, as well as their ability to communicate with women. MOH will also play a critical role in ensuring improved quality of essential health and nutrition services to maximize the impact of the demand-side interventions supported by this project, both in health facilities and also through community outreach services. MOUs and partnership agreements would be signed accordingly with the implementing partners to ensure effective synergistic implementation of the program. For more details see Annex 1.

46. MPI will provide critical leadership, guidance, and multisectoral coordination particularly at provincial, district and village levels to the WB financed projects. MAF will work in close collaboration with MPI for the overall planning, coordination, and monitoring and evaluation of nutrition-specific and nutrition-sensitive activities across the different ministries. At provincial and district levels, the project will finance the convening of multi-sectoral steering committees which, through their regular meetings
and activities, would oversee and provide guidance for the overall implementation of the proposed nutrition convergence approach as well as conduct periodic reviews of the approach. These committees will report on progress made directly to the Vice-Governors as Chair of the Nutrition Committees.

47. The project’s strategic direction and progress would be reported annually to the National Nutrition Committee (NNC)\(^\text{24}\), and semi-annually to the Provincial Vice Governor as chair of the NNC at provincial level. Those meetings would be also the venue to discuss and agree on the work program, coordination, and monitoring and evaluation mechanisms with other key actors in the selected geographic area of intervention.

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**F. Project location and Salient physical characteristics relevant to the safeguard analysis (if known)**

The Project will be implemented in the northern provinces of Oudomxai, Phongsaly, Xieng Khouang and Houaphan in selected districts where ethnic minorities represent the majority of the population.

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**G. Environmental and Social Safeguards Specialists on the Team**

Martin Fodor, Environmental Specialist  
Martin Henry Lenihan, Social Specialist

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**SAFEGUARD POLICIES THAT MIGHT APPLY**

<table>
<thead>
<tr>
<th>Safeguard Policies</th>
<th>Triggered?</th>
<th>Explanation (Optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental Assessment OP/BP 4.01</td>
<td>Yes</td>
<td>The Project’s activities will not involve civil works or any other activities that might cause environmental impacts. However, the project will have social impacts on beneficiaries and so a social assessment (in the form of a Knowledge, Attitudes and Practices Survey) has been prepared.</td>
</tr>
<tr>
<td>Performance Standards for Private Sector Activities OP/BP 4.03</td>
<td>No</td>
<td>This policy is not triggered as the Project’s activities are not expected to cause any impact on natural habits.</td>
</tr>
<tr>
<td>Natural Habitats OP/BP 4.04</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

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24 The National Nutrition Committee (NNC) was created in July 2013 with the mandate to provide overall leadership and guidance for the coordination of the National Nutrition Strategic Plan of Action.
<table>
<thead>
<tr>
<th>Policy Area</th>
<th>Triggered</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forests OP/BP 4.36</td>
<td>No</td>
<td>This policy is not triggered given that the Project’s activities will not impact the welfare of forests nor impact forest dependent communities.</td>
</tr>
<tr>
<td>Pest Management OP 4.09</td>
<td>No</td>
<td>This policy is not triggered since the Project will not finance the purchase or significant use of pesticides.</td>
</tr>
<tr>
<td>Physical Cultural Resources OP/BP 4.11</td>
<td>No</td>
<td>This policy is not triggered given that the Project’s activities will not involve civil works or any other activities that might impact physical cultural resources.</td>
</tr>
<tr>
<td>Indigenous Peoples OP/BP 4.10</td>
<td>Yes</td>
<td>This policy is triggered given that the Project supports interventions in areas in which indigenous people represent the majority of the population. This has been confirmed through an analysis of district level census data. The main social risk relates to the need to ensure that the project that project benefits will be delivered in a culturally appropriate manner. Because the overwhelming majority of beneficiaries will be ethnic people, the elements of an ethnic group development plan have been integrated into the design of the project, rather than preparing a standalone instrument.</td>
</tr>
<tr>
<td>Involuntary Resettlement OP/BP 4.12</td>
<td>No</td>
<td>This policy is not triggered as the Project will not support civil works or any activities that might lead to any impacts covered under the involuntary resettlement policy such as land acquisition, resettlement, or restriction of access to natural resources.</td>
</tr>
<tr>
<td>Safety of Dams OP/BP 4.37</td>
<td>No</td>
<td>This policy is not triggered given that the Project will not finance the construction of dams nor will rely on the operations of existing dams.</td>
</tr>
<tr>
<td>Projects on International Waterways OP/BP 7.50</td>
<td>No</td>
<td>This policy is not triggered since the Project does not affect international waterways as defined by the policy.</td>
</tr>
<tr>
<td>Projects in Disputed Areas OP/BP 7.60</td>
<td>No</td>
<td>This policy is not triggered as the Project will not finance activities in disputed areas as defined by the policy.</td>
</tr>
</tbody>
</table>

**KEY SAFEGUARD POLICY ISSUES AND THEIR MANAGEMENT**

**A. Summary of Key Safeguard Issues**

1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:

Because the project will be operating in communities where indigenous people live, the World Bank’s Operational
Policy on Indigenous People is triggered. The design of the project has embedded policy and operational interventions in support to indigenous people.

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area: The design of the project responds to the need of indigenous people and the expected impact would be mainly on indigenous people (large majority of the beneficiary population).

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts. The project is expecting to have positive impact, and is not expected to have adverse impacts that would require alternatives.

4. Describe measures taken by the borrower to address safeguard policy issues. Provide an assessment of borrower capacity to plan and implement the measures described. Social Assessment (in the form of a Knowledge, Attitudes and Practices Study) has been conducted, as well as a process of consultation in a sample of beneficiary communities. The borrower has extensive experience working in the proposed geographic area and the proposed project would continue to have devoted staff responsible to ensure full support of indigenous people.

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people. Community consultation meetings have taken place in a selection of beneficiary communities. This will form the basis for engaging with communities during project implementation.

B. Disclosure Requirements

<table>
<thead>
<tr>
<th>Environmental Assessment/Audit/Management Plan/Other</th>
</tr>
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<tbody>
<tr>
<td>Date of receipt by the Bank</td>
</tr>
<tr>
<td>08-Oct-2018</td>
</tr>
</tbody>
</table>

"In country" Disclosure
Lao People's Democratic Republic
22-Oct-2018

Comments
The Social Assessment has been disclosed at the website of Ministry of Agriculture and Forestry.

Indigenous Peoples Development Plan/Framework

<table>
<thead>
<tr>
<th>Date of receipt by the Bank</th>
<th>Date of submission for disclosure</th>
</tr>
</thead>
</table>

"In country" Disclosure

Sep 18, 2018
C. Compliance Monitoring Indicators at the Corporate Level (to be filled in when the ISDS is finalized by the project decision meeting)

OP/BP/GP 4.01 - Environment Assessment

Does the project require a stand-alone EA (including EMP) report?
No

OP/BP 4.10 - Indigenous Peoples

Has a separate Indigenous Peoples Plan/Planning Framework (as appropriate) been prepared in consultation with affected Indigenous Peoples?
No

The World Bank Policy on Disclosure of Information

Have relevant safeguard policies documents been sent to the World Bank for disclosure?
Yes

Have relevant documents been disclosed in-country in a public place in a form and language that are understandable and accessible to project-affected groups and local NGOs?
Yes

All Safeguard Policies

Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?
Yes

Have costs related to safeguard policy measures been included in the project cost?
Yes

Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?
Yes

Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?
Yes
CONTACT POINT

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Nkosinathi Vusizihlobo Mbuya
Sr Nutrition Spec.

Borrower/Client/Recipient

Ministry of Finance

Implementing Agencies

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APPROVAL

Task Team Leader(s): Francesca Lamanna
Nkosinathi Vusizihlobo Mbuya

Approved By

Safeguards Advisor: ________________________________

Practice Manager/Manager: Philip O'Keefe 02-Nov-2018