1. Country and Sector Background

While Senegal has made great progress in reducing overall malnutrition, i.e., Senegal has one of the lowest stunting and underweight malnutrition rates in sub-Saharan Africa, there are still major challenges that require more effective approaches. Although conclusive data is not available, UNICEF estimates that close to 20 percent of infants are born with low birth weight. Iron deficiency anemia, a major cause of low birth weight, as well as reduced productivity and compromised cognitive development, is also widespread. More than 75 percent of under-five children and over 50 percent of non-pregnant mothers are anemic. Meanwhile, the combined effects of the global food price and economic crises on food security and dietary intake have underscored the need to mainstream household food security measures as part of the promotion of healthy growth and good nutrition in women and children.

In the wake of the food price crisis in 2008 (and the ensuing global economic crisis), the PRNII was seen as an important instrument to invest in effective social protection programs including safety nets and nutrition. The Bank mobilized and provided support to mitigate against the negative effects of the global crises and protect the nutritional status and growth of young children through a credit and grant of $18 million for a Rapid Response Child Focused Social Cash Transfer and Nutrition Security Project (Cr. No. 4605-SN; TF094372; P115938) which is being implemented successfully through the implementation platform of the PRNII.

2. Objectives

The PDO, which will remain unchanged, is to expand access to and enhance nutrition conditions of vulnerable populations, in particular those affecting growth of children under five in poor urban and rural areas.
3. Rationale for Bank Involvement

The Second Nutrition Enhancement Project (PRNII) has contributed to the Government of Senegal’s long term nutrition objectives and program. This program has included efforts to increase financing for community nutrition services; scale up the integrated management of child illnesses and the community management of acute malnutrition; increase vitamin A and insecticide-treated bed net distribution; increase production and consumption of iodized salt; increase iron supplementation and deworming coverage in primary schools; implement strategies for improving maternal nutrition and reducing low birth weight; provide services by non-governmental organizations; strengthen the M&E framework; develop public-private partnership for food fortification; and enhance Local Government involvement in the management of the community nutrition program.

The Project is rated highly satisfactory since 2008 on both the Project Development Objective (PDO) and Implementation Progress, all legal covenants have been complied with and there are no outstanding audit reports.

The Government contribution to the program was a modest $0.33 million per year during the first phase (2002-2006). During negotiations of the second phase, and following the success of the first phase, the Government committed to increase the annual contribution to $2.3 million. In 2011, the Government expressed its commitment to increase its annual contribution to the program three fold to approximately $7.8 million between now and 2016 which by then will represent more than 50% of the total program budget of approximately US$15 million per year. Donor contributions to the program, other than IDA, represent approximately 10% of the program, while parallel financing represents approximately another 10%. With the introduction of the Rapid Response Child-Focused Social Cash Transfer and Nutrition Security Project in 2009, IDA has remained the largest single source of financing of the program. Both projects are set to close in 2012. A new Health and Nutrition Project is in the pipeline for FY14 leaving a gap between the closing of the current investment projects and the beginning of the new project.

Given the impressive improvements in nutrition conditions, and the partnerships which have been established (e.g., between Government, Local Government and Civil Society Organizations for community-based nutrition interventions; public-private partnership for food fortification; and among nutrition donors), it would be inopportune for IDA to now withdraw its support from the sector until it returns in FY14. The alternative for the Bank to request Additional Financing together with an extension of the current Project is therefore considered most appropriate by the Government of Senegal, the Bank management and the Task Team. Additional Financing will enable IDA to continue to support the implementation and the objectives of the second Nutrition Strategic Plan as described in the PRNII Project Appraisal Document (PAD), and will provide a suitable transition period to the new Health and Nutrition Project and the increased contribution from Government.

In light of these developments, the Government submitted a request for Additional Financing for the PRNII, which was received on July 21, 2011. The request highlighted the need to: (i) maintain (and increase) program coverage and intensity; and (ii) scale-up additional program activities to mitigate potentially harmful consequences of the food price and economic crises on
maternal and child growth and nutrition, thereby rendering the outcomes of the development objective more sustainable. In this request, the Government of Senegal expressed its interest to build on the achievements of the PRNII and the Rapid Response Project to strengthen: (i) the multi-sectoral pro-nutrition activities under the community-based nutrition program with a particular focus on household food security interventions; and (ii) the multi-sectoral support for nutrition in the agriculture and water sectors in addition to the health and education sectors, which were the two sectors emphasized under the original project.

4. Description

The Additional Financing will continue to support the existing three components with the following additional activities:

Component 1 – Component 1 – Community-based Nutrition: This component currently supports a package of community services and activities that include growth monitoring and promotion, community integrated management of childhood illnesses, promotion of insecticide-treated bednets (following the procurement and distribution earlier in the program), and the promotion of enhanced micronutrient status through dietary diversification and micronutrient supplementation. Following the impact of the global food price and economic crises, the Government of Senegal has shown increased interest to strengthen food security and social protection. Building on existing experience by the Community Executing Agencies of the program as well as the USAID-funded Feed-the-Future initiative, the project will add community-based food security interventions to the existing package of community services and activities. These activities include: (i) promotion of backyard gardens for the production of fruits and vegetables to enhance dietary diversification and increase nutrient intake, particularly during the non-harvest season; (ii) village grain banks for the storage of staple food to enhance access to and availability of the principle staple foods during the lean season; and (iii) promotion of small livestock to enhance dietary intake, dietary diversification as well as livelihood security. These activities are secondary “long-term” investments that will draw on international guidance on successful pro-nutrition food security interventions at community and household levels, and that will strengthen the existing package of effective community nutrition interventions.

In addition, following new guidelines from WHO on the prevention and management of iron deficiency anemia in young children, the Additional Financing will initiate the roll-out of integrated anemia control interventions in approximately a quarter of the intervention areas. In 2007, when the project was designed, the possibility of adding supplemental iron to the child’s diet was halted worldwide as a result of an unfinished controversial study that indicated increased risk of death as a result of an interaction between supplemental iron and malaria. New findings have now led to revised guidelines that provide a programmatic basis to engage in more effective programs to reduce widespread anemia in women and children in a way that was not possible when the project was designed in 2007. In Senegal, the prevalence of anemia is 75 percent in under-five year old children and 54 percent in non-pregnant women.

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1 Supplemental iron in low doses as in sprinkles in malaria endemic areas can be distributed if accompanied by malaria control interventions, such as the promotion of insecticide-treated bed nets.
Component 2 – Multi-Sectoral support for Nutrition: This component currently supports the health and education sectors to implement pro-nutrition activities and enhance their role in promoting health growth and good nutrition in women and children. Because of funding limitations, the support was limited to the health and education sectors only, even though the agriculture, water and sanitation sectors had been identified as eligible sectors as well. During the budget crisis of 2007-2008, support for this component was reduced to a minimum in order to prioritize the community activities under component 1. As a result, the activities under this component have not reached the scale that was intended (even though the project indicators have performed well). In addition, the agriculture and water sectors have become two additional important sectors through which to leverage pro-nutrition activities, including household food security, food processing, and safe water. The proposed Additional Financing will therefore cover the financing gap for multi-sectoral pro-nutrition activities under component 2.

Component 3 – Support to Implementation, Monitoring and Evaluation of the Nutrition Development Policy: This component will continue to support the strengthening of the performance of the “Cellule de Lutte contre la Malnutrition” (CLM) and its decentralized representations at the regional level in promoting greater involvement and ownership of the local actors, including Local Government representatives and public sector service providers. This component was given new directions following the mid-term review in 2009, namely systematically strengthening the role of Local Government in social mobilization and monitoring of the PRNII. Meanwhile, following unclear results from the 2010 Demographic and Health Survey (DHS; e.g., anthropometric results contradict findings from national and district-level surveys that have been conducted before and after the DHS), the CLM and the Ministry of Health held consultations with development partners and decided that a new national anthropometric household survey that is representative at the Departmental level is needed to strengthen the information base for monitoring and evaluation. Based on these two developments, the proposed Additional Financing will support a national household survey, which will provide a quantitative basis for Local Government to initiate a qualitative local consultation process of problem prioritization around health and nutrition. The pro-nutrition activities that will be identified will be integrated in the Local Development Plans, thereby further strengthening Local Governments’ role and ownership of PRNII activities and outcomes.

5. Financing

($m.)

Source:
BORROWER 0
INTERNATIONAL DEVELOPMENT ASSOCIATION 10
Total 10

6. Implementation

The implementation arrangements for the Additional Financing will remain the same as those for the current project with the CLM as the implementing agency of the project. The CLM is a multi-sectoral coordination body, attached to the Prime Minister’s Office and chaired by the Permanent Secretary of the Prime Minister. Day-to-day management is carried out by the CLM’s National Executive Bureau (BEN) and oversight is provided by the CLM’s multi-sectoral
coordination structure. Under Component 1, the CLM awards sub-projects to Local Governments. Community Executing Agencies (i.e., an NGO, or consortium of NGOs) are selected by the Local Governments with support from the CLM to implement the sub-projects on Local Government’s behalf. Under Component 2, the CLM participates in joint planning exercises with the Line Ministries to tease out the pro-nutrition activities that can be supported by the CLM through Technical Agreement Letters.

7. Sustainability

The overall sustainability risk of the project is low. This risk was higher at the beginning of the original project, but in spite of improvements, the sustainability risk remains substantial due to unpredictable financing from other donors and in the past also from Government. Since 2009/10, the Government’s contribution to the program has been consistent covering approximately one third of the program budget. In 2011, the Government expressed its commitment to increase its annual contribution to the program three fold between now and 2016 which by then will represent more than 50% of the total program budget of approximately US$15 million per year. Meanwhile, the Bank will continue to enhance the resource mobilization from Government and donor contributions. A second risk is the weak donor coordination among donor agencies that support the program (i.e., specialized UN agencies such as UNICEF and WFP, international technical assistance NGOs such as Micronutrient Initiative and Helen Keller International, and specialized global programs such as Global Alliance for Improved Nutrition or GAIN). Senegal joined the global Scaling Up Nutrition (SUN) movement, which is supported by a wide range of donors and development partners, in April 2011. This movement calls for enhanced institutional leadership and coordinated support to national programs for the scaling up of nutrition activities. In this context, the Bank will continue to strengthen the donor coordination, building on new impulses from these global initiatives. In terms of design and governance, the project is rated low risk.

8. Lessons Learned from Past Operations in the Country/Sector

Since 2002, the World Bank has contributed to the Senegal Nutrition Enhancement Program through two phases of an Adaptable Program Loan. The first Phase covered the period of 2002-2006; the second and current Phase was approved in 2007 and is scheduled to close on May 14, 2012. In developing the proposed Additional Financing project, the design draws heavily on lessons learned from the implementation and assessment of the PRNII. Over a nine year period, the *Cellule de Lutte contre la Malnutrition* (CLM), through the National Executing Bureau (BEN), as the implementing agency, developed and refined its operational approach and implementation arrangements through independent periodic assessments and internal and external audits of financial management, procurement, grant management and the performance of Community Executing Agencies (AEC). The proposed design of the project has also benefitted from the lessons learned and recommendations of the most recent audits and assessments to the institutional and implementation arrangements of the CLM.
9. Safeguard Policies (including public consultation)

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10. List of Factual Technical Documents


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