



# SAFANSI ANNUAL WORK PROGRAM FY12



South Asia Food and Nutrition  
Security Initiative

Fostering Cross-Cutting Action

The World Bank Group

South Asia Region

11/17/2011

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## Abbreviations

9FYP	Ninth Five-Year Plan	MIS	Management and Information Systems
AAA	Analytical and Advisory Activities	MMR	Maternal Mortality Rate
ANDS	Afghanistan National Development Strategy	MOCI	Ministry of Commerce and Industry
APRPRP	Andhra Pradesh Rural Poverty Reduction Project	MOE	Ministry of Education
ARD	Agriculture and Rural Development	MOHP	Ministry of Health and Population
ASHAs	Accredited Social Health Activists	MoRD	Ministries of Rural Development
AWP	Annual Work Program	MRRD	Ministry of Rural Rehabilitation and Development
AWWs	Aanganwadi Workers	MST	Multisectoral Simulation Tool
BDF	Bangladesh Development Forum	NAGA	Nutrition Assessment and Gap Analysis
BHU	Basic Health Units	NAPWA	National Action Plan for Women in Afghanistan
BNNC	Bangladesh National Nutrition Council	NDCCs	Nutrition and Day Care Centers (NDCCs)
CAS	Country Assistance Strategy	NFSM	National Food Security Mission
CCF	Community Challenge Fund	NIH	US National Institute of Health
CCT	Conditional Cash Transfers	NLRP/M	National Rural Livelihoods Programme/Mission
CIP	Country Investment Plan	NNS	National Nutrition Services
CMU	Country Management Unit	NRVA	National Risk and Vulnerability Assessment
CPS	Country Partnership Strategy	PDS	Public Distribution System
CSO	Civil Society Organization	PHFI	Public Health Foundation of India
CSO	Central Statistic Office	PREM	Poverty Reduction and Economic Management
DEC	Development Economics Research Group	PRSP	Poverty Reduction Strategy Paper
DFID	Department for International Development	PSUS	Program Support Units
DP	Development Partner	RAS	Regional Assistance Strategy on Nutrition
FAO	UN Food and Agricultural Organization	RCH	Reproductive and Child Health programs
FNS	Food and Nutrition Security	RHC	Rural Health Centers
GAFSP	Global Agriculture & Food Security Program	REACH	Renewed Efforts Against Child Hunger and Under-nutrition
GAIN	Global Alliance for Improved Nutrition	RGoB	Royal Government of Bhutan
GHI	Global Hunger Index	RMT	Regional Management Team
GIS	Geographic Information System	SAFANSI	South Asian Food and Nutrition Security Initiative
GoA	Government of Afghanistan	SAR	South Asia Region
GON	Government of Nepal	SAR DM	South Asia Region Development
HDN	Human Development Network	SASEP	Marketplace
ICDS	Industry Council for Development Services	SC	South Asia, Economic Policy Unit
ICDS	Integrated Child Development Services	SSNP	Scheduled Castes
ICT	Information & Communication Technology	STs	Social Safety Net Project
IDA	International Development Association	SUN	Scheduled Tribes
IEG	Independent Evaluation Group	SUNITA	Scaling-Up Nutrition Initiative
IFC	International Finance Corporation	SWAp	Scaling Up Nutrition Initiative Technical Assistance (Nepal)
IFPRI	International Food Policy Research Institute	TA	Sector-Wide Approach
IIDS	Institute for Integrated Development Studies	TAC	Technical Assistance
IMR	Infant mortality Rate	TANDI - II	SAFANSI Technical Advisory Committee
ISN	Interim Strategy Note	TFR	Tackling Agriculture and Nutrition Disconnect in India - II
IYCF	Infant and Young Child Feeding	TTL	Total Fertility Rate
IYCN	Infant and Young Child Nutrition	UNICEF	Task Team Leader
JCS	Joint Cooperation Strategy	USAID	United Nations Children's Fund
JMP	Joint Monitoring Program	VDP	US Agency for International Development
KAP	Knowledge, Attitude and Practice	VHND	Village Development Plan
LANSAs	Linking Agriculture and Nutrition in South Asia	VO	Village Health and Nutrition Day
LHW	Lady Health Worker	WFP	Village Organizations
LIS	Low-Income States	WHO	UN World Food Programme
MAIL	Ministry of Agriculture, Irrigation and Livestock		UN World Health Organization
MDG	Millennium Development Goal		
MDM	Mid Day Meal Scheme		
MGNREGS	Mahatma Gandhi National Rural Employment Guarantee Scheme		
MI	Micronutrient Initiative		
MIC	Middle Income Country		
MICS	Multiple Indicator Cluster Survey		

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## PART 1: SAFANSI Program Overview

### 1.0 Overview:

The activities included in this Annual Work Program (AWP) aim to directly implement the SAFANSI objective by dramatically enhancing the basis for more integrated and effective action on Food and Nutrition Security (FNS) through institutional platforms, individual/group capacities, awareness, and evidence in the various countries of the region. To this end, SAFANSI's work aims to *foster the cross-cutting actions* that will lead to measurable improvements in Food and Nutrition Security.

### 1.1 SAFANSI Program Approach:

SAFANSI has identified three actionable thrust areas or pillars that form the core of its own strategy. All financed activities will pertain to one or more of these three core pillars:

- (i) **Analysis:** improving evidence and analysis on the most effective ways to achieve FNS outcomes in SAR;
- (ii) **Advocacy:** improving awareness of FNS-related challenges, and advocacy for action amongst relevant stakeholders; and
- (iii) **Capacity Building:** strengthening regional and in-country policy and programming capacity to achieve FNS outcomes.

**1.2** The target audiences of this SAFANSI strategic approach are the (a) high-level policy and decision makers in the region; (b) development partners; and (c) the policy groups, civil-society organizations and opinion/decision-makers. As a corporate prerogative, SAFANSI is taking steps to incorporate certain best-practice elements in all of its work, including, but not limited to: prioritizing gender and socially-excluded communities; encouraging coherence and coordination among countries and among development agencies in line with the *Paris Declaration on Aid Effectiveness*; and promoting participatory involvement of the countries and its leaders. To this end, SAFANSI is enabling stakeholder platforms that can operationalize cross-sectoral action and enable more effective domestic stewardship of the FNS agenda. With this in mind, the ultimate objective of SAFANSI is to increase the commitment of governments and development partners to more effective and integrated food and nutrition-related policies and investments.

**1.3** A “rolling plan” process has been in place and will continue to be utilized to allow SAFANSI to be responsive to emerging needs and opportunities. In addition to the tasks summarized in this AWP, a number of other activities will be developed to address the continually changing political economy environment in South Asia, which has proven challenging and needful of an adaptive strategy. Additional activities are being explored and ongoing ones are being adjusted to fit current needs (maturation of these plans, in some cases, depends upon specific local circumstances – e.g., imminent national-level meetings on FNS – and other dynamics). For more information consult *Part 3: SAFANSI Planned Activities* and *Part 4: SAFANSI Partnership and Program Development*.

### 1.4 New & Strategic Directions:

In addition to maintaining our previously scheduled tasks (and adjusting them where necessary) SAFANSI has developed a series of newly identified tasks, which can help fill valuable knowledge gaps to enable policy makers and development partners to fill the actions deficit in the region. For instance, this AWP will detail:

- New SAFANSI tasks that aims to develop and support a vigorous national platform for stewardship of the FNS agenda in both Bhutan and Pakistan.
- SAFANSI has also developed several tasks seeking to help various Indian States formulate more FNS-sensitive programs by utilizing existing flagship programs, such as the ICDS and NRLP, as the platforms for a multi-sectoral engagement, as is in line with the World Bank's Country Assistance Strategy (CAS) for that country.
- Furthermore, the SAFANSI Secretariat has commissioned additional work on some SAFANSI-identified knowledge gaps in order to help us better understand the problematic causes of, and solutions to, malnutrition in South Asia, including such sectors and themes as: water & sanitation coverage, public works programs, community-managed healthcare systems (through a Gender-sensitive lens), M&E for FNS outcomes, and FNS service delivery in Tribal/Conflict Affected areas.
- SAFANSI is also sponsoring a fundamental rethinking of how we measure FNS; this exercise will build off of existing work done by John Newman for SAFANSI.
- Lastly, SAFANSI will continue to advance its advocacy campaigns through an assortment of multimedia, most notably through a nutrition video that is now being developed for Sri Lanka.

### **1.5 Country Context**

Most importantly, it is necessary to note that all SAFANSI activities are developed in line with the Bank's Country Assistance Strategies, their midterm update reports (where available), and some auxiliary consultative reports. The Country Assistance Strategy (CAS) - also called in some cases Country Partnership Strategy (CPS) or Joint Assistance Strategy (JAS) - lays out a selective program of World Bank Group support for a particular country. This strategy is developed by Bank staff in meetings with government officials, in consultation with country authorities, civil society organizations, development partners and other stakeholders. It takes as a starting point the country's own long-term vision for development and takes into account the Bank Group's comparative advantages in the context of other donor activities. The strategy is designed to promote collaboration and coordination among development partners in a country. Additionally, the Bank has recently produced a Regional Assistance Strategy (RAS) for Nutrition in South Asia, which helps define the sectoral context of the FNS problem for the region as a whole.

**1.6** The value addition of many SAFANSI program activities are well framed within this country context and strategy. Given the Bank's orientation to client-driven development, SAFANSI is following much of what has been laid out in these documents. For example, the India CAS calls for strong engagement in the seven low-income states, and so SAFANSI has taken the prerogative to support these states within the context of several flagship programs. A list of the current *Country Assistance Strategies* can be found in Annex 1. Annex II furthermore gives a summary of some of the SAFANSI-relevant *Country Context*.

### **1.7 Gender:**

A significant factor that has the potential to make a lasting contribution to reducing hunger, and one that has not received sufficient attention is gender inequality. Since at least 1994, gender inequity has been well recognized as perhaps the strongest driver of malnutrition in South Asia and yet it remains a key challenge to be overcome. Women play a crucial role in areas of food, health, care and are also responsible for a substantial portion of global food production. However in South Asia, women typically tend to have weaker control over household resources, tighter time constraints, less access to information and health services, and lower self-esteem. Their lack of power and choice in the household impairs their abilities to make decisions about their children's health, nutrition and education, and also

prevents them from accessing the services they need to protect their own health, nutrition and survival. This, in turn, affects their children's birth weights and growth, as well as the kind of care they receive.

**1.8** SAFANSI not only recognizes that gender pervades the Food and Nutrition Security (FNS) issue, but gender often forms the very core of many of our activities. Paradoxically, this creates an odd situation in reporting on the "gender dimension" of work since almost all of our work is focused (in some form or another) on this key variable. Nonetheless, some of our work has particularly new and innovative gender dimensions, which are particularly notable, including;

- ***Social Observatory for Rural Food and Nutrition Security in the National Rural Livelihoods Mission:*** An ambitious new Social Observatory that will fund the identification of integrated gender-smart policies for FNS by leveraging the integrated and gender-focused nature of the NRLM/P in India;
- ***Child Nutritional Outcomes and Community Based Health Service Provision:*** A bold pilot evaluation in Pakistan that will test whether the empowerment of women in the decision making of community-based health service expenditures brings about greater improvements in children's nutritional outcomes;
- ***Assessment of the relation between mortality and morbidity due to diarrheal diseases and sanitation coverage:*** A much needed study on women's hand washing and sanitation behaviors in Bangladesh that will shed light on ways in which diarrheal incidence (and therefore malnutrition) can be contained;
- ***Improving Food Security in Tribal and Conflict-affected Areas:*** A resolute appraisal of how best to link women and empowerment in Tribal/Conflict affected areas to achieve greater FNS outcomes, which assumingly can have wide-ranging effects in reducing conflict in this aggravated region; and
- ***Evaluating the nutritional impacts of food security and nutrition programs: a) Impact evaluation of the "-9+24" Community Challenge Fund and b) Impacts of public works schemes on women and children:*** A truly multi-sectoral assessment of the public works schemes in Nepal to understand if women, nursing mothers and their children are positively impacted by government programs.
- ***South Asia Development Marketplace on Nutrition:*** SAFANSI is also continually eager to support the gender-sensitive, local innovations sponsored through the Bank's Development Marketplace on Nutrition; all of which focus on mothers care for infant and young child nutrition.

**1.9** Furthermore, SAFANSI will continue to focus its ***South Asia Gender and Nutrition Mapping*** to target adolescent girls and mothers in order to break down the complex layers by which gender impacts trans-generational nutrition pathways. Nutrient deficiencies suffered *in utero* are exacerbated by the low age of first pregnancy in the region. This linkage will be used to leverage gender's strategic position in the complex FNS equation for the improvement of nutrition indicators in many SAFANSI/Bank activities.

#### **1.10 Political Economy:**

SAFANSI is a political economy approach to gradually enhancing the commitment of governments and Development Partners to more effective FNS programs. Most all of SAFANSI's activities are intended to either influence policy makers or the way in which they receive information on the FNS issue, with the

eventual aim of affecting the way in which these policy makers allocate resources for FNS programs. Some explicit activities that SAFANSI is pursuing include:

- ***Developing a Framework for Applied Political Economy Analysis of Food and Nutrition Security Issues in South Asia:*** This activity is leading the path to a groundbreaking overhaul of how we enable the currents of change in the given political economy.
- ***Pakistan Roundtable Discussion on Agriculture and Water:*** This work has funded – at a critical point in time – the beginning of a platform that has enabled the dialogue on Food and Nutrition to grow within the national (and provincial) forum for Agriculture.
- ***Raising the Profile of Nutrition as an Agenda for High Level Policy Makers in Sri Lanka:*** Developing such advocacy tools lend directly to an emotional appeal for support, not only amongst the policy-makers to which this will be targeted, but also to the stakeholders and constituents to which these policy makers are bound.
- ***South Asia Gender and Nutrition Mapping:*** This program aims to increase commitment to Food and Nutrition security by mapping out the ongoing interventions, research priorities and commitment levels of the key stakeholders in the region. The objective is to contribute to the shift from making the case for nutrition and FNS interventions to setting the stage for multi-sectoral actions in those fields for South Asia.
- ***South Asia Development Marketplace on Nutrition:*** These grass-roots initiatives have not only been useful in developing effective FNS models, but will also crucially serve as a useful advocacy tool through a “home-grown” solutions approach to sensitizing key stakeholders.
- Furthermore, a consensual dialogue with the governments, ministries and development partners in each South Asian country has been both *narrowing the focus* and *enhancing the drive* of the FNS policy agenda. Such political economy engagements are associated with each of these tasks:
  - ***Nutrition Assessment and Capacity Building in Bhutan:***
  - ***Supporting Afghanistan’s High Level Task Force on Food and Nutrition Security***
  - ***Supporting Nepal’s High Level Task Force on Food and Nutrition Security (of National Planning Commission)***
  - ***Enhancing National Commitment for an Evidence-based and Gender-sensitive Multi-sectoral Response to the Food and Nutrition Security Challenge in Pakistan***
  - ***Revitalizing Bangladesh National Nutrition Council (BNNC)***
  - ***Raising the Profile of Nutrition as an Agenda for High Level Policy Makers in Sri Lanka:***

**1.11** To be effective in this objective, SAFANSI is strategically utilizing a “soft-approach” that pervades its work. Because of the nature of this advocacy work and the length of the policy dialogue process, SAFANSI teams are engaging with stakeholders on the sidelines to garnish an understanding and commitment to this important agenda. Through this approach SAFANSI teams are gaining an understanding of the significance of power relations<sup>1</sup> within, and between, the relevant sectors of vested interests and the way in which this links to national political processes for reforming the broadly defined “malnutrition policy” agenda. This *soft approach* feeds into the design of a strategic communications strategy that helps guide the implementation of nutrition policy reforms in SAR.

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<sup>1</sup> Underlying the fractured institutional response to malnutrition are competing interests and priorities within and between government, non state actors and development partners. Understanding the micro-level political economy and the incentives/disincentives for uptake of evidence based nutrition policy by key interest groups is critical.

### **1.12 Knowledge Management and Communications:**

A goal of SAFANSI is to promote evidence-based decision making on cross-sectoral approaches FNS. This assumes a rigorous knowledge management and communications strategy to:

- (i) Consolidate knowledge on the scope of the problem in the region and on good practices that could be adopted;
- (ii) Identify knowledge gaps that can be filled through SAFANSI-financed activities;
- (iii) Ensure the quality of the knowledge produced by SAFANSI grant recipients;
- (iv) Translate the knowledge into clear and concise messages, targeted to priority audiences; and
- (v) Track the acceptance of the messages through media monitoring and other means.

This will allow the relevant ministries, government officials and development partners to access the information that will allow them to create coordinated actions to address the FNS issue within the greater development framework.

### **1.13 Products, Tools and Platforms:**

The SAFANSI Secretariat is creating tools, products and platforms to facilitate information flow to different audiences. The following are being utilized in order to advance the SAFANSI communications strategy:

- (i) **Deliverables:** The SAFANSI Secretariat will work with Task Teams to produce deliverable reports, briefs and tools, in addition to the technical assistance which will be delivered directly to the client. These deliverables will help fill knowledge gaps, advance the advocacy agenda, and develop the capacity of our clients and Development Partners.
- (ii) **Knowledge Briefs:** Once sufficient knowledge has begun to materialize, the SAFANSI Secretariat will facilitate the production of key messages into easily digestible and marketable knowledge briefs, which will be shared with targeted individuals and the public at large.
- (iii) **SAFANSI Loop Newsletter:** As knowledge begins to flow more rapidly and is vetted, the newsletter will provide quick summary information gleaned from SAFANSI tasks, deliverables and knowledge briefs, but will be intended for a broader audience. To this end it will also serve as an advocacy tool. The newsletter provides contact information to the SAFANSI Secretariat and will guide readers to the [www.worldbank.org/safansi](http://www.worldbank.org/safansi) for more information. The first issue<sup>2</sup> of the SAFANSI Loop has already been circulated and the next issue is expected in December.
- (iv) **Technical Advisory Committee (TAC):** This group of leading authorities from each country in South Asia is providing guidance on how different messages can best be marketed to specific audiences. Meetings of the TAC will maintain the momentum behind the advocacy agenda. They are also providing guidance on the knowledge gaps that SAFANSI can fill through its grants. A new member is expected to join the TAC from Bhutan in the coming year. The next meeting of the TAC is expected early in 2012.
- (v) **World Bank Knowledge Platform for FNS:** The Bank's newly created Global Knowledge Platform for Food Security and Nutrition will provide a space where best practices and new findings can be discussed and exchanged. The FNS Knowledge Platform will host a workshop sometime in early 2012 convening different groups – academia, think tanks and other international organizations active in this area – to generate better understanding on the linkage between food security and nutrition linkages. SAFANSI will engage with this convenient new platform so

<sup>2</sup> [http://issuu.com/world.bank.publications/docs/safansi\\_newsletter\\_may\\_final](http://issuu.com/world.bank.publications/docs/safansi_newsletter_may_final)

that our developing work program and maturing analytical work can be highlighted, shared and adjusted per the synergies of the meeting.

(vi) **Meetings and workshops:** SAFANSI is planning a series of consultation workshops in each country to build a core constituency on agriculture, food, and nutrition security, and to identify champions who will promote the message. Please see, *Part 4: SAFANSI Partnership and Program Development*, for further information.

## PART 2: SAFANSI's Ongoing Activities

### 2.0 Overview of Ongoing Grant Activities:

SAFANSI activities are primarily developed through a set of grant activities that have been competitively selected based on a targeted *call for proposals* within the Bank and amongst select recipient organizations external to the Bank. This section details the progress updates of previously reported SAFANSI grant tasks. It also lists actions, milestones and steps that are expected to happen for each grant activity in the coming year.

### 2.1 **Supporting Afghanistan's High Level Task Force on Food and Nutrition Security**

**Geographic Scope:** Afghanistan

**Managing Sector:** SASHN

**Grant Objective:** *To build national commitment and capacity for planning and delivering an evidence-based multi-sectoral response to the challenge of food and nutrition insecurity in Afghanistan, with a particular focus on equity related to gender, poverty and geographic location.*

#### 2.2 **Progress Update:**

Significant progress has been made in achieving the grant development objective. The five key Ministries of the Government of Afghanistan for nutrition (Ministry of Public Health (MoPH); Ministry of Agriculture, Irrigation and Livestock (MAIL); Ministry of Education (MoE); Ministry of Commerce and Industry (MOCI); and Ministry of Rural Rehabilitation and Development (MRRD) are mobilized and actively working on their chapters of a multi-sectoral plan of action. This process has catalyzed commitment within the Ministry of Public Health: nutrition is one of the key priorities outlined in the recent Strategic Plan for the Ministry of Public Health. The World Bank Country Director has met with the Minister of Finance to discuss nutrition and obtained his commitment for the implementation of an eventual plan of action.

**2.3** There has been broad-based discussion of what would be a good mechanism for the coordination of the implementation of the plan and a decision to that effect (likely a Committee of Cabinet) is expected shortly after the plan is ready. The process of developing the plan has been very consultative and participatory, leading to a growth in interest from the development partners (UN agencies, technical NGOs, bilateral donors).

**2.4** The findings from the health chapter of the plan of action are a critical input into the design of the Bank-financed project that will follow-up to the SHARP project. Similarly, the other chapters are providing information to other sectors within the Bank on how they can make their operations more nutrition-sensitive.

#### 2.5 **On-going and Follow-up activities:**

Work will accelerate over the next months on the development of a series of policy notes and workshops. The series will be targeted at key stakeholders and will specifically focus on cross-sectoral issues. The first policy note is expected to be the development of a strategic communications plan for the FNS agenda, which will include some political economy analysis.

## 2.6 Supporting Nepal's High Level Task Force on Food and Nutrition Security (of National Planning Commission)

**Geographic Scope:** Nepal

**Managing Sector:** SASHN

**Grant Objective:** *To enable the emergence of a High Level Task Force to (i) develop integrated policies, programs and action plans for FNS, (ii) enable it to monitor and create accountability for FNS programs, and (iii) create platforms for more effective cross-sectoral learning.*

### 2.7 Progress Update:

Significant progress has been achieved during the last year. The multi-sectoral plan of action is at advanced stages. The costing is currently being done with support from SAFANSI and this has resulted in further prioritization of interventions initially proposed in the plan. There has also been significant progress achieved in agreeing with the National Planning Commission (NPC) and the other supporting developing partners (UNICEF, REACH, WHO and WFP) on the structure of the unit within NPC that SAFANSI will co-finance to enable coordination and tracking of the implementation of the multi-sectoral plan of action. Significant progress has also been achieved in defining the three policy notes that are to be financed by this grant. One will be on a strategic communications plan (including political economy) for food and nutrition security in Nepal, another will be an assessment of capacity building requirements across sectors for nutrition and the last will look into ways to enhance the nutrition impact of the Government of Nepal's approach to food security.

The multi-sectoral plan of action will be the basis for the design of the "First Thousand Days" Bank-financed project which will take a multi-sectoral approach to addressing malnutrition during the critical window of opportunity from conception to the first two years of life of the child. The coordination mechanism to be established at the National Planning Commission which this grant will support will ensure coordination of the multi-sectoral plan of action.

### 2.9 On-going and Follow-up activities:

Over the next year, three policy notes will be produced to increase awareness and knowledge of FNS issues in Nepal and the "First Thousand Days" project will be appraised and presented for approval.

## 2.10 South Asia Development Marketplace on Nutrition

**Geographic Scope:** South Asia Regional

**Managing Sector:** SASHN

**Grant Objective:** *To learn from and share experience of promising approaches to achieving and measuring improvements in infant and young child nutrition through i) assessment of each Nutrition Development Marketplace grantees experience and ii) an interactive capacity building and regional knowledge exchange workshop.*

### 2.11 Progress Update:

The Micronutrient Initiative (MI) – an expert international firm – was hired to provide technical support and M&E oversight and skills-building to the 21 grantees of the SAR Nutrition Development Marketplace (DM). MI made visits to each of the project sites in the fall of 2010 where they provided hands on technical support and guidance to the grantees and captured progress and challenges in the form of site visit reports which were consolidated into a single report and shared with the Bank as one of its deliverables under its contract. In addition, World Bank DM focal points for each of the country offices also visited the grantees and provided technical and/or programmatic support/advice.

**2.12** Mid-term Capacity Building and Information Exchange Workshop was held in Kathmandu, Nepal for all 21 nutrition DM grantees in November 2010. The workshop was jointly facilitated by staff from the World Bank and the Micronutrient Initiative. The workshop focused on strengthening the overall implementation and programming capacity of the DM grantees with a specific focus on M&E capacity through plenary sessions and one-on-one working meetings between the grantees and WB and/or MI staff. A total of 26 representatives of the DM grantees attended the workshop, in addition to 8 facilitators from the World Bank and Micronutrient Initiative.

**2.13** Pilot interventions receiving TA through the grant have submitted interim progress reports detailing their achievements through implementation mid-point and some, who have already completed implementation, have submitted their final reports. The supported interventions have reinforced the vital importance of good pre and post-natal nutrition along with nutrition during pregnancy. In addition, some of the interventions have highlighted the importance of sensitizing and involving mother in laws and grandmothers in IYCN activities.

**2.14 On-going and Follow-up activities:**

Expected follow-up activity is two-fold. First, the overall capacity of the Nutrition DM grantees will have been expanded through the hands on support and guidance of the consultant team from MI, the Banks nutrition focal points for each of the projects and the mid-term capacity building workshop. This includes M&E, technical, and programmatic capacity. Second, a final report on the overall findings and implementation of the nutrition DM will capture experiences and lessons and these will be disseminated to partners involved in the Nutrition DM (UNICEF, WFP, PepsiCO, MI, GTZ and GAIN) and more broadly at a final knowledge sharing / exchange event planned for early 2012.

**2.15 Multisectoral Simulation Tool for Scaling Up Nutrition (SUN) in Bangladesh**

**Geographic Scope:** Bangladesh and India

**Managing Sector:** SASEP

**Grant objective:** *To support efforts to scale up nutrition by developing a Multisectoral Simulation Tool (MST) that would enable countries, regions or districts to take stock of how current/potential investments in different programs are/could impact nutritional outcomes in aggregate.*

**2.16 Progress Update:**

The Multisectoral Simulation Tool (MST) is currently being developed and populated with the relevant parameters for the districts in which it will be utilized. So far, the sub-models on births, National Nutrition Services (NNS) and Community Clinics have been completed. Preliminary simulations were done using the birth model which provided useful results towards achieving the objectives of this grant.

**2.17** Then presentations of initial versions of the model have been made at the IFPRI Conference on *Leveraging Agriculture for Improving Nutrition and Health* in New Delhi, the follow-up London Metrics Conference on Food Security and Nutrition and to the Gates Foundation in Seattle.

**2.18** The Multisectoral Simulation Tool (MST) is being developed for use in two districts, Satkhira and Gaibandha, to help identify the most appropriate policies to reduce chronic malnutrition. In Satkhira district, baseline data are being collected on household nutritional outcomes and characteristics by UNICEF and a stakeholder analysis is being conducted on all nutrition programs operating in Satkhira districts. These sources will provide the necessary information to allow the MST to reflect the situation that prevails in Satkhira, thereby ensuring that the simulations will be relevant for that particular district. Finally, there has been an institutional assessment carried out on nutritional policy in Satkhira

and Gaibandha district and its relation with national policy. The institutional analysis was supported as part of SAFANSI, since it was important to understand how different actors might respond to the planning tools being developed. The complementary stakeholder analysis and baseline survey were financed by REACH and UNICEF, demonstrating the close cooperation that is existing between SAFANSI and other actors.

#### **2.19 On-going and Follow-up activities:**

At the end of January, there will be a meeting in Bangladesh that pulls together the results from the baseline survey, the stakeholder mapping and the MST tool for Satkhira district. This will be presented to the Ministry of Health to illustrate how the information and the MST can prove helpful in planning their multisectoral interventions to reduce nutrition. We will take stock after gauging the response of the government, but we are hopeful that there will be interest in making use of the tools across different districts.

#### **2.20 Linking Nutritional Outcomes to Adequacy of Food, Health and Care in Bangladesh and India**

**Geographic Scope:** Bangladesh and India

**Managing Sector:** SASEP

**Grant objective:** *To provide the analytical work necessary to help governments choose the mix and scale of their interventions that will most effectively reduce malnutrition in South Asia.*

#### **2.21 Progress Update:**

Empirical models have been developed linking measures of adequacies of food, health and care for Bangladesh and India (and, for comparative purposes, Peru). Innovative interactive dashboards that can show policy makers what those links are have been developed. These dashboards have highlighted that there is a strong association of nutritional outcomes with the level of adequacies of Food, Health and Care and also that there are a high percentage of children in India and Bangladesh that are inadequate in all three dimensions of Food, Health and Care.

**2.22** Presentations on the Visual Data Analysis linking adequacies of food, health and care have been made at the IFPRI Conference on Food Security and Nutrition, a follow-up conference on metrics organized in London, as well as to DFID-India in New Delhi, the World Bank at the South Asia Innovation day and at the SAFANSI workshop and at the Gates Foundation in Seattle. In addition to the innovative visual data analysis, progress has been made on an econometric specification relating measures of adequacy of food, health and care to nutritional outcomes. A paper is being prepared and should be ready within 2 months.

**2.23** Virtually all the planned activities have been completed as planned and, in some respects, has even exceeded what had been planned. The team had not planned on carrying out the econometric analysis and has developed some interesting approaches to estimating the relation between adequacies and nutritional outcomes. In addition, the team has done some work exploring the sensitivity of the relations between food security and nutritional outcomes using different measures of food security that can be calculated from the 2009/10 Bangladesh Food Security and Nutrition Survey.

#### **2.24 On-going and Follow-up activities:**

Over the next year, follow-up work will be undertaken extending the econometric model to Bangladesh and India. The interactive dashboards which will translate the econometric results into pictures will be developed which will make it easier for policy makers to interpret.

**2.25** The team is also working to gain access to district level data from Hellen Keller International in Bangladesh which will allow us to prepare district level analysis that can then be used in the overall effort to scale up nutrition efforts in two districts of Bangladesh. Having this data would then provide a very good illustration of how using visual analysis could help policy makers see the relationships and use the evidence to inform policy choices. It is likely that the team will also work with FAO to explore the relation between different metrics of food security and nutritional outcomes using comprehensive surveys in Colombia and in one or two countries in Africa in addition to the survey in Bangladesh. This work will help build up the evidence base in the area of food security and nutrition.

## **2.26 South Asia Gender and Nutrition Mapping**

**Geographic Scope:** South Asia Regional

**Managing Sector:** SASDS

**Grant objective:** *The objective is to provide evidence-based analysis to leverage commitment from government and development partners to develop gender-sensitive cross-sectoral policies and strategies that address undernutrition in South Asia.*

### **2.27 Progress Update:**

The project is on track to meet its objectives. The work on the Gender and Nutrition Mapping Report (with special focus on adolescent girls and including a literature review and stakeholder analysis) has kicked off, the materials required for the literature review for each SAR country have already been gathered as have the data sets; the structure for the report has also been prepared.

**2.28** The work on the gender dimension of the Nepal Food and Nutrition Security Thematic Report is actively in progress. Several other outputs are also forthcoming. The Gender and Nutrition in South Asia funds are to contribute to the nutrition component of the upcoming AAA on Gender in Sri Lanka. Work on this has actually commenced and will be completed by the end of the fiscal year. The Bank is expecting to derive pilot designs from this work, and these, might warrant further SAFANSI support.

**2.29** The activities proposed will help define adequate gender-sensitive cross-sectoral nutrition strategies for the countries of SAR. The program aims first and foremost to strengthen analysis and understanding of the role of gender in nutrition. It is an evidence-based activity with an action oriented perspective to reinforce the link between direct and indirect interventions. Furthermore, the program supports SAFANSI's goal of increasing commitment to Food and Nutrition security by mapping out the ongoing interventions, research priorities and commitment levels of the key stakeholders in the region. The objective is to contribute to the shift from making the case for nutrition and FNS interventions to setting the stage for multi-sectoral actions in those fields for South Asia.

### **2.30 On-going and Follow-up activities:**

The Gender and Nutrition Mapping Report (with special focus on adolescent girls and including a literature review and stakeholder analysis) will be completed before the end of the calendar year.

**2.31** Separately, SAFANSI will also be supporting a Social Development Specialist from SDV to contribute to an impact evaluation analysis of public works in the Nepal Poverty Alleviation Project. The goal will be understand the gender disaggregated impacts of such public works. Multisectoral Simulation Tool for Scaling Up Nutrition (SUN) Linking Nutritional Outcomes to Adequacy of Food, Health and Care Assessment of Bangladesh CCT Pilot through Local Governments International Policy Consultation Learning from Success: Cross-sectoral Approaches in Other Regions and their Applicability to South Asia.

### 2.32 Assessment of Bangladesh CCT Pilot through Local Governments

**Geographic Scope:** Bangladesh

**Managing Sector:** SASSP

**Grant objective:** *To provide recommendations on the effectiveness of program design of conditional cash transfer (CCT) programs for improving a number of outcomes, such as school enrollment/attendance and child nutritional status.*

#### 2.33 Progress Update:

The baseline survey to help with the quantitative evaluation of the CCT pilot has been completed, and thereby has helped to make progress towards fulfilling the grant objective. The procurement for conducting the qualitative evaluation of the CCT pilot is ongoing.

#### 2.34 On-going and Follow-up activities:

The Grant Agreement is expected to be signed by the Government of Bangladesh in November 2011, and thus necessary planning for the implementation of the CCT pilot is underway.

### 2.35 IFPRI Conference on Leveraging Agriculture for Improving Nutrition and Health

**Geographic Scope:** South Asia Regional

**Managing Sector:** SASDA

**Grant objective:** *To inform multi-sectoral policy approaches in order to leverage agriculture's impact on nutrition and health outcomes.*

#### 2.36 Progress Update:

SAFANSI co-sponsored this high-profile international conference, which successfully brought together key actors from the global community in the areas of agriculture, health, and nutrition, to discuss areas of potential synergy and collaboration. The financing covered consultant costs for background and follow-on projects, in addition to overhead costs for the workshop itself. The conference papers and briefs represent some of the best analysis and evidence of the link between agriculture, health, and nutrition. Titles include; *Turning Economic Growth into Nutrition-Sensitive Growth* by Derek Headey, *Bridging the Gap between the Agriculture and Health Sectors* by Joachim von Braun, Marie T. Ruel, and Stuart Gillespie, and *The Food System and Its Interaction with Human Health and Nutrition* by Per Pinstrup-Andersen. With the co-sponsorship came room for a side event, which SAFANSI used to host a panel discussion entitled "Building a Platform for Food and Nutrition Security" that featured David Nabarro, *UN Special Representative on Food Security and Nutrition*; Sartaj Aziz, *former Foreign Minister of Pakistan*; Raj Pant, *Planning Commission of the Government of Nepal*; Dr. Srinath Reddy, *President of the Public Health Foundation of India*; and Michal Rutkowski, *Sector Director for Human Development in South Asia (World Bank)*. IFPRI compiled a brief PowerPoint on some of the key highlights of the conference, which can also be viewed online. SAFANSI also hosted a booth at the event's knowledge fair where staff, researchers, and select winners of the South Asia Development Marketplace on Nutrition interacted with about 150 visitors.

#### 2.37 On-going and Follow-up activities:

While the main conference has concluded, the materials coming from the Leveraging Agriculture for Improving Health and Nutrition initiative continue—these can be found at online<sup>3</sup>. These studies will continue to inform SAFANSI's policy dialogue and ongoing analysis.

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<sup>3</sup> <http://2020conference.ifpri.info>

## **2.38 Developing a Framework for Applied Political Economy Analysis of Food and Nutrition Security Issues in South Asia**

**Geographic Scope:** South Asia Regional

**Managing Sector:** SASHN

**Grant objective:** *To develop an applied political economy framework to better understand and promote FNS programs and initiatives across the seven countries in the South Asian region.*

### **2.39 Progress Update:**

The work on developing an applied political economy analysis framework for FNS is actively in progress. A comprehensive analysis of existing political economy frameworks has been conducted – with a focus on related discussions within the World Bank, DfID, and other organizations – in order to propose an approach for political economy analysis that is appropriate for examining FNS policies in South Asia.

### **2.40 On-going and Follow-up activities:**

Over the next six months, the applied political economy framework will be field-tested by applying it to specific aspects of the FNS policies in India, where there has been a recent surge of activity in this area following a call for reform, accompanied by specific reform recommendations, by the Prime Minister's National Nutrition Council. The framework and its application to an illustrative case study on India will then be widely shared with relevant stakeholders at a workshop proposed to be organized by June 2012 at the World Bank HQ, with videoconferencing links with the country offices in the seven countries in the South Asia region.

## **2.41 Learning from Global Success Stories**

**Geographic Scope:** South Asia Regional

**Managing Sector:** SASDA

**Grant Objective:** *To facilitate South-South learning by extracting usable lessons from other regions so that they may be transferred to the South Asian context.*

### **2.42 Progress Update:**

This study is examines the experience of several countries and programs around the world—e.g., Thailand, China, Vietnam, and Malaysia as well as some Latin American countries—in taking an integrated approach to the problem of food and nutrition insecurity with the goal of extracting relevant lessons and good practices and transferring them to the South Asian context. A consultant has engaged in consultations with government counterparts in these countries to extract these lessons. The results show mixed experiences in most countries, and, they show that development agencies are at times the cause for the failure of such programs. Silos exist in governments and agencies, and if both are not committed to breaking down the silo walls, such initiatives will not succeed. The findings also show that there is apparently no lack for analysis of the importance of various sectors to food and nutrition security; however, much of that research has not been translated into successful operations. While high-level commitment to improved food and nutrition security is critical, it is not sufficient to change how systems respond to the problem—e.g., how technicians measure the problem (and progress), whether sector units will work together, etc.

### **2.43 On-going and Follow-up activities:**

A paper is nearing completion and will begin the review process in early December with a broader presentation of findings in January. Plans are underway to develop a follow-on proposal to disseminate findings and to gather more in-depth (nuts and bolts) information on how successful programs were

implemented. A critical audience will be practitioners in various sectors—including World Bank staff—who can be change agents in the design of such programs.

#### **2.44 Pakistan Roundtable Discussion on Agriculture and Water: introducing food and nutrition security to Government Planning**

**Geographic Scope:** Pakistan

**Managing Sector:** SASDA

**Grant Objective:** *To mainstream the food and nutrition security (FNS) agenda into the development planning process for agriculture and rural development in Pakistan.*

#### **2.45 Progress Update:**

On March 8 - 9, 2011, the World Bank organized a Roundtable Discussion on Agriculture and Water for Agriculture in Pakistan to identify priority areas for investment in the agriculture sector. SAFANSI provided co-financing in an effort to include food and nutrition security into what is traditionally a discussion focused on productivity. SAFANSI funds enabled the hiring of video conferencing facilities so that experts from the International Food Policy Research Institute could contribute to the discussion. The forum did identify crop diversification and increased investment in agricultural research as priorities for the agriculture sector. Not all SAFANSI funds were used, and they will be returned to the master trust fund because the World Bank's investment (including SAFANSI funds) encouraged other development agencies (e.g., FAO and USAID) to provide sufficient financing for most of the conference costs.

#### **2.46 On-going and Follow-up activities:**

The Bank and other donors are coordinating with the National Forum for Agriculture within the Planning Commission as they develop a strategy for agriculture. They are also consulting with the individual provinces to identify specific “out of the box” investments to pursue.

#### **2.47 Enhancing National Commitment for an Evidence-based and Gender-sensitive Multi-sectoral Response to the Food and Nutrition Security Challenge in Pakistan**

**Geographic Scope:** Pakistan

**Managing Sector:** SASHN

**Grant Objective:** *To improve the analysis and awareness of the most effective ways to achieve food and nutrition security in Pakistan, with a particular focus on equity related to gender, poverty and geographic location.*

#### **2.48 Progress Update:**

Levels of malnutrition are very high in South Asia and Pakistan is no exception. Malnourishment in early life has a great impact on morbidity and mortality and is devastating to a child's potential for education development and productivity later in life. Select health indicators—such as full immunization rates and prevalence of diarrhea—have improved in the past few years. However, progress in improving child, infant and maternal mortality as well as the provision of reproductive health services has been slow. Under-five mortality and fertility rates remain the highest among South Asian countries. Chronic child malnutrition is about 40 percent, and high levels of out-of-pocket expenditures for health services hamper access of the poor to basic services. Significant provincial and rural/urban disparities persist.

**2.49** Despite increased media reports on malnutrition in the context of the 2010 and 2011 floods, food and nutrition security issues have little salience as core national development issues in Pakistan. For example, the current draft of the new growth strategy for Pakistan is silent on food and nutrition

security issues. Stakeholders do not seem to have a common definition of the problem (from a multi-sectoral perspective) and no common vision of how to move forward. However, an important step in engaging with the stakeholders was taken on 13 September 2011 when the D-10 Group of development partners chaired by the Secretary External Affairs Division (EAD) held a meeting to discuss nutrition in the presence of senior officials from the provinces. It was decided at that meeting that the provinces would prepare nutrition strategic plans, that the federal nutrition strategy would be updated based on these provincial strategic plans and that the World Bank and DFID would take the lead in enabling better coordination. Going forward, the Bank/SAFANSI will seek opportunities to address malnutrition in a multi-sectoral way by adding components to ongoing and new programs in various sectors that can contribute to the response. The development partners have since met twice to plan follow-up to the D-10 meeting and a common paper to that effect has been prepared, following closely the SUN framework.

**2.50 On-going and Follow-up activities:<sup>4</sup>**

The project will address the issue of lack of common understanding on the multi-sectoral dimensions of malnutrition in Pakistan by supporting the preparation of provincial policy notes that outline the current status of food and nutrition security, the main causes of food and nutrition insecurity and some policy options for moving forward, specific to each province.

**2.51** SAFANSI is planning a series of provincial<sup>5</sup> FNS briefs that would cover the following: i) a provincial analysis of the National Nutrition Survey 2011<sup>6</sup>, ii) an analysis of platforms in the provinces that could be utilized to respond to the current challenges, iii) different policy options for the provincial governments. The proposed approach has been discussed with the Secretary, Planning and Development Department of the provinces of KPK, Sindh and Balochistan and they have agreed to lead the process of consultations for these documents. Discussions will also soon take place with Punjab. The activity will be executed in close coordination with the provincial governments and the Government of Pakistan and its development partners (e.g. Nutrition Cluster members), to ensure that the provincial reports are owned by the governments.

**2.52** The recommendations will include a focus on inequities related to gender, poverty and geographic location. This exercise will build on the recent experience gained by the Bank in conducting a similar assessment in Afghanistan. It will be carried out through a combination of marshalling the internal expertise within the Government of Pakistan and within the Bank, combined with external inputs from experts in Pakistan and abroad.

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<sup>4</sup> Subject to amendment.

<sup>5</sup> Provincial reports are planned instead of a national report because post 18th Amendment; the focus is now on action at the provincial level for all the sectors that are relevant to FNS.

<sup>6</sup> The report will rely on various sources of information, an important one being the next National Nutrition Survey which was fielded in March 2010 under a contract managed by UNICEF with resources provided by DFID. This proposed FNS assessment will extend the value of the DFID investment in the national nutrition survey, which is descriptive in nature, by using the data to derive action-oriented analysis. The experience in Afghanistan in carrying out a similar process has demonstrated the positive impact that this type of report can have in generating a common understanding of the food and nutrition security challenges facing the country as well as a vision of strategy to address the challenges.

## 2.54 Sri Lanka: Raising the Profile of Nutrition as an Agenda for High Level Policy Makers

**Geographic Scope:** Sri Lanka

**Managing Sector:** SASHN

### 2.55 Progress Update:

Progress in Sri Lanka has been slow due to a number of political economy factors. While the Government of Sri Lanka (GoSL) has expressed initial interest, the Bank has been waiting to receive formal requests for support in order to develop a concrete program on nutrition in the country. Unfortunately, these requests have not materialized despite several engagements.

### 2.56 On-going and Follow-up activities:

SAFANSI is adjusting its strategy in Sri Lanka by switching from a combined focus on “Capacity Building” to more of an Advocacy-based work program<sup>7</sup>. It is hoped that the results of such advocacy can lead to a greater *demand* for Technical Assistance from the GoSL. Fortunately, the Bank’s Country Director for Sri Lanka is now firmly behind this FNS agenda and is pursuing it with high-level counterparts in Government. A component of this strategy shift is also detailed below in *Section III: Planned Activities* under the task title “Visualizing the ‘invisible’ epidemic of under-nutrition in Sri Lanka”.

## 2.57 Bangladesh: Revitalizing Bangladesh National Nutrition Council (BNNC)

**Geographic Scope:** Bangladesh

**Managing Sector:** SASHN

### 2.58 Progress Update:

The major challenge faced in Bangladesh has been getting the message to Her Excellency, the Prime Minister of Bangladesh on the importance of revitalizing the Bangladesh National Nutrition Council and its key role in ensuring a comprehensive multi-sectoral response to the challenge of food and nutrition insecurity in the country. Various possibilities have been explored including utilizing the REACH platforms and the Heads of Agencies group in Bangladesh to transmit the message, but there has been minimal progress.

### 2.59 On-going and Follow-up activities:

SAFANSI is adjusting its strategy in Bangladesh by switching from a combined focus on “Capacity Building” through the BNNC to more of an Advocacy-based work program through the Government<sup>8</sup>. It is hoped that the results of such advocacy can lead to a greater *demand* for Technical Assistance from the Government of Bangladesh. Nonetheless, it is realized that results towards altering the policy agenda may be slower than desired due to the shifting need to re-double efforts on advocacy engagements while reconciling this with the reality of government support for the BNNC. For the time being, SAFANSI engagements with the Government of Bangladesh will follow this strategic route.

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<sup>7</sup> See section on *Implicit Political Economy*.

<sup>8</sup> See section on *Implicit Political Economy*.

**2.60 Overview of SAFANSI Associated Activities:**

This section details the progress updates of select activities supported directly by the SAFANSI Secretariat, which is led by the SAFANSI Program Manager. Funding for these activities serve to complement the communication strategy of SAFANSI. This section reports on concluded activities as well as upcoming ones.

**2.61 Ensuring Nutrition and Food Security for Results in South Asia**

SAFANSI supported a special event on nutrition during World Bank/IMF Annual Meetings. The session is entitled Ensuring Nutrition and Food Security for Results in South Asia. On the 23<sup>rd</sup> of September, 2011, the World Bank South Asia region convened the Annual Meeting delegates from the South Asia region, together with development partners, civil society and the media to discuss why India, Pakistan, Bangladesh, Nepal, Afghanistan, Sri Lanka, Maldives and Bhutan cannot further delay addressing malnutrition if these countries want to achieve higher growth rates and reduce poverty. The objective for this session was to have delegates recognize that investing in improving nutrition is necessary to achieving increased economic growth and poverty reduction.

**2.62** The event was an unprecedented opportunity to consider the role of nutrition in development, and to have the World Bank's regional leadership table such an issue with this audience. At the same time, there is recognition that many South Asian policy makers do not fully appreciate the degree to which malnutrition exacerbates poverty and poor learning outcomes, nor are they all fully convinced that malnutrition will not simply be resolved through untargeted broader poverty reduction initiatives.

**2.63** The session started with opening remarks from Ms. Isabel Guerrero, VP of South Asia Region, World Bank, and speakers included; Ms. Kalpana Kochhar, Chief Economist, South Asia, World Bank, Mr. Santiago Levy, Vice President for Sectors and Knowledge, Inter-American Development Bank, Mr. Kul Gautam former Assistant Secretary General of the UN and Deputy Executive Director of UNICEF, Mr. Memood Khan, CEO of Pepsico's Global Nutrition Group, and Ms. Diane Jacovella Vice President Multilateral and Global Programs, Canadian International Development Agency (CIDA).

**2.64 Knowledge, Tools and Lessons for Informing the Design and Implementation of Food Security Strategies in Asia**

The International Food Policy Research Institute (IFPRI) and the Institute for Integrated Development Studies (IIDS) organized an International Technical Workshop, from November 14-16, 2011 in Hyatt Regency Hotel, Kathmandu, Nepal. The SAFANSI Program Manager was invited to attend in order to represent SAFANSI. The workshop was useful in developing a number of potential opportunities for partnership and collaboration, including some promising new engagements with IFPRI.

**2.65 South Asia Regional Assistance Strategy for Nutrition (RAS), 2010-2015**

In order to respond to the alarmingly high rates of child malnutrition in South Asia, its severe consequences, and the multi-sectoral nature of its determinants, the World Bank's South Asia Regional Management Team (RMT) adopted nutrition as a regional priority. The RMT also identified the need for a framework that would ensure that the region maintains and delivers on its results-oriented approach, and hence a proposal was made to produce a *Regional Assistance Strategy for Nutrition*. After extensive consultations at the country and regional levels – with different sectors – a Regional Assistance Strategy (RAS) for nutrition was produced.

**2.66** The overall objective of the RAS is to guide the expansion of scale, scope and impact of the region's work program on nutrition, while building commitment to and capacity for a multi-sectoral

response to the nutrition crisis in the South Asia. RAS is expected to meet its objective through attaining four key results:

- (i) Improved awareness and commitment by Bank staff (TTLs, SAR management, CMUs) and clients to addressing maternal and child nutrition;
- (ii) Increased World Bank lending for operations aimed at improving maternal and child nutrition;
- (iii) Increased World Bank funding/management of analytical work to address knowledge gaps in maternal and child nutrition;
- (iv) Successful implementation of a multi-sectoral convergence model project aimed at improving child nutrition indicators.

**2.67** Over the last year, South Asia Regional Assistance Strategy for Nutrition have contributed positively in creating a context for scaling up nutrition in the region that is far more favorable than in the past. The progress made since the beginning of 2010 is significant and characterized by a joint commitment and accountability for achieving a measurable impact on nutrition in the region; a major part of this progress was supported by SAFANSI. The Bank is actively engaging with governments in the client countries and with development partners in various sectors to diagnose gaps, needs and opportunities to maximize the impact of nutrition programs. SAFANSI is itself using and promoting this RAS as a guiding instrument in its own strategy in order to strength the institutional framework for nutrition in South Asia.

**2.68 2011 World Bank Innovation Day: Business Unusual: Tackling Malnutrition in South Asia**

On Wednesday, June 8, the South Asia Food and Nutrition Security Initiative (SAFANSI) – a Multi-donor Trust Fund based in SASDA – co-hosted a forum entitled, "Business *Unusual*: Tackling Malnutrition in South Asia" for the Bank's Innovation Days. The event featured an address by Isabel Guerrero (SAR VP) and a short film that showcased SAFANSI's innovative & multi-sectoral platforms.

**2.69** Attendees were also given the opportunity to view several related projects through interactive Booth presentations and discussions. SAFANSI's booth featured an interactive Prezi presentation of its program and a variety of literature, including the most recent SAFANSI Newsletter. John Newman (SAFANSI TTL) demonstrated a *multi-sectoral simulation tool* and a new interactive dashboard that instantly adjusts expected results as one explores the relationships in the data. The South Asia Regional Development Marketplace on Nutrition (SAR DM) also showcased some local innovations in a publication displayed for the event.

**2.70** Furthermore, the SAFANSI event brought in the winners of two Development Marketplace grants to explain their innovations. One such winner, from the Society for the Elimination of Rural Poverty, presented on their *Community-Managed Nutrition-Cum-Day Care Centers for Tribal Communities* program. The other SAR DM grantee, from the Deepak Foundation, had two representatives on hand to showcase a video and answer questions about their project entitled, *Community Involvement in Promoting Neonatal and Infant Nutrition in Tribal Vadodara*. The viewing of another Bank-funded video, entitled, *An Urgent Call for Action: Undernourished Children of India*, was also arranged. Colleagues from the Bank's HNP Sector were in attendance to showcase their new Regional Assistance Strategy (RAS) on Nutrition.

**2.71** Following this interactive session Michal Rutkowski, *Sector Director for Human Development*, Jack Stein, *Sector Director for Sustainable Development*, Kalpana Kochhar, *Chief Economist for SAR*, and

Vinaya Swaroop, *Advisor for SASEP*, were invited to participate in a short panel discussion on Food and Nutrition Security and the Bank's innovations in that regard. It was estimated that approximately 75-100 people were in attendance.

## 2.72 Policy Notes

### ***Five Advances Making It Easier to Work on Results in Development: An Operational Perspective with South Asia Nutrition Examples***

Another policy note on, *Five Advances Making It Easier to Work on Results in Development: An Operational Perspective with South Asia Nutrition Examples*<sup>9</sup>, has been re-released through the PREM Notes series.

## 2.73 Supporting Local Innovations to Improve Nutrition Outcomes: Conversations with Grantees of the 2009 SAR Development Marketplace

Subsequent to the Innovation Days showcase, SAFANSI sponsored a BBL with two of the SAFANSI-supported Development Marketplace winners. The BBL showcased examples of community-based innovations in nutrition as well as lessons of implementation from two grantees of the 2009 South Asia Regional Development Marketplace on Nutrition (SAR DM):

### ***Society for the Elimination of Rural Poverty (India): Community-Managed Nutrition-Cum-Day Care Centers for Tribal Communities***

- (i) SERP has developed an enterprise model for addressing malnutrition among vulnerable and poor communities through Nutrition and Day Care Centers (NDCCs). The model leverages community architecture of Self Help Groups and their Federations to deliver MDGs relating to health and nutrition. The Nutrition Center is primarily a community owned and community driven initiative. The poverty reduction model is a holistic approach which works on both reducing the vulnerability and increasing income generation opportunities for the poor women in rural Andhra Pradesh.

### ***The Deepak Foundation (India): Community Involvement in Promoting Neonatal and Infant Nutrition in Tribal Vadodara***

- (ii) The project by Deepak Foundation is a Public Private Partnership project implemented with the Government of Gujarat through community participation covering all 1548 villages of one district (Vadodara District, Gujarat). The project objective is to improve neonatal and infant nutrition practices through inter-departmental convergence, community participation, and the innovative use of a culturally accepted tool (a horoscope that also includes critical health information on the newborn).

**2.74** SAFANSI has additional activities planned to help spread the knowledge and innovations of other Development Marketplace winners.

### ***Lata Medical Research Foundation (India): Using Cell Phone Technology to Improve Exclusive Breastfeeding and Reduce Infant Morbidity***

- (i) The Lata Medical Research Foundation will come to Washington D.C. to present a paper on their project at the NIH's 2011 *mHealth Summit* to be held from December 5-7, 2011. Lata's paper is entitled "Evaluation of the Effectiveness of Cell Phone Technology as Community Based

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<sup>9</sup> <http://go.worldbank.org/CC5UP7ABN0>

Intervention to Improve Exclusive Breast Feeding & Reduce Infant Morbidity Rates.” Lata is also expected to present their pilot program’s findings at the World Bank, while they are visiting Washington, D.C. for the conference.

***Dr. Reddy’s Foundation (India): Nutrition for Migrant Children Living on Construction Sites***

- (ii) Dr. Reddy’s Foundation & the National Institute of Nutrition are holding a November Workshop in Hyderabad on their SAFANSI-supported early childhood care and education (ECCE) model implemented through their SAFANSI-supported SAR DM pilot, which is entitled, “Nutrition for Migrant Children Living on Construction Sites.” SAFANSI is supporting a locally-based Bank staff member to attend the conference and present some *best-practices* that have been gleaned from other Bank work. This workshop is as much about advocacy as it is about dissemination. The workshop is expected to include the builders’ associations or other associated bodies that need to be sensitized to the needs of these children, and how the model has demonstrated the process for making this happen. This is an important step towards institutionalizing possible ways to ensure that this vulnerable group of children is not left out by the system, and that they get adequate care and support facilities in order to meet their nutritional needs at these construction sites. More generically these problems are faced by children of most migrant workers.

**2.75** These grass-roots initiatives have not only been useful in developing effective FNS models, but will also crucially serve as a useful advocacy tool through a “home-grown” solutions approach to sensitizing key stakeholders.

## PART 3: SAFANSI Planned Activities

### 3.0 Overview of Planned Grant Activities:

The SAFANSI activities outlined below have been developed through a set of grant activities that were selected competitively based on a targeted call for proposals within the Bank. This section summarizes the relevant background justification, the project concept, and some expected milestones for each grant activity that will be met before this trust fund concludes.

#### 3.1 Social Observatory for Rural Food and Nutrition Security in the National Rural Livelihoods Mission

**Geographic Scope:** India

**Managing Sector:** DECRG

**Grant Objective:** *To create a Social Observatory (SO) within the largest rural livelihoods project ever implemented in the world, in order to change the culture of project monitoring and evaluation (by utilizing more scientific techniques, the principle of open data access, and attention to processes of change) through the identification of integrated and gender-smart pathways for the improvement of food and nutrition indicators in India.*

#### 3.2 Background:

Despite having witnessed very high rates of growth and increases in per capita incomes for over a decade, India, like the rest of South Asia, has very high levels of persistent poverty and malnutrition, most of which is concentrated in rural areas<sup>10</sup>. Evidence suggest that low rates of female literacy and education, poor maternal health and nutrition, low birth weight, and the constraints in women's access to credit and other assets play a leading role in contributing to food and nutrition insecurity. Each of these factors has their roots in the discrimination against women in the allocation and control over food, health and other resources. Pathways to better food and nutrition security therefore have to be gender smart-interventions that simultaneously target key constraints faced by women, and promote their agency in intra-household decisions and resources, while at the same time investing in interventions that target food and nutrition security. Indeed, the role of an integrated, gender smart approach cannot be overstated: In the words of Osmani (1997): ***If we want to know about nutrition in south Asia therefore, we need to learn more about women and their deprivation***.

**3.3** Another worrying paradox of food security in India is that recent income gains have not made a significant dent even on per-capital calorie intake, and, indeed, per capita caloric intake and the intake of other important nutrients have been declining (Deaton and Dreze, 2009). The reason for this is however unclear: and the reasons proposed for this have included the rising costs of meeting non-food requirements, the change in food habits and in non-market entitlements, and the rising food prices and the increasing exclusion of the rural poor from the overall growth story of the Indian economy (Deaton and Dreze, 2009). Regardless of the reason for this decline, there is a consensus that India's rural poor lack access to market opportunities, credit and face severe uncertainty in their incomes, all of which contribute the problem of food and nutrition insecurity/vulnerability. Moreover, as described above, the expenditure on food, and nutritional inputs for children, are highly correlated with the economic

<sup>10</sup> As recently as 2007, 48% of all children in India were stunted, over one fifth had low birth weight and over one third of mothers were malnourished<sup>10</sup> (Menon et al, 2009). Elsewhere in the world, increases in per capita incomes and improvements in access to public health of the order seen in India have led to improved food and nutrition security (ACC/SCN Symposium Report, Nutrition Policy Paper #16, 1997, henceforth ACC/SCN 1997). In India however, food and nutrition indicators have remained intractable to these changes. This paradox, which is observed across South Asia, is widely referred to as the "South Asian Puzzle" (ACC/SCN 1997).

and social empowerment of women (WDR 2012). Therefore, it is clear that an intervention that attempts to (a) build livelihood opportunities for the poor via an expansion in credit for women, and (b) empowers women via self-help groups, along with (c) direct nutrition and health interventions, and attempts to (d) improve yields from cultivation, has important implications for improving food and nutrition security.

**3.4** The National Rural Livelihoods Project/Mission (NRLP and NRLM) – one of the flagship programs initiated by the government of India to reduce rural poverty – is a \$5 billion nationwide effort that is supported by a \$1 billion World Bank credit that works to address issues associated with FNS described above in its various forms. The NRLP aims to empower rural women with group-based methods in order to enhance their agency to enhance their livelihood opportunities. It does this by improving and stabilizing women's access to and control over household assets and resources. This is intended to improve access to and adequacy of food, reduce vulnerability and increase women's decision-making power within the household. This is then integrated with several complementary programs – ranging from crop intensification, nutrition and health interventions, community based investment support to enhance livelihoods, improvement in market access, etc.

**3.5** The NLRP also invests in value-addition to women's economic activities and it also aims to mobilize women to improve the quality of public services. Such mobilization also has the potential to improve their negotiating power within and outside the home. Collectivizing women through this group-based approach also holds the potential to create and strengthen social capital, which plays the role of an insurance mechanism during times of negative food shocks. The project therefore works to reduce poverty and vulnerability, while investing in the **voice and agency of women**.

**3.6** The NRLM/P includes two targeted interventions that provide direct pathways to better food and nutrition security; i) Community Managed Sustainable Agriculture (CMSA)<sup>11</sup>, ii) Health and Nutrition Interventions<sup>12</sup>. These interventions promote sustainable agricultural practices and the diversification of food production and diets, and on use group-based delivery mechanisms for maternal and child nutrition. The NRLM/P, along with its targeted food security and nutrition interventions therefore defines an integrated and gender-smart approach to improving food and nutrition security. The approach defined by the program is twofold: (a) the program attempts to simultaneously address the multiple constraints –of affordable credit, market access and livelihood opportunities—that face poor, food insecure and malnourished households in rural India (b) direct interventions that target improved food and nutrition outcomes are embedded within this integrated program.

<sup>11</sup> Community Managed Sustainable Agriculture (CMSA): While the Green Revolution in India advanced the goal of food security, the majority of smallholders in rain-fed and resources poor areas were excluded from its benefits. Moreover, many of the smallholders who use chemical fertilizers and pesticides are caught in a debt trap due to the high cost of those fertilizers, lack of credit, poor access to markets, and lack of agricultural surplus. In response to these problems, the CMSA promotes sustainable agricultural practices, and the diversification of cropping patterns. The CMSA is unique as it (a) targets small and marginal farmers, women, and tenants (b) leverages affordable credit and market opportunities provided by the NRLM/P, thereby relaxing these two critical constraints for the most food insecure and (c) is a community-based model that is implemented by women's self help groups, who work with existing community ranging from district federation of SHGs to Farmer Field Schools. In addition, unlike other agriculture sector programs that have been implemented using top down approaches, the CMSA relies on a community-based approach that holds the potential to achieve better targeting, and to improve dissemination of information on these practices within the community.

<sup>12</sup>Health and Nutrition Interventions While India already implements the largest child nutrition program in the world- the Integrated Child Development Services (ICDS) –both the implementation of and the outcomes delivered by this program vary widely across the country. The distinguishing feature of the health and nutrition intervention under the NRLM/P is that it promotes the up-take of Maternal Care and Nutrition Services through Community-Based Groups. The intervention will therefore leverage social cohesion within peer groups of pregnant women, to ensure that the group attends maternal care services, and that the nutrition component, provided at health clinics reaches its intended target. In particular, it is expected that improved targeting will be achieved through using the peer groups who will monitor that the consumption of meals provided to pregnant mothers, and children occurs on site, and is not taken home where it might have to be shared within the household.

**3.7** Considering all of this, the NLRM/P is thus centrally in line with the vision of India's Eleventh Five Year Plan which is to promote inclusive growth so that the benefits are shared by all people, and with the World Bank's CAS for India FY09-12 which aims to provide support for programs that i) address rising inequality, ii) ensure sustainable development, and iii) enhance access to services by the poor.

**3.8** These targeted interventions are currently operational under the World Bank supported Andhra Pradesh Rural livelihoods Project, and will be scaled up across the country under the NLRM/P. However, monitoring is crucial for such interventions to be effective. The well known Progresa/Opportunidades project in Mexico<sup>13</sup> conducted a randomized roll-out of interventions with baseline, mid-term and follow up surveys. Similarly the Kecamantan Development Program (KDP) in Indonesia emphasized the attention to process and participatory monitoring. Furthermore, experience in M&E with such projects builds strongly on the experience of the DPIP project in Andhra Pradesh, India, which developed electronic tools for data collection. However, while elements of these ideas have been present in each of the above mentioned projects, no project has attempted to combine all of them with an *experimental laboratory* and *in-house research facility* to create an integrated learning environment.

### **3.9 Activity Description:**

SAFANSI will fund the development of a *Social Observatory* within NLRM and NLRP which will create a game-changing approach to build a learning-by-doing mechanism with a project in a manner that has never before been attempted in South Asia. This provides a unique opportunity to leverage SAFANSI trust funds to create an entirely new institutional structure for monitoring and evaluation in the largest anti-poverty project in the South Asia region that will have large implications for food and nutrition security. Given the unique nature of the social observatory and the design and size of NLRM, it will have large implications not just for the South Asia region but for livelihoods interventions throughout the world. The core activities of the Social Observatory will be funded by the NLRM directly, but SAFANSI will provide funding for high quality technical assistance that facilitates the development of activities that monitor and enhance sustainable agriculture and health/nutrition interventions.

**3.10** Specifically, livelihoods projects will need to be assessed and monitored by measuring their impact on a multi-dimensional set of indicators: income and wealth, nutrition, health, empowerment, and agency. Like other participatory projects, in order to be effective livelihoods interventions require honest, open, and thorough monitoring systems because they need a great deal of internal feedback and learning-by-doing. They also require an effective evaluation system that can provide rigorous estimates of the impact of the project, and various experiments within the project to evaluate proposed innovations. An impact analysis also needs to be supplemented by qualitative analysis and process evaluations to understand the mechanisms underlying the impact, and to gain insights into the challenges of implementation<sup>14</sup>. The goal of the proposed social laboratory is to use a comprehensive and thorough learning system – incorporating various monitoring and evaluation tools – to measure change, assess the effectiveness of the project, and pinpoint design and implementation challenges.

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<sup>13</sup> Progresa, which was then renamed Opportunidades, is a CCT-based social assistance program in Mexico that pioneered the use of randomized roll-outs as a learning tool within large scale projects, along with the principle of open data access. The extensive research that ensued had a transforming effect on the design and scaling up of the project which has considered to have been very effective.

<sup>14</sup> It is important to keep in mind that livelihoods projects are far more difficult to monitor and evaluate than standard interventions because of the high degree of heterogeneity in implementation, and the difficulty in measuring non-economic outcomes. The same caveats are applicable to the monitoring and evaluation of integrated programs that target food and nutrition security.

**3.11** Furthermore, in thinking about the Social Observatory, it is important to achieve an optimal balance between data collection and operations, and to not overburden project staff with data collection responsibilities since this could detract from project work. Therefore, the Social Observatory is driven by the following principles:

- i. Real time learning from monitoring
- ii. Long term learning from periodic quantitative and qualitative evaluations
- iii. Experimental learning from field trials/lab experiments on an *ad hoc* basis

**3.12** SAFANSI funding will; (a) enable identification of integrated gender smart policies to food and nutrition security by leveraging the integrated and gender focused nature of the NRLM/P (b) support a central focus on food security and nutrition within the social observatory through quantitative and qualitative impact evaluations of targeted agricultural sustainability and health and nutrition components of the NRLM/P that are set within a larger integrated approach to poverty reduction and welfare improvements (c) support the use of MIS systems to inform implementation decisions for the agriculture and health and nutrition interventions (d) support the tracking of health and nutrition indicators with high quality data in 150,000 households across the country, thereby filling a key lacuna of such tracking data in India.

**3.13** The Social Observatory will be housed in the National and (5) State Ministries of Rural Development (MoRD). The MoRD is the implementing agency for the NRLM/P. The social observatory will also include National and State advisory councils that will be comprised of key policy makers from other relevant ministries - such as health, women and child welfare, local academics and representatives of civil society. The inputs of these high-level stakeholders and the regular feedback of results into ongoing policy dialogues are therefore embedded in the Social Observatory.

**3.14 Innovation:**

If the Social Observatory is able to establish clear nutrition and food security impacts from the NRLM, it will provide strong design inputs into the formation of a National Nutrition Mission by providing new tools for measurement, clear answers to the nutrition puzzles outlined above, and with large-scale tracking surveys give a much better sense on the nutrition status of India than is possible with current data. It will also lead to a cultural change in how large-scale projects conduct internal and external learning. Project currently have very poor and ineffective monitoring systems, poor collection of hard data, and practically no credible evaluations. By demonstrating the effectiveness of a new approach to monitoring and evaluation we expect the social observatory model to be adopted by other important interventions in the region.

**3.15 Nutrition Assessment and Capacity Building in Bhutan**

**Geographic Scope:** Bhutan

**Managing Sector:** SASHN

**Grant Objective:** *To generate evidence and create awareness among the Bhutanese policymakers to invest in strengthening the public delivery system with an aim to address malnutrition in the first 1000 days i.e. during pregnancy and the first 24 months after birth.*

**3.16 Background:**

Sustained investment in the social sectors has enabled Bhutan to make remarkable progress in its health indicators in recent years. Immunization coverage now extends to over 94 percent of all children. The incidence of births attended by trained staff has improved from 23.6 percent (2000) to 67.4 percent

(2009); infant mortality decreased from over 60 per thousand live births (2000) to 40.1 (2005). These achievements occurred during a period of strong economic growth that averaged nine percent per annum during implementation of the Ninth Five-Year Plan (9FYP). The Royal Government of Bhutan (RGoB) continues with an ambitious development agenda for the social sectors under its Tenth Five-Year Plan (10FYP), which calls for a large number of reforms in addition to scaling up systems to achieve and maintain targeted levels for the Millennium Development Goals (MDGs).

**3.17** Despite these impressive statistics, undernutrition is very common in the country's under-five children. National Nutrition and IYCF Survey (2009) showed 37% stunting (using the new WHO methodology), 4.6% wasting, and 11.1% underweight among children 6 to 59 months. The recent Bhutan Multiple Indicator Survey (2010) has also shown similar magnitude of undernutrition in the country. Though the nutrition status has improved vis-à-vis the earlier nutrition surveys conducted in 1988 and 1999, the continued high levels of stunting and iron deficiency anaemia remain a major cause for concern in Bhutan.

**3.18** Though there has been no standalone nutrition activity undertaken by the World Bank in Bhutan so far, the issues related to early childhood nutrition and maternal anaemia have been frequently discussed with health officials and development partners in the country, including during joint sectoral reviews. Human Development is one of the four pillars of the current Country Assistance Strategy (CAS), and the nutrition project being proposed below will be an important activity contributing to the CAS objectives and to the country's economic development.

**3.19 Activity Description:**

Initially this project will complete a *Comprehensive Nutrition Assessment and Gap Analysis* for Bhutan, which will likely be followed up by additional activities. More immediately, this analysis will achieve the following purposes:

- (i) *Provide a better understanding of the size, severity and key determinants of malnutrition in Bhutan:* The assessment will involve a synthesis of available data to determine the levels and trends in undernutrition (chronic, acute and micronutrient undernutrition) among children and mothers across the country, and to the extent possible, disaggregate the data by gender, socioeconomic status and geographic regions. Where necessary and possible, further analysis of existing data sets and in-depth interviews with nutrition and other experts might be required to enable an understanding of the nutrition situation in Bhutan.

Good primary data on nutrition is available from the National Nutrition Survey in 2008 and the Bhutan Multiple Indicator Survey 2010. There have also been recent issue-specific studies undertaken by WHO, UNICEF, FAO and other development agencies on the subject of nutrition. This data and information creates a strong base and starting point for a comprehensive nutrition assessment and gap analysis in the country. This analysis will, *inter alia*, include assessment of gender and geographical issues in nutrition, both of which are key mandates of the Bhutan CAS.

- (ii) *Review the present political economy, capacity, institutional and implementation arrangements in public and private sectors to address undernutrition multi-sectorally:* The multi-sectoral nature of the assessment will also require that reviews of programs in other sectors (outside of the Health Ministry) that impact or could impact on nutrition be done. Examples of such programs include, salt iodization, fortification, water and sanitation initiatives and food security

interventions. This will be a cross-sectoral examination of the institutional structures and implementation arrangements in place, which could address the nutrition challenges in Bhutan.

(iii) *Review the current nutrition and nutrition-related program, identify gaps and opportunities to scaling-up these programs:* A review of the current basic package of health services will also be carried out specifically to assess the content, adequacy and quality of the nutrition-related components of the package and provide recommendations on how these components can be strengthened. This analysis will suggest actionable areas for the policymakers in Bhutan to scale up the nutrition program in a manner which builds upon the existing strengths of the public delivery system and enables the government to respond quickly to the country's nutrition issues with a high level of efficiency and effectiveness.

**3.20** This assessment will thus identify options for the development partners and Royal Government of Bhutan support to enhance the country's nutrition programs/initiatives and contribute to a policy environment which supports a sustained and multi-sectoral initiative to address malnutrition in the country. In addition to the main summary report, the outcome of the project will also include compilation of policy briefs on the problem of malnutrition in the country based on the above analysis. Dissemination activities using the available evidence and policy briefs, targeted at the policymakers and key decision makers across health, education and agriculture sectors will also be undertaken as part of this component, which shall include policy workshops and roundtable discussions on the subject.

### **3.21 Innovation:**

This is the first systematic intervention of the Bank on nutrition in Bhutan and the first systematic and comprehensive nutrition assessment and gap analysis for the sector. Fortunately, it is highly opportune as it comes when the recent Bhutan Multiple Indicator Survey is being discussed by policymakers and nutrition issues are at the forefront of discussion in the country. It proposes to assess and recommend ways to build upon on the strengths of the Bhutanese health system, which has achieved significant gains in areas such as reproductive health and immunization. It proposes to assess and recommend ways to build upon on the strengths of the Bhutanese health system, which has achieved significant gains in areas such as reproductive health and immunization. The project also aims at multi-sectoral interventions and proposes to move in close co-ordination with other development partners active in the country, ensuring efficient and effective use of the available resources.

### **3.22 Child Nutritional Outcomes and Community Based Health Service Provision: Evidence from a Randomized Field Experiment in Rural Pakistan**

**Geographic Scope:** Pakistan

**Managing Sector:** PREM / DECRG

**Grant Objective:** *To improve child nutritional and health outcomes through the involvement of women in community based health provision.*

### **3.23 Background:**

Malnutrition among both women and children remains a major health issue in rural Pakistan. Nutritional inadequacy is related to both the adequacy of the diet and its nutritional content as well as the quality of basic health care. Thus, malnutrition is also seen as contributing to the high neonatal and under-5 mortality rates as well as to excessive maternal mortality. Fortunately, Pakistan has long recognized the importance of improving health service delivery at the community level and this is recognized in the CAS. Nonetheless, almost 40% of children under the age of five are underweight, over 50% are affected by stunting and some 9% by wasting—these rates are much higher in rural areas. Malnutrition is

especially pervasive among women of reproductive age, not surprisingly Pakistan is also characterized by severe gender imbalances. Women have low mobility, and thus restricted access to health services. They also lack voice in relation to important health and nutritional decisions within their homes, for both themselves and their children, and they are systematically excluded from decision making at the community level.

**3.24** Developing countries are increasingly experimenting with community based health care models<sup>15</sup>. In practice, community based health service provision involves a wide range of programs. For instance, most programs provide trained health care providers (who work at the community level), which activates communities in some fashion, usually through women's groups with a focus on maternal and child care. Most programs also rely on community volunteers or facilitators to build trust, mobilize local resources, coordinate group activities or complement services provided by trained staff. Evidence on the health impacts of such interventions has been building over the past few years with a number of new randomized control trials. Most are small scale interventions but some work directly with existing government health delivery systems or test mechanisms that can be scaled up through existing health delivery systems. This small but growing literature supports the potentially beneficial impact of community based health programs, particularly for maternal and child health. However, the role of community engagement is often difficult to measure to the extent that most programs undertake a bundle of activities of which community engagement is only one piece. There are only a couple of evaluations that have been able to separate the effect of community engagement from other bundled interventions.

**3.25** The study that comes closest is Bjorkman and Svensson (2007) which assess the efficacy of community monitoring in improving health service delivery in Uganda using a randomized health report card. The main objective of this project was to improve the quality of basic health services by improving community capacity to monitor service providers. The report card intervention was randomly assigned to one-half of 50 rural communities across nine districts. The information collected in the health citizen report cards was disseminated together with practical information on how to best use this information in meetings between users and providers. The authors find large and significant improvements in a number of treatment practices, from staff absenteeism to waiting time and the quality of preventive care. Consistent with this, they find a 16% increase in the utilization of health facilities along with greater community satisfaction with service providers. Some health outcomes also improved substantially. In particular, the under-5 mortality rate fell by 33% and vaccination prevalence rates increased as did infant weight.

**3.26** The decentralization of health services delivery in Pakistan now poses an opportunity to address and study women's involvement and its effect on FNS at the local level in the South Asia Region. This development has two aspects which are salient to this study: (i) the strengthening of health service provision in/near villages, through Rural Health Centers (RHCs) and Basic Health Units (BHUs); (ii) a doorstep health delivery intervention called the Lady Health Worker (LHW) program to reach women and children within their homes. Young women, preferably resident in or close to a village, are trained to deliver basic health information to women and to provide simple health services, such as diarrhea prevention and clean kits for home delivery, as well as to act as a referral mechanism for the BHU and RHC. The program, though somewhat successful, remains plagued with low coverage, the absence of adequate links with BHUs and RHCs through the referral and follow up process, and the lack of effective

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<sup>15</sup> Often cited examples of success include Jamaica and Costa Rica, where despite fairly stagnant economic conditions, community level health education programs and community based service provision are believed to have led to a major reduction in mortality (Riley, J.C. (2005): *Poverty and Life Expectancy: The Jamaica Paradox*. Indiana University, Bloomington).

monitoring and supervision. These problems are predictably more severe in poorer and more remote areas. As health service delivery is increasingly decentralized, it becomes even more important to understand what can be done at the community level to improve the quality of public health services in order to have the largest impact on nutrition.

**3.27 Activity Description:**

This project builds on an on-going intervention that seeks to empower communities through the creation of Village Organizations (VO) and the provision of village-level grants. The Village Organization collectively elaborates a Village Development Plan<sup>16</sup> (VDP). Typical investments include improvements in existing public services as well as livelihood enhancement activities (training, infrastructure projects, etc). In order to test whether the empowerment of women<sup>17</sup> brings about greater improvements in children's nutritional outcomes, the intervention required that in a subset of village at least 40 percent of all individuals organized into VO be women. This design allows us to study the relationship between empowerment and nutritional outcomes and in particular the impact of deliberately inducing female participation in decision making bodies.

**3.28** A key advantage of this design is that by mandating female inclusion and by carefully choosing the timing of data collection one can isolate the various channels through which empowerment affects outcomes. Three main channels have been identified. First, the grant by itself may lead to improvements in the health facilities and they can, in turn, affect nutritional outcomes (grant). For example, the funds may be used to purchase a larger stock of nutritional tablets for children. Second, women's empowerment may lead to increased knowledge about health practices (information). Third, women's empowerment may lead to increased accountability vis-a-vis the health facilities (accountability). For example, women may demand that the health facility be opened during regular hours and may demand certain services that they are supposed to provide.

**3.29** First the project will therefore collect a first round of follow-up data after the VDPs have been approved but before money is disbursed to assess whether channels 2 and 3 (information and accountability) are relevant. At this point *nutritional outcomes* will be compared for children in villages with and without the inclusion criteria. While the baseline data has very rich data on the quality of health facilities (through a surprise visit) as well as health service utilization and health outcomes, there is no information on children or mother's anthropometric measures or individual level data on food consumption. The follow-up surveys will include these modules.

**3.30** In order to disentangle between channels 2 and 3, the team will then rate the health facilities in a subset of villages organized by NRSP and provide "scorecards" to the village and the staff of the health facilities<sup>18</sup>. The scorecards will use baseline data already collected on the rural health centers and the Lady Health Worker's activities in each village. The provision of scorecard information should only increase accountability, thus a comparison of organized villages with and without scorecards would provide an assessment of the relevance of the accountability channel. In order to assess the first (grant or money) channel, one year after the disbursement of funds (and roughly the provision of scorecards),

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<sup>16</sup> The VDP is a document that prioritizes how the grant will be invested.

<sup>17</sup> A large body of research has pointed to greater improvements and investments in children's nutritional and health outcomes when women are in decision-making positions (whether at home or in the public sphere). For example, Chattopadhyay and Duflo (2004) exploit the quota introduced for women in the Indian Gram Panchayats and find that elected women leaders are more likely to provide public goods preferred by women. In addition, several studies of intra-household resource allocation (e.g. Thomas (1990), Lundberg and Pollack (1997) and Hoddinott and Haddad (1995)) have shown that women tend to make different choices over the allocation of household budgets, such as higher investments in health and the education of children.

<sup>18</sup> Similar to the intervention of Bjorkman and Svensson (2007) in Uganda

the team will conduct a second follow-up of health facilities and households similar to the first follow-up.

**3.31** The on-going nature of this study<sup>19</sup> reduces implementation risks significantly. In addition, the relevant partners are fully committed. SAFANSI will assist in the follow up and will cover the assistance that will be required from health experts to design and implement the health facility scorecards and identify the right nutritional outcomes.

**3.32 Innovation:**

This project builds on an on-going intervention with Pakistan Poverty Alleviation Fund (PPAF), the National Rural Support Program (NRSP), and the World Bank. PPAF is an apex institution created in 2000 with World Bank funding that provides capacity building and funding to numerous partner development institutions and NGOs. More than half of its funds, however, go to the Rural Support Programs of which NRSP is by far the largest. NRSP is the largest community based development program in rural Pakistan with presence in 51 districts.

**3.33** This will add to the generation of new knowledge on the link between *female empowerment* and nutritional and health outcomes for children. By combining a unique design with rigorous analysis, the project will shed light on the mechanisms through which female empowerment affects basic health outcomes and how these affect nutritional outcomes in turn. As a result, this project fills an important gap in the literature on the potential of improving public service delivery through increased accountability and voice<sup>20</sup>.

**3.34 Assessment of the relation between mortality and morbidity due to diarrheal diseases and sanitation coverage**

**Geographic Scope:** Bangladesh

**Managing Sector:** TWISA

**Grant Objective:** *To uncover why increased sanitation coverage does not reduce diarrheal disease incidence in Bangladesh.*

**3.35 Background:**

Diarrhoea is the second leading cause of death among children under five worldwide. To this same ends, a lack of proper sanitation can also be considered as a cause of diarrhea with serious consequences for malnutrition. It was traditionally thought<sup>21</sup> that the causes of diarrhea would be limited by improving sanitation and hygiene; global studies have shown that the reduction in diarrhea related morbidity is of 25% when accesses to water is improved; 22% when disposal of human waste is improved.<sup>22</sup>

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<sup>19</sup> The study sample for the main intervention includes 158 villages in 4 districts (Bahawalpur, Mianwali, Hyderabad and Nowshera) in three of the four provinces of Pakistan and covering all the main agro climatic zones. In each village, 24 households were interviewed at baseline.

<sup>20</sup> A body of research has pointed to greater improvements and investments in children's nutritional and health outcomes when women are in decision-making positions (whether at home or in the public sphere). For example, Chattopadhyay and Duflo (2004) exploit the quota introduced for women in the Indian Gram Panchayats and find that elected women leaders are more likely to provide public goods preferred by women. In addition, several studies of intra-household resource allocation (e.g. Thomas (1990), Lundberg and Pollack (1997) and Hoddinott and Haddad (1995)) have shown that women tend to make different choices over the allocation of household budgets, such as higher investments in health and the education of children.

<sup>21</sup> Dr. Lee Jong-wook, Director-General, World Health Organization said, "Water and Sanitation is one of the primary drivers of public health. If we can secure access to clean water and to adequate sanitation facilities for all people, irrespective of the difference in their living conditions, a huge battle against all kinds of diseases will be won."

<sup>22</sup> Interactions of Malnutrition, Water Sanitation and Hygiene, Infections; Action Faim; 2007

In Bangladesh particularly, diarrhoea is the fourth leading cause of child mortality and the second leading cause of child and infant morbidity. Extensive health and hygiene education, enhanced knowledge and practice related to ORS, use of safe water and sanitation must have contributed to some advancements, but it remains problematic. According to Multi Indicator Cluster Survey conducted jointly by UNICEF and BBS in 2006, 7.1% of under-five children had diarrhoea in *two weeks* preceding the survey. The incidence of diarrhoea was highest in urban slums at 11.2% and was higher at 10.1% among children of age group of 12 – 23 months.<sup>23</sup> Diarrheal morbidity was a severe problem in all age groups and was the largest cause of death among children under five. Oddly enough, more than 94% of the population has access to latrine facilities (irrespective of their quality<sup>24</sup>). These striking findings led the government to launch the National Sanitation Campaign in order to achieve a rapid progress (more than 9% progress per year) in improved sanitation coverage. The findings of some other studies are summarized below:

**Progress in reduction of prevalence of diarrhea and increase improved sanitation facilities**

Year	Prevalence of Diarrhea <sup>25</sup>	Sanitation Facility		Source
		Improved, not shared	Non-improved or shared	
1989	31 <sup>26</sup>	-	-	Bangladesh Contraceptive Prevalence Survey 1989
1991	34.2	26 (1990) (WHO-UNICEF JNP, 2008)	-	Bangladesh Contraceptive Prevalence Survey 1991
1993-94	12.6 <sup>27</sup>	-	-	Bangladesh Demographic and Health Survey 1993-94
1996-97	7.6	28 (WHO-UNICEF JNP, 2008)	-	Bangladesh Demographic and Health Survey 1996-97
2006	7	36 (WHO-UNICEF, JMP)	-	Bangladesh Multiple Indicator Cluster Survey 2006
2007	9.8			Bangladesh Demographic and Health Survey 2007
2009	-	51.5	40	Bangladesh Multiple Indicator Cluster Survey 2009

**3.36** As can be seen, there has been a steady improvement in decreasing the trend in diarrhoeal incidence until 1997. Although the latrine coverage has been increasing until recently, the trend of diarrhoeal morbidity remains static and is even showing some increasing trend since 1997. It is unknown why the increased sanitation coverage is not reducing the diarrhoeal incidence. There might be some potential reasons like the gap in sanitation facilities and its use. There might also be a problem with regards to safe drinking water. It has been observed that many low-cost sanitary latrines are built without proper sludge management. Therefore during the rainy season, sludge contaminates many

<sup>23</sup> The recent WHO-UNICEF Joint Monitoring Program (JMP) 2010 shows that presently around 54% of the population has access to improved sanitation facilities. The definition for sanitation is restricted to the management of human excreta. This does not include personal hygiene behaviors such as hand washing, nor the management of solid waste or wastewater.

<sup>24</sup> A national baseline survey conducted by the Government of Bangladesh in October 2003 revealed that only 33% of its population was using hygienic latrines, some 25% unhygienic hanging latrines and an astounding 42% did not have any kind of latrine and were resorting to open defecation.

<sup>25</sup> Percentage of children under age five who had diarrhea in the two weeks preceding the survey

<sup>26</sup> Percentage of children under age five who had diarrhea in one month preceding the survey

<sup>27</sup> Percentage of children under age three who had diarrhea in the two weeks preceding the survey

surface water systems (i.e. pond, lake, river, etc). When people use the water from these surface water sources for various household purposes (i.e. washing utensils, food, and occasional drinking) they might contract diarrheal disease.

**3.37** Knowing that such inadequate water and sanitation is a cause of malnutrition in South Asia due to the effects of diarrhea (especially on children aged 12-23 months, which falls within the crucial first 1000 days of child development), it is not surprising that the rates of malnutrition in Bangladesh are among the highest in the world. More than 54% of preschool-age children, equivalent to more than 9.5 million children, are stunted, 56% are underweight and more than 17% are wasted.<sup>28</sup> Considering all these factors, SAFANSI (through the WSP unit) is interested to provide the Government of Bangladesh and other stakeholders with credible evidence and insights about the relation between prevalence of diarrhea and sanitation coverage.

**3.38 Activity Description:**

In summary, the lack of impact of increased sanitation coverage on diarrheal disease incidence may be due to the following factors:

- (i) Inadequate use of sanitary latrine by the households;
- (ii) Absence of proper sludge management;
- (iii) Use of unsafe water for drinking and intake of contaminated food;
- (iv) Use of contaminated surface water for household purposes; and
- (v) Lack of knowledge and practice about personal and domestic hygiene.

**3.39** Water samples from both original sources and point-of-use water need to be investigated to know whether they are drinking contaminated water or not. The drinking water in the original source (e.g. tubewell) may not be contaminated but when this water is stored at home in a container, then secondary contamination might occur. Both the water from the original sources and point-of-use needs to be investigated. The secondary contamination of household drinking water and food generally occurs due to unhygienic practices of the household members, being mainly the mother. Therefore hand-washing sample of mother and food samples need to be collected to monitor the secondary contamination of drinking water and food in the households. The estimation of *faecal coliforms* in water, food and hand-washing samples in the laboratory will provide a direct evidence of faecal contamination which might provide a clue why increased coverage of sanitation does not have an impact in reduction of diarrhoeal disease incidence in Bangladesh. These seem to be probable/potential reasons therefore a study needs to be carried out with such research questions in mind.

**3.40** The proposed research would help to answer all the above questions and in addition to know the behavioral aspects to find out the exact status of the cause and effect. A mix of methods will be used. A survey will be conducted in the representative areas<sup>29</sup> to collect the information on actual sanitation coverage and its use, diarrheal disease incidence and relevant socio-demographic variables using both open-ended and structural questionnaires. The variables will be selected based on a review of the literature and instruments in recent use in Bangladesh, for example the Demographic and Health Survey instruments. Actual latrines used will be observed and conditions recorded using a structured

<sup>28</sup> Nutrition and Consumer Protection; FAO 2010

<sup>29</sup> A study will be conducted in 7 Divisions of the country. Each division will be divided into high, medium and low coverage areas as per Multiple Indicator Cluster Survey (MICS). Representative rural and urban areas will be included in the study. A total of 42 representative areas (7 Divisions x 3 categories x 2 settings) will be selected. From each study area, a union (rural) or ward (urban) will be selected by simple randomization.

instrument. Through these approaches, one will be able to find out whether there is a gap in sanitation coverage and use of the sanitation facilities. A survey will also be conducted to find out the existing system of sludge disposal whether the sludge is treated before disposal or raw sludge is drained out to the environment. For situation analysis, qualitative method will also be used which will be supported by survey and prospective data collection. The magnitude of the problem, identification of the pathways of potential sources of contamination supported by laboratory test will be linked to the prospective data that would be collected on the incidence of diarrheal disease.

### 3.41 Visualizing the 'invisible' epidemic of under-nutrition in Sri Lanka

**Geographic Scope:** Sri Lanka

**Managing Sector:** SASHN

**Grant Objective:** *To develop a visual advocacy tool – a thought-provoking video – to help Sri Lankan policy-makers and planners shape the country's response to the problem of undernutrition, which is out of line with the country's economic development and health status indicators.*

### 3.42 Background:

Sri Lanka has made remarkable progress in improving the health status of its population. Though its health indicators were worse than some countries in South Asia in the 1920s, it has since surpassed its neighbors by reaching levels comparable to those in middle and even high income countries for key indicators. For example, the country is experiencing increased life expectancy at birth (40 yrs. in 1930 to 65 yrs. in 1970 and to 72 yrs. since 1990), and declines in both infant mortality (15/1000 in 2006) and total fertility (from 4.7 in 1970 to 2.3 in 2006) have been achieved largely by effective public health services covering almost the entire population, even in war-affected areas. At the current rate of improvement, the country is on track to meet most of the health-related MDGs.

**3.43** Despite its impressive achievements in most health indicators, undernutrition among mothers and children under five years continues to be challenge in the country. The Country Assistance Strategy for Sri Lanka acknowledges that although the country is on track to achieving the MDG indicator for Under 5 Child Mortality, child malnutrition is still of concern and the country continues to suffer from widespread malnutrition among children. For example, the problem of under-nutrition is considerably high amongst Sri Lankan children, with over a fifth (21%) of children under five years of age being underweight. Furthermore, this national aggregate masks the wide inequalities between different regions, with the problem being most concentrated in the estate sectors and in some rural and urban areas<sup>30</sup>. This situation is of grave concern given that malnutrition between conception and 24 months of age can cause irreversible damage to health, growth and cognitive development, leading to higher child mortality, lower IQ, lower school achievement, reduced adult productivity and lower earnings.

**3.44** Mild-to moderate malnutrition is predominantly invisible. Studies have shown that in communities with high levels of stunting, women and the community's expectations about normal size (weight and height) of children are adjusted to the prevalence of stunting. Consequently, stunting is perceived as normal and no action is taken to address this problem. Knowing this, it is important to draw the attention of high-level policy makers to this issue. The SAFANSI TAC has advised that in order to sensitize policy makers to the needs of the food and nutrition security agenda, simple and stimulating tools must be developed to gain and maintain their attention, while passing on useful best-practices and

<sup>30</sup> The rates of stunting among under fives – an indicator of chronic undernutrition – is highest in districts with a high percentage of tea estates, for example 41% in Nuwara Eliya. Whereas wasting rates – an indicator of acute undernutrition – are highest in Colombo, where the prevalence amongst under fives is 17.4%. (According to WHO, the threshold level for wasting or acute malnutrition, denoting a critical situation, and the trigger for emergency appeals in conflict and disaster situations, is 15%).

other relevant information. Utilizing new and visual media for this purpose can be effective for these purposes.

**3.45** Although most countries in the region, including Sri Lanka, are beginning to recognize malnutrition as an important development challenge, they still lack the political commitment to address this challenge with urgency. Malnutrition is generally invisible and does not get the attention, level of resources – human and financial, institutional and capacity building support it deserves from senior policy makers. In a recent meeting between the Sri Lanka Country Director, the Health Team and The Secretary to HE the President of Sri Lanka during which a reference was made to a Peruvian nutrition video, the Secretary expressed his support for a similar initiative in Sri Lanka. In this regard lowering the incidence of child malnutrition, especially amongst vulnerable populations, is one of the sub-objectives for the CAS's Strategic Objective 3 of Improving Quality of Services and Accountability.

**3.46 Activity Description:**

The proposed will build upon the experiences of similar initiatives in Peru and Bolivia as well as India. The production and successful dissemination of a nutrition video in Peru enabled the building and sustaining of high-level political commitment to malnutrition and made the problem of chronic malnutrition more visible caregivers and communities. Therefore, extensive consultations with relevant stakeholders (Government Officials and other key nutrition actors in Sri Lanka) will be done prior to filming the video, and the following will be discussed and agreed upon: (i) a storyline/narrative for the video, aligning it to successful examples in Peru and India; (ii) draft script for the video; (iii) the video shooting locations and activities to be done at each location.

**3.47** The duration of the video will be about 15 minutes and the filming will be done in communities that meet the specific requirements as identified during the consultations. A 5 minute summary version of the video will also be produced. The 15 minute video will demonstrate and make specific references to the following:

- (i) The magnitude of child malnutrition in Sri Lanka, and that even the richest quintiles has 10-12% of under-five children being underweight, evidence that malnutrition is not merely a poverty or food security issue;
- (ii) That all children, regardless of their environment and ethnicity, have the same potential to grow;
- (iii) The standard to be met by children that are growing well, using the same tools to illustrate the achievements;
- (iv) The variability in growth trajectories and outcomes of children of similar conditions (e.g., socio-economic), and the reasons for this variability;
- (v) The urgency to act since the “window of opportunity” is small (from conception to 24 months of age) and that the irreversibility of the damage of malnutrition if not addressed on time (i.e., on schooling, health and economic productivity);
- (vi) The optimism and possibility of breaking the sub-standard growth;
- (vii) The importance of growth monitoring and receiving appropriate counseling – show tools for measuring progress in the child’s nutritional status;
- (viii) Appropriate infant and young child feeding and caring practices (exclusive breastfeeding for 6 months, nutritionally adequate complementary foods, hygiene practices etc), and the importance of the life cycle approach in addressing malnutrition.

**3.48** A dissemination strategy will be drafted in consultation with relevant stakeholders in order to maximize the impact of the video. Appropriate fora will be identified to disseminate the video, including the Presidential Task Force on Nutrition and associated committees. Central and provincial level dissemination workshops involving high-level policy makers and health and nutrition service providers will be undertaken throughout the country. It is anticipated that the video will: (i) build on to the existing momentum (and help overcome certain political economy challenges that SAFANSI is facing) to raise the commitment of high-level policy makers to addressing malnutrition, and (ii) empower mothers, caregivers and health workers with the knowledge necessary to understand when a child is malnourished and then to utilize the available nutrition services at their disposal more effectively.

### **3.49 Improving Food and Nutrition Monitoring and Accountability in Rajasthan, India**

**Geographic Scope:** India

**Managing Sector:** SASSP

**Grant Objective:** *To improve the monitoring of food security and nutrition at the local level in Rajasthan, India, and to increase the use of FNS information for accountability, policy and program implementation.*

#### **3.50 Background:**

Fully 60 percent of the burden of malnutrition in India is found in the seven so-called "lagging" or Low-Income States<sup>31</sup> (LIS) and so the Indian CAS has called for an increased engagement in these states. Rajasthan particularly has ongoing deficiencies in food security and nutrition. With a population of more than 68 million people, it is the eighth most populous state, and ranks near the bottom (26th) in terms of per capita income.

**3.51** The Government of Rajasthan, in conjunction with UNDP had conducted a human development profile of some districts in the state during 2008 and 2009, examining livelihoods, education, health and water and sanitation. This work was extremely useful in monitoring the development status at the time, highlighting system weaknesses and pointing to the need for *regular data collected at the village level*. However, the assessment was not incorporated as a routine element in state monitoring, and it was a lengthy one-off analytic exercise involving a variety of data sources.

**3.52** Nonetheless, Rajasthan has been at the forefront of states in India in explicitly considering human development concerns in planning and programming<sup>32</sup>. It is embracing reform across a number of schemes, from health to the MGNREG public works scheme and others<sup>33</sup>. In 2009-2010, with the help of donors and NGOs, Rajasthan piloted a social accountability intervention in 30 Primary Health Centers in Tonk district to mobilize the community to monitor and give feedback on the delivery of various health services using a Citizen Report Card approach. Similar exercises were piloted in 2007 and 2005 in single districts for the MGNREG public welfare and Mid Day Meal schemes. While successful, these pilots have not been extended beyond the pilot districts or beyond the defined programs of immediate interest. Nevertheless, these experiences provide a rich set of local experience upon which the proposed grant activities can draw. These monitoring activities have a much greater potential for sustainability and scale-up given the strong, high-level interest from the Additional Chief Secretary and Secretary-level support from several line departments.

<sup>31</sup> Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Orissa, Uttar Pradesh, and *Rajasthan*

<sup>32</sup> For example, a separate chapter on HD has been included in the State Annual Plan document since 2007/08 and in the State Economic Review since 2006/07. An HD chapter has also been included in the 11<sup>th</sup> Five Year State Plan 2007/08 – 2011/12.

<sup>33</sup> Radical reforms have been proposed by the Prime Minister's Nutrition Council and the National Advisory Council for the flagship Integrated Child Development Services (ICDS) scheme to better address nutrition and food security through increased institutional coordination, greater flexibility for local initiatives, alternative modes of service delivery and a national information and education campaign, among other reforms.

**3.53** More recently, the World Bank has been preparing a project to support the national Integrated Child Development Services (ICDS) program<sup>34</sup>, which has been India's flagship, and broad-ranging response to the challenge of malnutrition. In practice, ICDS resources have been skewed towards ineffective food-based interventions targeted at older children, missing the critical early ages and not focusing sufficiently on other services. Support is needed to contribute to the reform of ICDS by fostering the institutional and system strengthening initiatives that refine and expanding ICDS monitoring systems, build capacity at the district, block and village levels, and that accelerate training and convergence between ICDS and the National Rural Health Mission.

**3.54 Activity Description:**

This grant activities complement and extend the aspects of innovative FNS monitoring and policy feedback at the district, block and panchayat/village level planned under the ICDS. This would also support other sectors in convergent actions of social services at the local and state level, that are so necessary for improving food security and nutrition outcomes. It is proposed that grant activities be undertaken in a concentrated fashion in the state of Rajasthan. Responsibility for the implementation of all interventions including social policies rests with the states. To be effective in the India context, impacts must be made at the state level and below. Demonstrating success in this one state could encourage other states and localities to engage in systematic monitoring and information-based policy development to address FNS.

**3.55** The activity undertaken, will be the development of a short survey<sup>35</sup> capable of reflecting the status and changes in human development achievements, with a strong emphasis on food security and nutrition, as well as the performance of government-sponsored programs (inclusive of ICDS and NRLP). The proposed instrument is a hybrid of the existing Human Development Index (HDI) and village or citizen report card participatory surveys. This will be complemented by an extended village profile exercise.

**3.56** In its standard form, it is difficult to use the HDI to monitor changes in human development in the short-term as component indicators tend to move slowly. To address this limitation, indicators that are more sensitive to short-term changes and better reflect state priorities, for which an emphasis on *food and nutrition* can be crucially inserted. For example, the percent of population with access to social protection and health services, the daily caloric intake as a percentage of recommended intake, the infant mortality rate or the net enrolment rate for primary age children could be used in place of, or *in addition to*, the traditional indicators in order to form an HDI + (plus) index.

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<sup>34</sup>The Integrated Child Development Services Scheme (ICDS) aims to improve child nutrition through various means, including; supplementary feeding of pregnant/lactating women and children under six; iron and vitamin A prophylaxis; and nutrition & health education of women for the purpose of improving behaviors at the household level. ICDS also provides other health services (such as immunization) to reduce the risks or ravages of undernutrition. Pre-school education in the ICDS program is intended to improve the cognitive development of children, especially those such as the under-nourished who are at risk of learning disabilities. In many areas, the ICDS program has associated women's groups that motivate families to use the services, to obtain and share information and services, to prepare the food, and even to develop savings and credit and/or livelihood groups (SHGs, or 'self-help groups'). There are also a number of community-based nutrition and food security mechanisms that have been implemented variously across the country. For example, under the rural livelihoods programs implemented in some states (which were precursors to the recently-approved Bank-financed National Rural Livelihoods Project, NRP), women's groups have also managed 'rice credit lines' and set up community grain banks.

<sup>35</sup> The state has 33 Districts, 237 Blocks and 41,353 villages with a total population of 68.2 million (2010 Census). The surveys will be implemented in three districts, covering about 20 development blocks with 4-6 million individuals. Districts and blocks will be selected in consultation with government counterparts, particularly the Department of Rural Development and Panchayati Raj (RDP), the Department of Women and Child Welfare and the Department of Planning. The surveys will be representative of program users at the block level. Surveys would be conducted in several modes, including at individual homes (village profile) and as users exit program facilities following service receipt.

**3.57** The modified HDI can be integrated with a citizen or village report card approach. The citizen report card allows an assessment of the quality of public services such as public health care, primary education, public workfare and safety nets or water supply & sanitation, each of which is known to affect Food and Nutrition Security. It can also be used to assess the overall performance of an agency based on citizens' experiences in terms of access, quality, reliability and overall satisfaction with services and the transparency of the service provider. Citizen or village report cards can also help track changes over time when administered regularly. When administered properly, they go beyond a data collection exercise to being an instrument to induce greater public accountability through the extensive dissemination, media coverage and civil society advocacy that can accompany the process.

**3.58** Not all inputs to the HDI + will be captured by the citizen report card. Some indicators, such as infant mortality rate, caloric intake or income, require more in-depth surveys. The project team will develop a second survey instrument to allow a more detailed profile of the household characteristics at the village level, together with a delineation of available service facilities and characteristics. This information will be supplemented with available national, district and state level information such as the recent national census conducted in 2010 and state level health and education data.

**3.59** Geographic Information System (GIS) programs (based on existing mapping exercises in the state) can be used to design the results of the surveys (including the HDI +, village profiles and citizen report card findings) to be displayed geographically. The knowledge products resulting from this activity will be disseminated to state and national officials, in addition to *Panchayati Raj* institutions, program facilities and the general public. SAFANSI will further leverage other activities through its communications strategy in order to propagate the effects of the findings.

**3.60 Innovation:**

The value addition of the project is that it is the first attempt to monitor the performance of a range of social programs operating in a state that are important for food security and nutrition enhancement. It has two related objectives. First to provide systematic local evidence on the use and effectiveness of programs through user experiences and more aggregated HDI outcomes. This information can feed back directly into program planning and implementation at the PRI and district/state levels. The second purpose is to promote advocacy for FNS at local levels and to stimulate participation in active monitoring of public programs to enhance awareness and increase accountability.

**3.61** Innovative features of the project include the use of participatory monitoring techniques to provide *rapid assessments* of program performance, combined with the use of more outcome-based indicators of effectiveness through the HDI + approach. Similarly, the incorporation of GIS mapping is an innovation that will be utilized as an easily comprehensible tool for raising awareness amongst local stakeholders. It will further be an invaluable analytic tool highlighting the links between physical inputs and locations, quality and human development outcomes.

**3.62 Improving Food Security in Tribal and Conflict-affected Areas**

**Geographic Scope:** India

**Managing Sector:** SASDS

**Grant Objective:** *To strengthen the capacity of government to deliver effective food and nutrition security interventions in conflict-affected areas.*

**3.63 Background:**

India's response to its high burden of malnutrition<sup>36</sup> (which has persisted over many decades) has been quite varied<sup>37</sup>. Under the National Rural Health Mission, a 'Village Health and Nutrition Day' (VHNDs) is to be observed once a month in every village in India to focus on the provision of services and information. Yet, India's 'flagship program' has been the 36 year-old Integrated Child Development Services Scheme (ICDS), described previously. Amongst the Bank's efforts are several projects that supported ICDS with the aim of improving nutrition in the tribal areas of major states such as Andhra Pradesh, Orissa, Bihar (which included Jharkhand at the time), Madhya Pradesh (which included Chhattisgarh) and others. Unfortunately, trend data (such as that from the three rounds of India's demographic and health survey, the National Family Health Survey) do not demonstrate significant improvements as a result of these projects, in part because of poor alignment between the projects and the survey and in part because of the intractability of the malnutrition problem. In the past the Bank also supported studies of the PDS system, but no specific program activities.

**3.64** With so much of South Asia steeped in conflict, the key 'value added' of this project is its focus on *tribal* and, specifically, *conflicted-affected* areas. In addition to being extremely needy from a food and nutrition point of views, these areas have fractured service delivery situation and, often, community situations as well. To this affect, one of the pillars of the current India CAS (FY09-12) is "making growth inclusive" and another is "improving public service delivery". The CAS also aims to intensify support to low-income states, and this project would be focused on a couple of these states, and would address some of the most fundamental causes/consequences of poverty. The context of the NRLP (to which this project will be linked) is also important as the CAS includes support to central schemes (such as the NRLP) which provide opportunities to impact the MDGs. During the process of the project proposed here, the most relevant of these related activities will be reviewed for the lessons and insights they may provide.

**3.65 Activity Description:**

The grant objective would be achieved by (i) supporting the documentation/best-practices of pilot approaches to improving the delivery of services that affect nutrition and food security in some of the most challenging, conflict-affected tribal areas of the country; and (ii) bringing some relief and a potential platform for development to areas that have been largely excluded from growth.

**3.66** An analytical report would be prepared on the food and nutrition situation in conflict-affected tribal areas that are selected for the project (e.g., two districts each in two states – most likely Chhattisgarh and Jharkhand –consultations are ongoing). This would include qualitative assessments of the systems providing food and nutritional support to the local population. It would include substantial field work to engage with local people, women's groups and other community structures, service providers, the market, etc. to understand the situation as well as the potential for improving it, and the constraints. Based on this information (in a draft report/presentation), a 'planning workshop' will be held with key stakeholders to design a pilot for implementation. In parallel with this situation analysis, the team will analyze other food and nutrition interventions that have been successful in similar situations elsewhere (e.g., conflict areas, livelihood programs, community-based models) to provide

<sup>36</sup> Malnutrition in India has been the focus of at least two significant reports by the Bank (Measham and Chatterjee, 1999; Gragnolati et al., 2006).

<sup>37</sup> One approach has been to improve household food security through a Public Distribution System – a country-wide network of shops providing subsidized food grains (and other commodities, such as kerosene for cooking), intended primarily for the poor. Another response has been 'mid-day meals' for school children, and in some areas the destitute and elderly, supported variously by the Central and/or state governments.

useful inputs to the design of the pilots during the planning ('training') workshop. Issue briefs and case studies would be produced from these analyses.

**3.67** The pilot/s (which may be intensive interventions in one area of food/nutrition, or wider efforts integrating two or more sectors) would then be 'fielded' by the NRLP and documented carefully. Input, process and output documentation would be done with a view to (i) ensuring that implementation is not being thwarted either by the local conflict situation or by other structural problems; and (ii) by making 'mid-course' corrections in the design/implementation whenever/wherever necessary. As local institutions (e.g., NGOs, CBOs, public service systems, etc.) are likely to be involved in implementing the pilots, their capacities would be built in the process. A rapid assessment would be carried out to identify the impacts of the pilot/s. The information from the documentation and assessments will also serve as a basis for producing a scaling-up document for a pilot that is considered successful. The implementation experience will also enable the production of guidance notes and policy briefs.

**3.68 Innovation:**

With so much of South Asia steeped in conflict, the key 'value added' of this project is its focus on tribal and, specifically, conflicted-affected areas. In addition to being extremely needy from a food and nutrition point of views, these areas have fractured service delivery situation and, often, community situations as well. Hence, while building on evidence of 'what works', the project will also build local institutions to revive service delivery for food and nutrition in these areas on a pilot basis. Further, it will link these to women's community-level institutions and, where possible, to their livelihoods. This combination of strengthening women's agency and status, improving household nutrition among a highly disadvantaged group (tribal people), and reducing the effects of conflict would be unique in India, and perhaps globally.

**3.69 Community Managed Food and Nutrition Security Initiatives in High Poverty States in India**

**Geographic Scope:** India

**Managing Sector:** SASDA

**Grant Objective:** *To enhance institutional capacity of rural livelihood projects for effective planning, designing, implementation and monitoring of food security and nutrition initiatives.*

**3.70 Background:**

India is home to the world's largest hungry population where over 200 million are food insecure. According to 2008 Global Hunger Index (GHI-2008), Madhya Pradesh had the most severe hunger levels, followed by Jharkhand and Bihar, despite large expenditures under ICDS, Mid Day Meal Scheme (MDM), Reproductive and Child Health programs (RCH), etc. Almost 40 percent of children under three are underweight and 45 percent are stunted. Furthermore, 36 percent adult women and 34 percent adult men suffer from chronic energy deficiency. These food and nutritional outcomes are closely linked with the issues of livelihood opportunities. Social mobilization of poor into community based institutions is a key instrument for poverty reduction and it strengthens demand for services provided by the state and ensuring better outcomes for members e.g. improved food security, improved health indicators and eventual decline in poverty.

**3.71** There have been successful experiences of the innovative community based Andhra Pradesh Rural Poverty Reduction Project (APRPRP) in which they developed an enterprise model for food security that allows poor households to collectively purchase food items and repay in easy installments. The community institutions were also able to manage franchisee PDS shops that ensured reliable access

to food entitlements. External evaluations showed that buying grain in bulk lowered transaction costs and saved poor households US\$48 annually, and led to a decline in household indebtedness by 38 percent and an increase in wage income by 30 percent.

**3.72** Another enterprise model was developed for addressing malnutrition among vulnerable and poor communities through Nutrition and Day Care Centers (NDCCs). These community owned NDCCs serve as one-stop shop for nutrition and RCH services. About 5000 NDCCs have been set up using the community architecture of Self Help Groups and their Federations to deliver MDGs relating to health and nutrition. Social capital in the form of community resource persons, para-nutritionists and para-health workers, together with institutional linkages with various government programs help in rapidly scaling up the model at low cost. Analysis on average weight gained during pregnancy found that women enrolled at NDCC gained 9.01 kg, which is significantly higher than average weight gained by women from non-intervention group (7.22 kg). Beneficiaries who enrolled at NDCCs had newborn with birth weight averaging 2.912 kg compared to an average of 2.588 kg from newborns in the non-intervention group. Higher impacts were also observed in health-seeking behavior and in neonatal care practices like colostrum feeding, immediate wrapping of newborn, exclusive breastfeeding for at least six months and full immunization as per schedule.

**3.73** The experiences of state supported rural livelihood programs has shown that investments in social and economic mobilization of the rural poor leads to increased voice, participation and representation of the rural poor in local governments and creates a demand side accountability and pressure for improvements in local governance and last mile service delivery<sup>38</sup>. The proposed initiative will be consistent with the Country Assistance Strategy (CAS 2009-12) through engagement with high poverty states to help India achieve the MDGs and make growth more inclusive.

**3.74 Activity Description:**

The objective of this activity is to help strengthen institutional capacities of National Rural Livelihoods Project and assist it in setting up dedicated TA architecture for food and nutrition security (FNS) theme in collaboration with resource projects/agencies in 2 – 3 States supported by the World Bank. The project will develop knowledge management and quality training and learning systems. The project will facilitate documentation of best practices, innovations, and learning notes, etc. to develop capacity on participatory methodologies.

**3.75** It will develop a pool of national level expert trainers and community professionals including para-nutritionists, health activists, etc. The project will also seek to develop a cohort of young professionals trained through a rigorous village immersion, summer training, field assignments and internship programs to enhance local capability for designing, implementing and monitoring FNS programs. To assist in this, the project will partner with select academic institutions like home science colleges, agriculture universities, public health foundations and nutrition institutes, management institutes, NGOs, etc. It will also explore possibility of designing curriculum and training methodologies for certificate courses on community managed food, health and nutrition disciplines.

**3.76** Furthermore, this activity will arrange hand-holding support to States through expert consultants/resource agencies. Comprehensive work programs will be developed to provide technical guidance to States in developing ‘food, health and nutrition security diagnostics’; formulation of pilot

<sup>38</sup> These include better targeting of the development programs, increased access to nutrition services and reduction in malnutrition and infant and maternal mortality, increased access to social safety nets including the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS), pensions, PDS entitlements and insurance services.

strategies for food, health and nutrition security action plans; and effective program management systems (e.g. HR, MIS, etc). This component will also help initiate convergence strategies with one or two ongoing flagship programs like RCH, ICDS, PDS, and MDM. This activity will also take steps to incorporate the use of ICT for MIS tracking, IEC activities, etc.

**3.77** Ultimately, this project's activities will feed into SAFANSI's overall objective of by systematically expose sensitize senior government officials and policy makers to community managed food security and nutrition agenda, organize policy consultations around field evidence and best practice.

**3.78 Innovation:**

The value addition from this project is threefold; (i) The outcomes and policy advocacy based on field evidence will impact public spending under large national programs including NRHM, ICDS, PDS, and the National Food Security Mission (NFSM), among others. (ii) The action research pilots in two – three high poverty states (political economies) will develop institutional capacities in using community institutional platforms for delivering FNS outcomes through multi-sector convergence approach; and (iii) It will create a core cadre of development and community professionals to spearhead and manage FNS initiatives in high poverty states, which have been identified under the CAS.

**3.79 Evaluating the nutritional impacts of food security and nutrition programs: a) Impact evaluation of the “-9+24” Community Challenge Fund and b) Impacts of public works schemes on women and children**

**Geographic Scope:** Nepal

**Managing Sector:** SASDA

**Grant Objective:** *To evaluate the impacts of food and nutrition security focused programs on pregnant and young mothers and children under the age of 2.*

**3.80 Background:**

The economic costs of malnutrition are very high – an estimated 2-3 % of GDP (US\$ 250 to 375 million) is lost every year in Nepal on account of vitamin and mineral deficiencies alone. Scaling-up key interventions to address these deficiencies will cost a small fraction of that amount. The IDA financed program Social Safety Net Project (SSNP) supports the Government of Nepal's (GON's) national strategy to maintain and enhance food security. It supports the implementation of social safety net measures to maintain access to basic needs (mainly food) among vulnerable households in food insecure districts; and agricultural productivity activities to expedite a supply response through the implementation of measures to raise the yields and consequently the production of staples. In the short to medium term, it is expected that this type of response will continue to be an important element of food security and nutritional programs of the Government, given that food security and nutritional status continues to be a critical issue across many parts of rural Nepal.

**3.81** The SSNP supports public works programs which provide nutritional supplements to children under 5 and food/cash for work opportunities to food insecure households<sup>39</sup>. Through the SSNP, the Government is also implementing a highly innovative nutrition focused Community Challenge Fund (CCF) to address the nutritional status of pregnant women and children under 2. This CCF has been

<sup>39</sup> Up to half of the direct beneficiaries of public works programs in Nepal are women, with many likely to be of reproductive age. As such it is critical that participation in a work fare program such as public works program improves their economic status but also their nutritional status, particularly since many women are likely to be of reproductive age. This is especially important for underweight women who may be expending more energy than is healthy for them (and thus increasing the likelihood of giving birth to low-birth weight babies). These programs also need to avoid creating barriers to breastfeeding as a result of the food for work.

designed to enable solutions to malnutrition to be tailored to local cultural environments and to leverage the support of communities to improve their own nutritional outcomes.

**3.82** The CCF is going to be piloted in 2-3 food insecure districts, with regular monitoring and robust randomized evaluation to determine whether the approach should be later scaled-up. The CCF would approve competitive grants with the goal of improving measurable outcomes related to weight gain. Key features of the CCF will include: i) focus on outcomes; ii) results-based financing (a grant for improvements in the outcome indicators); iii) third party evaluation of results (to get independent assessment of results on which the grant would be paid) and ; iv) provision of TA to the community based organizations as required by the design of the randomized evaluation.

**3.83** Groups eligible to compete for CCF grants would include community based groups and other non-governmental organizations. Because community groups often work specifically with marginalized members of communities, it is anticipated that working with them may not only increase available capacity at community level for improved nutrition, but may also help improve the health status of women and children from excluded groups. In particular, established women's groups at the community level will be eligible for the challenge fund. Yet, there is a need to properly document and monitor such programs, especially in relation to their impact on FNS outcomes. Evidence based approaches for assessing the impact of food security and nutritional projects have been shown to be useful in improving the efficiency of using scarce public resources<sup>40</sup>. The proposed evaluations will add to this growing and valuable body of evidence based analysis which can be used to improve outcomes related to FNS.

**3.84 Activity Description:**

This grant proposal would carry out two very important evaluations of the SSNP & CCF programs being implemented by the Government through the Ministry of Local Development, which will be aimed at addressing food and nutrition insecurity.

**3.85** The activity will provide an independent evaluation of the CCF which is aimed at improving nutritional outcomes for pregnant women and children under 2 years of age. The CCF itself is fully financed by the project but an independent evaluation is required to ensure learning and potential scaling up of this pilot. This activity will also be an assessment of the public works schemes to understand if women, nursing mothers and very young children are positively impacted by these schemes. An independent assessment and identification of actions to improve this impact would add value to the Government of Nepal's public works oriented food security programs. The grant from SAFANSI would support the design and implementation arrangements through technical assistance from highly experienced evaluators in order to ensure that the results of this innovative pilot can indeed be used for learning and scaling-up, based on rigorous analysis. The funds from SAFANSI will cover the costs of the technical support which will be provided for the design of the randomized evaluation and for the evaluation of the data.

**3.86** The SSNP also finances public works. The beneficiaries of such programs receive either food or cash as payment for their contribution to the development of a public asset. This proposed activity plans

<sup>40</sup> A recent Bank IEG report on nutrition found that nutrition impact varied significantly in the projects they examined and that one of the factors was that there are cultural specificities that affect how nutrition programs perform, i.e., the need to adjust for different cultural settings. The report also showed the need for further operational research/evaluations to study implementation of nutrition interventions/programs in different cultural settings. A recent impact evaluation of the poverty alleviation fund in Nepal also shows that the community-based and targeted approach of the program is resulting in significant impacts on food security and may in fact be resulting in nutritional changes amongst children between the ages of 0-2. Literature from other countries also indicates that social fund programs seem to have demonstrated heterogeneous effects on women and children.

to evaluate the ongoing government public works program to assess if women – especially those of childbearing age – can (or *cannot*) maximize these opportunities to ensure food and nutritional security for themselves, their children and their households. The proposed evaluation will (i) identify how the public works schemes are currently achieving these objectives and (ii) identify specific institutional and program reforms that need to take place to increase the nutritional impact of public works on women and children. Since public works programs are expected to continue, this assessment will provide an immediate opportunity to improve the design of these schemes for this purpose.

### **3.87 Innovation:**

Rigorous impact evaluations are rare and so the innovative challenge fund being implemented under the SSNP would be a unique opportunity in Nepal to carry out an evaluation, which will add to our knowledge of how such programs may help deliver on nutritional outcomes. In particular the CCF is highly innovative and tests the effect of group and individual incentives to improve nutritional outcomes. This type of program has not been tried out in Nepal before and few examples exist from around the world. Since public works programs will remain a dominant strategy in trying to reach food insecure populations in Nepal, the review and evaluation being proposed will add tremendous value to the use of these programs to achieve not just food security outcomes but nutritional outcomes as well.

### **3.88 Linking Measures of Food Security with Nutritional Outcomes in South Asia**

**Geographic Scope:** South Asia Regional

**Managing Sector:** PRMPR (in conjunction with SASEP)

**Grant Objective:** *To help generate greater consensus on the metrics that could be used to measure food security as it affects nutritional outcomes and to produce recommendations for how data should be collected and what metrics should be produced going forward.*

### **3.89 Background:**

Recent surges in global food prices have brought increasing attention to vulnerabilities the world's poor face. Despite broad agreement on the requisite need to monitor an indicator like food security, there is no clear consensus among practitioners on the exact definition of food security or how it should be measured. Existing measures<sup>41</sup> are focused primarily on the production and consumption of dietary calories paying little or no attention to the quality of these calories or the consumption of other essential nutrients. Importantly, what is unclear about both of these measures is the extent to which they are correlated with or reflect the underlying nutritional status of the population.

**3.90** Previous work has utilized surveys that may have good measures of food security, but do not always have good measures of nutritional outcomes or, if they do include anthropometric data, they do not contain detailed information on the health or other sectoral interventions that also affect nutrition. At the same time, many of the surveys that are used to establish the effect of health interventions on nutritional outcomes (such as the Demographic and Health Surveys), tend to be relatively weak on the food security side. Finally, there are surveys that contain detailed expenditure data (such as Living Standards Measurement Survey Data or Income and Expenditure Survey data), but may not always collect data on anthropometric outcomes or on other indicators that would allow for the calculation of other measures often used for food security.

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<sup>41</sup> For example, the FAO defines hunger as 'the number of people who do not consume the minimum daily energy requirement which is the amount of calories needed for light activity and minimum acceptable weight for height attained'. WFP's food consumption score – another increasingly used measure of food security – uses a weighted index of the consumption frequency of key food groups. This measure presumably accounts for the diversity of the diet in addition to caloric sufficiency, but it also has a number of weaknesses.

**3.91** An innovative measure of food security proposed for this analysis, is the share of calories derived from starchy staples – or the starchy staples ratio (SSR). Jensen and Miller (2010) have shown this to be potentially promising way to capture food security within the household. It is based on the idea that at levels below subsistence, individuals have high marginal utilities for calories and are likely to choose cheap sources of calories such as rice, wheat, cassava, etc. As they pass subsistence, their marginal utilities of calories begin to decline and they begin to value other non-nutritional attributes of food such as taste, and start diversifying their diet. While the actual subsistence threshold is unobserved, their “dietary transition” is and this can be used to identify whether or not they have crossed the food security threshold. By relying directly on consumption behavior to elicit information on hunger and food security, this method obviates the need to impose caloric norms and thresholds which is a source of much of the controversy in the conventional measures of food security and hunger such as the one that is used by the FAO<sup>42</sup>.

**3.92** South Asia is proving to be a fertile testing ground for new measures, especially considering its particular dimensions and causes of food and nutrition insecurity. The proposed work will be done in Bangladesh, Nepal and Pakistan in order to and build on a number of these recent Bank initiatives on food and nutrition security. The choice of the countries is guided primarily by the availability and appropriateness of recent data as well as the relevance of the proposed work to the ongoing country dialogue on nutrition. All three chosen countries have recent surveys that collect anthropometric data on young children which can be used to construct measures of malnutrition as well as fairly detailed food consumption modules which allow the derivation of at least two measures of food security. It is to be co-funded by the Bank’s new *Knowledge Platform on Food Security and Nutrition*, an initiative that aims to foster multi-sectoral thinking and action on nutrition.

### **3.93 Activity Description:**

The proposed analytical activity aims to fill the acutely perceived knowledge gap on the relationship between *food security* and *nutrition* and thus will particularly focus on drawing out messages that can lead to a greater coordination of these twin agendas.

### **3.94 Nepal**

There is a renewed momentum on re-activating a multi-sectoral approach to FNS in Nepal. The work that is proposed here will complement the ongoing work through SUNITA. Particularly, it will add a specialized dimension to the thematic chapter on nutrition in Nepal, which will be broader and more general in coverage. Additionally, the data from the recently completed survey of household living standards (Nepal Living Standards Survey-III, 2011) will be used for this work. This survey is nationally representative<sup>43</sup> and contains a detailed module on food consumption. What is uniquely desirable about this survey is that it also collects information on child anthropometrics and subjective assessment of adequacy of food intake. This allows us to construct measures of nutritional status of children as well as a proxy for the incidence as well as severity of hunger within the household. As described above, this work will also seek to incorporate the Starchy Staples ratio into the frame of analysis. This methodology will also include the use of econometric techniques to establish the empirical link between these measures of food security and nutritional outcomes, both unconditionally as well as conditioning on other proximate determinants of nutritional outcomes such as health and environmental factors. In

<sup>42</sup> Preliminary discussions were had with the FAO (Rome) for carrying out this analytical work as a potential implementing partner. The Food Security and Knowledge Platform will host a workshop sometime in early 2012 convening different groups – academia, think tanks and other international organizations active in this area – to generate better understanding on the linkage between food security and nutrition linkages. This could be a potential forum where preliminary analysis of the proposed work could be highlighted.

<sup>43</sup> The cross sectional sample has a size of 6000 households in 500 primary sampling units.

addition to validating this novel and previously untested measure of food security in terms of how well it correlates with malnutrition, SAFANSI will also be able to test how well it performs vis-à-vis other conventional measures of hunger and food security such self-perceived food adequacy based measures and the conventional calorie based measures.

### **3.95 Bangladesh**

In Bangladesh, the approach will be to establish the empirical relation between nutritional outcomes and alternative metrics that have been proposed for measuring food security, using some specific surveys that are more comprehensive than the household surveys that are typically available for a country. Ideally, there would be a single survey that contained a detailed expenditure module, information on shocks, information on nutritional outcomes and information on health characteristics and other sectoral interventions that affect nutrition. While there is no ideal survey, the 2008/2009 Bangladesh Food Security and Nutrition Assessment Survey implemented by the Institute of Public Health Nutrition of the Ministry of Health and Family Welfare, WFP and UNICEF comes pretty close. It is an unusually comprehensive survey that was developed specifically to look at the effects of the food price crisis and the impact of natural disasters on nutritional outcomes. As such, it contains detailed questions on consumption (and expenditure) of different food items and anthropometrics<sup>44</sup>. While there has been a report produced, the data from this survey has not yet been fully exploited by analysts and it is particularly well suited to explore how different measures of food security are related to nutritional outcomes.

**3.96** One of the metrics that can be constructed (and has been constructed in the published *Bangladesh Food Security and Nutrition Assessment*) is a food consumption score index, based on a weighted score of different food groups shown below.

#### **Key Food Groups and Weights**

<b>Food Items</b>	<b>Food Groups</b>	<b>Weights</b>
Cereals: corn, wheat, sorghum, rice, bread, roots and tubers, manioc, sweet potatoes, banana	Staples	2
Pulses: peanuts, beans	Pulses	3
Vegetables (including green, leafy vegetables, shoots)	Vegetables	1
Fruits	Fruits	1
Animal protein: fish, meat, eggs	Meat & Fish	4
Dairy/dairy products	Dairy	4
Oils and fats	Oil	0.5
Sugar	Sugar	0.5
Condiments	Condiments	0

Source: HFSNA, 2009

**3.97** The published report used a threshold value of 42. However, the report itself acknowledges that the cut-off point may be too low and might have resulted in an underestimate of food insecurity within the population. This points out one of the limitations of using a food consumption score index - namely, that it is not clear where to set the threshold value for defining whether a family is food secure or not. The visual data analysis that has been developed in the SAFANSI-funded work on *Linking Nutritional Outcomes to Adequacy of Food, Health and Care in Bangladesh and India* (described in Part 2 of this document) can be used to illustrate how varying the threshold value affects the distribution of

<sup>44</sup> The household survey has a sample size of 10,378 households and is complemented by a survey of 180 markets and interviewed 900 traders across the country on the behavior of prices. It also contains information on shocks.

nutritional outcomes. This work will develop the tool to illustrate that relation, as well as relating the food consumption score using different threshold values to nutritional outcomes using econometric estimations.

**3.98** The proposed work will also calculate the same measure for the share of starchy calories that will be used in the work on Nepal. Although the food consumption module is not as detailed as in the case of Nepal, it is fairly comprehensive. Because the Food Security and Nutrition Survey is nationally representative, it will also be possible to cross reference that with the consumption shares from the Household Income and Expenditure survey that was recently completed for Bangladesh.

**3.99 Pakistan**

This work will conduct a similar exercise for Pakistan using the Pakistan Panel Household Survey<sup>45</sup>. This survey has a detailed food consumption module which allows us to construct at least two measures of food security: (i) per capita calorie availability at the household level and (ii) the share of calories derived from starchy staples – or the starchy staples ratio. In addition, the survey also asked households questions about the frequency of their consumption of various food items which is information that can be consolidated to construct something akin to the WFP's food consumption score *a la* the one done for Bangladesh. This will give us an additional measure of food security. Uniquely, this survey also collects anthropometric information for all household respondents from which measures of nutritional status can be derived. The methodology for Pakistan will be similar to what has been discussed for Bangladesh and Nepal and involve econometric analysis of the conditional and unconditional distribution of the nutritional indicators and the extent to which these are affected by various food security measures.

**3.100** As valuable as the proposed analytical work in Nepal, Bangladesh and Pakistan might be, it will not be sufficient to just carry out good analytical work in order to help build a consensus. It is also important to demonstrate that the measures have validity in different settings and that there is a wide enough group of stakeholders involved in carrying out the work to ensure acceptance and a rapid consensus. In this respect, collaborating with the Food Security and Nutrition Knowledge Platform will be very helpful. This work will also complement and build on a number of ongoing and recently completed Bank/SAFANSI analytical work, some of which are: (a) understanding the dynamics of gender and nutrition; (b) linking nutrition outcomes to adequacy of food, health and care and, (c) multi-sectoral simulation tool for scaling up nutrition.

**3.101 Innovation:**

A key result of the proposed activity will be the establishment of an explicit linkage between measures of food security and nutritional outcomes. Doubled with this will be the explicit identification of tradeoffs (to the extent that they exist) among various policy instruments that attempt to address the objectives of food security and nutritional security. This will lead to the validation of a novel measure of food security that is not only an explicit derivative of nutritional security (through dietary diversity) but also simple as well as replicable in other similar settings.

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<sup>45</sup> The survey's most recent round has an approximate sample size of 4200 households of which 2700 is a panel of rural households while there is cross sectional information on the 1500 urban households.

### **3.102 Multi-sectoral Partnership for Nutrition: A pilot in Bihar**

**Geographic Scope:** India

**Managing Sector:** SASHN

**Grant Objective:** *To demonstrate improved nutritional outcomes in a specified geographical area through incorporation of nutrition actions in World Bank operations across several sectors.*

#### **3.103 Background:**

Given the alarming situation of malnutrition in India, the Bank has committed itself to support client countries to address the issue. Backed by solid support of the senior management, the Bank has developed and adopted a Regional Assistance Strategy (RAS) for nutrition, 2010-2015. The key approaches proposed in the RAS to improve nutrition in South Asia include studying the impact of nutrition sensitive actions in multiple sectors in one geographic location.

**3.104** Bihar is both an LIS and a high malnutrition burden state, thus it has great need for supplementing existing efforts to improve nutrition. The state of Bihar in India is also one of the geographical areas identified as ideal for trying to converge multiple sectors to bring about improvements in nutrition. However, an effective multisectoral response requires convergence at the local level, not only within the health sector, but with other sectors and Centrally Sponsored Schemes that affect food security, such as social protection, education, water & sanitation, agriculture and rural development

**3.105** Fortunately, Bihar presents the opportunity to mainstreaming food and nutrition initiatives across sectors. The World Bank's program is underway in Bihar on several fronts. The Bihar Rural Livelihoods Project (US\$63 million, June 2007) was the Bank's first loan to Bihar in 15 years. The project aims to enhance the social and economic empowerment of about 2.9 million rural poor in the state. Bihar's ongoing efforts to undertake reforms (and to help create the fiscal space for development) has been supported by the First Bihar Development Policy Loan (IBRD \$150 million; IDA \$75 million) which closed in December 2009 and a follow-on operation is under preparation. The Bihar Kosi Flood Recovery Project (\$220 million, IDA) was approved in September 2011 and supports the flood recovery as well as future oriented risk reduction efforts of Bihar in three districts (Saharsa, Supaul and Madhepura) of the Kosi Basin. A follow-on project is under-preparation and is expected to be approved in FY13. The Bank is also preparing a panchayat strengthening project and a social protection project both of which are expected to be approved in FY13. Ongoing national programs that also cover Bihar are elementary education. The Bank is providing technical assistance through the Bihar Capacity Building TA (\$5 million, funded by a DFID grant) in sectors including public financial management and procurement, Flood Management Information System, investment climate, and public service delivery, including monitoring and evaluation.

**3.106** The Indian CAS has called for an increased engagement in the seven low-income states (LIS) and it even explicitly seeks to improve nutrition in Bihar. Fortunately, Bihar also benefits from a number of these multi-state and centrally-sponsored schemes across many sectors. Furthermore, radical reforms have been proposed by the Prime Minister's Nutrition Council and the National Advisory Council for the flagship Integrated Child Development Services (ICDS) scheme to better address nutrition and food security through increased institutional coordination, greater flexibility for local initiatives, alternative modes of service delivery and a national information and education campaign, among other reforms. Thus the proposed concept is very well aligned with the CAS, RAS and SAR regional priorities.

**3.107 Activity Description:**

The project will seek to mainstream food and nutrition interventions/nutrition-sensitive actions using the platform many of the Bank's sector-specific operations. The task will first seek to engage with Task Teams of projects in Bihar – especially the ones under preparation – to identify the key entry points for food and nutrition interventions, design relevant and meaningful interventions and indicators to track them, and include these into the project results framework and design. The scoping and design phase will also include the design of an impact evaluation with an experimental/quasi-experimental design, and a mechanism for documenting processes, and collection of qualitative information. These will be used to develop a case study to document and disseminate the opportunities, challenges and lessons of cross-sectoral work as well as the FNS impact of mainstreaming nutrition.

**3.108** Additionally, this task will seek to provide technical support for these nutrition-sensitive components. While each of the individual operations that include mainstreaming of FNS interventions will finance the actual implementation of the interventions, this grant will finance the provision of technical support to the Task Teams during implementation. This support includes, development of necessary tools, provision of training, regular participation in Implementation Support Missions, monitoring progress and results and problem solving as needed.

**3.109 Innovation:**

Food and nutrition interventions have traditionally been implemented through stand alone food/agriculture-focused or nutrition-focused projects, the former implemented by the Agriculture sector and the latter largely by the Health sector. Since the determinants of nutrition lie across multiple sectors, this project proposes an innovative approach of using other sector platforms to promote actions that are either direct food and nutrition interventions or are nutrition-sensitive actions that will impact one or more of determinants of nutrition. Another innovative feature of the project is that it is looking to enhance impact by converging the (nutrition and nutrition-sensitive) actions of many projects in a particular geographical area.

## PART 4: SAFANSI Partnership and Program Development

### **4.0 Strategic Consultation and Partnership Development**

**4.1** A key endeavour of SAFANSI is to work with other existing plans, programs and institutions to achieve impact at scale, as long as it does not compromise eventual efficacy in terms of outputs/outcomes attained. In this spirit, SAFANSI is seeking to converge with the SUN framework, engage with REACH and work with various bilateral donor partners.

**4.2** There are a number of initiatives in South Asia that are looking at the food and nutrition issues from different angles: these include DFID funded LANSA (Linking Agriculture and Nutrition in South Asia) and TRANSFORM, the Gates Foundation funded TANDI - II (Tackling Agriculture and Nutrition Disconnect in India), REACH, and not least the SUN initiative. These involve different partner institutions: e.g., LANSA involves six research institutions (IDS, IFPRI etc, led by the Swaminathan Foundation in India); TANDI - II brings into fold the Indira Gandhi Institute.

**4.3** These initiatives cover different, often over-lapping themes. More importantly, they work more on the "supply side", undertaking analyses, studies and evidence gathering. In the context of this intense attention and energy currently given to food and nutrition security issues, SAFANSI will seek to develop and complement this supply side work with "demand side" approaches. In broad terms, this would mean energizing/strengthening relevant opinion- and decision-makers and stakeholders who can give more vision, voice and purposiveness to the domestic food and nutrition security agenda. Instruments to do so might include organizing domestic platforms and networks which would give space and resources for such players to connect and function. Suitable local host institutions could be found to support this process in a recipient-executed mode. In the coming months, SAFANSI will work to connect the dots between a variety of groups to enable the cross-cutting and coordinated actions, which are needed to effectively address the food and nutrition issues in South Asia.

### **4.4 International Development Partner Consultation on Food and Nutrition Security in South Asia (January 2012)**

The key step in moving towards this is to smartly assess the current situation and scope out the feasibility of this idea. This will involve at least two steps:

- (i) Creating a quick map of the current state of food and nutrition security activities in South Asia by identifying the players, the funded initiatives, and the themes each is covering. Then undertake a quick analysis of this to identify areas of convergence (and hence potential program partnership points) and gaps (potential program entry points).
- (ii) Simultaneously, completing a quick "survey" of potential partner institutions or platforms (like the PHFI in India led by Dr Reddy, our TAC member, or BRAC which involves Dr. Mahabub Hossain, another TAC member) to see who SAFANSI could work with as a partner in creating/enabling the domestic stewardship role.

**4.5** SAFANSI's efforts towards the establishment of cross-agency coordination stem from a need to institutionalize collaborative arrangements between these various Development Partners and the targeted stakeholders of their supply-side work. To this affect, SAFANSI will now engage more strongly with in-country consultations with our counterparts in government. One of the unique selling points of

**4.6** SAFANSI is its goal of enabling domestic stewardship of the FNS agenda in the program countries, with the hope that the stewardship can be "regionalized" over time. SAFANSI has already allocated resources for this purpose and more is in progress, albeit at a varying rate due to political economy factors. SAFANSI will re-double its efforts in this direction.

**4.7** This mapping exercise will culminate in a video-conference involving the key players identified. From SAFANSI perspective this conference will have significant strategic value in three respects:

- (i) It will help visibly position SAFANSI in the context of these other on-going initiatives - this will thus strongly deliver on the SAFANSI goal of "connecting the dots to enable *cross-cutting action*";
- (ii) SAFANSI will itself – in the complementary role of working on the "demand side" – create a ready and interested audience/market for evidence and analyses coming out of these supply side initiatives; and
- (iii) The program gaps that the mapping might uncover could help identify program entry points for SAFANSI, possibly in concert with other development partners.

**4.8** The entire activity (including organization of the video-conference) is expected to be completed by early 2012. This will allow us to take stock of current work and see how we can better utilize resources to facilitate an efficient knowledge/resource transfer to the key decision makers in the region.

#### **4.9 Proposals under Development:**

In addition to the planned and ongoing activities outlined in *Section III: SAFANSI Planned Activities*, SAFANSI has a few proposals that have been submitted for competitive consideration. While SAFANSI has not yet committed to funding these concepts, they are being suitably matured for further review.

#### **4.10 Improving Policy Coherence for Enhanced Food Supply and Nutrition Security – the Case of Fisheries and Aquaculture**

**Geographic Scope:** India

**Prospective Sector Engagement:** ARD

**Objective:** *To assist the government of India to improve inter-sectoral policy coherence relevant to sustainable food supply and nutrition through the identification and analysis of appropriate institutional mechanisms using the fisheries and aquaculture sector as a case-study.*

#### **4.11 The Future of Food Fish in Bangladesh and Implications for Food Security**

**Geographic Scope:** Bangladesh

**Prospective Sector Engagement:** ARD

**Objective:** *To (i) provide a sound and rigorous analytical basis upon which to evaluate the future of food fish from aquaculture, in Bangladesh, and its role in reducing food security in the medium- to long-term; (ii) identify the most appropriate aquaculture and culture-based fisheries practices (including prioritization of fish species, farming systems, and management practices) that are of critical importance to poor fish farmers and fishers as well as low-income consumers; (iii) strengthen the capacity of the participating Bangladeshi institutions in aquaculture/fisheries policy research and development to monitor the impacts of changes in policy, technologies, and markets on poor households; and (iv) create*

*a platform upon which other interested parties can interact with the modeling tools to create additional scenarios and assumptions for custom-made projections.*

#### **4.12 Impact assessment on nutrition and food security - Uttaranchal Watershed Development Project**

**Geographic Scope:** India

**Prospective Sector Engagement:** SASDA

**Objective:** *To strengthen nutrition and food security in the implementation of the integrated watershed development approach to agricultural diversification.*

## ANNEX I: Country Assistance Strategy

**A1.1** The Country Assistance Strategy (CAS) - also called in some cases Country Partnership Strategy or Joint Assistance Strategy - lays out a selective program of World Bank Group support for a particular country. This strategy is developed by Bank staff in meetings with government officials, in consultation with country authorities, civil society organizations, development partners and other stakeholders. It takes as a starting point the country's own long-term vision for development and takes into account the Bank Group's comparative advantages in the context of other donor activities. The strategy is designed to promote collaboration and coordination among development partners in a country.

**A1.2** The CAS includes a comprehensive diagnosis-drawing on analytical work by the Bank, the government, and/or other partners-of the development challenges facing the country, including the incidence, trends, and causes of poverty. The CAS identifies the key areas where the Bank Group's assistance can have the biggest impact on poverty reduction and related sectoral work. In its diagnosis, the CAS takes into account the performance of the Bank's portfolio in the country, the country's creditworthiness, state of institutional development, implementation capacity, governance, and other sectoral and cross-cutting issues. From this assessment, the level and composition of Bank Group financial, advisory, and/or technical support (including that financed by trust funds) to the country is determined.

**A1.3** The referenced reports offer insight into the Client/Bank's strategy for addressing the FNS issue within the greater development framework:

- (i) Afghanistan: Afghanistan National Development Strategy, 1387 (2008/2009)
- (ii) Bangladesh: Country Assistance Strategy for the Period FY2011-2014
- (iii) Bhutan: Country Partnership Strategy for the Period FY2011-2014
- (iv) India: Country Strategy Progress Report for the Period FY2009-2012
- (v) Nepal: Interim Strategy Note for the Period FY2012-2013
- (vi) Pakistan: Country Partnership Strategy for the Period FY2010-2013
- (vii) Sri Lanka: Country Assistance Strategy, Progress Report for the Period FY2009-2012

**A1.4** The Bank utilizes the *Afghanistan National Development Strategy: First Annual Report* in place of the CAS<sup>46</sup>. Given the extent of current transitions in Nepal, an *interim strategy* has been prepared, to cover FY12 and FY13<sup>47</sup>.

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<sup>46</sup> A copy of the Afghanistan National Development Strategy can be read in full online:  
<http://siteresources.worldbank.org/INTPRS1/Resources/PartIANDSAnnualReport1387English.pdf>

<sup>47</sup> The proposed interim strategy will set out some basic parameters of the World Bank Group (WBG) program but still retain the flexibility needed to deal with an uncertain and potentially volatile birth of this new republic. If the situation stabilizes over the next two years, it should be possible to prepare a Country Assistance Strategy (CAS) after this Interim Strategy Note (ISN). In the meantime, this ISN follows the previous two ISNs.

## ANNEX II: Country Context

**A2.0** The value addition of many SAFANSI program activities are well framed within the country context. The below sections offer a summary of the current developments and strategic directions in each country. These summaries have been supplemented with some additional insight gleaned from other Bank work, strategies and reports, including the Bank's new *Regional Assistance Strategy (RAS) for Nutrition*<sup>48</sup>.

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<sup>48</sup>Available upon request.

**A2.1 Bangladesh**

In the past two decades, Bangladesh has experienced significant poverty reduction and a profound social transformation with the widespread entry of girls into the education system and women into the labor force to support rapid expansion of the garment industry. On the whole, Bangladesh has made laudable progress on many aspects of human development which has been a foundation for improvements in growth, empowerment and social mobility. Some notable exceptions—particularly malnutrition and maternal mortality—underscore that much still remains to be done to improve health and education outcomes, strengthen social services and address continued gender inequality in many areas, whether it is access to productive assets, voice in community decision-making or widespread spousal violence. Fertility rates were halved in the 1990s, but then stagnated for nearly a decade. Fertility is once again declining, but requires continued attention. At its current growth rate, Bangladesh's population is expected to reach 220 million inhabitants by 2040, posing a daunting development challenge, particularly given the country's vulnerability to the effects of climate change and natural disasters.

**A2.2 Significant poverty reduction.** Per capita GDP grew by 4.3 percent per annum in the past decade, contributing to a decline in headcount poverty from 57 percent at the beginning of the 1990s to 49 percent by 2000 and 40 percent by 2005. Despite this progress, Bangladesh still had an estimated 56 million people in poverty in 2005—equivalent to the population of the UK or France. Direct evidence on poverty trends since 2005 is not yet available. However, based on the association between economic growth and poverty reduction, it is expected that the poverty head count has declined further to around 30 percent by 2009 even after taking into account the setbacks caused by the cumulative impact of natural disasters in 2007 (twin floods and a cyclone), the food-price shock during 2007-08, and the impact of the global recession on exports. On the basis of this expected trend, Bangladesh is on track to meet the MDG poverty targets by 2015.

**A2.3 Poverty, growth and inequality.** Poverty reduction in Bangladesh has been driven by growth, and linked particularly to transformations in the labor market and rapid increases in workers' remittances.

Economic growth has led to expanded wage employment, wage growth and enhanced labor productivity.

**A2.4** Workers moved away from low productivity jobs in agriculture to more productive jobs in the nonfarm private sector, particularly in urban areas and overseas. Increasing flows of workers' remittances, which grew by 20 percent per annum in 2000-2005, were a key factor in poverty reduction. Based on 2005 data, poverty incidence among households receiving remittances from abroad was only 17 percent compared to 42 percent among the population at large. Inequality, as measured by the Gini coefficient of consumption, remained unchanged from 2000 to 2005 at around 0.31.

**A2.5 Better child survival.** Bangladesh has made considerable progress on some health-related MDGs. Over the past two decades, infant and child mortality have declined by around half—46 and 57 percent respectively—outstripping progress in other South Asian countries and setting Bangladesh on track to meet the relevant MDGs. This progress was accompanied by substantial narrowing of the gender gap in neonatal, infant and child mortality. Despite progress, children and adults still face a high burden of communicable diseases. Bangladesh ranks among the top-five countries for incidence of tuberculosis, and diarrheal diseases and acute respiratory infections remain widespread in the absence of clean water and sanitation and in the face of deteriorating air quality.

**Table 2: Bangladesh's Human Development Performance in a Regional Context**

	Bangladesh		South Asia	East Asia & Pacific	
	1990	2000	2008*	2008*	2008*
GDP (current US\$ billion)	30.1	47.1	79.0	1531	5658
GNI per capita, Atlas method (current US\$)	250	350	520	986	2631
Fertility rate, total (births per woman)	4.3	3	2.4	2.8	1.9
Life expectancy at birth, total (years)	54.4	61.6	66.3	64.7	72
Mortality rate, under-5 (per 1,000)	146.0	90.9	65.0	78.2	27.4
Mortality rate, infant (per 1,000 live births)	92.0	66.4	52.0	58.9	22.3
Maternal mortality ratio (per 100,000 live births)	574	320	...	...	...
Malnutrition prevalence, height for age (% of children under 5)	...	57.2	47.8	47.1	25.6
Malnutrition prevalence, weight for age (% of children under 5)	66.0	48.2	46.3	40.9	12.6
Low-birth weight babies (% of births)	...	...	21.6	26.5	6.1
School enrollment, primary (% net)	60.5	...	91.1	...	93.1
School enrollment, secondary (% net)	...	43.1	40.7	44.7	...
Ratio of girls to boys in primary education	0.83	...	1.08	...	...
Ratio of girls to boys in secondary education	0.52	...	1.08	...	...
Population, total (million)	116	141	160	1543	1931

Note: \* Data is for latest available year (2006/2007/2008)

Source: World Development Indicators, and UNDP MDG Monitoring at <http://www.undp.org.bd/mdgs.php>

**A2.6 Persistent maternal mortality and malnutrition.** Maternal mortality rates are high, and even under the most optimistic scenario, the MDG target will not be reached. Prenatal care remains inadequate, with most births in rural areas unattended by qualified health personnel. Chronic and acute malnutrition remain high even as per capita income rises among the poor. Child underweight rates (chronic malnutrition) have fallen just 5 percent to 46 percent between 2000 and 2007. Chronic malnutrition is pervasive across all socioeconomic strata, at 56 percent of all children among the poorest and 32 percent among the wealthiest quintiles. Child wasting (acute malnutrition) fluctuates, but reached 16 percent in 2007, above the 15 percent threshold used to identify emergency feeding situations by the World Health Organization.

**A2.7 Increased access to education.** The gross enrolment rate for primary school increased from 76 percent in 1991 to 98 percent in 2008 (with net enrolment at 91 percent). At the secondary level, gross enrolment was 57 percent in 2008, representing a three-fold increase since 1980. Much of the gain at the secondary level was due to a seven-fold increase in girls' enrolments since 1980. Demand-side interventions since the early 1990s, including a gender-targeted secondary stipend program, have been met with expanded supply, particularly through private channels. The share of girls in total enrolment is now 52 percent in primary and 55 percent in secondary education, compared to fewer than 40 percent in the early 1990s.

**A2.8 Cross-cutting dimensions.** Additional dimensions that cut across the strategic objectives of the Bangladesh CAS include fostering regional cooperation, strengthening gender mainstreaming and partnering for aid effectiveness.

- **Fostering regional cooperation.** The political transition in Bangladesh has created an historic opportunity for closer collaboration with neighbouring India, which may gradually open the door to wider and deeper regional cooperation. The Bank Group will build on opportunities for

enhanced cooperation as they arise in promising areas, including cross-border infrastructure networks and management of common natural resources (e.g. waterways, wildlife).

- **Strengthening gender mainstreaming.** The Bangladesh program has a good track record on gender mainstreaming, as noted by the Independent Evaluation Group (IEG) in its review of the previous World Bank CAS. This has included a long-term commitment to girls' education and to reproductive health, along with gender-focused community-driven development which has contributed to social transformation. Under the current CAS, additional emphasis is given to women's economic empowerment, in areas such as employment generation for low-income women and a pilot program to support rural women transitioning into labor-intensive manufacturing industries.
- **Partnering for aid effectiveness.** Enhancing aid effectiveness in line with Paris Declaration principles and the Accra Agenda for Action will be another cross-cutting feature of the country program. This will build on current donor partnerships in many sectors, including sector-wide approaches in health and education. Sector-based partnerships will be guided by the recent endorsement of a Joint Cooperation Strategy (JCS) by bilateral and multilateral partners (including the Bank) at the Bangladesh Development Forum (BDF) in early 2010 and its subsequent signing by the Government of Bangladesh and eighteen DPs.

**A2.9** As noted, long-run progress on human development has been encouraging, with some notable exceptions: The country is still struggling to rein in population growth, reduce maternal mortality, effectively combat malnutrition, streamline social assistance and enhance educational quality and learning outcomes. More effective delivery of social services at the local level is needed to address these shortcomings, bring marginalized groups and rural communities more firmly into the development process, and allow Bangladesh to compete in regional and global markets with a *healthy* and skilled labor force. Furthermore, Bangladesh has made slow but steady upward progress in many areas of governance in the past five to ten years, but – as in much of South Asia – governance remains weak by global standards. To grow faster and more inclusively, government will need to be more responsive and effective, building on a renewed commitment to private sector-led growth and decentralized service delivery in order to achieve joint development and FNS gains.

## Bhutan

**A2.10** Bhutan is a small, landlocked country located between two giant neighbors; India and China. The total population in 2005 was 672,425<sup>49</sup>. Most villages are several hours walking distance from the nearest road which makes service delivery and access to health facilities a formidable task<sup>50</sup>. The Bhutanese health system comprises a network of 30 hospitals, 181 Basic Health Units (BHU) and 518 Outreach clinics<sup>51</sup> across the country that provide preventive and curative health care services.

**A2.11** Poverty is declining and Bhutan does not face widespread hunger, destitution and homelessness. The poverty headcount rate shows substantial reductions, falling from 31.7 percent in 2004 to 23.2 percent in 2007, with the official incidence of poverty being much lower in urban (1.7 percent) than in rural areas (30.9 percent)<sup>52</sup>. The urban-rural gap exists in other dimensions as well, for example, food security, access to services and infrastructure. While rapidly urbanizing, Bhutan continues to be over 60 percent rural. Difficulty of access has limited rural areas' access to social services which, consequently, have progressed more slowly in the demographic transition. The result is that urban areas have a profile of falling birth rates, an aging population, increasing chronic and costly non-communicable diseases, increasing need for pensions, changing diet and declining levels of physical activity. Increased access to ICT and higher levels of education overall have yielded demand for modern technologies, which has important implications for government expenditure. In rural areas, on the other hand, people continue to die at younger ages, have higher birth rates and are affected primarily by communicable diseases. Addressing both realities at the same time and the financing pressures on that result necessitates a more efficient use of funds and more innovative approaches.

### A2.12 Health and Malnutrition

Sustained investment in the social sectors has enabled Bhutan to make remarkable progress in its health indicators in recent years. Immunization coverage now extends to over 94 percent of all children. The incidence of births attended by trained staff has improved from 23.6 percent (2000) to 67.4 percent (2009); infant mortality decreased from over 60 per thousand live births (2000) to 40.1 (2005). More children are in school than ever before. These achievements occurred during a period of strong economic growth that averaged nine percent per annum during implementation of the Ninth Five-Year Plan (9FYP) (2002/03 – 2007/08, extended by one year). The Royal Government of Bhutan (RGoB) continues with an ambitious development agenda for the social sectors under its Tenth Five-Year Plan (10FYP) (2008/09 – 2012/13) which calls for a large number of reforms in addition to scaling up systems to achieve and maintain targeted levels for the Millennium Development Goals (MDGs).

<sup>49</sup> Population and Housing Census of Bhutan, 2005

<sup>50</sup> Almost two-thirds of the population is classified as rural. The majority of the population lives in the central highlands. While steadily decreasing overall, poverty in Bhutan is concentrated in isolated rural areas. These areas have limited income opportunities and a high cost of service delivery. Service delivery is hampered by difficult terrain and scattered settlements. There are higher concentrations of population in the southern belt of the country bordering poor regions of northern India. The capital, Thimphu, has a population of approximately 120,000 people and lies in the western part of the country, as does the town of Paro, where the country's only airport is located, from where Bhutan has direct air links to India, Bangladesh, Nepal and Thailand.

<sup>51</sup> Annual Health Bulletin 2010

<sup>52</sup> In rural areas, agricultural production systems and rural living standards are influenced heavily by Bhutan's mountainous landscape, sparse population and limited physical infrastructure. Subsistence agriculture, low levels of monetization and high rates of poverty prevail in areas where access is limited to walking tracks and the nearest road or town is more than four hours walk away. Access to public services is also limited in some remote areas. Labor shortages have emerged as a major constraint to agricultural growth and there is a possibility that enhanced non-farm employment opportunities will both exacerbate this shortage and raise the cost of farm labour. Where access is poor, rural poverty is high and subsistence agriculture prevails. Access to agricultural extension and farm inputs are known to be weak in such areas. There is a need to strengthen links between rural communities and adjacent rural markets, as well as bring greater diversification of agricultural products.

**A2.13** Yet, there has been no standalone nutrition activity undertaken by the World Bank in Bhutan until now, though the issues related to early childhood nutrition and maternal anaemia have been frequently discussed with health officials and development partners in the country, including during joint sectoral reviews. Human Development is one of the four pillars of the current CAS, and a nutrition focus will be an important activity contributing to the CAS objectives and to the country's economic development, especially because undernutrition is so common in the country's under-five children. The National Nutrition and IYCF Survey, 2009 showed 37% stunting (using the new WHO methodology), 4.6% wasting, and 11.1% underweight among children 6 to 59 months. The proportion of low birth weight among children born in the health facilities was 9.3%<sup>53</sup>, which reflects the existence of malnutrition among pregnant women<sup>54</sup>. Children born with normal weight also become malnourished due to low exclusive breastfeeding rate and inappropriate complementary feeding practices.

**A2.14** The recent Bhutan Multiple Indicator Survey, 2010, has also shown similar magnitude of undernutrition in the country. Iron deficiency anaemia, which has implications for increased maternal mortality, low birth weight, and loss of up to 25 IQ points in children 0-24 months, is widely prevalent in the country. In 2001, the prevalence of maternal anaemia was estimated as 88.2%<sup>55</sup>. Though the nutrition status has improved vis-à-vis the earlier nutrition surveys conducted in 1988 and 1999, the continued high levels of stunting and iron deficiency anaemia remain a major cause for concern in Bhutan.

**A2.15** The common causes of morbidity and mortality among children under five years are Acute Respiratory Infections (including pneumonia) and diarrhoeal diseases. Frequent infections and poor nutritional status have a synergizing effect leading to reduced immunity and increased mortality. Although, early initiation of breastfeeding (within one hour of delivery) is 81.5% and mean duration of breastfeeding 23 months, exclusive breastfeeding rate for the first six months as per the National Nutrition Survey was only 10.4%<sup>56</sup>. Many children are given other foods before they are six months of age, most of them at 3<sup>rd</sup> or 4<sup>th</sup> month. Appropriate infant feeding practice is still not known to many mothers and care givers.

**A2.16** Most of the mothers do not know the correct techniques of breastfeeding: attachment and positioning. Incorrect breastfeeding technique often leads to breastfeeding problems such as nipple sores, breast engorgement and even breast abscesses. In addition, there is a knowledge, attitude and practice (KAP) gap among mothers and care-takers. Many of them do not feed children with fruits and green vegetables even if available, though availability may itself be a constraint in view of the geographical terrain of the country. This problem is compounded with inability to afford protein rich foods like eggs and meat at the community level.

<sup>53</sup> National Nutrition and IYCF Survey 2009

<sup>54</sup> Bhutan performs remarkably well in terms of gender equality. Bhutanese culture fosters gender equality, most significantly the tradition of passing land and other forms of inheritance through daughters. Women enjoy equal access to productive resources and protection under the law. As a result, female labor force participation is high in the agricultural and nonagricultural sectors combined. According to the Labor Force Survey in 2009, the labor force participation rate of women is almost as high as that of men (65 percent vs. 73 percent), while the South Asia average of female and male labor force participation rates are only 37 percent and 82 percent, respectively. In terms of human development, the ratio of girls to boys in primary and secondary school is as high as 98 percent in 2008. However, when examining full time paid employment in non-agricultural sectors, female participation drops significantly. Women represent only 14 percent of the workforce, and there are few women holding high ranking positions in government and the private sector<sup>8</sup>. Only 10 out of 72 members of Parliament are women and only one among 205 gups (village heads) is female. Such challenges suggest the need for more innovative research, including gender-disaggregated data collection, in order to understand the nature of glass ceiling phenomenon in Bhutan. Improved data collection is one of the areas highlighted the 2010 High-Level Sensitization Program on Gender Mainstreaming recently conducted by the National Commission for Women and Children (NCWC) for high-level government and parliament officials, with support from UNDP.

<sup>55</sup> [http://www.whoindia.org/EN/Section4\\_19.htm](http://www.whoindia.org/EN/Section4_19.htm)

<sup>56</sup> National Nutrition and IYCF Survey 2009

**A2.17** Moreover, Bhutan is facing the problem of double burden of diseases: while communicable diseases and under-nutrition still remain a public health problem, life style, over-nutrition and non-communicable diseases are emerging at a faster pace. Enormous resources required for addressing this double burden of diseases is a great concern for the public health system which provides free health care to all citizens and has the lowest share of out-of-pocket expenses in the South Asia region (a distinction it shares with Maldives).

#### **A2.18 Macroeconomic Situation**

To bolster the domestic resource base for human development expenditures, the Royal Government of Bhutan (RGoB) has high expectations for using its hydropower resources, the largest contributor to its economy. There is risk of volatility as a function of Bhutan's small size and economic base. The risk derives largely from the reliance on hydropower revenues and foreign grants, particularly from India.<sup>57</sup> The proportion of grants to domestic revenues is estimated as follows:

**Table 1:** Proportion of grants to Bhutan domestic revenues, 2009/10 – 2012/13

	2009/10 Revised	2010/11 Estimates	2011/12 Proj.	2012/13 Proj.
Grants to (Total Revenues & Grants)	40%	41%	39%	35%
Grants to Domestic Revenues	68%	69%	64%	54%

Source: *World Bank calculations based on Royal Government of Bhutan, Macroeconomic Framework Coordination Committee.*

**A2.19** The RGoB seeks to maintain sound macroeconomic performance over the medium term, and targets limiting the overall deficit (including grants) to less than 5 percent of GDP. An IMF staff assessment concluded in late 2009 that on balance, the macroeconomic projections showed a favorable medium-term outlook and an ability to withstand short-term shocks. However, the spillover effects of hydropower and development spending, plus rapid credit growth, financial sector vulnerabilities and concerns about debt sustainability, are challenges which need to be carefully managed to achieve the goals of the 10FYP.

**Table 2:** Bhutan: Major fiscal indicators, 2005/06 – 2012/13

	2005/06 Actual	2006/07 Actual	2007/08 Actual	2008/09 Revised	2009/10 Estimated	2010/11 Projected	2011/12 Projected	2012/13 Projected
(in millions of ngultrum)								
<b>Total Revenue + Grants</b>	13,595	18,473	20,067	20,742	24,281	24,949	26,716	28,674
Domestic Revenue	7,046	12,024	14,096	13,993	14,364	15,065	16,229	17,503
Electricity Sector	2,170	4,604	4,656	5,976	6,107	7,149	8,278	9,345
Grants	6,425	6,393	5,935	6,157	9,881	9,884	10,487	11,171
From India	3,417	3,466	4,671	2,505	6,900	7,615	8,133	8,651
<b>Expenditure + Net Lending</b>	13,531	15,292	18,065	19,386	27,399	28,082	28,788	31,186
Total Expenditure	13,357	15,166	19,693	20,824	28,345	28,948	30,515	32,913
Current Expenditure	6,672	7,636	9,726	11,060	13,738	14,225	14,773	15,852
Capital Expenditure	6,684	7,530	9,967	9,764	14,607	14,722	15,742	17,061
Net Lending	49	126	-1,654	-1,439	-946	-866	-1,727	-1,727
<b>Fiscal Balance (including all grants)</b>	64	3,181	2,002	1,356	-3,118	-3,133	-2,072	-2,512
<b>Fiscal Balance (share of GDP)</b>	0.2	7.1	3.9	2.3	-4.7	-4.2	-2.5	-2.8

Source: *Royal Government of Bhutan, Macroeconomic Framework Coordination Committee. December 2009.*

<sup>57</sup> Bhutan was spared significant effects of the global economic crisis. However, convertible currency tourist revenues declined by US\$ 39 million in 2008, and sector recovery is still some distance away. There were limited impacts on the steel industry, from which the economy is recovering.

**A2.20 Country Partnership Strategy**

The Bank's Country Partnership Strategy aims to support Bhutan in laying the foundations for achieving this long-term vision. The CPS aligns with the country's Tenth Five-Year Plan (FY08- 13) in support of the Royal Government's efforts to: (a) diversify the economy and generate employment through private sector growth, and (b) provide services to populations in rural and expanding urban areas that lack them while addressing emerging social challenges. The CPS program defines a set of outcomes that it expects to influence and associated milestones to track progress. The outcomes are organized around four clusters that include: (i) creating more favorable conditions to create businesses and accessing credit; (ii) reforming the educational system to enable it to deliver the skills needed for diversification; (iii) providing infrastructure to expanding urban and connecting isolated rural areas, where rural development needs better access to market, and (iv) charting a new agenda for meeting emerging social challenges in health and education while increasing the effectiveness in the use of public resources. To help achieve these results, the CPS identifies two cross-cutting themes embedded throughout the program: (I) capacity building for good governance, and (II) environmental sustainability. The CPS spans the remaining three years of the Royal Government's 10th Five-Year Plan and the first year of the 11th Five-Year Plan. It has been developed, therefore, to ensure sufficient flexibility to align to new priorities of the Royal Government under the next national development plan.

**A2.21** The Royal Government's strategy to attain its vision for Bhutan's future development is reflected in the Tenth Five-Year Plan (10FYP). This describes the country's development programs and activities for the current five-year plan period (FY08-13) and serves as RGoB's Poverty Reduction Strategy Paper (PRSP). The overall development objective of the 10FYP is poverty reduction. This is expected to be realized through implementing the following strategic priorities: (i) vitalize industry; (ii) strengthen national spatial planning; (iii) achieve synergized rural-urban development; (iv) expand strategic infrastructure; (v) invest in human capital; and (vi) foster an enabling environment through good governance. To sustain a target real growth rate of 7.7 percent over the medium-term, RGoB sees its major sources of growth as construction, electricity, transport and communications.

## India

### A2.22 Overview

Although overall good progress has been made on the 11th Plan targets, the impacts of the global financial crisis are evident in a few sectors, resulting in the high probability that some targets will be missed within this five-year period. In spite of a high GDP growth rate over the past decade (7.3 percent on average between 2001 and 2010), over 250 million rural people (45 million households) remain locked in poverty, living on less than US\$1 per day. While the number of rural people living on less than US\$1 a day decreased by 29 million between 1981 and 2005, the number of rural people in India living on less than US\$1.25 a day grew by 35 million in the same period.

**A2.23** India's response to the 2008 global financial crisis was swift and effective. After an initial decline from 9 percent growth to less than 6 percent, the economy rebounded to grow at 8.7 percent in the second half of FY10 and is likely to reach about 9 percent<sup>58</sup> in India's FY12<sup>59</sup>. Despite high economic growth and the government's unprecedented push for social inclusion, India's poverty remains a major challenge. According to the newly-revised official poverty line, in 2004-05, 37.2 percent of Indians were poor—with 41.8 percent poor in rural areas<sup>60</sup>. Indicators of deprivation remain exceptionally high. The gender gap persists. Lack of access to basic services (water, energy, and sanitation) remains far more widespread than consumption poverty, which results in significant health impacts; and malnutrition is endemic with 49 percent of the world's underweight children living in India<sup>61</sup>. At the same time, average caloric consumption measured by surveys has declined, so that in 2004-05 as many as 80% of rural households<sup>62</sup> in India were considered to be "calorie poor."<sup>63</sup>

**A2.24** However, impressive gains have been made on other fronts. In education, the number of out-of-school children declined from 25 million in 2003 to 8.1 million in 2009. At the elementary level, the gender gap has shrunk and the share of scheduled castes and scheduled tribes in enrollments is now in line with their respective shares in the total population. Similar progress has been registered on institutional births, total fertility rate, family planning methods, and knowledge of HIV/AIDS. But much remains to be done on maternal and child health and nutrition, as well as water supply and sanitation.

### A2.25 Strategic Direction

Following the May 2009 election, the new government continued, and in some cases accelerated, the development program set out in the 11th Five-Year Plan. This included: a) plans to double investments in infrastructure to US\$1 trillion; b) expansion of national programs aimed at inclusiveness, such as rural roads, education, access to food, and livelihoods; c) rationalization of subsidies and transfers to the poor; d) environmental sustainability which is becoming increasingly important; and, e) disinvestment of state-owned enterprises. To meet these challenges, the Government of India has expanded demands on

<sup>58</sup> Inflation hovers slightly above 8.5 percent and has remained at this level since March 2010, when it rose on the back of rising global energy prices and double-digit food inflation.

<sup>59</sup> Based on India's financial year which runs from April 1 to March 31.

<sup>60</sup> Since the writing of the CAS, the Government has revised its poverty numbers upwards as a result of the Tendulkar Committee Report, which was released in January 2010. The Committee was set up to review the poverty lines which had remained fixed at 1973-74 levels, so that they better reflect changes in the Indian economy. The increase in the incidence of poverty with respect to earlier estimates is entirely due to this revision of the poverty line. The revised figures are based on 2004-05 data, as the earlier ones; new data will not be available until 2011.

<sup>61</sup> Despite a sustained record of high economic growth, India continues to suffer from low levels of human development with significant food insecurity and malnutrition. The 2010 Human Development Report placed India 119th out of 169 countries. India ranks 66th out of 88 on the Global Hunger Index.

<sup>62</sup> Agricultural productivity seems to be lagging. The average growth rate of agriculture in the first two years of the Plan was 3.2%, but the drought in 2009-10 reduced it to an overall average of 2%. Although the good monsoon season in 2010 should result in a substantial rebound, achieving the 11th Plan target of 4% growth will not be feasible as it would require an average 7% annual growth over the next two years. With normal weather conditions agricultural growth could reach 3.0 to 3.5%.

<sup>63</sup> Deaton A. and Drèze J. (2009) "Food and Nutrition in India: Facts and Interpretations," *Economic and Political Weekly* 44(7): 42-65.

the Bank Group services for lending, investments, knowledge and capacity building. This has taken the World Bank Group relationship with India to a new level in terms of level of financing and technical collaboration.

**A2.26** One of the key challenges facing India is to ensure that its economic growth is inclusive and leads to significant rural poverty reduction. The CAS called for an increased engagement in the seven low-income states (LIS) of Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Orissa, Rajasthan, and Uttar Pradesh—home to more than fifty percent of India’s poor<sup>64</sup>. Although, LISs benefit from a number of multi-state and centrally-sponsored schemes across many sectors, progress under the CAS has been mixed. Apart from deprivation, isolation and exclusion that poor communities are subjected to, their factor endowments are very limited and a significant proportion of them live in fragile ecological zones, experiencing rapid depletion of natural resources. Consequently, these groups have lower human development attainments and lower access to public services. Therefore, engaging in high poverty states is important to help India achieve the MDGs and make growth more inclusive.

**A2.27** In Bihar, a decade-long partnership that includes analytical and technical assistance, policy dialogue and lending, has supported (to an extent) fiscal turnaround and economic growth, as well as poverty reduction. In Madhya Pradesh, Rajasthan and Uttar Pradesh, lending has been modest, but the Bank continue to work on plans to broaden the policy dialogue. In Chhattisgarh and Jharkhand, conditions on the ground have hindered plans for a more substantive engagement.

#### **A2.28 Malnutrition**

Under-nutrition is one of India’s most serious problems - 43 percent of children under five are underweight, more than double the percentage in Sub-Saharan Africa and five times that in China; 48 percent are stunted (low height-for-age, evidence of chronic malnutrition), 20 percent are wasted (low weight-for-height, indicating acute malnutrition), 70 percent are anemic (lacking in iron, one of life’s most basic nutrients), and 57 percent are vitamin A deficient (increasing their vulnerability to blindness as well as common childhood diseases such as diarrhea, pneumonia and measles). Due to inadequate nutrition among adolescent girls and pregnant women, about one-third of children are born underweight, with diminished chances of survival. However, these averages hide many types of differentials in India – for example, in addition to rural-urban variations, there are significant geographical disparities: 60 percent of the burden of malnutrition occurs in the seven LIS states. Other socio-economic disparities include higher malnourishment among the poor, Scheduled Castes (SCs) and Scheduled Tribes (STs).

**A2.29** Scheduled Tribes (India’s ‘Indigenous Peoples’) account for about 8 percent of the population, but most are concentrated in about a third of India’s 600+ districts. They are amongst the poorest people in the country, highly dependent on the forests and other natural resources of the enclaves into which they have been pushed over time. Many of these districts are currently experiencing internal conflict, a form of left-wing (Maoist or ‘Naxalite’) extremism. There is increasing recognition that the 125 or so districts of the country that are conflict-affected suffer from a ‘development deficit,’ having seen very slow progress over the past few decades. Their tribal communities have remained outside the pale even of basic services; safety-net programs such as the Public Distribution System and National Rural Employment Guarantee Scheme perform poorly; and the areas have weak governance. In order to address the conflict and the development deficit, there is a renewed focus in the Government of India

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<sup>64</sup> As per the latest rural poverty head count for different states, Orissa has the highest percentage of rural poverty (60.8%), followed by Bihar (55.7%), Chhattisgarh (55.1%), Madhya Pradesh (53.6%), Jharkhand (51.6%) and Maharashtra (47.9%).

and the state governments on addressing the needs of the affected people. Food security and nutrition are among the serious 'development challenges' of these 'tribal and backward areas,' as the Government of India's Planning Commission calls them.

### A2.30 Action Deficit

The government is taking steps to address these deficiencies, with new policy emphases to be set forth in the coming 12<sup>th</sup> Five Year Plan. The previous Plan had stipulated nearly tripling the public expenditure on health from less than 1 percent of GDP in 2006/07, along with measurable targets related to food and nutrition indicators including clean drinking water, infant mortality, child under-nutrition and anemia among women and girls. Spending did not achieve the goals, and there is a renewed aim to increase health spending to at least 2.5 percent of GDP during the 12<sup>th</sup> Plan. Radical reforms have been proposed by the Prime Minister's Nutrition Council and the National Advisory Council for the flagship Integrated Child Development Services (ICDS) scheme to better address nutrition and food security through increased institutional coordination, greater flexibility for local initiatives, alternative modes of service delivery and a national information and education campaign, among other reforms.

### A2.31 Planned Activities

Currently, the World Bank is preparing a project to support the national Integrated Child Development Services (ICDS) program<sup>65</sup>, which has been India's flagship, and broad-ranging response to the challenge of malnutrition. The 36-year old ICDS program was expected to improve the health and wellbeing of mothers and children under 6 by providing a combination of health and nutrition education, health services (including immunization and growth monitoring), supplementary food, and pre-school education, delivered by Aanganwadi<sup>66</sup> (literally courtyard) Workers (AWWs) chosen by communities at the village level. In practice, ICDS resources have been skewed towards ineffective food-based interventions targeted at older children, missing the critical early ages and not focusing sufficiently on other services. The Bank project would contribute to the reform of ICDS by supporting institutional and system strengthening initiatives such as refining and expanding ICDS monitoring systems, building capacity at the district, block and village levels, accelerating training and convergence between ICDS and the National Rural Health Mission. However, an effective multisectoral response requires convergence at the local level, not only within the health sector, but with other sectors and Centrally Sponsored Schemes that affect food security, such as social protection, education, water & sanitation<sup>67</sup>, agriculture and rural development.

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<sup>65</sup>The Integrated Child Development Services Scheme (ICDS) aims to improve child nutrition through various means, including; supplementary feeding of pregnant/lactating women and children under six; iron and vitamin A prophylaxis; and nutrition & health education of women for the purpose of improving behaviors at the household level. ICDS also provides other health services (such as immunization) to reduce the risks or ravages of undernutrition. Pre-school education in the ICDS program is intended to improve the cognitive development of children, especially those such as the under-nourished who are at risk of learning disabilities. In many areas, the ICDS program has associated women's groups that motivate families to use the services, to obtain and share information and services, to prepare the food, and even to develop savings and credit and/or livelihood groups (SHGs, or 'self-help groups'). There are also a number of community-based nutrition and food security mechanisms that have been implemented variously across the country. For example, under the rural livelihoods programs implemented in some states (which were precursors to the recently-approved Bank-financed National Rural Livelihoods Project, NRLP), women's groups have also managed 'rice credit lines' and set up community grain banks.

<sup>66</sup>ICDS services are delivered by Anganwadi Workers (AWWs) who are selected by communities and serve an average population of 1000; and VHNDs involve AWWs, as well as the front-line health workers, ASHAS (Accredited Social Health Activists) and ANMs (Auxiliary Nurse Midwives).

<sup>67</sup>India's capacity to treat all urban wastewater by 2011-12 is out of reach. It is estimated that wastewater generation in 2008 from class I & II towns was around 36,000 MLD (expected to increase by 5 fold to 167,400 MLD by 2025), while the treatment capacity was only 7,650 MLD.24 Additional sewage treatment capacity (3,939 MLD) was created under GAP-I & National River Conservation Project (NRCP), and more should be added through the efforts of the new National Ganga River Basin Authority (NGRBA).

**Nepal<sup>68</sup>**

**A2.32 Economic outlook during the ISN period points to a weaker growth performance.** The baseline projections take into account some financial sector weaknesses. GDP growth is expected to be sluggish during the ISN period. In FY11<sup>69</sup>, growth is estimated to be 3.5 percent due to external shocks to oil<sup>70</sup> and food prices, vulnerabilities in the banking sector and as last year's agricultural growth normalizes. Nepal maintained a policy of prudent fiscal management during FY10 and through mid-FY11, but expenditure quality remains an issue. Real GDP growth forecast for FY12 is around 3 percent in light of worsening structural economic weaknesses. International migration is a major safety valve; remittances are estimated to be equivalent to 25-30 percent of GDP. But remittances have failed to offset the effects of a high trade deficit and capital flight. Growth performance may strengthen slightly in FY13 to 3.4 percent as external price shocks fade, and if financial sector vulnerabilities are addressed, and prudent fiscal and macro policies are followed.

**A2.33 Poverty has multi-dimensional manifestations in Nepal.** Nepal is the seventeenth poorest country in the world with an annual per capita income of US\$49,010. The proportion of poor people has declined substantially in recent years from 42 percent in 1995-96 to 31 percent in 2003-04 (CBS 2005)<sup>71</sup>. More recent estimates show that since 2004, the national poverty rate may have declined further<sup>72</sup>. Income disparity has, however, increased during the same period which is reflected in the Gini coefficient going up from 0.34 in 1996 to 0.41 in 2003. The Human Development Index ranks Nepal at 138 out of 169 countries in 2011, up from 136 out of 159 countries in 2003 (i.e. an increase from the 14th percentile to the 19th percentile).

**A2.34 Political transition and attainment of peace has overshadowed many economic issues.** Notwithstanding the challenging political environment, the country has made significant progress in social development indicators (see Table 2). Many of the Millennium Development Goal (MDG) indicators have improved, and poverty levels are declining. Inclusion and representation have received increased policy attention, but capacity building of marginalized communities remains challenging.

**Table 2: Selected Indicators in Social Sector**

Indicators	1995-1996	Latest available
Headcount Poverty Rate	42%	31% (2003-04)
Gini coefficient	34.2	41.4 (2003-04)
Net primary enrollment	67.5%	94.5% (2010)
Gender Parity ratio in primary education	67.5%	94.5% (2010)
Under 5 mortality rate (per 1000)	118	48 (2009)
IMR (per 1000 live births)	79	39 (2009)
Full immunization coverage	43%	83% (2006)

<sup>68</sup> Given the extent of current transitions in Nepal, an interim strategy has been prepared, covering FY12 and FY13

<sup>69</sup> Real GDP growth in FY10 was 4.6 percent, with agriculture, construction, financial and other services, and consumption being the major sources of growth.

<sup>70</sup> The impact of international fuel price increases has largely been on government finances in Nepal. The government has not passed through all the increase of oil import prices, except gasoline, to consumers, and thus the impact appears as higher loss of Nepal Oil Corporation (NOC) and their monthly losses have increased. To the extent there have been modest adjustments in retail prices of various oil products, the poor have been affected—but modestly. This is in part because the real poor in rural areas consume few oil products (mostly kerosene for lighting). The urban poor, however, consume more Liquefied Petroleum Gas (LPG) for cooking and the impact on them would need to be monitored.

<sup>71</sup> These estimates are based on the national poverty line.

<sup>72</sup> The third Nepal Living Standards Survey (NLSS) is underway and will provide updated poverty figures.

**A2.35** The country has made commendable strides in primary education. The net primary enrollment rate is more than 90 percent. Gender and social parity have been achieved in primary education. The Gender Parity Index for secondary school net enrollment has also increased from 0.87 (2007) to 0.98 (2010). This improving trend is also true for different caste and ethnic groups. Nepal's completion rates, however, are unsatisfactory though improving<sup>73</sup>.

**A2.36 Health sector indicators have also improved.** The under-5 mortality rate has declined from 85 per 1000 in 2000 to 48 in 2009 and the infant mortality rate from 63 per 1000 live births to 39 during the same period. At least one-third of deliveries are now in the presence of trained health workers. Nepal won the MDG Millennium award in 2010 for reducing maternal mortality, but the rate is still high at 380 per 100,000 live births<sup>74</sup>. However, the nutritional status of women and children has not shown much improvement with chronic malnutrition affecting about half of the nation's children.

**A2.37 Moreover, food prices in Nepal have risen rapidly, affecting the poor, especially in food insecure areas.** Food inflation remains at about 15-17 percent nationally<sup>75</sup>. An estimated 3.5 million people are currently food insecure; the impact of high food prices is most severe in economically-, geographically- and socially-marginalized communities. The country has also experienced a series of droughts and erratic monsoons in food-insecure areas which have reduced food availability and raised prices. The overall effect of rising or high food prices on the poor is therefore a function of location as well as prices. The urban poor are most affected by high prices for staples and vegetables in urban markets, while the rural poor – especially in remote, chronically food-insecure districts – are doubly impacted by high transport costs and grain prices. Recently improved production figures in both India and Nepal are likely to have a mitigating effect in the near term, but the government will have to continue its concerted effort to encourage a supply response and increase agricultural productivity<sup>76</sup> to address chronic food insecurity in vulnerable regions.

**A2.38 The government has placed gender and social inclusion as a priority area on its development agenda.** Since the promulgation of the Interim Constitution in 2007, a number of laws and policies have been enacted to promote social inclusion in the country. Despite these positive developments, there is still a significant gap between policies and their actual implementation on the ground. High-caste hill Hindu males continue to dominate Nepal's political and administrative apparatus despite the diversity that the CA embodies. Similarly, the hitherto-marginalized groups continue to experience discriminatory practices in terms of access to resources and services like in health and education as a result of which the prevalence of poverty is higher among these groups. Furthermore, women across the board are more underprivileged than their male counterparts. Women migrant workers joining overseas jobs has doubled (in the last three years) to an estimated 70 per day in the fiscal year 2009-10. 147,000 Nepali

<sup>73</sup> Of every 100 students who enter grade 1, only 78 reach grade 5, and only 62 reach grade 8.

<sup>74</sup> World Development Indicators, World Bank.

<sup>75</sup> Food inflation in the first nine months of the GON fiscal year is 20 percent and is expected to stay in that range until the harvest season (September 2011).

<sup>76</sup> **Improving irrigation schemes is crucial to increasing agricultural productivity.** Nepal is a predominantly agrarian economy characterized by low productivity with inefficient irrigation systems. Given that productive agriculture is a crucial element of inclusive growth, enhancing the efficiency of irrigation systems will continue to be critical to increase agricultural productivity, incomes, and rural livelihoods. Studies have shown that poverty incidence is much lower in irrigated than rain-fed areas and that access to irrigation reduces the severity of poverty. IDA will continue to support development of traditional farmer irrigation systems owned and managed by the communities (e.g. water users' associations) through its ongoing *Agriculture Commercialization and Trade* and *Irrigation and Water Resource Management projects*. In addition, IDA will also focus on agricultural commercialization that should help the country move into new growth areas such as commercially viable agriculture commodities, value addition and export-oriented agriculture. More concretely, it should help farmers take advantage of the rapidly growing demands of neighboring countries—and export what consumers demand. IDA-supported *Rani Jamaya Kulariya (RJK) Irrigation* project will help improve the performance of the irrigation systems and strengthen community-based irrigation management in targeted areas. IFC's *advisory services* will complement the work done by IDA and other donors via the SME Venture Fund and investment climate work.

migrant women have been documented as working overseas; unfortunately harassment and abuse of these women is common.

**A2.39 Despite the lower cultural and economic status traditionally accorded to women, gender relations in Nepal are undergoing significant changes.** Women have been officially recognized (in the Comprehensive Peace Agreement, the Interim Constitution and the Three Year Interim Plan) as a social group similar to the Dalits, Madhesis, Muslims and Janajatis. The issue of gender discrimination is thus coming to be understood as not just a welfare issue or even a development issue but as a political issue that must be addressed as part of the process of state restructuring. The National Planning Commission (NPC) introduced the Gender Equality and Social Inclusion (GESI) framework into the preparation of the Three Year Interim Plan (2007-10) which systematically identifies the major barriers faced by these groups. It also incorporates special measures and processes into these programs to help overcome these barriers. The government has enacted several laws and policies such as a system of reservations in the CA elections and the 2007 Amendment to the Civil Service Act that included a 45 percent reservation in state structures for those from excluded groups and backward regions. Gender disparities in political participation are decreasing both in elected and administrative government. Women now make up over 30 percent of the representatives in parliament<sup>77</sup>. Implementation of an inclusion policy of women in the civil service shows positive trends.<sup>78</sup>

**A2.40 The Government's development strategy is outlined in an approach paper for the Three Year Interim Plan<sup>79</sup> (July 2010-June 2013).** This plan has two major objectives - poverty alleviation and the establishment of sustainable peace through inclusive, employment-centric growth. The proposed Interim Strategy Note (ISN) focuses on agriculture, infrastructure, and social development which are basic priorities for Nepal and consistent with the Plan. The ISN will continue to pursue the overarching goal of supporting the Government of Nepal (GON) to build a peaceful, prosperous and just Nepal. The ISN's three pillars include: (i) enhancing connectivity and productivity for growth; (ii) reducing vulnerabilities and improving resilience; and (iii) promoting access to better quality services. Its crosscutting themes which permeate all operations are: (i) governance and accountability, and (ii) gender equality and social inclusion.

**A2.41 IDA will maintain its interventions in seven areas under the three ISN pillars:** (i) power, roads, and, agriculture; (ii) food security/livelihood vulnerability; and (iii) education, health, and urban services. An eighth area of climate change and disaster management will continue to be supported exclusively through trust funds. These interventions should contribute to increased access to social and infrastructure services. The important area of private sector development will be taken up by the IFC leading on improving access to finance and investment climate.

**A2.42 The second pillar of the strategy is targeted towards reducing food insecurity and improving resilience** from exogenous shocks like climate change effects and natural disasters. Three and a half million people are considered moderately to severely food insecure in Nepal. Moreover, Nepal is highly

<sup>77</sup> Elected from diverse caste, ethnic and regional groups.

<sup>78</sup> 14 of the 28 new civil servants appointed to Foreign Affairs Services this year are women, compared to a total of 6 women in its history thus far.

<sup>79</sup> Given the transitory nature of Nepal's government, Nepal's basic development priorities have been identified as those acceptable to all major political groups. Based on policies and programs under successive governments since the political change in 2006, poverty alleviation, employment-centric growth, agriculture, infrastructure building, and social development are basic priorities for Nepal. All of these priorities require good governance and social inclusion which have received policy emphasis (although still very weak in practice) under all recent governments. Their annual budgets reflect this. The proposed ISN is consistent with these broad priorities.

susceptible to climate change risks and ranks 11th in the world in terms of vulnerability to earthquakes. The countries most vulnerable to climate change are characterized by high levels of poverty, exposure to climate-related events, weak capacity for risk management, and reliance on flood and drought prone agricultural land. Climate change is expected to intensify Nepal's already pronounced climate variability and increase the frequency of climate extremes such as droughts and floods.

**A2.43 IDA will remain committed to reducing food insecurity among poor households.** The prevalence of hunger varies substantially across the fifteen sub-regions of Nepal. The highest prevalence of hunger can be found in the Far and Mid-Western Hill and Mountain regions. The hunger indices in these parts of the country point to an extremely alarming situation. IDA will continue its activities related to improving nutritional impact through increasing agriculture production in food insecure areas, promoting various CMD activities, including small-scale irrigation, to reduce vulnerabilities, implementing cash transfer systems, and strengthening safety net programs that help to improve the livelihood options among rural households. IDA through its ongoing *Social Safety Nets Project*, and *Poverty Alleviation Fund II Project*, will support these activities. This also includes co-financing support from the *Food Price Crisis Response Trust Fund (FPCR TF)* and the *Global Agriculture and Food Security Program (GAFSP)*. Specific interventions under the program include provision of a short-term program for vulnerable districts through the food/cash for work program which would improve food consumption amongst vulnerable groups, including women. In addition, IDA's proposed *Poverty Alleviation Fund III* project will further continue the focus on these issues. Under *FPCR*, IFC aims to enhance agricultural productivity through capacity building of 'seed' supply chain members and providing better access to finance – this is expected to be completed by FY16.

**A2.44 Nepal continues to do very well in the implementation of its micronutrient programs but the progress in addressing chronic malnutrition has been less impressive<sup>80</sup>.** Progress in the area of nutrition indicates that Nepal is not on track to achieve the related MDG targets by 2015<sup>81</sup>. In spite of the less than successful attempts in the past, there is currently significant momentum to re-introduce a multi-sectoral approach to promote Food and Nutrition Security in Nepal. Significant investments will be needed to reduce the prevalence of underweight children aged 6-59 months from the 2010 level of 38.6 and to reduce the proportion of stunted children aged 6-59 months from 49 percent in 2010. During the ISN period, IDA's key interventions to address the issue of chronic malnutrition are through the ongoing health sector SWAp *Second Health Nutrition and Population and HIV/AIDS and Social Safety Net Projects*. The SWAp focuses on improving the nutritional status of children and pregnant women. The government has recently announced new nutrition program for the first 1,000 days of life (including pregnancy) and IDA will support this initiative through the proposed *First 1000 Days Project*. On the advisory side, the Bank will continue its dialogue on *Nutrition Policy*.

**A2.45 Progress in some other areas has been slow.** Agreements on the framework for a sector-wide approach in rural roads and water and sanitation have been deferred due to local insecurity, weak country systems and lack of clarity regarding local responsibilities. Key bills dealing with the financial sector, power, economic zones and investment are pending in the CA. There has been limited progress

<sup>80</sup> Nepal has a very high rate of child malnutrition: half (49%) of children under five are stunted and one third (39%) are underweight. Maternal undernutrition is also a significant problem in Nepal: One in four (24%) women of reproductive age has chronic energy deficiency (Body Mass Index <18.5). Women and children also suffer from some of the world's highest levels of vitamin and mineral deficiencies. Improving nutrition contributes to productivity, economic development, and poverty reduction by improving physical work capacity, cognitive development, school performance, and health by reducing disease and mortality. The economic costs of malnutrition are very high – an estimated 2-3 % of GDP (US\$ 250 to 375 million) is lost every year in Nepal on account of vitamin and mineral deficiencies alone.

<sup>81</sup> MDG targets are to lower the prevalence of underweight children aged 6-59 months to 29 and to reduce the proportion of stunted children aged 6-59 months to 30 by 2015.

on strengthening core public sector institutions and systems, in particular on public procurement monitoring and financial management. Key positions in the Oversight Agencies and the Government (e.g., Auditor General, all five Commissioners of the Commission for Investigation of Abuse of Authority) remain unfilled because of the political stalemate. Efforts to reduce the 16 hour load shedding gap during the dry season have been unsuccessful. Also, stand-alone technical assistance operations have had very limited success.

**A2.46 The World Bank Group will continue to be more selective in terms of its interventions in the context of the underlying political climate, IDA's comparative advantage vis-à-vis other development partners, constraints on administrative budget and resource (IDA) availability.** Additionally, the ISN proposes to maintain other principles underlying the previous ISN: aligning the strategy with broad country priorities, harmonizing with donors, building on IDA and IFC's comparative advantage, designing community based interventions where possible, and keeping the program simple and flexible. Regarding selectivity, IDA will disengage from lending in some sectors<sup>82</sup>. The ADB, IDA and DFID have agreed on those subsectors where all are active, one takes the lead or some of us withdraw. This process is being extended to the UN and other bilateral agencies as well. At this stage, the ISN does not foresee development policy credits. IDA will also not be engaged in peace operations involving security sector reform or any financial packages for ex-combatants. The important area of private sector development will be taken up by the IFC leading on improving access to finance and investment climate. The important area of private sector development will be taken up by the IFC leading on improving access to finance and investment climate. The Bank and IFC expect to work together on power development and agriculture. And, the IMF is likely to play a larger role in the financial sector and macro-economic management. This strategy would maintain IDA's interventions in the following 7 areas, down from 13 areas during the last ISN: power, roads, agriculture, education, health, urban, and food and livelihood vulnerability. An eighth area of climate change and disaster management will be supported through trust funds that have already been mobilized under the CIF and Global Facility for Disaster Risk Reduction (GFDRR).

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<sup>82</sup> For Nepal, this means that IDA will engage in areas for delivering transformative projects in power, trade and transport, advisory services support on climate change adaptation programs, nutrition, and roads. Results-based operations such as bridge repair and skills development will also be supported.

## Pakistan

### A2.47 Overview

Pakistan has extraordinarily important strategic endowments and great development potential. Three endowments, all of which can help propel growth and poverty reduction, stand out. First, Pakistan occupies a strategic location at the crossroads of South Asia, Central Asia, China and the Middle East. It is at the fulcrum of a huge market with a vast population, enormous and diverse resources and huge untapped potential for trade -- and a huge potential source of demand and growth for Pakistan. Second, Pakistan has a huge population; the sixth most populous country in the world and the most urbanized in South Asia. Pakistan has undergone a major demographic transition over the last 40 years, exemplified by high fertility rates from 1960 to the mid-1980s, a progressive decline in the fertility rates thereafter and an overall decline in the ratio of the dependent age population to the working age population from 90 percent in the early 1960s to about 68 percent today. The increasing proportion of Pakistan's population that is of working age provides Pakistan with a potential demographic dividend, namely, the potential for increased economic growth as a result of increasing and productive participation of the population in the labor force. Third, Pakistan has one of the most extensive irrigation networks in the world. The country's irrigation assets have underpinned food security in a country that ranks amongst the world's most arid and provide the basis for rapid potential growth in agricultural income and employment.

### A2.48 Macroeconomic Situation

Pakistan has seen episodes of high economic growth rates when it appeared that this development potential would be realized. But growth episodes have typically been hobbled by unsustainable macro imbalances reflecting low domestic revenue mobilization and public savings<sup>83</sup>. Pakistan has been plagued by cycles of high growth interrupted by shocks and crises and followed by relative stagnation. Similarly, while Pakistan has made great strides in service delivery over the last three decades, it has not been able to translate an increasing working age population into a strong and sustained impetus for growth. Social indicators for both health and education have remained low and have lagged seriously behind other countries in the region. The level of expenditure on education and health has been severely constrained by limited fiscal space and the weight of other spending priorities. Finally, Pakistan's strategic location has also brought its own set of challenges in the form of overlapping religious and national identities, contested geographical boundaries and sharply contrasting ideological orientations – factors which have sometimes contributed to generating conflicts that have deeply affected Pakistan and the expenditure priorities of the Pakistan state.

**A2.49 Poverty trends:** As a result of economic and political turbulence, poverty has also been volatile in Pakistan. Pakistan saw an impressive decline in poverty during 2001/02-2007/08: the share of the population living in poverty halved, down from 34.5 percent in 2001/02 to 17.2 percent in 2007/08 (Table 4). Both urban and rural areas saw significant reductions. This progress was made possible by growth in real per adult consumption expenditures and declining inequality during 2005/06- 2007/08. Key human development indicators of educational attainment, health outcomes, and unemployment

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<sup>83</sup> The most recent growth spell followed prolonged stagnation in the 1990s. Beginning in 2000, the economy strongly recovered and grew at 7.3 percent on average per year during 2003/04-2006/07. However, this growth was partly explained by heavy external financing inflows after September 11, 2001. In parallel, monetary policy was loosened. These policies led to consumption driven growth and acceleration of inflation. With domestic demand outpacing output, the current account reversed from a surplus to a deficit, and signs of overheating were evident. The sharp rise in international oil and food prices, combined with policy inaction and internal political turmoil, rapidly expanded macroeconomic imbalances in Pakistan in 2007/08. In the absence of adequate measures to address the imbalances—in particular, not passing on international price increases to domestic consumers while covering price increases through rising subsidies—the economy slid into a crisis. The onset of the global financial crisis further aggravated the situation.

rates corroborate these trends through 2007/08. Though, the pace of poverty reduction varied across provinces<sup>84</sup>.

The analysis of the poverty impact of recent economic shocks suggests that the recent gains in poverty reduction may have been partly reversed in the wake of recent economic crises. Food and fuel prices rose by 23.7 and 18.4 percent, respectively, between 2007/08 and 2008/09, resulting in a 21 percent reduction in purchasing power. The 2007/08 household survey results indeed suggest that poverty started rising towards the end of that fiscal year. However, the impact of the recent economic downturn on poverty will only be known when the next household survey has been conducted and results analyzed.

**Table 4: Poverty Headcount Rate (Incidence of Poverty)**

	1998/99	2001/02	2004/05	2005/06	2007/08
<b>Pakistan</b>	<b>30.6</b>	<b>34.5</b>	<b>23.9</b>	<b>22.3</b>	<b>17.2</b>
Urban	20.9	22.7	14.9	13.1	10.1
Rural	34.7	39.3	28.1	27.0	20.6

Source: Poverty estimates from 1998-99 to 2005-06 are from the Pakistan Economic Surveys and poverty estimates for 2007-08 are based on the World Bank staff estimation.

**Table 5: Growth and Inequality Decomposition**

	2001/02 – 2005/06	2005/06 – 2007/08
<b>Change in poverty headcount</b>	<b>-12.8</b>	<b>-4.7</b>
Growth component	-17.0	-3.6
Inequality component	4.2	-1.2

Source: World Bank staff estimation based on PIHS 2001-02, PSLM 2005-06, 2007-08.

**A2.50 Modest progress was made during the previous CAS period but Pakistan's human development indicators continue to lag behind those of the region.** Progress has been more encouraging in increasing education enrolments, but quality and retention rates (especially for girls) remain a concern. In addition, there is slow progress in improving health outcomes including child, infant and maternal mortality, and in enhancing the provision of reproductive health services. Under-five mortality remains the highest among the large South Asian countries as does the fertility rate (Pakistan's Total Fertility Rate (TFR) is 4.1 compared to 2.9 in India and Bangladesh). Chronic child malnutrition is very high at around 40percent. Significant gender and rural/urban disparities persist and the MDGs are unlikely to be met. These poor human development outcomes are a function of both inadequate investment and ineffective use of available resources. Public expenditure on health and education remain low by international standards while weaknesses in public service delivery limit the effectiveness of spending.

#### **A2.51 Progress in Human Development, Gender, MDGs**

Pakistan's social indicators have consistently failed to match its economic progress. While human development indicators have improved since 2001/02, they still lag well behind other low income countries at a similar level of income (Table 6), heightening the vulnerability of the population.

**Table 6: Key Social Indicators, 2008**

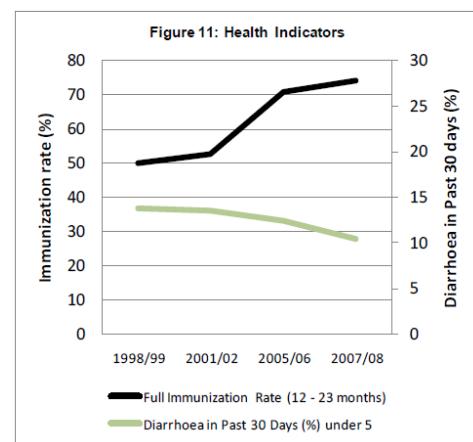
Indicator	Pakistan	South Asia	Low income
Net primary school enrolment rate, male (% of age group)	73	88	76
Net primary school enrolment rate, female (% of age group)	57	83	69
Public spending on education (% of GDP)	1.6	2.2	3.4
Immunization rate	80	72	78
Public spending on health (% of GDP)	0.3	0.9	1.6
Infant mortality rate (per 1,000 births)	73	59	80
Births attended by skilled health staff (%)	39	42	42
Life expectancy at birth, male (years)	65	63	57
Life expectancy at birth, female (years)	66	66	59
Total fertility rate (births per woman)	3.9	2.9	4.2
Population growth rate (% annual average for period)	2.3	1.6	2.2

<sup>84</sup> Poverty in Punjab and KP steadily reduced from 1998/99 onwards, while in Sindh and Balochistan it recorded sharp rises in 2001/02 and 2005/06, possibly owing to weak agricultural performance in those years. The reduction in poverty in KP is particularly noteworthy, and high level of remittances, both foreign and domestic, seem to have facilitated that.

**A2.52 Education:** Access to education remains a significant challenge. Net enrolment rates in primary education have increased over the past decade, but access remains far from universal, and there are significant regional, rural-urban, and gender disparities. Compared to the average in South Asia and other low-income countries, Pakistan is lagging behind in female enrolment at the primary school level. Access issues are even larger at higher levels of education. Tertiary enrollment rates are estimated at about 4 percent of the eligible age cohort (17-23), and less than 8 percent of the workforce has received formal training.

**A2.53 Health:** Select health indicators—such as full immunization rates and prevalence of diarrhea—have improved in the past few years (Figure 11). However, progress in improving child, infant and maternal mortality as well as the provision of reproductive health services has been slow. Under-five mortality and fertility rates remain the highest among South Asian countries. Chronic child malnutrition is about 40 percent, and high levels of out-of-pocket expenditures for health services hamper access of the poor to basic services. Significant gender and rural/urban disparities persist.

**A2.54 Gender:** While improving, gender disparities persist in Pakistan. Female literacy rates remain low at 42 percent. The health status of women is worse than that of men, and adversely affected by lack of mobility and information as well as social norms. These factors have an adverse impact also on family planning programs and fertility, and thus enhancing female education would be particularly important. Female labor force participation rate, though increased among highly-skilled women, remains low at 21.5 percent, and the share of women at managerial positions at two percent. However, at the same time, girl's age at marriage has gone up and women's political representation has increased as a result of reservation of seats for women in local bodies and Parliament. Elevation of women to key positions in the media has also brought gender issues to the public discourse. The latest household survey results also indicate that women, even the poorest ones, are increasingly aware of the importance of family planning and there is a large unmet demand for family planning services.



## A2.55 Bank Group Assistance Strategy

This CPS seeks to support Pakistan to address some of the major institutional, policy and financing constraints on its capacity to achieve and sustain high economic growth rates, to manage conflict and to improve the social indicators and capacity of its population. The World Bank Group's support to Pakistan will be organized around four pillars: (i) improving economic governance; (ii) accelerating delivery of human development and social protection services<sup>85</sup>; (iii) improving infrastructure to support growth; and (iv) improving security and reducing the risk of conflict.

<sup>85</sup> In addition, the Bank will support the consolidation of existing safety net programs as well as a harmonization with safety net programs implemented by provincial governments (for example State Government of Punjab implements a major Food Support Program; while the Government of KP is responding to the IDP crisis linked to ongoing conflicts and also preparing a cross-sectoral HD project to better address the education, health and social protection needs of the population). Likewise, the Bank will provide technical assistance for the development of long-term exit/graduation-from-poverty strategies through targeted skills-training, labor/employment opportunities (especially for young people and women), education and health interventions. Finally, the Bank will support the development and implementation of workable health insurance model based on international experience to the ultra poor population so that they do not have to sell off their few resources in order to pay for hospital care.

**A2.55 Accelerating Delivery Human Development and Social Protection Services.** Improvement in human development, including social protection, is critical to the goal of building resilience at the level of families and individuals. The focus of Bank Group efforts will be to support increased spending on human development along with reforms to improve governance and accountability in the provision of services with the level of Bank closely tied to the achievement of agreed results under specific programs. There will be enhanced attention to assessing and addressing the needs of vulnerable groups among the poor, such as women and displaced people. In education, the CPS will support government programs that combine supply side interventions and demand-side measures to improve access to education with a focus on equity to address regional and gender imbalances. In social protection, the Bank will sustain its partnership with the Government in establishing the Benazir Income Support Program (BISP) as the country's national safety net program with a focus on increasing its targeting efficiency and strengthening its operation.

**A2.56 Enhanced Delivery of Health Nutrition and Population Services.** The proposed program also focuses on better governance and management of delivery of basic health services to improve the efficiency, coverage and the quality of essential health services, especially in disadvantaged areas of the country. Further, this CPS will support Pakistan in developing service delivery models which will help the country to sustain service delivery levels when these systems come under duress due to natural and man-made disasters by providing support for emergency services both at community and facility level. IFC will seek to help increase access to quality private health services by exploring investment opportunities in private health facilities, and supporting public-private partnerships (wholesaling through financial intermediaries, and technical and vocational education) in the health sector.

**A2.57** Levels of malnutrition are very high in South Asia and Pakistan is no exception. Malnourishment in early life has a great impact on morbidity and mortality and is devastating to a child's potential for education development and productivity later in life. The CPS seeks opportunities to address malnutrition in a multi-sectoral way by adding components to ongoing and new programs in various sectors that can contribute to the response.

**A2.58** Despite increasing allocations for the health sector under PRSP-I, Pakistan health financing strategy remains inconsistent. Pakistan still spends only 0.6 percent of its GDP on health sector besides spending on areas that do not facilitate progress towards MDGs. In health, the government is committed to doubling health expenditures from 0.5 percent of GDP in 2003 to 1 percent of GDP by 2013 as envisaged in the Fiscal Responsibility and Debt Limitation Act (FRDLA), 2005, which provides an indication of the minimum level of public funds to be allocated to the health sector. In addition, Pakistan is also inadequately mobilizing external resources. The Bank will support Pakistan in development of practical health financing strategy, enhance its health investments and spend it better on priorities to make progress towards MDGs. The CPS seeks to help focus improving equity by enhancing access to basic services package of acceptable quality with minimum cost to the poor and that facilities providing basic services are adequately funded to provide the services.

**A2.59 Mainstreaming Gender.** The 2005 Country Gender Assessment and the previous CAS note that there are significant and entrenched obstacles to addressing gender imbalances in Pakistan and hence policy interventions directed specifically at gender inequality in the public domain are needed. With a view to increasing the focus on addressing gender across the entire Bank program, a gender review of the portfolio was recently carried out. The review found that the overall performance of the Bank's lending portfolio in Pakistan can be rated as "moderately satisfactory" on mainstreaming gender issues at the design and implementation stages with human development sectors—education, health and

social protection—performing better on mainstreaming gender issues, as there is a long history of analytical work and technical assistance available to these sectors. Nevertheless the findings suggest there is room for improvement in designing interventions across all sectors to address gender issues.

**A2.60** The gender review reflects current practices and identifies areas of potential improvement for integrating gender in sectors and projects. It recommends that sectors and project teams commit to undertaking more focused gender analysis to more thoroughly and sustainably mainstream gender concerns into sectors and projects. Practical, operationally relevant notes that guide each sector on how to effectively integrate gender into its operations will support this analysis. Going forward the country team will seek to reflect gender issues more directly in project design by: (i) undertaking gender policy dialogue at the design stage for areas of activities where gender mainstreaming can be promoted, using social assessments to inform the design of public sector reforms needed to promote recruitment of women, and capacity building of client teams; (ii) taking account of overarching areas of weakness in addressing gender issues, so that effective strategies can be identified and included in future (similar) project preparation, and (iii) for operations where a direct interaction with community or beneficiary groups is not expected, carrying out rapid gender assessments in order to ascertain that no aspect of project design or implementation will have undesirable gender-related effects. Through its microfinance investments, IFC has reached over 75,000 women borrowers in Pakistan, and this emphasis will continue throughout the CAS period. IFC investments also will track gender disaggregated outcome indicators (e.g., female jobs created, female students enrolled etc.). Similarly, IFC Advisory Services will continue raising awareness among women to resolve disputes through mediation. In addition, IFC will also seek to promote gender diversity in board of directors and senior management in the private sector.

**A2.61** The country team also will begin to adopt new instruments for gender work, in addition to the above measures to integrate gender into sector and project operations. Such instruments would include any combination of the following: (i) a stand-alone project aimed at providing skills training to young men and women who are unable to remain in school—with gender groups separated and skills types deemed socially acceptable for each group—to enhance their chances of secure employment in growth sectors of Pakistan’s economy; (ii) analytic work on gender issues in conflict-affected or other fragile contexts, such as KP; and (iii) learning activities that build capacity of country team staff, managers and clients to better incorporate gender concerns into their planning, policies and programs.

#### **A2.62 Implementing the Strategy**

The Bank’s CSP for Pakistan identifies a core program of support to improve educational and health outcomes, strengthen the potential for increased and more productive labor force participation, reinforce safety net systems and enhance the earning capacity of the poor and vulnerable. These objectives relate directly to key elements of the MDGs and related social outcomes/indicators. The core program also includes selected investments in ports, water management and financial management.

**A2.63** The CPS supports such activities where the individual programs are ready and the prospects for success and results are strong. We will also link expansion of the overall lending program beyond the priority program to progress being made against the objectives of the transformational activities. Complementary to the ongoing SSN TA project, the Bank’s economic and sectoral work will focus on documenting and interpreting the effects of economic shocks on the poor; evaluating the effectiveness of poverty exit/graduation strategies; revealing the linkages between employment, poverty and vulnerability; and regularly updating the basic social protection diagnostics (on safety nets, pensions, disability etc). The above approach to engagement with Government under the CPS emphasizes exercising selectivity in what we can firmly undertake to do effectively while not foregoing the option to

do more, if conditions permit. It should allow for more effective use of our resources under the uncertain conditions we expect to continue to face in Pakistan.

### Sri Lanka

**A2.64** In spite of having been engaged in nearly 3 decades of civil war, Sri Lanka has experienced over 30 years of sustained economic growth averaging 4.7% annually. This strong economic growth performance has brought Sri Lanka's per capita income of US\$1,990, well above IDA cut-off of US\$1,165. The Government of Sri Lanka now aims to transform Sri Lanka into the "Wonder of Asia", doubling per capita income to over US\$4,000 by 2016 through sustained 8 percent annual growth.

**A2.65** While the reconciliation agenda still looms large, rehabilitation in the conflict-affected areas of the North and East, including major new investments, and resettlement of Internally Displaced Persons (IDPs) have been proceeding relatively rapidly and smoothly. As of the end of April 2011, around 16,600 people are living in IDP camps, down from 300,000 in late 2009.

**A2.66** Sri Lanka has also made significant progress in reducing poverty. Excluding the conflict affected North and East, the incidence of poverty, as measured by the poverty headcount ratio, fell from nearly 23 percent in 2002 to 15 percent in 2006/7 and 8.9 percent in 2009/10. The rapid decline in poverty has been felt in urban, rural and plantation areas. Average household income has increased three-fold during this period, contributing significantly to the reduction in poverty. Strong economic growth over this period, substantial foreign assistance following the 2004 Tsunami, increased public investment in infrastructure, and growing remittances have also contributed to the rapid decline in poverty.

**A2.66** Sri Lanka has surpassed or is close to achieving many of the Millennium Development Goals. Of particular note, have been its achievements in health and education service delivery, notwithstanding gaps in some geographical pockets and amongst vulnerable groups, such as IDPs, the rural poor and those on estates and in conflict-affected areas. Progress in promoting gender equality has also been commendable. The 2010 Gender Gap Report presented at the World Economic Forum ranked Sri Lanka 16th out of 134 developing and developed countries in terms of closing gender gaps<sup>86</sup>. While women fare well compared to men in education and health indicators, they are, however, lagging behind in terms of economic participation. Labor force participation rates remain relatively low, and unemployment rates (while not extremely high overall) are double those of men. The quality of work is also relatively low, with women more predominantly working in low-paying, lower-skilled jobs, in the formal and informal sectors, and in overseas domestic service.

**A2.67** Demographic and epidemiological transitions are accompanying Sri Lanka's shift to a MIC, with significant implications for various sectors of the economy. The ageing of the Sri Lankan population has been one of the fastest in the world, and requires policies both to take advantage of the demographic dividend before the proportion of working population begins to shrink and to prepare the economy and infrastructure for the expected changes in the country's age structure. The related epidemiological transition stems from a growing burden of non-communicable diseases (NCDs), already matching significantly higher income countries. Sri Lanka is facing these transitions, however, with a much smaller resource base than most developed nations.

**A2.68** In November and December 2010, Sri Lanka was hit by the heaviest rains in one hundred years resulting in devastating floods and landslides. More than 1.2 million people were affected by the floods and around 363,000 people were displaced in 630 temporary relocation centers. In total, 16 out of 25 districts were affected by the floods mostly located in Eastern, Northern and Central Provinces. The

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<sup>86</sup> The report's Global Gender Gap Index examines the gap between men and women in economic participation and opportunity, educational attainment, health and survival and political empowerment

three districts of the war-affected Eastern Province – Batticaloa, Ampara and Trincomalee – suffered the most. Although flood waters started receding and the displaced families began to return to their homes in January 2011, new floods in January and February 2011 exacerbated an already difficult situation.

According to the World Food Program, around 500,000 people became food-insecure requiring immediate food assistance to avoid hunger and malnutrition. Widespread destruction of houses, roads, agricultural land, livestock, livelihood assets, and other infrastructure have been reported, with dramatic impacts on the livelihoods of the population, especially those just recovering from the long conflict.

**A2.69** Inflation, which had been high in 2008, has been under control throughout the current CAS period due to a combination of sound monetary policy, improved domestic supply and declining international commodity prices during the international economic slowdown. Inflation has recently risen again, however, reaching 8.6 percent in March 2011. While food prices increased sharply in the wake of the heavy floods between late 2010 and early 2011, adequate buffer stocks of rice should ameliorate the flood effect on food prices in the medium and longer term, despite the significant losses in the spring paddy crop. While the price for fuel has recently increased, fuel prices have had a minimal impact on inflation to date. These supply shocks have not spilled over into inflationary expectations.

**A2.70** While GDP growth dropped in 2009 with the global economic crisis, the country's economy has since rebounded, bolstered by end-of-conflict effects of increased agriculture production in the North and East, exceptional growth in the tourism sector, and government spending on reconstruction. After growing just 3.5 percent the previous year, the Sri Lankan economy grew by 8.0 percent in 2010. Growth was broad-based: agriculture grew by 7.0 percent; industry grew by 8.4 percent; and services grew by 8.0 percent. The Sri Lankan banking sector proved resilient to the effects of the global crisis and the Central Bank acted quickly to intervene in the failed Seylan Bank and to prevent failure of other financial institutions. The end of the civil war has also led to easier movement of goods and people and to a general increase in business confidence.

**A2.71** In the backdrop of some remarkable outcomes, Sri Lanka now faces challenges of 5 inter-linked transitions: (a) from conflict to lasting peace; (b) from low-income to middle-income (estimated GDP per capita in 2009: USD \$2,053); (c) demographic i.e., aging population; (d) epidemiological, i.e., from a predominance of communicable diseases (CDs), maternal and child health to a growing burden of non-communicable diseases (NCDs), and; (e) nutritional, characterized by the concomitant presence of under-nutrition and over-nutrition. With a stable government in place, it is opportune for policy actions to shape these transitions positively.

## **ANNEX III: SUNITA Annual Work Program**

### **First 18 months Work Plan (May 2011 - October 2012)**

**A3.0** The SUNITA Nepal window will be supervised by a SUNITA Donor Committee in Nepal, which will be regularly informed on the progress of implementation of the Trust Fund and approve the work programs for the Nepal window. The SUNITA Nepal window currently has an independent Window Manager, Albertus Voetberg, who will prepare an annual report on implementation progress for donors to review at the annual meeting of the Donor Committee. The day to day operations of SUNITA will be conducted by the Window Manager, Albertus Voetberg, who will be responsible for program delivery and ensuring effective communication with donors. The Window Manager has developed the first 18-months work programs in close consultation with the donor coordination mechanism, World Bank staff, and the SUNITA Donor Committee. The details of this work program are detailed below:

#### **A3.1 District-level analysis of determinants of malnutrition**

**Geographic Scope:** Nepal

**Window Manager:** Albertus Voetberg

**Activity Description:**

Although the determinants of malnutrition in Nepal at the national level are well understood and outlined in the Nutrition Assessment and Gap Analysis (NAGA) report, these determinants are expected to vary significantly by district. As an initial “proof of concept” phase, the Bank will support the preparation of standardized “district nutrition profiles” which will analyze the determinants of malnutrition at district level such as, but not necessarily limited to, availability, accessibility and affordability of essential food items, disease burden, and feeding practices for infants and young children. This analysis will use existing data from national surveys as well as studies carried out by development partners where these exist. In year 1, it is proposed to produce these district profiles for minimum 25 districts. These profiles will serve as the basis for the development of district-level multi-sectoral plans of action, the drafting of which could be supported by this trust fund. If the district profiles prove useful, the approach will be expanded gradually to cover the entire country.

#### **A3.2 Thematic report on food and nutrition security as part of the Nepal Living Standards Survey**

**Geographic Scope:** Nepal

**Window Manager:** Albertus Voetberg

**Activity Description:**

The NLSS-III has collected substantial data on nutrition: in particular, the height, weight and age of all children 59 months or younger. And there is also information on breastfeeding practices, all as part of the anthropometry module in the survey. The survey has nationwide coverage with the cross-section sample covering 5988 households in 499 Program Support Units (PSUs).

An analysis of the NLSS data has been undertaken to produce a multi-sectoral food security and nutrition thematic report as a joint effort by the Central Bureau of Statistics, the National Planning Commission, the World Bank and the World Food Program. A reference group has been established comprising EU, UNICEF, DfID, AusAID and the World Bank functions as a quality control group. This thematic report will provide substantial in-sight into and knowledge of the food and nutrition situation and trends in Nepal.

### A3.2 District-level nutrition surveys

**Geographic Scope:** Nepal

**Window Manager:** Albertus Voetberg

**Activity Description:**

One of the reasons why malnutrition is not yet a national development priority in Nepal is that information about malnutrition is available only at very long intervals (e.g. between two national surveys). To increase the salience of malnutrition as well as to provide better data for program planning, this trust fund will support district-level surveys of malnutrition (of nutritional status as well as of coverage of key interventions from key sectors). In the first year, surveys will be carried out in the same 25 districts as for the nutrition profiles exercise outlined above.

### A3.3 Evaluation of Infant and Young Child Feeding (IYCF)

**Geographic Scope:** Nepal

**Window Manager:** Albertus Voetberg

**Activity Description:**

The trust fund will support an evaluation of the current design of the IYCF program in Nepal and will support formative research to improve the effectiveness of the program (e.g. to focus more on early and exclusive breastfeeding). This will lead to designing new tools for IYCF which would be used by the MOHP in scaling up its program with financing from the SWAp. The evaluation will also specifically analyze how IYCF interventions could be enhanced through interventions in non-health sectors such as labor, agriculture, etc.

### A3.4 Analysis and documentation of Nepal's success in Vitamin A/de-worming in children and of iron supplementation with de-worming in pregnant women

**Geographic Scope:** Nepal

**Window Manager:** Albertus Voetberg

**Activity Description:**

The trust fund will support further analysis of this programmatic success with a view to drawing lessons learned which would be useful for other programs in Nepal and to other countries. Nepal is one of the few countries in the world which has been able to scale-up iron supplementation and de-worming for women during pregnancy.

### A3.5 Further analysis of causes of stunting and wasting in Nepal

**Geographic Scope:** Nepal

**Window Manager:** Albertus Voetberg

**Activity Description:**

National and regional analysis of child stunting and wasting data reveal patterns that would suggest that the causes of the two forms of malnutrition are different. The trust fund will support further analysis of this disconnect and examine particularly the role of non-health sector interventions such as food availability in causing stunting and wasting in Nepal. This work will be linked to the nutrition profiles and the surveys from the 25 districts will help inform the analysis.

## ANNEX IV: SAFANSI Results Indicators

Expected Results	Indicators	March 2010	March 2011	March 2013
<b>PDO:</b> Increased commitment of governments & development partners in SAR for more effective and integrated food security & nutrition actions	No. of Government planning or policy documents emphasizing an integrated and coordinated (cross sector) approach to FNS	0	2	12
	No. of development partners' country strategies with an integrated, cross sector approach to FNS	0	3	8
	No. of integrated FNS country programs/operations in place	0	3	11
<b>Pillar 1.</b> Improved Evidence and Analysis on the most effective ways to achieve FNS outcomes in South Asia	No. of FNS-related case studies documented and disseminated using sex and other disaggregated data	0	2	13
	No. of FNS-related Policy and Issues Briefs published and circulated.	0	4	18
	No. of major public programs tested/evaluated for impact on FNS outcomes.	0	2	9
	No. of programming guidance notes prepared	0	5	15
<b>Pillar 2:</b> Improved Awareness of FNS-related challenges, and advocacy for action, amongst relevant stakeholders	No. of high-profile senior policy makers and opinion leaders sensitized/ "trained"	0	50	109
	No. of regional, national and other prominent consultations and workshops organized	0	6	24
	No. of advocacy events carried out	0	6	16
	No. of changes relating to FNS agenda/policies enabled/supported	0	4	12
<b>Pillar 3:</b> Strengthened regional and in-country policy and programming capacity in relevant areas to achieve FNS outcomes	No. of country or regional policy networks/forums/platforms supported to advance the FNS agenda	0	3	6
	No. of South-South training/capacity building visits to re-orient and improve FNS programs	0	4	6
	No. of service delivery mechanisms analyzed and identified for up-scaling	0	2	13
	No. of community-level alliances for promoting FNS outcomes supported	0	6	60

# South Asia Food and Nutrition Security Initiative

## Fostering Cross-Cutting Action



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