

# **Sindh Enhancing Response to Reduce Stunting Project (SERRSP)**

## **Terms of Reference (TORs) for Nutrition Expenditure Tracking System**

### **Background**

Malnutrition in Pakistan affects nearly half of its children and mothers. The stunting prevalence (44.8%) has remained unchanged for the last fifty years, with Pakistan ranking third in the global burden of stunting. The prevalence of stunting is highest in Sindh (48%) and Baluchistan Provinces. The Government of Sindh has approved an Accelerated Action Plan for Reduction of Stunting and Malnutrition (AAP) with the ambitious goal of reducing stunting from 48% to 30% by 2021. The Government has requested Bank support in achieving this goal through the implementation of the AAP during 2017-2021.

The proposed project, in the amount of US\$61.62 million, would support the implementation of the AAP in the 23 districts with the highest stunting rates through a results based approach to link disbursements to the achievement of agreed predefined indicators. Disbursement linked indicators (DLIs) have been used in other projects in Sindh and have contributed significantly to (i) enhance policy and sector dialogue (by focusing on political ownership of the Government's program); (ii) have a greater focus on results (by linking disbursements to planned progress and performance targets); and (iii) have more effective donor coordination (by facilitating planning, budgeting, and supervision within a common framework).

The project comprises two components. The first component, through a results based approach using DLIs, will finance results set out in the AAP while the second component will finance technical assistance and other inputs needed for effective implementation of the AAP. Under Component 1 (US\$45 million), the project will support provision of a multisectoral package of services by financing results, measured by the achievement of DLIs, under a defined Eligible Expenditure Program (EEP). Under Component 2 (US\$16.62 million), the project will finance technical assistance and inputs to support (i) measures for implementing a pilot conditional cash transfer (CCT) program to assist targeted beneficiaries in the poorest quintile to access health and nutrition services; (ii) development and implementation of an overarching multisectoral communications strategy for social and behavioral change; and (iii) institutional arrangements for improving coordination, strengthening accountability, citizen engagement, operationalizing integrated multisectoral data information systems, strengthening monitoring, evaluation, and supervision.

Spending on nutrition has been low, despite increased attention under the Pakistan Vision 2025. Nutrition has received increased attention, and the federal and provincial governments have established secretariats to coordinate and support scaling up nutrition interventions. Pakistan joined the global movement of Scaling Up Nutrition in 2013. However, nationally, about 10% of the national health budget is spent on nutrition, and 90% of this amount is financed by development partners in Pakistan. Nutrition related activities are mainly delivered by non-governmental organizations (NGOs), often contracted directly by the development partners. Nutrition supported activities in Sindh Province that help reduce stunting and malnutrition

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include (i) the World Bank financed “Enhanced Nutrition for Mothers and Children”; (ii) the EU funded “Women and Children Improved Nutrition Sindh” (which ended in 2017); and (iii) the USAID funded “Maternal and Child Nutrition Stunting Reduction” (implemented by UNICEF and WFP). With a contribution from DFID, the Pakistan Partnership for Improved Nutrition, a multi donor trust fund administered by the World Bank, plans to finance nutrition sensitive interventions to complement the health sector’s nutrition specific interventions, focusing on sanitation and hygiene interventions in 13 districts and agriculture interventions in 4 districts.

The Government of Sindh (GoS) recently adopted an Accelerated Action Plan for Reduction of Stunting and Malnutrition (AAP). The AAP has the ambitious goals of reducing stunting from 48% to 30% by 2021 and to 15% by 2026 by increasing and expanding coverage of multisectoral interventions proven to reduce stunting in the first five years of life. It includes objectives and expected outcomes related to addressing the underlying causes (by sector) of stunting: health, population, sanitation and hygiene, agriculture (including livestock and fisheries), social protection, education, and behavioral change communication.

### **Scope of the Proposed Consulting Services**

To consulting firm shall contribute in the effective implementation of the Accelerated Action Plan by strengthening the financial management at provincial level, within the Task Force Secretariat and all the Sectoral hubs in planning, budgeting, accounting and reporting of the Project and Accelerated Action Plan expenditure.

The consulting firm shall support the existing financial management systems put in place for AAP expenditure, including support to integrating budgets with AAP plans; improve budget execution, through enhance coordination among finance department, accounting offices and line departments and better use of existing integrated financial management information system (FMIS) to enable tracking of nutrition related allocations and actual expenditures at provincial and district levels. Starting point would be a Nutrition Expenditure Tracking Survey.

By identifying the actual expenditures incurred at the various levels of implementation, the project would help policymakers and relevant stakeholders manage financial resources for nutrition and improve evidence-based decision making related to the donor projects and provincial budget. The Consultant firm shall propose integration of all financial management tools/systems that would facilitate managerial decisions and to ensure effective financial management of funds. Based on the proposed solution the Client would decide on procurement of an off-the shelf integration solution (if needed). This would require close coordination and communication with all stakeholders, external consultants and field staff.

## Expected Deliverables.

### 1. Review of Nutrition Expenditures in Sindh Province.

- i. Conduct a detailed analysis on current expenditure's being incurred in the Province Sindh that relates to Nutrition and what basis they are being accounted for in the Government System.
- ii. Undertake three-year budget and expenditure review of nutrition related (specific and sensitive) activities in the Government of Sindh. The review should include on-and off budget allocation and actual expenditure.
- iii. A detailed Study that shall include aligning Nutrition Expenditures within the Government FMIS by advising on different strategies in consultation with the Finance Department, Government of Sindh.
- iv. Study the FM roles of each sectors associated with Accelerated Action Plan, identify bottlenecks through process mapping and devise a strategy to improve FM functions at all stages of PFM cycle, including planning, budgeting, execution and reporting within the sectors as well as other key entities like finance department, planning department and accountant general office.

### 2. Establish Standard Operating Procedures for Budget Preparation.

- i. Establish a best practice SOPs for Budget Preparation and Execution within the Sectors of AAP.
- ii. Develop Standard Procedures with the objective of preparing an output-based budget, translating the AAP Plans into budget allocation demands. These budgets will be prepared on the format of Budget Estimates for Service Delivery as adopted by the Federal Government. Budget allocation to be linked to outputs and SMART output indicators.
- iii. Preparation of tools for preparation of Budgets that shall be output based linked with DLI mechanism of the project.

### 3. Support line departments in budget execution.

- i. One the basis of process mapping and identification of bottlenecks develop guidelines to simplify sanctioning, authorizing and reporting nutrition expenditure in effective and efficient manner.
- ii. Prepare a detailed training plan and Training Material for training the officials of implementing entities in budgeting, budget execution and reporting of AAP expenditure on designed tools.
- iii. Support line departments in asset management on basis of existing government policy that governs asset management

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### 4. Based on existing FMIS advice on development of Nutrition Expenditure Tracking including dash boards and required formats of the reports.

- i. Study the online bill payment system under development in the federal government and propose how the system can be implemented in the Sindh government so facilitate payment authorization.
- ii. Study the software for procurement management information system developed by the department of agriculture Punjab. Modify the software, if necessary to meet the requirements of one department selected for piloting of the project.
- iii. Support the stunting secretariat obtains SAP connectivity by coordinating with the office of the DG MIS CGA. DG MIS CGA, through another program is preparing guidelines for reporting on nutrition related (sensitive and specific) expenditure. Consultant will deploy, SAP certified consultant in the stunting secretariat to prepare Real-time expenditure report on nutrition related expenditure.

### Duration of the Contract

The contract likely to be completed in 24 months

### Qualifications Required for the Proposed Assignment

- i. Over all experience of at least 15 years in assessing, reporting and developing Public Financial Management Systems.
- ii. Having documentary verifiable experience of conducting at least three (3) similar assignments
- iii. Availability of staff in areas covered under TORs
- iv. Logistical capability
- v. **Minimum Qualifications of Proposed Team to be Deployed (Specific nominations and CVs not required at short listing stage)**

The proposed team to be deployed should have experience in systems development, reporting, capacity building and trainings, management, statistics, data analysis, general project management as relevant to the TORs. The firm should also have the capacity to mobilize additional expertise within the project areas as required. At the minimum, the consulting firm shall deputize following experts to the project:

- i. Team leader with relevant qualification and at least fifteen years' experience in managing a project of similar nature.
- ii. Two Public Financial Management Specialists with relevant qualification and minimum ten (10) years of relevant experience.

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Field Manager who must be an experienced PFM practitioner with proven track record in producing high-quality PFM diagnostic reports. Preferably with a higher degree in Economics with specialization in public finance. Must possess not less than 10 years' experience in public sector consulting

- iii. **SAP certified consultant;** to support the stunting secretariat for nutrition expenditure tracking reports. Should have relevant qualification and minimum of five (5) years of relevant experience.
- iv. **Associate Consultants (ACs)** who will be (i) a Professional Accountant with a minimum of 5 years post qualification experience and familiar with fiduciary arrangements and will be responsible for data gathering and analysis; and
- v. (ii) **an Economist statistician/data specialist** in possession of a Master's degree with at least 5 years post-graduation/qualification experience in the public sector and possession of strong analytical skills and computer proficiency most especially in Excel/Access/Word processing.

### Deliverables;

The selected firm will submit the proposed deliverables to the Task Force Secretariat in a timely manner following the agreed-on timelines and work plan. The deliverables will have to be reviewed and approved by the Task Force Secretariat before processing payment.

S.No	Timeline and Description	
1	Inception report including detailed work plan for 24 months.	15 days of start of the assignment.
2	Report on nutrition expenditure review of GoS	3 months from the start of the assignment
3	Report on process mapping and guidelines to simplify sanctioning, authorizing and reporting nutrition expenditure.	3 months from the start of the assignment
4	Budget guidelines for linking AAP with budgets	6 months from the start of the assignment
5	Onsite training for budget preparation and execution	Ongoing support
6	Piloting of procurement management information system in on department	12 months from the start of the assignment
7	Support to expenditure tracking unit	Ongoing

### VI. Selection Process

Consultancy firm will be selected in accordance with paragraph 7.3 of World Bank Procurement Regulations for IPF Borrowers (July 2016) through Quality and Cost-based Selection (QCBS) method.

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## VII. Institutional Arrangements and Reporting

The Consulting firm will report to the Sindh Government’s Task Force Secretariat established under the Coordinator to Chief Minister Sindh on Nutrition through the Program Manager AAP, Sindh Enhancing Response to Reduce Stunting Project (SERRSP) on a day to day basis and through submission of regular updates.

Reporting by consulting firm shall be carried out to the “AAP Secretariat for Nutrition to Reduce Stunting”, in consultation with all concerned departments. Consulting Firm in the proposal shall submit set of deliverables along with the milestones. Payment to the firm shall be made on completion of deliverables, duly verified by a team led by the Program Manager SERRSP.

### Annexure I

#### Districts Participating in Accelerated Action Plan

Sl. No.	Districts
1	<a href="#">Badin</a>
2	<a href="#">Dadu</a>
3	<a href="#">Ghotki</a>
4	<a href="#">Hyderabad</a>
5	<a href="#">Jacobabad</a>
6	<a href="#">Jamshoro</a>
7	<a href="#">Kandhkot</a>
8	<a href="#">Khairpur</a>
9	<a href="#">Larkana</a>
10	<a href="#">Matiari</a>
11	<a href="#">Mirpurkhas</a>
12	<a href="#">Naushahro Firoze</a>

13	<a href="#">Shaheed Benazirabad</a>
14	<a href="#">Kambar Shahdadkot</a>
15	<a href="#">Sanghar</a>
16	<a href="#">Shikarpur</a>
17	<a href="#">Sukkur</a>
18	<a href="#">Tando Allahyar</a>
19	<a href="#">Tando Muhammad Khan</a>
20	<a href="#">Tharparkar</a>
21	<a href="#">Thatta</a>
22	<a href="#">Umerkot</a>
23	<a href="#">Sujawal</a>

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### District Roll out Plan of Accelerated Action Plan (AAP) for First Year

### Annexure 1 Contd. GOVERNMENT OF SINDH Planning & Development Board (Nutrition Section)

S.No	Department	District
1	Agriculture	Tharparkar Mirpurkhas Badin
2	Education Department	Tharparkar Mirpurkhas Jacobabad
3	Fisheries Sector	Tharparkar Mirpurkhas Badin
4	Livestock Sector	Tharparkar Mirpurkhas Badin
5	Social Welfare Department	Tharparkar Umerkot
6	Local Government Department	Mirpurkhas Sukkur
7	Health Department	Mirpurkhas Sukkur
8.	Population Welfare Department	Tharparkar Mirpurkhas Jacobabad Khairpur Nawabshah Matyari Shikarpur Qamaber

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### **Brief Information of Each Sector**

Expanding the number and quality of interventions that will have a direct and immediate impact on reducing stunting in the medium to long-term; and creating an enabling environment and incentives to encourage the required behaviors that need to accompany the expansion of the multi-sectoral interventions in the following sectors:

- **Health and Nutrition:** The Department of Health (DOH) has developed an overall estimate of PKR 20 Billion for Accelerated Action Plan for reducing Stunting and Malnutrition with a number of projects on development budget that deal with the objective. These activity will be enhanced through the allocation of funds in addition to on-going development budget programs, the department will provide incremental allocation through its recurrent budget. This will require innovative means for linking plans and budgets and preparing budget execution reports. A suggested method of putting together recurrent and development budget is through output based budgeting, a system of budgeting which is in use in the federal government in the form of Budget Estimates for Service Delivery
- **Population:** The GoS has developed a costed implementation plan to meet the Family Planning (FP) 2020 targets, which would also be critical to reducing levels of stunting. The plan for 10 districts is currently under implementation with a limited set of activities which are planned to be scaled up under the AAP. This project will incentivize the training of LHWs to provide FP counselling and supply of short term methods as well as special outreach FP services delivery camps to communities currently not reached with FP services.
- **Sanitation and Hygiene:** Building on the proposed Multi-Sectoral Actions for Nutrition Project (MSAN) in 13 districts to make villages open defecation free (ODF), the AAP plans to expand coverage across Sindh. In addition to supporting the ODF initiative, the project will promote an enhanced program on handwashing through capacity development of the Local Government Department (LGD), Village Organizations (VO) and school teachers who, in turn, will advocate and motivate communities to become 100% ODF. As suggested earlier, each of the department will require capacity of managing activities not only from development budget programs but also three AAP allocation of recurrent budget.
- **Agriculture (including Livestock and Fisheries):** Building on a flexible and demand driven approach to be piloted in 20 councils of four districts under the proposed MSAN Project, the department plans to gradually scale up to more districts with a high incidence of stunting. The focus will be on nutrition sensitive interventions that would contribute to enhancing household food diversity and access to high nutritive value foods, especially for the poorest and most food insecure households, and to consumption of high nutrition content food, especially by pregnant-nursing women, children under five and adolescents.



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- **Education:** The two key interventions in the AAP are: (i) to improve access to Early Childhood Education (ECE) in the public schools and (ii) to improve knowledge of nutrition and healthy living among girls enrolled in high schools in the public sector. There is a need to develop curriculum and supplementary material for training of teachers and adolescent girls in schools. ELD is also operating an IT citizen engagement platform (“Ilmi”) that could be used to further engage the larger community on the stunting agenda (including the importance of early stimulation of babies) by engaging School Management Committees (which include teachers, parents and administrators). This IT platform which provides useful education-related data could also be expanded to include data needs of other multisectoral interventions.
- **Social Welfare:** The other sectoral interventions (social and behavioral change communications) are cross cutting in nature and will target the entire province. The number of project beneficiaries in the 23 priority districts is expected to more than double by the end of the project, with coverage increasing from 20.5% to 44.7% of the targeted populations. Main objective of the Health & Nutrition Conditional Cash Transfer is to create demand for nutrition services, promote behavioral change and increase uptake of health and nutrition services focused on the first 1,000 days of life.

It aims to incentivize health check-ups of pregnant and lactating mothers, and growth monitoring and immunization of children less than 2 years of age, by providing a regular and predictable cash transfers to targeted poor and vulnerable households. It will promote growth monitoring and immunization of children under 2 years of age. Beneficiaries would be selected from the existing cohort of poverty targeted beneficiary families identified from the National Socio-Economic Registry and would receive regular and predictable cash transfers.

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Annexure II

### Proposed Project supported Rollout to 23 Districts with the Highest Stunting Rates by Year and Sector

Year	District	Stunting Rate	NSP/MNCH	LG	Agriculture	Education	Population Welfare	Livestock Fisheries	
2016	Jamshoro	54	EU	New	New	New	New	New	
	MirpurKhas	55	New	New	New	New	New	New	
	Tharparkar	63	NSP	SSS	A4N	New	New	New	
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2017	Sanghar	53	NSP	SSS	A4N	New	New	New	
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	Umer Kot	66	NSP	SSS	A4N	New	New	New	
	Jacobabad	64	NSP	SSS	A4N	New	New	New	
2017	Ghotki	53	UNICEF	New	New	New	New	New	
	Khairpur	51	UNICEF	New	New	New	New	New	
	Naushehro Feroz	44	UNICEF	New	New	New	New	New	
	Shikarpur	56	EU	SSS	New	New	New	New	
	Kashmore	66	NSP	SSS	New	New	New	New	
	Badin	67	NSP	SSS	New	New	New	New	
	~								
	Qamber								
	2018	Shahdadt	60	NSP	SSS	New	New	New	New
	Larkana	52	NSP	SSS	New	New	New	New	
TM Khan	59	NSP	SSS	New	New	New	New		
Sujawal	56	EU	SSS	New	New	New	New		
Thatta	60	EU	SSS	New	New	New	New		
Dadu	58	EU	SSS	New	New	New	New		
2018	Sh.	55	New	New	New	New	New	New	
	Matitari	55	EU	New	New	New	New	New	
~	Tando Allah	49	EU	New	New	New	New	New	
2019	Sukkur	51	New	New	New	New	New	New	
	Hyderabad	44	New	New	New	New	New	New	

*Shaded cells indicate districts with new rollout of project interventions by sector and year. Acronyms: NSP: Nutrition Support Program; MNCH: Maternal, Neonatal & Child Health; EU: European Union; LG: Local Government for Sanitation & Hygiene; SSS: Bank supported MSAN project on Sanitation & Hygiene; A4N: Agriculture for Nutrition which is part of the MSAN project.*

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### ANNEX III: DISBURSEMENT LINKED INDICATORS MATRIX

		Indicators of DLI Achievement and Indicative Disbursements (US\$ Million)												
		Total (\$US million)			2017-2018			2018-2019			2019-2020		2020-2021	
LI		Amount	%	Baseline	Target	Achievement	Amount	Target	Achievement	Amount	Target	Amount	Target	Amount
1a	<b>Cumulative number of pregnant women who received 4 prenatal care and counseling visits at community level.</b>	7.0	16%	0	350 000	56310 by CMWs, 650023 by LHWs .Total 706333	1.0	725 000	180459 ( progress till November 2018)	1.5	1 100 000	2.0	1 525 000	2.5
	<b>Definition/Description of Achievement:</b>	Cumulative number of pregnant women in the intervention areas who received at least four prenatal care visits at the community level.												
1b	<b>Cumulative number of women who received 4 ANC at primary and secondary health care facilities (BHU, RHC, THQ, and DHQ)</b>	7.0	16%	0	190 000	1052880 (More target achieved)	1.0	415 000	88,720( progresstill November 2018)	1.5	675 000	2.0	1 000 000	2.5
	<b>Definition/Description of Achievement:</b>	The cumulative number of pregnant women in the intervention areas receiving at least four antenatal care visits at primary health care facilities (BHU, RHC,THQ, and DHQ).												
	<b>Cumulative number of children 6-59 mos. who are screened (MUAC) for malnutrition at community level</b>	7.0	16%	0	575 000	691853(More target achieved)		1 370 000	712852( progress till November 2018)		2 600 000		5 280 000	
	<b>Definition/Description of Achievement:</b>	Cumulative number of children 6-59 mos. screened (MUAC) at community level. Limited to districts covered by the Nutrition Support Program (NSP).												
2b	<b>Cumulative number of malnourished children aged 6-59 months who are registered in Outpatient Therapeutic Program (OTP) centers at health facilities and mobile health clinics</b>	7.0	16%	0	95 000	139136 ( More target achieved)	1.0	135 000	59832	1.5	310 000	2.0	320 000	2.5
	<b>Definition/Description of Achievement:</b>	Cumulative number of children 6-59 mos. screened (MUAC) by LHW and CMW at Community level. Limited to districts covered by the Nutrition Support Program (NSP).												
	<b>Cumulative no. of villages</b>													

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	<b>certified open defecation free</b>		14%										
3a	No. of signed NGO contracts	1.5		0	2	2	0.5	5	In progress	0.5	10	0.5	
3b	Cumulative number of villages certified ODF	5.0			400	Not achieved	0.5	2 200	In progress	1.0	5 400	1.5	8,600 2
	<b>Definition/Description of Achievement:</b>	Contract signature indicating recruitment of the NGO to support the initiative followed by certification of Open Defecation Free (ODF) villages.											
4	<b>Introduction of nutrition and life-skills curriculum/instructional materials in Grades 6-10</b>	2.00	4%		Curriculum	Not achieved	2.0		Not achieved				
	<b>Definition/Description of Achievement:</b>	Development of a curriculum and instructional materials, teacher training, and introduction in Grades 6-10 of (primarily) female schools.											
5	<b>Implementation of a province-wide, multi-sectoral media/communications campaign</b>		4%										
	<b>Definition/Description of Achievement:</b>	Adoption of the BCC plan followed by launch of the campaign described in the plan.											
	<b>% of allocated nutrition financing actually expended</b>		14%	0									
6a	Amount of nutrition-related releases for AAP by June 30	2.0			500M PKR	1550 M PKR (More target achieved)	1.0	500M PKR	1318 M PKR	1.0			
6b	Establishment of nutrition expenditure tracking program	1.5						Functional	No progress	1.5			
6c	Annual amount of nutrition-related expenditures by AAP sector	3.0				1162 M PKR			Rs: 34.33 Millions		XXX	1.5	XXX 1.5
	<b>Definition/Description of Achievement:</b>	Annual amount to be calculated after the tracking system is functional											