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Mid-term Evaluation: Programme for Improved Nutrition in Sindh

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SERVICE CONTRACT: ACA/2019/409-077 & ACA/2019/409-102

FINAL REPORT

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ABBREVIATIONS AND ACRONYMS

AAP	Accelerated action Plan for Reducing Stunting and Malnutrition
AARI	Ayub Agricultural Research Institute
ACF	Action Against Hunger
Acute Malnutrition	Wasting and/or oedematous malnutrition defined as MUAC <125mm or presence of bilateral pitting oedema. Acute malnutrition maybe moderate (MAM) or severe (SAM)
BCC	Behaviour Change Communication
BHU	Basic Health Units
CHS	Community Health Supervisors
CHV	Community Health Volunteer
CHW	Community Health Worker
CIF	Community Investment Fund
CLEWS	Community Livestock Extension Workers
CLTS	Community Led Total Sanitation
CMAM	Community Based Management of Acute Malnutrition
CNT	Community Nutrition Teams
CO	Community Organisations
CRP	Community Resource Persons
CSG	Community Support Groups
DAC	Development Assistance Committee
DC	Deputy Commissioner administrative head of the district administration in Pakistan
DCCN	District Coordination Committee for Nutrition
DDMA	District Disaster Management Authority
DG	Head of Department
DHIS	District Health Information System
DHQ	District Headquarter Hospitals
DLG	District Liaison Group
DoA	Department of Agriculture
DoH	Department of Health
DoLF	Department of Livestock and Fishing
DPO	RSP District Programme Officers (RSPs)
ER1	PINS Partners Implementing PINS Result Area 1 (led by Conseil Santé)
ER2	PINS Partners Implementing PINS Result Area 2 (led by ACF)
ER3	PINS Partners Implementing PINS Result Area 3 (led by RSPN)
EU	European Union
EUD	European Union Delegation to Pakistan
F100	Therapeutic milk used in transition and phase 2 of the treatment of severe malnutrition at NSC (Nutrition Stabilisation Center)

F75	Therapeutic milk used in phase 1 of treatment for severe malnutrition at NSC (Nutrition Stabilisation Center)
FeFol	Iron Folic Acid
FFS	Farmer Field Schools
FIRST	Food and Nutrition Security Impact, Resilience, Sustainability and Transformation programme
FSN	Food Security and Nutrition
GAM	Global Acute Malnutrition
GIS	Geographic Information System
GoP	Government of Pakistan
GoS	Government of Sindh
Guddi Baji	Mobilink JazzCash Unilever Guddi Baji (good sister) model
HH	Households
HIS	Health Information System
ICT	Information and Communications Technology
IEC	Information, Education (Extension) and Communication Materials
IGG	Income Generating Grants
IPC	Integrated Phase Classification
SBCC IPC	Inter-personal Communication
IT	Information Technology
IYCF	Infant and Young Child Feeding
KE	Key Expert
LARMIS	Land Administration and Revenue Management information System
LHS	Lady Health Supervisors
LHV	Lady Health Visitor
LHW	Lady Health Worker
LSO	Local Support Organisations
M&E	Monitoring and Evaluation
MAM	Moderate Acute Malnutrition (MUAC<125mm)
MCCN	Multisectoral Coordination Committee for Nutrition
MDD	Minimum Dietary Diversity
MICS	Multiple Indicator Cluster Survey
MIS	Management Information System
MMG	Mother to Mother Groups
MMP	Multi Micronutrient Powder
MNP	Micronutrient Powder
Mouza / Deh	Basic administrative and revenue unit, and is the lowest territorial unit for which the population census publishes data.
MTM	Mother to Mother Groups
MTR	Mid Term Review
MUAC	Mid Upper Arm Circumference

MWRA	Married Women of Reproductive Age
NARC	National Agricultural Research Centre
NKE	Non-Key Expert
NMIS	Nutrition Management Information System
NNS	National Nutrition Survey
NRSP	National Rural Support Programme
NSC	Nutrition Stabilization Centre
NSP	Nutrition Support Program Sindh
ODF	Open defecation free
OPD	Outpatients Department
OTP	Outpatient Therapeutic Feeding Programme
P&D	Planning & Development Department
PHED	Public Health Engineering Department
PINS	Programme for Improved Nutrition in Sindh
PIU	Programme Implementation Unit
PLW	Pregnant and Lactating Women
PMU	Project Management Unit
PND	Sindh Planning and Development Board
PNF	Provincial Nutrition Task Force
PNSC	Provincial Nutrition Steering Committee
PPHI	People Primary Health Initiative
PPP	Public Private Partnerships
PSC	Poverty Scorecard
RHC	Rural Health Centers
RSP	Rural Support Program
RSPN	Rural Support Programmes Network
RUSF	Ready to Use Supplementary Food for treatment of MAM
RUTF	Ready to Use Therapeutic Food for treatment of SAM
SAM	Severe Acute Malnutrition (MUAC<115mm and/or bilateral oedema)
SBCC	Social and Behaviour Change Communication
SC	Stabilization Centre
SELD	Sindh Education and Literacy Department (SELD)
SERRSP	Sindh Enhancing Response to Reduce Stunting Project
SHIFA	Shifa Foundation
SMART	Specific, Measurable, Achievable, Realistic, and Time-bound
SNP	Supporting Nutrition in Pakistan
SQUEAC	Semi Quantitative Evaluation of Access and Coverage
SRSO	Sindh Rural Support Organisation
SUCCESS	Sindh Union Council and Community Economic Strengthening Support Programme

TCCN	Tehsil Coordination Committee for Nutrition
TIPS	Trials for Improved Practices
ToR	Terms of Reference
ToT	Training of Trainers
TRDP	Thardeep Rural Development Programme
U5	under five
UC	Union Council
VAP	Village Action Plans
VO	Village Organisations
WATSAN	Water, Sanitation and Hygiene
WINS	Women and Children/Infants Improved Nutrition in Sindh
WRA	Women of Reproductive Age

1. EXECUTIVE SUMMARY

The external Mid-Term Review (MTR) of the Programme for Improved Nutrition in Sindh (PINS) is one of 10 Actions financed by the European Union (EU) in Pakistan that fall within the EU Delegation to Pakistan's Operational Evaluation Plan 2019-2020. This document fulfils the requirement in the ToR for a Final Report and Annexes with intervention logic, stakeholder map, methodology, and work plan with risk mitigation measures.

Its purpose is to contribute towards more efficient / effective management of the EU Delegation to Pakistan's (EUD) development Cooperation Portfolio through providing an overall independent assessment of the above-mentioned action, lessons learned and conclusions and related recommendations in order to improve the current and future actions.

The Geographical area covered by the assignment include ten districts in Sindh Province of the Islamic Republic of Pakistan: Larkana, Qambar Shahdadkot, Shikarpur, Dadu, Jamshoro, Matiari, Tando Allahyar, Tando Muhammad Khan, Sujawal, and Thatta.

The target groups of this Mid-Term Review include the relevant authorities of the EU, and the interested stakeholders and the wider public, concerned by the EU development Cooperation with the Islamic Republic of Pakistan; policy-makers, intervention designers, managers, partners and operators implementing the programme; and networks of experts and civil society actors in Pakistan and the European Union.

The Specific and General Objectives of the Action are to capacitate the Islamic Republic of Pakistan Government of Sindh (GoS) to efficiently implement its multisectoral nutrition policy, and to sustainably improve the nutritional status of children under five (U5) and of Pregnant and Lactating Women (PLW) in Sindh in line with the second target indicator of the SDG Goal No2.

The PINS Action in Pakistan is implemented as three distinct projects (components) each implemented under grant contract between the EU and an implementing partner consortium, respectively led by the following organizations: Conseil Santé (CS), Action contre le Faim (ACF), and the Pakistan Rural Support Programs Network (RSPN). Their contributions are articulated around their Specific Objectives as follows:

1.) Assist the GoS and related capacity building efforts to efficiency implement its multi-sector nutrition policy,

2.) Strengthen facility-based treatment, and linking severe acute malnutrition and other related programmes,

3.) Reduce water-borne diseases and increase availability and diversity of nutritious crops and foods.

The MTR team followed standard EU guidelines in conducting the mid-term evaluation.[1] Key considerations were the extent to which the Action's design, implementation, governance and monitoring had addressed the core problem of stunting in children under 5 years of age and poor nutrition of Pregnant and Lactating Women (PLW), mainstreamed gender, environment and climate change; identified the relevant SDGS and their linkages, and reflected a rights-based approach and principle of Leave No-One Behind.

The MTR utilised the six main Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) evaluation Criteria [2] and the two additional EU specific criteria of Visibility and Added Value in exploring the extent to which the EU support is making systematic changes and is formally being recognized in all related products and services. Specifically, the MTR focuses on:

1.) How well the Action fits in the Islamic Republic of Pakistan Government of Sindh (GoS) Accelerated Action Plan for Reducing Stunting (AAP), how well its resources are being used, and how well it was designed for the benefits to last,

2.) The extent to which the Action is doing the right things, achieving results, and making a difference in its Specific and General Objectives, to capacitate the GoS and reduce levels of stunting among children under five years of age.

Considering the complexity of the project and the needs of the EUD, the focus of the MTR was on the field phase and specifically in four areas that reflect Risk Management, Operational and Adaptive Strategies and the main Programmatic thrusts or themes in each of the Actions three main components as follows:

[1] 2006, EuropeAid Co-operation Office Joint Evaluation Unit. Evaluation methods for the European Union's External Assistance, Guidelines for project and programme evaluation. Pp. 47.
https://www.oecd.org/development/evaluation/dcdndep/47469160.pdf

2018, European Commission Staff Working Document. A Revised EU Results Framework in line with the Sustainable Development Goals of the 2030 Agenda. SWD(2018) 444 final. Pp. 19
https://ec.europa.eu/transparency/documents-register/detail?ref=SWD(2018)444&lang=en

2018, Europeaid. An intervention logic and catalogue of indicators for Food and Nutrition Security and Sustainable Agriculture (FNS&SA.)
https://op.europa.eu/en/publication-detail/-/publication/4da41dec-d43f-11e9-b4bf-01aa75ed71a1

Capacity4Dev. Food and Nutrition Security and Sustainable Agriculture Results and Indicators.
https://europa.eu/capacity4dev/results-and-indicators/food-and-nutrition-security-and-sustainable-agriculture

[2] 2021, OECD. Applying Evaluation Criteria Thoughtfully. Pp81
https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm#effectiveness-block

Component 1: Policy and Strategic Framework, Coordination at District and Provincial Levels, Technical and Managerial Capacity Building, and Support to Project Implementation.

Component 2: Management Information Systems, Outreach and Referral and related Coordination, Integration of BCC and IYCF in CMAM, and Mass and Community Level SBCC.

Component 3: Food System Mapping and Risk Adaption, Extension and Pilot Initiatives, Family Level Kitchen Gardening and Livestock, and Entrepreneurship.

Main Findings and Conclusions

Opportunities have been missed by international resource partners in their mutual support to strengthen the implementation of the AAP. There is an ongoing need for strengthened multi-partner integrated planning and collaboration arrangements, and use of appropriate information tools and standards.

The work of the relevant partners has not been compact and they are using different lists of administrative units to report against. The multi-sectoral nutrition strategy policy for Sindh needs revision for the next 5-year implementation period, and going forward better working arrangements are needed based on international principles of good partnerships.

Through its visits to villages in rural areas MTR team found children showing signs of Moderate and Severe Acute Malnutrition are coming from all poverty classes, not only those at the bottom of the pyramid targeted by PINS. The number of MAM children is still too high, and in the view of the MTR team this points to a need for greater behaviour change efforts within a context of widespread chronic poverty.

The project's Logical Frameworks and monitoring strategies related to Nutrition Communication and Behaviour Change missed an opportunity to capture seasonal changes in learning retention and behaviour uptake across all the sectors. And while a solid NMIS has been developed under PINS, it is still not well linked to the project's other components.

Strengthening of Facility Based Treatment of Severe Under Nutrition (SAM) has been successful, however its sustainability is uncertain unless GoS takes steps to ensure continuity of supplies and human resources. The referrals system needs to be strengthened further. While there has been significant progress in outreach, reinforcement of dietary diversity and feeding behaviours is necessary, and more attention to the role of influencers in uptake of BCC advice is needed.

The MTR team is of the view that the PINS sanitation and hygiene services can be sustained after the project's conclusion through a public-community partnership arrangement (PCP), involving local government and LSO. Hence, GoS should allocate resources for such services in future.

A combination of community organisations and community resource persons with potential to become community entrepreneurs can serve as an essential link as last mile service providers in all sectors. They can also serve as key reservoirs of resources, such as through the establishment of new mother nurseries, fish and poultry hatcheries, and input malls through various local, public and private partnerships for propagating technologies.

Building resilience should involve further development of curricula on resilience and more training of communities on various aspects of adaption to climate change and mitigation of extreme events and reduction of risk of poor nutrition behaviours. There is an opportunity to empower women further through the establishment of a district nutrition fund to transform current project initiatives into more fully developed climate-resilient value chains.

Lessons learned

Multi-sector agreement on the balance between nutrition risk prevention and mitigation responses in nutrition agenda and scaling of related strategies is important. This and the political context have a strong bearing on international cooperation, especially where there may be differences between central and provincial authorities.

An appropriate balance in aligning political and administrative areas of geographical coverage at lower levels of administration is also important, and commitment of adequate resources to make this a reality should not be overlooked.

It is important that EU Implementing Partners remain aware that the Government is a key capacity building beneficiary and not a third party, and be willing to share project data and information both with the Government and other Implementing Partners.

Different implementation modalities among resource partners requires careful coordination and management of respective Implementing Partners. In any event it is important to formalise at the outset the roles of the various layers of Government and their relationships to Implementing Partners, as separate and nested arrangements tend to be complex and potentially inefficient.

Project implementation oversight arrangements are key to ensuring social inclusion and justice, and should ensure that poorest households covered by the project, or not covered as the case may be, are accounted for. It is also important that targeting strategies are smart, comparable across operations in different areas, and are monitored at regular intervals and updated within the programme cycle.

The use of Geographic Information System (GIS) tools is important to track projects coverage of households by programme implementing partners. The availability of geo-tagged housing and population census data aligned with standard governance planning and operations administrative geographic unit standards is key to successful partnerships.

Where Government capacity at higher levels of administration is limited, placement of technical cooperation projects financial resources at lower administrative levels becomes more interesting in contexts of strong social mobilization and local organization. Nevertheless, the selection of partners will essentially need to consider their value, strengths and capacities to ensure the required pace and quality of implementation and monitoring.

The role of local markets and support to marketing and related key infrastructure (e.g. storage and cold-chain) are often overlooked by multi-sector platforms concerned with nutrition problems. It is important that where marketing of produce is a central problem and local markets are still missing in geographical areas with high levels of malnutrition, nutrition projects find real multi-sector solutions to address effective supply and demand gaps.

As the Indus basin is a large irrigation dependent food system, the timing of the release of irrigation water from main canals is critical to food security, this requires adequate consultation and communication among local authorities and farmers.

Specific Recommendations

The GoS is committed to a long term-approach to reducing stunting, but needs some additional time to transition some activities from development budgets into the GoS recurrent budget, e.g. extending the PINS CHW model creating a dedicated cadre focused on CMAM and IYCF. This should be supported to the extent possible within the framework of PINS at least until July 2022.

The MTR advises that any extensions in this regard be based on a roadmap outlining the targets and commitments of GoS and the relevant PINS implementing partners, which should also include providing support to the preparation of a comprehensive nutrition strategy (2022-2026).

The EUD made provisions for closer monitoring of the project, including a contract signed with another company for MEAL which proved problematic. The MTR is of the view that this should still be pursued in the time remaining with a view to maximizing the effectiveness of the programme together with the incoming team in EUD. In the interim the MTR team recommends that the EUD:

EUD

1.) Reconstitute the Project Steering Committee to meet biannually over the course of the remainder of the project and host quarterly MEAL review forums with all PINS IPs and key partners until the end of the project, ensuring regular review of achievements and results and adaptive learning.
2.) Create a Project Group on Capacity4Dev to use as a coordination platform and central document repository to be participated by all Implementing Partners.
3.) Ensure research and extension briefs prepared under PINS are converted by Implementing Partners into useful standards and training tools, and ensure all District government staff (all grades) of departments with an AAP mandate receive training and access to use them.
4.) Provide additional support to development of a robust information system and mapping of project's actual coverage and participation by target villages and Lady Health Workers. To the extent possible the PINS project's existing data should be consolidated into a GIS database and the contributions of the projects component implementing partners in the field mapped.

PINS1

1.) Revise the ER1 Logframe, regrouping the activities under each of the ER1 Logframe Result Areas, reallocating resources across the three main result areas in a pragmatic and rational way, and incorporating its ongoing work advocating for the mainstreaming of nutrition among relevant AAP sector line ministry staff at provincial and district regional levels, including Gender, Education and Population Welfare.
2.) Constructively re-engage the other PINS IPS, seeking opportunities to lead forums for harmonisation of the way PINS lead IPs work together towards improving Climate Adapted Rural Food and Nutrition Systems and ensuring sharing and uptake at all levels of the good thematic briefs prepared by the ER1 team around risks reductions.
3.) Review the role of the project in empowering women, devise targets and prepare a gender development M&E plan to track progress across villages, UCs, Tehsils, and Districts.
4.) Develop a system to compare behaviour change and uptake of recommended practices across UCs and identify hotspots e.g. a multiple criteria development and monitoring matrix.

PINS 2

1.) In the remaining period ACF should work to ensure institutionalization of nMIS within the government system, and support the Logistics Management Information System (LMIS) for supplies of In-patient Nutrition Stabilization Centers (NCS) in District hospitals, and Out-patient Therapeutic Programmes (OTP) for Community-based Management of Acute Malnutrition (CMAM)

2.) Work with Government to develop a role for health facilities to engage a broader array of strategies for prevention of undernutrition, ensuring adequate coverage by CRPs for screening and referral, CHWs integration in the government system, and improve feeding of children at home.
3.) Fast track steps to pioneer a new approach to CMAM in Sindh, focusing on the production of home-made nutrient dense foods, and reducing the need for BHU to provide imported and commercially available therapeutic foods, as the current approach to CMAM has failed in the past is again proving to be unsustainable.
4.) As a matter of good practice, increase the social acceptance of CHWs, increase the visibility of OTP and BHU at village level, and conduct refresher courses for nutrition assistants in BHW, together with CHW.

PINS 3

1.) Review internally the project's poultry and rice/fish interventions and consider reallocating any remaining funds to further procurement of such livestock for poorest households, incorporating lessons learned from the project so far. Establish new mother nurseries, fish and poultry hatcheries, and continue with restocking. Increase the number of beneficiaries with goats and Poultry to the extent possible from remaining funds.
2.) Prepare a consolidated training report, and consolidate the pilot activities into case studies, highlighting the business case and nutritional contributions. Consolidate into a general guideline the technical advice provided under the project to combat extreme climate variability and salinity, illustrating scenarios and best practices that highlight the successes of the project. Ensure AEs get exposure to the fruit tree component of the project, and that by the end of the project they are in a position to replicate fruit tree nurseries.
3.) Prepare a nutrition resilience agenda for LSOs' programmes; explore additional crops such as pulses and oil seeds; identify opportunities to develop input malls through various local, public and private partnerships for propagating selected technologies; identify further training needs of LSO community leaders and CRPs; identify opportunities for linking LSOs to corporate services providers; draft a number of nutrition investment products that could be implemented under CIF; and supplement the CIF for Nutrition activities e.g. fruit trees.
4.) Prepare to report on PINS outputs to show the projects effects on food security and the incidence of waterborne diseases, and analyse relevant data from recent NNS / MICS / DOH reports and show the trend since conception of the project. Show changes / trends arising over the periods of the baseline / midline / end-line surveys of ER3. Map all the project outputs to the extent possible, using the PINS monitoring Data.

2. INTRODUCTION

2.1 Background

For the past ten years Pakistan has had some of the highest measures of undernutrition in the world. In 2011 about one in five women were anaemic and about half were underweight, and some 44% of children under the age of five were stunted.[3]

In 2017 the population of Sind was estimated at 47.9 million people. The population growth rate (2 to 3%) has been a drag on efforts to r [4], and in Sindh today the level of malnutrition is quite s [5]

Malnutrition is complex and linked to a number es. Historically, interventions to address malnutrition ha or underlying causes of undernutrition, and the applica ent strategies.

Figure 1 WHO Maternal & Young Child Targets

a) Children aged 0-59 months below WHO standard of median height for age.

b) Women aged 15-49 years with haemoglobin levels less than 11 g/ dl.

c) Children at time of their birth weighing less than 2.5 kg.

d) Infants aged 0-5 months who are exclusively breastfed.

e) Children aged 0-59 months below WHO standard of median weight for height.

Source: https://scalingupnutrition.org/progress-impact/definition-and-indicators/

Despite significant investments by international development partners in a host of such strategies to combat malnutrition [6], poor diets and food systems remain a major issue in the country, with many people, especially women, adolescent girls and children, lacking diverse, safe, and nutritious diets.

[3] 2011, Pakistan National Nutrition Survey
[4] 2014, Sind Multiple Indicator Cluster Survey.
[5] 2021, GoS Bureau of Statistics and Planning and Development Department. Sindh Multiple Indicator Cluster Survey Findings Report. Pp. 751. https://drive.google.com/file/d/15FugGQmv0oB7xGTRjJobpSaeVIU1D24X/view?usp=sharing
[6] Examples include: family planning, micronutrient supplementation, promotion of breast feeding, sanitation and hygiene, and treatment of malnutrition activities

An in-depth analysis of 2012-2013 Pakistan Demographic and Health Survey Component on Complementary Feeding Practices found that most children (78%) have poor dietary diversity, with only 15% receiving a minimally acceptable diet [7], and that the knowledge of the general population was found to be extremely poor regarding minimal acceptable diet, appropriate feeding frequency and dietary diversity.

Figure 2 Sindh Province Nutrition Trend

INDICATOR	NNS 2011	MICS 2014	NNS 2018	MICS 2018-19
Prevalence of Stunting	49.8	48	45.5	50.2
Prevalence of wasting	17.5	15	23.3	14.8
Prevalence of underweight	40.5	42	41.3	40.7
Early Initiation of BF	50.5	20.7	48	23.4
Exclusive BF	23.5	28.9	52.3	46.5

A 2017 Strategic Review of Food Security and Nutrition in Pakistan highlighted that the key underlying driver of all forms of malnutrition is poor quality diets. It pointed out that in Pakistan a lack of nutritional awareness has contributed to the poor-quality diets, particularly low awareness of good maternal care that is an important driver of under-nutrition among children.

IFPRI in 2017 listed underinvestment, high losses and seasonal price variation as key factors that affect accessibility and consumer demand for safe nutritious foods in Pakistan, and pointed out that that greater investments in markets for nutritious foods could make nutritious diets not only more available but also more affordable by lowering prices and expanding incomes. [8]

The Government of Pakistan's 2017 Draft National Food Security Policy recognised that more work was needed to diversify food systems in order to improve diet quantity and quality, through increased investment at all parts of food supply chains. [9]

The policy history informing the EU funded Programme for improvement of Nutrition in Sindh originates in the 2011 Pakistan National Integrated Nutrition Strategy (PINS)

[7] 2017, National Institute of Population Studies. An in-depth analysis of 2012-2013 Pakistan Demographic & Health Survey Component on Complementary Feeding Practices in Pakistan. Pp 112. https://drive.google.com/file/d/1XgsmQGdm1y5k8BxO-x4OTt-ripuBU3zJ/view?usp=sharing

[8] 2017, IFPRI A Strategic Review of Food Security and Nutrition in Pakistan. https://drive.google.com/file/d/119WTxpEwZwpDJs61xZrRo2VH6sQdT_LG/view?usp=sharing

[9] 2017, Government of Pakistan. Draft National Food Security Policy. Ministry of National Food Security and Research. https://drive.google.com/file/d/1jU6sNBnor9U4YMLYtdQJ3zBq0AchxJYQ/view?usp=sharing
2018, National Food Security Policy. Ministry of National Food Security and Research. https://drive.google.com/file/d/1ViCvhSttfy3j0-kVFn8UiCykts1NHqp0/view?usp=sharing

which was not officially endorsed at the time despite numerous GoP commitments such as Vision 25, SUN and Zero Hunger Initiatives. [10]

It was put on hold pending the 2012 Administrative devolution from Federal to the Provincial level which left Federal and Provincial Government with separate roles and responsibilities as well as joint commitments. On one hand, the Federal Government designs overall nutrition policy framework. On the other hand, the Provincial Government localises the policy through Elaboration and Implementation of Provincial Multisectoral Nutrition Strategies. The result was the 2013 GoS Inter-sectoral Nutrition Strategy for Sindh (INSS). [11]

Soon after, in 2015 the Government of Sindh launched a large scale multi-sectoral Accelerated Action Plan for Reduction of Stunting and Malnutrition in Sindh in a context of weak institutions and coherence among line departments, poor inter-sector coordination, and over-stretched outreach systems.

From this arose the GoS Strategic Note (November 2016) on how to reduce stunting from 48% to 30% in first five years (by 2021) and 15% by 2026, which called for an over-arching: Multi-sector social and behaviour change strategy, and set Sector Objectives and Outcomes in two clusters: 3 + 3 (six sectors). Cluster 1: Population, Health, Sanitation and Hygiene. Cluster 2. Agriculture, Education, and Social Protection. [12]

The EU responded in the form of several projects, one of which is explicitly focused on nutrition based on technical assistance to support development of the food system in line with its international commitments to reduce stunting among children. In addition, EU promoted a large-scale mobilization campaign among women and children to adopt adequate complimentary feeding practices as well as other risk reduction measures.

The Mid-Term Review (MTR) covers the EU funded Programme for Improved Nutrition in Sindh (PINS) - CRIS number: 2016/038-937, financed under the Development Cooperation Instrument against the EUD Programming Document entitled Pakistan Multi-annual Indicative Programme 2014-2020. PINS falls under the Rural Development Sector thematic area of Basic nutrition within Multisector aid for basic social services under the human development and Food and Nutrition Security

[10] 2011, Pakistan's Integrated Nutrition Strategy https://drive.google.com/file/d/16_pdgW4PrP6ocx336hJ2WWol2gj1gDwz/view?usp=sharing

[11] 2013, EU and World Bank. Intersectoral Nutrition Strategy Sindh. Pp 61 https://drive.google.com/file/d/1d4T23XkJit-7WYzY1K1k5I39KfTF8Rfi/view?usp=sharing
2011 Shehla Zaidi, Zulfiqar Bhutta, Rozina Mistry, Gul Nawaz, Noorya Hayat, Shandana Mohmand, and Mejia Acosta. Sindh Province Report: Nutrition Political Economy, Pakistan. Aga Khan University Division of Women & Child Health. Report from the Maximising the Quality of Scaling up Nutrition Programmes (MQSUN). Pp 43. https://drive.google.com/file/d/1G6mA2V1Ckp9tZ0xKpGjVWgpmZIzos4XJ/view?usp=sharing

[12] 2016, GoS. Sindh Accelerated Action Plan for Reduction of Stunting And Malnutrition Sehatmand Sindh (سندھ مند صحت). Pp. 14 https://drive.google.com/file/d/1y7YW6Huvv7f_I-U9II6Yp4ic4L3BeGwx/view?usp=sharing
2016, GoS. Project Brief. Government of Sindh Accelerated Action Plan for Reduction of Stunting and Malnutrition (10 Year Plan: 2017-2026). https://drive.google.com/file/d/1f-ga-BdQJ8FfUbXEIY0O4xlY47pT9m6q/view?usp=sharing

and sustainable agriculture Global Public Goods and Challenges (GPGC) thematic flagships. [13]

The programme specifically addresses SDG Goal 2, target 2 and promotes progress towards Goals 3, 6 and 10 and should contribute to Goal 5. The total amount of EU budget contribution foreseen was EUR 60,000,000, in principle co-financed to the extent of a further 20% by potential grant beneficiaries, the Non-Governmental Organisations and Civil Society comprising the main delivery channel.

Figure 3 UN Sustainable Development Goals

Source: https://scalingupnutrition.org/nutrition/nutrition-and-the-sustainable-development-goals/

[13] 2016, EU. Commission Implementing Decision on the Annual Action Programme 2016 and 2017 part 1 in favour of Pakistan to be financed from the general budget of the European Union Action Document for "Programme for Improved Nutrition in Sindh (PINS)". Pp. 21. https://drive.google.com/file/d/1ZXyVXUqqrWM5jgOzTmrl4O09WgbUIZ2u/view?usp=sharing

2.2 Description of the Action

The General Objective of the PINS project is: "To sustainably improve the nutritional status of children under five (U5) and of Pregnant and Lactating Women (PLW) in Sindh in line with the second target indicator of the SDG Goal No2". [14]

The Specific Objective of the project is: "To capacitate the Islamic Republic of Pakistan Government of Sindh (GoS) so that it may efficiently implement its nutrition multisectoral policy while providing direct assistance to significantly and rapidly reduce malnutrition in rural Sindh". To achieve the general objective, three Expected Results (ER) were identified:

ER1: Improved capacity of GoS and other stakeholders regarding nutrition-related policy/strategy development, coordination, implementation, adaptive research, data collection/analysis and communication (Component 1).

ER2: Treatment of malnutrition in health facilities supported by an outreach programme to screen children, a referral system for their follow up and a behaviour change communication programme for improved child care, sanitation and feeding practices (nutrition-specific). (Component 2). [15]

ER3: Improved community-level water and sanitation and nutrition sensitive food production systems that are adapted to climate change in rural areas (nutrition-sensitive). (Component 3). [16]

The EU funded Programme for Improved Nutrition in Sindh (PINS) covers 10 Districts in Sindh, each component was led by a different Implementing Partner (IP). Component 1 (ER1) implemented by a consortium led by Conseil Santé in all 10 districts covered by PINS, Component 2 (ER2) implemented by a consortium led by Action Contra la Faime (ACF) in 8 of the above-mentioned districts and by the Pakistan Rural Support Programmes Network (RSPN) in the other 2 districts. [17] Component 3 (ER3) implemented by a consortium led by RSPN in all ten districts.

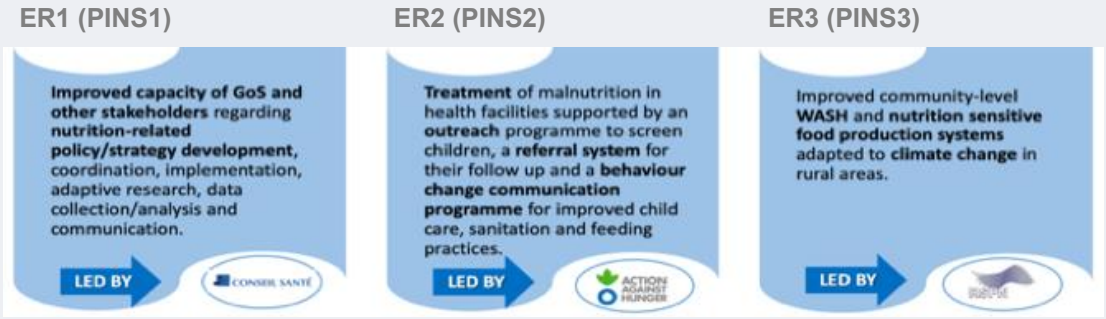
[14] SDG Goal No 2 is to "End hunger, achieve food security and improved nutrition, and promote sustainable agriculture". Specifically, the second target indicator aims to : "by 2030 end all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons".

[15] This approach enables community volunteers to identify and initiate treatment for children with acute malnutrition before they become seriously ill. This approach requires an effective outreach programme, wherein the caregivers are adequately motivated and trained. Children are screened in the community and those with MAM are provided with dry take-home rations within the Supplementary Feeding Programme (SFP) while those with SAM (without complications) are treated within an Outpatient Therapeutic programme (OTP). Treatment is at home with regular visits to the facility. A Behaviour Change Communication (BCC) programme for improved child care, sanitation and feeding practices is usually an essential aspect.

[16] Nutrition-sensitive food production systems refers to a raft of measures which promote the continuum between what is produced in the field/ garden/ community or availed to and bought from the market, and used (rather than sold as a cash crop), prepared and consumed in the household.

[17] Initially a partnership agreement to implement Component 2 (ER2) was signed with a consortium led by ACF, but they did not receive permission from concerned authorities to go ahead in Dadu and Jamshoro Districts. An

Figure 4 Lead Capacity Building Implementing Partners



The main expected results of Component 1 led by Conseil Santé (CS) include:

- ER 1.1 Public Policy Capacity Developed to Reduce Malnutrition in Sindh [18], including decision-making, dialogue, and implementation of policy process. (Process/s)

- ER 1.2. A multi-stakeholder (public sector, civil society, private sector, academia, media etc.) nutrition policy and strategic framework is developed and/or updated to respond to current and emerging needs of the sector in Sindh. (Product/s)

- ER 1.3 Cross-cutting/managerial tasks are implemented in such a way that they are ensuring the project objectives and expected results are reached within the duration of the contract.

Central to the CS Action is the support of processes leading to a nutrition policy outcome: The Sindh nutrition policy and strategic framework is supported by an effective policy dialogue, through effective coordination at Provincial and Districts levels involving a large majority of stakeholders concerned; and key actors involved in the development, approval, management and implementation in Sindh of nutrition policy and strategic framework have acquired the necessary technical and managerial competencies to perform their duties effectively and efficiently.

The expected results of Component 2 led by Action Contre le Faim (ACF) include:

agreement was reached for RSPN to replace ACF in the lead role to implement ER2 in these two districts, in consortium with the Thardeep Rural Development Programme (TRDP) and People's Primary Health Care Initiatives (PPHI). At the time RSPN and TRDP were already implementing the EU funded SUCCESS project and Nutrition Sensitive Component 3 (ER3) of PINS in these two districts, and PPHI was active in all the Basic Health Units and Rural Health Centres in the Province. Under ER3 RSPN is also in consortium with the Sindh Rural Support Organisation (SRSO) in three districts.

[18] Vertical (multi-level) and horizontal (multi-sectoral)

- ER 2.1 Strengthened facility-based treatment of acute undernutrition (SAM) and linkage to other healthcare programs in the targeted districts.

- ER 2.2 Enhanced outreach, identification and treatment of undernutrition, and behaviour change related to prevention of direct causes of undernutrition (multi-layered and expanded IYCF approach) across the target communities.

ACF Action supports the efforts of Government of Sindh (GoS) to improve child care, sanitation and feeding practices, specifically outreach, prevention and treatment of under-nutrition and malnutrition among women and children. It aims at reducing stunting by 1 % per year, and the level of wasting by 1.5 % per year over the duration of the project. It also aims at increasing by 1 to 2 % annually the proportion of children 6-23 months receiving a minimum acceptable diet in addition to milk.

It targets extending coverage beyond the 40% of Sindh already covered by the Lady Health Worker (LHW) Programme and the Out-patient Therapy Programme (OTP). Hence, there is at least one OTP site in each UC, to reach at least 50% of SAM cases in Sindh, 60% of primary caregivers of U5 children so they know at least 2 danger signs for seeking care immediately, and 60 % of PLWs so they know at least 5 nutrition / Infant and Young Child Feed (IYCF) messages. It plans to reach and treat at least 1,199,368 Children under 5 years of age and 1,621,516 PLWs. It makes provision for iron-folate supplements for 90% of targeted Pregnant and Lactating Women (PLW).

ACF Action also targets 100 % of Severe Acute Malnutrition (SAM) cases (children and their mothers) and outreach to 60% of the population in the ten districts not already covered by the Lady Health Workers Program. SAM prevalence for the ages of 6-59 months is estimated at 4.3 % and annual incidence at 1.5 %.

Pregnant and Lactating Women (PLW) are approximately 8 % of the population in the ten districts of PINS. At the same time, children under 5 are about 12.1 % of the population. Together, they are equivalent to 20% or 2.117 million of the total population of the PINS districts that amounted to 10.586 million in 2017 (Census).

The main expected results of Component 3 led by (RSPN) include:

- ER 3.1: Improved community level water and sanitation hygiene, infrastructure and behaviour changes in programme target areas of Sindh,

- ER 3.2: Improved community level nutrition sensitive food production systems in target areas of Sindh,

- ER 3.3: Addressing cross-cutting priorities, including adaptions to climate change.

RSPN Action supports the efforts of Government of Sindh (GoS) to improve food diversity and reduce water-borne diseases in ten districts of Sindh. It aims at

reducing the level of stunting and of wasting by 1 % per year. It also aims at halving the proportion of anaemic pregnant women over the duration of the project.

RSPN Action targets 390,636 rural households in 50% of rural UCs located in 10 targeted districts. More specifically, 380,870 Married Women of Reproductive Age (MWRA) and an annual number of 86,131 Pregnant and Lactating Women (PLW) should increase by 20% their expenditure dedicated to a minimum of four food groups (outside staples) and likewise the proportion of women aged 15-49 who consume at least five out of ten defined food groups of minimum dietary diversity.

It also targets a group of 395,322 children under five-year-old aiming at reducing by 1 % annually the incidence of diarrhoea. In addition, it aims at increasing by approximately 3.5 % annually the proportion of children aged 6 to 23 months that consume a minimum accepted diet.

RSPN Action aims to capacitate communities and the increase the abilities of households in water supply, water and sanitation hygiene, kitchen gardening, community farming, fish farming, livestock and poultry farming, climate resilient agriculture and community preparedness to respond to and mitigate the effects of natural disasters that negatively impact livelihoods, particularly the availability and affordability of food. This includes providing 20% of households in the project areas with improved sanitation facilities, and increasing in the 10 districts the utilization of safer drinking water and hand washing habits by above 50% of the baseline.

It targets 10 districts to each design, test and adopt at least 3 innovative agriculture and food security approaches. In addition, it targets 1,938 villages in these districts to develop integrated community-managed agriculture and / or livestock field schools or demonstration sites, and for each to take up at least 3 types of climate resilient measures for mitigating floods and drought risks. It also targets 55,856 households (0-23 on PSC) to establish a kitchen garden in these villages and a further 5,000 with the uptake of new agriculture techniques (adapted to climate change).

Figure 5 PINS Financial Agreement Logframe Outcomes

Strategy and Programme Management Capacity
Strengthened dialogue, planning, coordination and data management
Adaptive research and policy development,
Nutrition Related Social Behaviour Change Strategy Formulated
Nutrition Related Capacity Development Strategy Formulated
Strengthened Knowledge, Skills and Competencies Development
Children (Aged 0.5 – 2) Minimum Acceptable Diet
% who received appropriate liquids and solid, semi-solid or soft foods the minimum number of times (24 hr recall). Baseline: 9.4 % (MICS 2014).
Children (Aged 0 to 5) Diarrhoea Incidence
% Decrease in the incidence among Children under 5 years of age
Baseline: 28 % Prevalence (MICS 2014).
CMAM Coverage – Sphere Standard
% beneficiaries in need of treatment that are taking part in the programme.
recovery > 75%, default < 15, % and death rate < 10%;
NSC/OTP > 90%, Urban >70% Rural > 50%
Baseline and SQUEAC coverage (unknown)
Women (Aged 15-49) Minimum Dietary Diversity
% targeted women who consume 5 out of 10 food Groups (24 hr recall)
Baseline: Unknown
% PLW practicing 5 nutrition / IYCF messages
Danger signs for seeking care immediately
Immediate and exclusive breastfeeding until 6 months age
Complementary foods and weaning from 6 to 9 months age
Meal frequency, consistency, quantity for 6 to 9 to 12 to 24 months of age
Meal frequency, consistency, quantity for 2 to 5 years
PLW 3 meal plus 2 snacks daily and Balanced Diet
Use of IFA and foods for preventing Anaemia
% Expenditure on 4 food groups (except staples)
% targeted women who consume 5 out of 10 food Groups (24 hr recall)
Baseline: Unknown

Figure 6 Illustrations from Pakistan Guidelines for Better Nutrition

Source: 2018, FAO and GoP. Pakistan Guidelines for better Nutrition. Pp 99 http:// www.fao.org/3/ca1868en/CA1868EN.pdf

Source: Page 33: 2020, RSPN PINS. Community Resource Person (Social Volunteer SBCC toolkit. Pp. 56 http://www.rspn.org/wp-content/uploads/2019/03/SBCC%20Toolkit%20-%20Sindhi.pdf

Source: Page 64: 2020, FAO. Cost and Affordability of Healthy Diets Across and within Countries. Pp. 108 http://www.fao.org/3/cb2431en/CB2431EN.pdf

2.3 Methodology

The purpose of the MTR Assignment is to contribute towards more efficient / effective management of the EU Delegation to Pakistan's (EUD) development Cooperation Portfolio through providing the relevant services of the European Union, the interested stakeholders and the wider public, concerned by the EU development Cooperation with the Islamic Republic of Pakistan with:

- An overall independent assessment of the past performance of the above-mentioned action, paying particular attention to its results measured against its expected objectives and the reasons underpinning such results;
- Key lessons learned conclusions and related recommendations in order to improve the current and future actions
- Consideration whether gender, environment and climate change were mainstreamed; the relevant SDGS and their linkages were identified; the principle of Leave No-One Behind and the rights-based approach methodology have been reflected in the design and implementation of the Action, their governance and monitoring.

The service delivery under this assignment covers the period October 2020 to June 2021, it falls within the overall Contract for Implementation of the European Union Delegation to Pakistan's 2019-2020 Projects Evaluation Plan with IBF[19], which included this Mid-term Review of the Programme for Improved Nutrition in Sindh.

The TA team of Key Experts (KE) was comprised of three persons, one from IBF and two from i-Consult Pakistan who provided evaluation services covering the PINS financing agreement and the subsequent implementing partner projects:

- Angus Graham (KE1, TL),
- Izhar Hunzai (KE2) and
- Ihatsham Akram (KE3)

Each expert was allocated 52 to 58 working days, starting with an initial period of two weeks preparatory work at home followed by six weeks combined desk and field work in Sindh, followed by two weeks for conclusion of the assignment at home.

Ten calendar days of work were dedicated to the Inception Phase and the Desk Phase, followed by 20 work days for the Field Phase and 10 work days for the Synthesis and Dissemination Phase.

Allocations of time among the KE was recorded in a work plan developed during the Inception Phase. This was revised twice over the course of the first two weeks of in-country preparations in order to allow the team to refine and test the methodology. It also served to collect data and evidence.

[19] EuropeAid/140026/DH/SER/PK/1; Service Contract ACA/2019/409-077 & ACA/2019/409-102

The first revision to the workplan was to extend the Desk phase from 10 to 15 work days in order to make provision for initial joint visits by the whole MTR team in Thatta for field testing of the methodology. The second was to extend the Field Phase from 20 to 25 work days to make provision for 4 days internal travel for two trips between Karachi and the district locations either side of the Eid break and allow sufficient time for each of the KE to spend at least a week in each of the target districts.

The revised Field Phase comprised 15 days field work, (5 days in each of three districts for each of the KE), 3 days for drafting of technical annexes containing key findings and recommendations for each KE, 3 days for analysis of collected data and reliability of their coverage and extracting the overall key preliminary findings and preparation of the intermediary report, and 3 days for quality control and preparation of a slide presentation of the combined desk and field phase key findings and debriefing with the Reference Group and EUD.

The assignment followed closely the methodology foreseen in the inception report. The Inception Report was submitted on 25 November 2020 and accepted by EUD two months later.

A reference group comprised of EUD staff and focal points of each of the three lead implementing partners (Conseil Santé, ACF and RSPN respectively) was established with an introductory email from EUD on February 4th 2021. It first met remotely on March 8th 2021 in preparation of the field phase. The agenda included: selection of sites and stakeholders to be visited and establishing a mechanism for strong collaboration between the three PINS implementing partners and the MTR team. Subsequent meetings were held on April 19th, 11 May 11th, 02 June 2nd 2021.

The MTR team submitted two Planning notes to the EUD, the first on March 21st 2021 prior to the commencement of the Combined Desk and Field Phase, and the second at the time of its completion on June 5th 2021. The first included maps of the Districts and Tehsils covered by IPs, and the Union Councils and Village Organisations selected by the MTR to visit, and the second shows the schedule of visits that took place between April 27th and May 27th 2021

Highlights include visits to households and community organisations among some 60 villages across a total of 20 Tehsil Union Councils in the 10 target Districts of Sindh covered by the EU funded PINS; and visits to key implementing partners and beneficiaries of all the field-based activities covered by the three main implementing partner contracts /active on-going projects.

The desk and field phases were conducted between April 15th 2021, when the key experts arrived in Karachi, until their departure on June 5th 2021.

The Desk phase took place between April 15th and April 26th, followed by a week of joint team-work and testing of the interview tools in the district of Thatta before each of the three KE split up on May 2nd 2021 to each cover three of the nine remaining

target districts. During the field phase, work was halted for an in-place break over the period of the Eid Celebrations from May 12th to May 16th 2021.

At provincial level no meetings were held with the statutory project steering committee as it has not been constituted and was not functioning, but meetings were held on April 26th and June 1st 2021 with the coordination team in the Sindh Planning and Development Department (P&D) and members of the Secretariat leading the implementation of the Accelerated action Plan for Reducing Stunting and Malnutrition in Sindh.

At district level meetings were held with key informants and panels of experts from community organisations, local support organisations and rural support programmes, and relevant committees and task forces of district and tehsil level government agencies, to review PINS progress and identify emerging gaps and outstanding needs and opportunities, and options to ensure sustainability of benefits when the project is due to close or be extended.

Each day an assortment of meetings, one to two-hours in duration, were held with the programmes associates comprised of local support organization and village organization members together with font-line volunteer Community Resource Persons (CRPs) and Entrepreneurs (AEs).

On each occasion focused discussions were held with small groups of 3 to 5 married Women of Reproductive Age (WRA) and Pregnant and Lactating Women (PLW) together with volunteer Community Health Workers (CHW), and village transect walks were conducted to view project activities and meet with other beneficiaries.

During the Desk Phase the MTR reviewed the Logframes of the PINS Implementing Partner methodologies against that of the EU PINS Financing Agreement that formed the basis of their ToR. The team also reviewed the nutrition situation in Sindh since the inception of the project, the project intervention logic and some studies forming the evidence base and rationale for the projects approach. The team also studied thoroughly contextual and external factors related to the policy process underlying the project. It considered the known limitations and level of complexity of the project and the available written evidence from the studies and reports of the PINS implementing partners.

At the end of the Field phase the initial findings of each KE were triangulated and a summary prepared covering the respective focus areas and aspects of effectiveness (Outcomes) and related causal linkages (Activities) for each Component. Each KE prepared a set of overall recommendations covering their assigned component, advice for the action's exit strategy and post-action sustainability, and for adjusting the actions design or plans, and concluded with a set of summary lessons learned and their relevance to the participating institutions.

2.4 Areas Visited

The areas visited by the MTR team were selected in consultation with the EUD and the PINS Implementing Partners. Two Tehsils in each of the 10 districts covered by the project were selected to be visited. Within each, three villages were pre-selected (see attached Annex on Action Geography) in one Union Council (UC). Finally, in each UC, one or more villages were visited by each the MTR Team.

Figure 7 List of Areas Visited

District	Tehsil	Union Council
Thatta	Mirpur Sakro	Choubandi
	Keti Bundar	Keti Bunder
Larkana	Bakrani	Puranoabad
	Dokri	Tatri
Matiari	Hala	Karam Khan Nizamani
	Saeedabad	Saeedabad
Sujawal	Shah Bunder	Chuhar Jamali
	Mirpur Bathoro	Mehar Shah
Qambar Shahdadkot	Shahdodkot	Aitbar Khan Chandio
	Nasirabad	Muradi
Dadu	K.N. Shah	Thalho
	Johi	Bawalpur
Tando Muhammad Khan	Tando Ghulam Hyder	Nazar Pur
	Tando Muhammad Khan	Shaikh Bhirkio
Shikarpur	Khanpur	Rahimabad
	Lakhi	Rustam
Jamshoro	Sehwan	Channa
	Thano Bula Khan	Sari
Tando Allahyar	Chambar	Dad Khan Jarwar
	Tando Allahyar	Dhanganu Bozdar

2.5 Narrative Outline

The MTR team submitted two Planning notes to the EUD, the first on March 21st 2021 prior to the commencement of the Combined Desk and Field Phase, and the second on June 5th 2021. The team completed the Inception Report on November 24th 2020 (Annex 1) and the Final Report on August 31st 2021(Annex 2).

Figure 8 Narrative Outline and Main Deliverables

NARRATIVE OUTLINE			
Result	**Planned achievements for the reporting period**	**Progress (Dates to be inserted)**	**Outputs**
R1–An independent MTR of selected areas of focus of PINS with field visits covering as much of the project area in Sindh as possible.	A1 – Initial brief with EUD and desk Review. A2. Preparation of information collection tools and checklists. A3 – Consultation with key partners and collection of information at provincial level. A4 – Preparations for field phase and summarizing of preliminary findings. A5 – Consultation with key partners and final beneficiaries in 10 districts of Sindh. A6 – Consolidation and analysis of collected information and drafting of initial findings.	**Statutory Reports** ▪ Inception ▪ Intermediary **Presentations** ▪ Preliminary Findings **Briefing Notes** ▪ Inception Meeting Minutes ▪ 2-page briefs	***Reports, Appendix 1*** ▪ Report, Annex 1a Report, Annex 1b M***eetings*** ▪ Kick-off meeting with EUD. ▪ Initial meeting with Reference Group. ▪ Concluding meeting with Reference group and separate Debriefing with the EU Delegation.
R2 – Key findings, lessons and recommendations in order to strengthen the current phase and preparation of an extension of the PINS.	A7 – Developing understanding of the contributions in addressing the known and emerging issue leading to high levels of malnutrition in Sindh. A8 – Final analysis of findings (with focus on the Evaluation Questions) A9 – Developing concrete recommendations to move the programme forward, and for the design of an extension phase and future similar interventions. A10 – Reporting	***Statutory Reports*** ▪ Draft Final ▪ Executive Summary ▪ Final **Review of Comments**	***Reports Appendix 2*** ▪ Report, Annex 2a Report, Annex 2b ***Meetings*** ▪ Meeting with the EUD.

2.6 Challenges and Limitations

Considering the complexity of the project and EUD demands, MTR spent a considerable amount of time in the field phase. At the beginning, the scope of the assignment was limited to four areas selected in each of the three PINS components, as outlined in the inception report.

Figure 9 MTR Approach

Scope	Risk Management	Adaptive Strategy	Operational Strategy	Programmes
Component 1	Policy and Strategic Framework	Coordination at District and Provincial Levels	Technical and Managerial Capacity Building	Support to Project Implementation
Component 2	Management Information Systems	Outreach, Referral, and Coordination	CMAM/IYCF/BCC (integrated)	Mass and Community Level SBCC
Component 3	Food System Mapping & Risk Adaption	Extension and Pilot Initiatives	Kitchen / Family Gardening and Livestock	Entrepreneurship

The research focus areas were identified by the MTR team in agreement with the EUD. This includes exploration of environment and climate risk mitigation. It also included gender, the principle of Leave No-One Behind as well as the rights-based approach[20].

Building on the evaluation methodology, a set of questions was drafted to study from different viewpoints using various methods in an effort to increase the validity of the findings. The goal was to get a good understanding on different aspects of each topic from different perspectives, to cross-validate findings on opinions of participants, and identify gaps among the various stakeholders and systematic differences between administrative levels.

Triangulation was done through document review (EU financing agreement, IP terms of reference and methodologies, and PINS partner studies and records) and provincial level interviews during the desk phase; and building a congruent set of findings during the field phase from the studies of the three KEs who each covered separate regions of Sindh, each comprised of three districts covered by three distinct PINS IP partners, the RSPs: SRSO, TRDP and NRSP.

At the outset, the evaluation team faced the challenge of meeting expectations of PINS Implementing Partners for the MTR. This included broadening the scope of the MTR to include a comprehensive evaluation of aspects of the Sindh Accelerated Action Plan for Reducing Stunting and Malnutrition (AAP), identifying gaps in the AAP that still need to be filled in terms of completion of the roadmap of priority actions in the 12 strategic areas of the AAP, comparing the performance of aspects of the EU PINS and World Bank SEERS Funded projects in selected areas, and addressing

[20] https://unsdg.un.org/2030-agenda/universal-values/leave-no-one-behind

systematic problems. These expectations are complicated by a number of factors including the following facts.[21]

PINS was not designed to explicitly comprehensively address all the priority actions in the 12 strategic areas of the AAP; some aspects in the purview of the GoS decision-making are outside the control of PINS Implementing Partners; the World Bank SEERS project has already recently received an MTR and is outside the scope of the PINS MTR; there are limitations in the lowest territorial unit for which the population census publishes data; and the extent to which Local Support Organisations (LSO) used by RSPs for beneficiary selection are representative of the rural population in terms of their geographic coverage and their participation is unclear. [22]

PINS started some 18 months after SEERS. Furthermore, the PINS ER Components did not all start at the same time, with PINS ER2 ACF starting implementation of activities on June 18th 2019, while RSPN started implementation 18 months later in February 2021, considerably later than their respective contract signature dates with EUD.

Figure 10 Implementing Partner Contract Starting Dates

COMPONENT	IMPLEMENTING PARTNER	CONTRACT	SIGNED	AMOUNT (EURO
ER1 - TA	Conseil Santé	ACA/2017/391-103	22/12/2017	**5,894,600**
ER2 – Nutrition Specific	Action Against Hunger	ACA/2018/397-556	21/05/2018	**27,066,193**
ER2-bis – Nutrition Specific	RSPN	ACA/2019/411-517	14/04/2020	**21,000,000**
ER3 Nutrition Sensitive	RSPN	ACA/2018/395-053	12/02/2018	**2,933,806**

The late start of implementation by RSPN of ER2-Bis in Dadu and Jamshoro with TDRP and PPHI is attributed to delays in sub-contracting and TDRP (May 2020) and PPHI (November 2020) due to a number of risk assessment findings that needed to be addressed. The OTPs were established in Jan 2021 and one NSC in March 2021 in these districts. Delays in third-party contract signatures with ACF and RSPN is also a function of difficulties faced by ACF in obtaining a 'No Objection Certificate (NoC) issues to work Dadu and Jamshoro districts. When this proved unsuccessful, EUD resorted to RSPN to implement ER2 in Dadu and Jamshoro districts. In summary,

[21] AAP aims at reducing stunting from 48% to 30% by 2021 and then 15% by 2026. It is focused on 23 districts where a rate of stunting is above 40%, and has three financial partners

Project	Budget	Districts
SERRSP	$61.62 million USD	23 districts (to be covered in phased-wise manners)
NSP	$47.95 million USD	09 Districts (Note: NSP will close on 31 December 2019)
PINS	60 million Euros	10 districts

[22] Mouza and Deh are sometimes used as synonyms for rural settlements. In Sindh, however, there is little correspondence here between the identity of the deh and that of the goth which is how communities refer to their villages or settlements. A deh can have over a dozen goths of various sizes spread over its territory. The goth is usually made up of smaller segments known as paro (plural para) which are generally inhabited by close kin. Some of the smaller goths are just single paro settlements, while the bigger ones can have several paro. The deh does not tell us much about the actual rural settlement.

RSPN started the implementation process in Dadu and Jambsoro in May 2020 yet the services delivery started in Feb 2021.

Delays in reaching an agreement on implementation of PINS2 in Dadu and Jamshoro resulted in the creation of a PINS2-B sub-component for these two districts being implemented by RSPN (in collaboration with ACF, TRDP, PPHI) instead of as originally foreseen to have been implemented by ACF in all ten PINS targeted districts.

PINS and SEERS covered different administrative areas in the 10 districts covered by PINS; they engaged different modes of implementation and sets of non-government implementing partners; PINS was not involved in over half of the districts being covered by the World Bank sponsored projects supporting the AAP; and the areas where the MTR could visit with all PINS components present and using the same UCs was relatively small compared to the total geographic area actually covered by PINS.

These complexities pointed to a need for a more systematic review than was possible within the scope of the MTR and the resources allocated to it. Many of the pressing issues require processes than necessarily extend beyond what is possible under the PINS MTR. Nevertheless, the MTR make observations and recommendations based on consultations during which unresolved issues arising from the aforementioned AAP priority strategic areas were discussed.

3. FINDINGS

This chapter presents MTR's overall findings, providing evidence and reasoning based on at least two lines of enquiry for each of the DAC criteria.

3.1 Relevance

This section addresses whether the project is doing the right things and the extent to which it responds to beneficiary and partner/institution needs, specifically in terms of design and adaption to any changes in circumstances.

The project is addressing key aspects of all the main priorities articulated in the strategic note of the Government of Sindh (GoS) Accelerated Action Plan for the Reduction of Stunting in Sindh (AAP).[23] Some aspects involve institutional reforms decisions by GoS that have been pending since before the inception of PINS, some of which require more effort to bring certain decisions to a conclusion. The rationale for the project, the underlying information informing its design, has not changed significantly since its inception although it is time the AAP underwent a process of critical review and updating for the next 5-year iteration.

The project has filled some critical gaps in community level extension services and strategies for the prevention and mitigation of risks of malnutrition, including various aspects of food and nutrition security such as consumption of therapeutic food and vitamin and mineral supplements by pregnant and lactating women and children under 5 years of age. A key aspect is mass awareness and increasing knowledge among target communities of the importance of a diversified diet and improving mother and child care practices, including infant and young child feeding.

The multi-pronged and multi-agency design of the project builds on the results of previous investments and experience and innovations in delivering rural development services to the rural poor, whereby rural support programmes and community level organisations, which play a central role in the delivery of the project in collaboration with the projects main capacity building Implementing Partners (IP). It is driven by local knowledge and has adapted and made good use of time-tested tools. However, more effort is needed on consolidating a new updated set of integrated tools based

[23] The priorities of the Government of Sindh (GoS) Accelerated Action Plan for the Reduction of Stunting in Sindh (AAP) include:

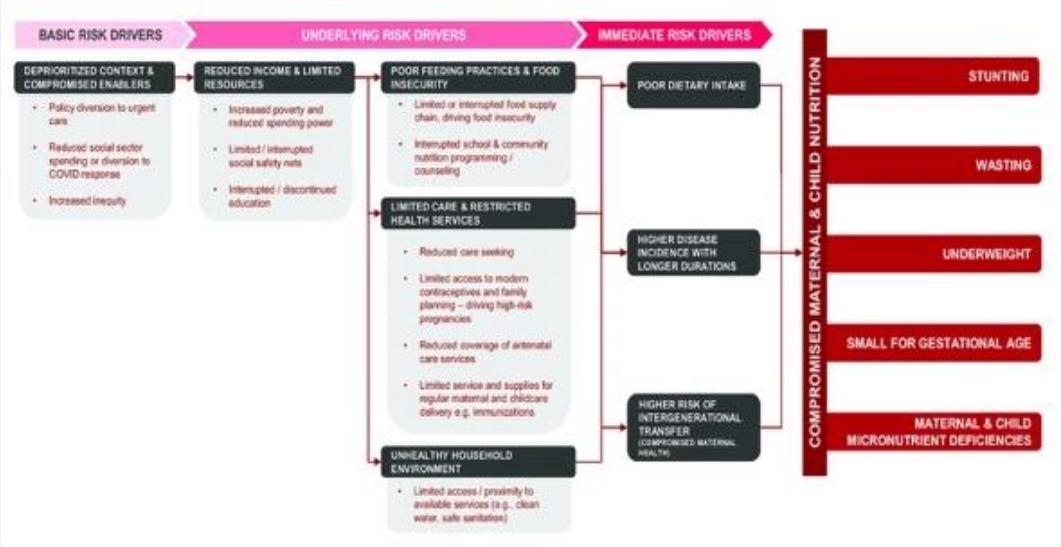
1. Expanding coverage of Nutrition Services (Promotion & Care),
2. Integration of Family Planning Services,
3. Revitalizing the Lady Health Worker (LHW) Programme for Nutrition,
4. Leveraging Community Based Workers,
5. Strengthening Facility based Health Services,
6. Streamlining Coordination of Community Based Workers,
7. Total Sanitation and availability of Latrines,
8. Improving access to safe drinking-water,
9. Conditional Cash Transfers for the poor,
10. Enhancing food diversity through agriculture and livestock,
11. Engaging of Teachers and School based forums,
12. Schools systems for ages (3-5 years) and (12- 15 years).

on sound research processes, e.g. social, behaviour and communication (SBCC) tools, and techniques on adaption to risks arising from frequent drought and flood events, and problems of soil and water toxicity.

The component led by Conseil Santé changed its trajectory since 2019 and is now focused on working with government departments at the province level. Since then, this component is focused on reaching adolescent children and future mothers. Its activities, nonetheless, are not well grouped under each of its Logframe result areas and it is not clear how the Conseil Santé team is gathering the indicators data for its Logframe nor what role it is playing to do so. Its Logframe needs to be revised in order to be more manageable, and resources reallocated in a pragmatic and rational way across the three main result areas, including a more useful staffing presence on the ground.

The Covid-19 pandemic has periodically interrupted the flow of the project, delaying certain activities. Nevertheless, PINS is highly relevant in the context of the implications of Covid-19 on maternal and child undernutrition in the province of Sindh that went through a strict lock down in early onset of the first wave of the pandemic in 2020. Covid-19 is likely to have worsen rates of maternal and child undernutrition due to its impacts on poverty, coverage of essential interventions, and access to appropriate nutritious foods.

Figure 10 COVID-19 Affects on drivers of Acute and Chronic malnutrition



Source: Am J Clin Nutr, Volume 112, Issue 2, August 2020, Pages 251–256, https://doi.org/10.1093/ajcn/nqaa171

Food systems are considered particularly vulnerable to Covid-19 which also affects incomes, social protection and health care services and access to clean water and sanitation. Because of this, strengthened food-supply chains, targeted social safety net programs, payment deferrals, and appropriate cash-support programs for the most vulnerable / marginalized households that could be deployed through

community organizations. Governments, donors, and development partners are expected to strategize and reprioritize investments for the COVID-19 era, which will necessitate data-driven decision making, political will and commitment, and international unity.

3.2 Effectiveness

This section covers achievement of project objectives, the extent to which the action's results are being achieved or are expected to be achieved, specifically any changes required to obtain the right balance of project results reflecting their relative importance across beneficiary groups.

Most key informants and beneficiaries interviewed by the MTR team at village level identified social behaviour change communication, conducted by the various types of volunteer community resource persons, improvements in community water and sanitation infrastructure, and the kitchen garden activities as the most important aspects of the project. This can be attributed to their broad involvement and shared experiences in these aspects of the project.

The MTR found widespread adoption of community led sanitation practices and kitchen gardens, and evidence of attitudes changes and intra-household dynamics related to the provision of food. The MTR team found clear evidence on the ground of uptake of extension advice, new technologies and improved food production practices. Key areas of knowledge are being spread among target communities, changes in behaviour are taking place, especially in hygiene and consumption of safer water and better diets, including there are some improvements in family meals and child feeding practices.

In many cases this has resulted in more mobility among women outside the household and better choices on what to eat and feed to their children. In other cases, husbands are procuring a wider array of foods at the market to meet the household new demands for a more diversified diet. This was caused by the awareness campaigns and counselling activities supported by the project.

The project has been successful in incorporating nutrition into existing rural health facilities. However, the constant seasonal numbers of moderately and severe acutely malnourished children being detected by community health workers are still a concern and the relatively unchanged flow of worst cases being referred to health services. There is still a gap in preparing mothers of children showing signs of Severe Acute Malnutrition to properly feed their children after receiving therapeutic foods supplied by the program, and reduce their aid dependency. More effort is needed on production of household level home-made therapeutic type foods rather than relying on costlier imported ready to use variants, and closer attention to Moderate Acute Malnutrition (MAM) is recommended.

The provision of livestock to the families found under extreme poverty situations received mixed reviews. The provision of goats is resulting in sustained production of milk and meat, although milk yields was observed to be generally low. The provision of poultry was a failure in many of the villages visited by the MTR, due to poor procurement arrangements. Nevertheless, consumption of eggs is one of the biggest changes to children's diets. Overall beneficiaries expressed their preference for buffalo over any other type of livestock. The MTR team found in the course of its village interviews that SAM cases tended to outnumber the number of beneficiaries of livestock in a ratio of 3: 1.

The MTR team identified a need for greater efforts to involve extended family member gatekeepers to address barriers to behaviour change in order to increase the engagement of pregnant and lactating women in consulting community volunteers and health services, acceptance of recommended food supplements, and adoption of new dietary habits, especially animal protein and diverse sources of vitamins. It also identified a need to continue support to water and sanitation and improve extension packages through Research and Development (R&D), and government capacity to utilize relevant information tools to improve management, especially planning and coordination.

3.3 Efficiency

This section covers utilisation of project resources, the extent to which its expected results are being delivered in an economic and timely way, specifically where the biggest differences are being leveraged and what was done by participating institutions to ensure cost efficiency in terms of maintaining performance records, monitoring results, and leading policy development.

The project rollout has been relatively efficient through engagement of community organisations and volunteer resource persons and some economies of scale have been achieved. However, the MTR team noted relatively weak or delayed scaling of knowledge transfer and uptake of the research notes and policy prepared by implementing partners. Also, the team found relatively weak linkages to Research and Development and technical backstopping, and missed opportunities to consolidate and use a broader set of multi-sector nutrition social and behaviour change activities in rural health facilities.[24]

The MTR team is of the view that the project has been strained by weak multi-sector partnership arrangements, weak multi-sector leadership, weak GoS involvement and commitment to aspects of PINS, episodic relations with P&D due to staff turn-over and interruptions among key partners, and weak use of the statutory forums for management of the project, such as the PINS project steering committee and

[24] https://aari.punjab.gov.pk/institutes
http://www.parc.gov.pk/index.php/en/2013-04-11-06-13-50/narc-Islamabad

quarterly joint review forums. The component led by Conseil Santé does not seem to have progressed as anticipated at inception, and its collaboration with the other components on balance seems to have been weak.

The MTR found systematic population data problems related to use and interpretation of housing and population census data, and incoherent approach to reporting on administrative areas covered by PINS implementing partners, outdated geographic standards for circumscribing Union Council administrative levels, an inaccurate poverty scorecard targeting method, and limited or delayed deployment of smart surveys and surveillance methods, and insufficient use of Geographic Information System tools and spatial analysis.

Nevertheless, the MTR team found numerous rural health facilities had demonstration kitchen and herb gardens, and some were producing significant quantities of vegetables, which was encouraging and testament to good cooperation between ACF and RSPN. The MTR was encouraged to recommend that this aspect should be scaled up as an alternative extension pathway.

The MTR team is of the view that the action could be more efficient considering the high number of hierarchal tiers of implementing partners and their dependency on government technical departments in key areas such as Social Behaviour Change Communication (SBCC) policy and certification of project achievements amongst others.

Interruptions which occurred for various reasons such as the denial by local authorities for ACF to lead in Dadu and Jamshoro districts and losses arising from delays in the roll out of some activities may prove to be expensive. Unnecessarily high numbers of referrals within health facilities are masking the outreach performance, burdening the work of Nutrition Assistants, and leading to some waste of resources as well.

3.4 Impact

This section covers the difference the project is making, the extent to which it has or will change the high levels of under-nutrition and stunting in the country, specifically its biggest successes and opportunities for improvements including participating institutional capabilities.

The project is by nature very focused on women and girls, and by way of its use of community organizations comprised of women is empowering women. However, the project does not seem to have women as main targets. It seems an opportunity has been missed to prepare a comprehensive gender development plan with targets to track progress of the various aspects of the project across Villages, Tehsils, and Districts.

A key aspect of PINS is its support to personal development through training and transfers to young professionals that provide nutrition services in local community, health services, and government institutions, and the role they play in changing community norms, values, consultation of essential and advisory services, and the adoption of improved practices and technology.

The approach of the project has led to broader household and community levels of understanding of the nutritional needs of women and children, and many have started to produce for the first time modest yet important quantities of fresh vegetables from small kitchen gardens, using climate and salinity adapted technologies.

One woman in a coastal village of Sajawal said, “look from this dead soil, we are producing vegetables and flowers, which we never thought was possible before”. Many of the women met by the MTR team said their knowledge of food had increased during their participation in the project, and that on average every three days they cook fresh vegetables from their kitchen gardens.

The intervention is likely to reduce the number of malnourished children and pregnant and lactating women over the medium to long term. Progress on reducing levels of stunting among children could be accelerated if the fertility / birth rate can be slowed and the projected population reduced. This is an aspect that should receive the full support of the project going forward.

There is a risk that data at the district level may not capture well the situation in numerous villages in the target district that are not covered PINS. There is an assumption that other similar projects in the targeted districts will perform at least as well as PINS overall, which might be unrealistic.

3.5 Sustainability

This section covers expected longevity of the project benefits, the extent to which the net benefits are likely to continue, specifically the financial and socio-economic and environmental benefits. It includes the extent to which the institutional capacities needed to sustain net benefits over time are deemed adequate.

Human resources are the most critical component of PINS. The nutrition assistants placed in rural health facilities and volunteer community health workers deployed to conduct outreach are highly vulnerable to closure of the project. Because of this, efforts should be made to ensure their placement in order to continue their services when the project ends.

The provision of imported or locally available therapeutic foods (RUTF) to rural health facilities will most likely not be continued after closure of the project, warranting a

different type of Community Management of Acute Malnutrition (CMAM) possibly involving more mobile doctors for consultation with vulnerable remote communities.

A number of PINS induced technical and behaviour changes are likely to be sustained and scale up, such as kitchen gardens, moringa tree plantations, fish production, and community led initiatives to stop open defecation. The three-tier community institutions built by the Rural Support Programmes will prove critical for Public Private Partnership (PPP) approaches to work on the ground going forward. However public sector departments research and development support though critical remains a weak link.

The MTR team is of the view that the GoS should take bold steps in implementing its public sector reforms agenda, and make needed structural changes to institutionalise 'holistic planning, programming and budgeting', using nutrition as a prime reference.

Supplies oriented activities such as the provision of free foods run the risk of creating aid dependence. They tend to be expensive and are a drag on the fiscus. The benefits, however, will have a lasting impact on the physical and cognitive development of children, especially in the early stages of life and later as they become sexually mature, and have the potential to interrupt intergenerational cycles of stunting and poverty.

There are alternatives that should be explored and developed further, such as home-made therapeutic foods and local marketing of micro-nutrient and vitamin powder food supplements. Productive resources transferred to the poorest rural households for food production such as non-hybrid seeds and livestock are by nature highly geared to leverage increased food production assets.

The project sustained community organisations and community led approaches as key avenues of project delivery thereby building potential for its continuity by such civil society organisations. This aspect is in its infancy and there are many upstream and down-steam avenues to explore further. Hence, the project is working well and its legacy should continue.

Going forward GoS should consider placement of financial resources at lower administrative levels to address urgent and genuine needs, and engaging public-community partnerships (PCP) arrangements involving local government and community based local support organisations. Rural Support Programmes (RSP) should seek avenues to deliver greater value.

This recommendation is made towards making the AAP operational at the Union Council level, the lowest tier of Government, closest to beneficiary groups. The MTR is of the view that the UC is the best locus for translating AAP's multi-pronged strategy for reducing stunting, creating an interface between public, private and

community services and actors for delivery and uptake of public / market services and inputs.

In this regard we are specifically recommending to streamline supply-side support to increase availability of good quality inputs, including mother nurseries, certified and bio-fortified wheat seed, fish / poultry hatcheries, and livestock medicines and vaccines at the UC level through provisions for operational funds to public sector partners through joint ventures with Community Resource Persons/ entrepreneurs.

On the demand side, CRPs, enterprising individuals selected by their own communities and regulated by LSOs, and trained and guided by professionals and master trainers, are ideal last mile private service providers. Our recommendation is to invest more in their skills and competencies, expand their portfolio of services, and link them up with financial services, especially the CIFs operated by LSOs. This can be done by conditional transfer of funds to CIFs, and creating nutrition sensitive products and services. In return, LSOs could integrate nutrition as a priority theme in their regular programming, thus embedding PINS in RSP's community development approach.

These two strategic interventions, one aimed at streamlining not only public sector services but also creating a marketplace for critical public services and the other improving uptake and impact through institutional support to CRPs (as last mile services providers) by linking them up with micro loans from CIPs under LSO, will help the projects legacy.

3.6 Visibility

This section covers recognition of the contribution of the EU, the extent to which it is formally recognized in all products and services, specifically implementing partner planned communications on the project including events, media and materials produced. This includes the extent to which partners under the AAP recognize the EUs role, contributions and standards.

The MTR team found the contributions of the EU funded PINS and SUCCESS programmes well recognised among communities and district managers. The EU flag was clearly visible to the MTR team in all products, places and IEC materials. Communication and visibility plans are in place, although a coherent procurement plan to cover the various events of the PINS implementing partners seems to be missing. Linkages to an overall AAP Social and Behaviour Change Communication Policy and Plan and partnership arrangements seems to be missing.

PINS is conspicuously absent in the branding of the AAP by the P&D department. PINS and SERRSP are roughly equal international resource partners for implementation of the AAP, in terms of budgetary and other resources contributions.

They share the same place in the P&D Department development budget for implementing the AAP.

At provincial level government ownership of PINS has been weak compared to the World Bank funded SERRSP project. This can be explained by differences in the implementation modalities between the two internationally funded projects. Ideas that the role of PINS is merely to fill uncovered gaps in the AAP not filled by SERRSP is problematic, needing due consideration for coherence of the strategic elements and logic of PINS.

There is insufficient recognition that PINS is a full partner implementing in the AAP. The MTR team found on numerous occasions AAP partners referring to AAP activities as any activity other than those of PINS, referring to SERRSP and AAP interchangeably, and likewise confounding SERRSP with Government covered areas. This identification of SERRSP as being a government initiative and PINS as not being one has created discord and confusion. The roles and contributions of other GoS current and development resources is not clear. This too has also led to considerable confusion, considering that PINS is an AAP partner.

Poor collaboration between the two internationally funded projects is believed to have led to fractured coverage of target areas and beneficiary groups, and leaving lacunae in services coverage.

Figure 11 SBCC Beneficiaries at the time of the MTR (May 31st 2021)

TRAINING ACTIVITY	BENEFICIARIES
Component 2:	
Children 6-59 months of age Screened	784,107
One-on-One sessions with Mothers	746,724
Community Wide sessions	465,897
Pregnant and Lactating Women screened	349,799
Cross referrals to health facilities (i)	153,320
Referrals (SAM)	88,693
Support Group Awareness Sessions	71,281
LHW and CHW training on IYCF & CMAM	6,511
Number of LHWs in District	4,328
Community Health Workers Active	2,719
Referrals (SAM with Complication)	2,515
Number of Cooking Demonstration Sessions	1,601
Number of OTP Sites	262
Community Health Supervisors Active	63
Component 3:	
HHs Visited quarterly by volunteer Community Resource Persons (CRPs)	389,034
SBCC awareness sessions (VOs)	14,787
Climate Resilient Technologies (Small Farmers)	15,106
Tests of Water Resources Conducted	4,605
Demonstration Latrines	1,869
Water and Sanitation CRPs Monthly Meetings	2,069
Agriculture Entrepreneur Monthly Meetings	2,033
Village Action Plans (VOs)	1,938
Community Led Total Sanitation Triggering (VOs)	1,938
Water Resources Chlorinated (Times)	1,857
ODF (Villages Certified)	1,149

i. Cross referrals to health facilities are those Children who are referred for immunization, Diarrhoea, or any other separate issue. Similarly, Pregnant and lactating women are also referred for ANC, PNC, and vaccination purposes also fall in the cross-referral category.

ii. VO = Village Organisations

Figure 12 Training Beneficiaries at the time of the MTR (May 31st 2021)

Training Activity	Beneficiaries
Component 1:	
Education Sector (Curriculum)	1,000
DCCN and ADC Cross-Sector (Coordination)	300
Population Welfare (Integrated Services)	270
Livestock Sector (CLEWS, MMB)	170
Agriculture Sector (IPM)	150
Women Development Cross-Sector (Women's Participation)	50
Water and Sanitation Sector (Management)	40
Health Sector (Roles and Responsibilities)	20
Climate Change Cross-Sector (Resilience)	8
Component 2:	
Community Health Workers (CHW)	6,511
CHW on CMAM/ IYCF and SBCC	5,217
LHW on CMAM/ IYCF and SBCC	1,294
Community Site Facilitator (CSF)	602
Community Health Supervisor	83
NIS Assistant	22
District Monitoring Officer	16
District Nutrition Coordinator	14
Community Mobilization Officer	8
Warehouse Officer	8
Component 3	
Kitchen Gardens (50 master trainers and the rest Households)	202,860
Small Farmers	34,200
Processing and Preservation (Households)	31,960
Entrepreneurs (Agriculture, Water and Sanitation, Poultry) *	14,920
Water and Sanitation (ODF Committees, Masons and Plumbers) *	8,300
Community Organisations (LSO and CRP)	1,962
Fish (ODF Committees, Masons and Plumbers) *	630
CLEWS	190
Programme Staff (RSPs)	220
Entrepreneurs	
Community Poultry Entrepreneurs	9,753
Agriculture Entrepreneurs	4,203
WASH Entrepreneurs	965
Watsan	
Community Resource Persons (CRPs)	4,214
LSO Members trained on Water Quality Monitoring	1,918
Masons	970
Plumbers	962
ODF Committee Members	228
PHED Staff	14
Livestock	
Fish Farmers	400
CLEWs	191
Fish Activists	190
Fish Farming Trainers	40

i. See breakdown in subsequent sections

Figure 13 Inputs Beneficiaries at the time of the MTR (May 31st 2021)

TRAINING ACTIVITY	BENEFICIARIES
Component 2:	
MNP	532,982
IFA	285,280
SAM children	144,008
RUTF (i)	144,008
Deworming	87,113
SAM with complication admitted at NSC sites	3,691
Component 3:	
Kitchen Gardens (Households)	206,667
Moringa (Households) (ii)	105,000
Water Schemes (Households) (iii)	44,400
Small Farmers Financial Support	15,105
Poultry (Households)	9,691
Goats (Households)	6,554
Farmer Field Schools	1,938
Poultry Demo Cages (Households)	1,570
Community Livestock Extension Workers (iv)	191
Progressive Farmers Demo Plots	190
Bio-fortified Seeds Farmers	20
Fish-rice Farming Farmers	20
Water Schemes	
Handpump Schemes (v)	178
Water Transport Schemes (vi)	96
Rain Harvesting Schemes (vii)	76
Community Fish Pond Schemes (viii)	19

i. RUTF is provided at OTP sites for treatment to those children who are identified with SAM after screening and then admitted at OTP sites. Whereas MNP is provided at the community level to all 6-59 month screened children, except those who are identified as SAM.
ii. 600,000 saplings distributed to households but only about 150,000 survived
iii. See breakdown in subsequent sections
iv. 400,000 livestock vaccinated / drenched / treated to date.
v. Approx. 11,000 Households overall beneficiaries from Handpump Schemes
   - Avg. 4-5 Handpumps per scheme, 75 Households benefit from a Water Scheme
   - Avg. 15 Households / Handpump * 75 Beneficiaries / Handpump
vi. Approx. 7,200 Households from Water Transport Schemes
   - 75 Households benefit from a Transport Scheme
vii. Approx. 7,200 Households from Rain Harvesting Scheme
   - 5 Households benefit from a Rain Water Harvesting Scheme
   - Ponds are primarily for FFS and Livestock
viii. Approx. 19,000 Households from Community Fish Pond Schemes
   - Average 1,000 Households / Community Fishpond

Figure 14 ACF Inputs Kits Beneficiaries at the time of the MTR (May 31st 2021)

Training Activity	NSC	OPT	Outreach
Component 2:			
ALBENDAZOLE		*	
RUTF	*	*	
MNP	*	*	
FEFAN (IFA)	*	*	
ZINC OXIDE	*		
F-100 Milk	*		
F-75 Milk	*		
RESOMAL	*		
DEXAMETHASONE	*		
AMOXICILLIN	*		
METRONIDAZOLE	*		
TETRACYLINE (EYE OINTMENT)	*		
BENZYL BENZOIT LOTION	*		
NYSTATIN	*		
Baby weight scale PS3001 SECA weight scale Kit	*	*	*
MUAC Tapes (Adult/Child) Kits	*	*	*
Sphygmomanometer and Thermometer kits	*		
Temperature Data Logger for warehouse	*		
Fan heater, Air conditioner, Refrigerator Kits	*		
Kitchen Set Kits	*		
Hospital bed Kits	*		
Bench and Locker Kits	*		
National CMAM and NSM guidelines Kits	*	*	
Posters Kits	*	*	*
SBCC Tool Kit with Bags	*	*	*
Registers, Slips, Cards, Sheets, Reports, Pads Kits	*	*	*

4. Overall Assessment

The purpose of this chapter is to synthesise information covering the refined EUD MTR priorities identified at the outset of the combined desk and field phases.

4.1 Areas of Support

This section covers the main areas of ongoing project work to meet the identified nutrition support needs, the extent to which it covers those of different target groups in the total population in target areas (10 districts)[25], specifically how well malnutrition treatment and behaviour change, improved water provision and sanitation, and agricultural subsidies and trainings are being delivered under the project.

The EU Funded Programme for Improved Nutrition in Sindh (PINS) is working in the right areas to improve the nutritional status of pregnant and lactating women and children, and towards reduction of the levels of stunting across Sindh. The project is contributing to the treatment of children showing signs of Severe Acute Malnutrition (SAM) and improving household care practices.

It is addressing information gaps for decision making through deploying a nutrition management information system, and is improving household food and nutrition security. It is extending the capacity of the GoS and supporting the development of key services.

The selection of districts was not principally guided by knowledge of where the levels of stunting were highest at the time of formulation of the project, although this was a consideration. There are districts with higher levels of stunting that are not covered by PINS, however, these were not selected due to pre-existing arrangements with other resource partners.

The districts selection coincides with those of the EU funded Sindh Union Council and Community Economic Strengthening Support (SUCCESS) programme (Kambar Shahdadkot, Larkana, Dadu, Jamshoro, Matiari, Sujawal, Tando Allahyar and Tando Muhammad Khan) and two districts (Shikapur and Thatta) of the Sindh Union Council Based Poverty Reduction Programme (UCBPRP).

[25] Sindh Population 2017 Census.

https://www.pbs.gov.pk/sites/default/files//population_census/District%20wise%20Sindh%20TABLE%201%202017%20FINAL.pdf

https://www.pbs.gov.pk/sies/default/files//population_census/sindh_tehsil.pdf

The project is targeting rural poor households (HHs) in 10 districts in Sindh. The beneficiaries that the MTR met at health facilities and in villages represented the poor strata of the society. These HHs are being targeted through Local Support Organizations (LSOs), and were selected based on Poverty Scorecard Surveys conducted at different times in different districts, starting in 2011 for some and ending in 2016 under the SUCCESS program for others.

The project seems to be reaching the rural poor, but more effort is needed on social inclusion of the poorest of the poor who have not been eligible for support under the project because they had been omitted from the poverty scorecard process. This need was expressed by both beneficiaries as well as implementing agencies staff.

The programme is broad, targeting some 389,034 households in 1,938 villages in ten districts with support to implementation of integrated community-managed solutions to well-known barriers to good nutrition, including cross-cutting risk adaption and behaviour change tools.

Over 200,000 Pregnant and Lactating Women (PLWs) and children under five (U5) have received asset transfers, and more have benefited from Social Behaviour Change and Communication (SBCC) (> 400,000) and FSS (>300,000) through an extensive network of 8,000 volunteer Community Resource Persons (CRP) developed by the project (e.g. Community Health Workers, Agriculture Extension Entrepreneurs, and Community Livestock Extension workers. This has resulted in widespread adoption 100,000 of toilets 50,000 and kitchen gardens.

More than 1 million PLWs and their children were screened for malnutrition. Of these, ready to use therapeutic food sachets (RUTF) were provided to 144,000 children suffering from Severe Acute Malnutrition (SAM) enrolled in basic health facilities after screening in their home villages by CRP. Micronutrient powder sachets (MNP) were provided to all children aged 6-59 month at the time of screening, except those who were identified as SAM, and Iron Folic Acid tablets were provided to 285,280 expectant mothers.

In addition, more than 150,000 PLW and children U5 screened were cross-referred to other programmes for ante-natal and post-natal consultations, immunization / vaccination, and treatment of diarrhoea.

4.2 Effects of Support

This section covers the likely effects for the project at individual and household level, the extent to which changes have been recorded over the course of the programme in minimum acceptable diet and dietary diversity affecting anthropometric measures of under-nutrition and incidence of diarrhoea, specifically changes in access to milk, meat, fruits and vegetables as a result of the project.

The project's component implementing partners are not actively monitoring levels of stunting nor the incidence of wasting and diarrhoea. A key source of information is the Multiple Indicator Cluster Survey (MICS), the last one was done in 2018 and typically is only representative at district level. Smart surveys are yet to be conducted under the project.

Progress has been made in scaling up the area certified as "open defecation free" and sanitation behaviours. This is likely to reduce the incidence of water born disease which impact on levels of malnutrition, considering the high levels of adherence to the advice provided by the project on good hygiene and sanitation practices such as handwashing, consumption of safe drinking water, and use of alternatives to open defecation.

The programme also noted increased knowledge among target beneficiaries on recommended dietary and Infant and Young Child Feeding (IYCF) practices and recognition of malnutrition among Pregnant and Lactating women (PLW) and children under five years of age (U5).[26]

The project's support to community outreach services has been a key factor that is likely to result in increased seeking of consultations with health services by target beneficiaries, but there are still challenges ahead.

[26] Pakistan Infant and Young Child Feeding Strategy, 2016- 2020. Pp 59

The specific objectives of the IYCF Strategy, to be achieved by 2020, were to increase: the percentage of new-born children who are breastfed within one hour of birth from 40% to 50 % (early initiation of breastfeeding), the percentage of infants aged less than 6 months of age who are exclusively breastfed from 38 % to 58% (exclusive breastfeeding), the percentage of children aged 6-8 months who are breastfed and receive complementary foods from 57 % to 67%, the percentage of children aged 18-23 months who are still breastfed from 59% to 69% (continued breastfeeding), the percentage of children age 6-23 months are fed appropriately based on recommended infant and young child feeding (IYCF) practices (as per Pakistan Demographic and Health Survey 2013) from 15% to 20%.

The strategy includes integration of IYCF with small scale agriculture and livestock production and water and sanitation interventions to improve food security with integrated communication for behaviour change package on IYCF, promote nutrient rich recipes using locally available foods, evaluation of the impact of cash schemes on IYCF, development of of parental education package focusing maternal nutrition and IYCF and dissemination, multi-sector training of staff on IYCF and linkages with Population Welfare department and advocacy for birth spacing.

https://extranet.who.int/nutrition/gina/sites/default/filesstore/PAK-Infant%20and%20Young%20Child%20Feeding%20Strategy_%202015%20Final.pdf

Measures taken by the project to raise the height of latrines, water pumps and gardens to mitigate effects of flooding; and water harvesting and conservation and improved soil tillage practices to mitigate the effects of drought and salinity, are likely to improve individual health and household food security resilience which will have an impact on levels of malnutrition.

The project is not actively monitoring levels of dietary diversity and minimum acceptable diet nor the key determinants of food security i.e. social, physical and economic access to foods at all times and in all stages of the lifecycle.

The project appears to be increasing target group's access and demand for various foods in order to increase dietary diversity. However, more effort is needed in seeing and recording progress on the translation of knowledge on dietary diversity and minimum accepted diet into the uptake of recommended practices.

The provision of agricultural productive assets such as vegetable, fruit tree and livestock inputs packages to the poorest of the poor have been highly appreciated by beneficiaries. They have been key to reinforcing Social Behaviour Change and Communication (SBCC) message goals, and have been a key factor of participation in the project by the poorest families receiving socio-economic benefits arising from the livelihood assets transferred to them by the project, such as increased income, consumption and expenditure.

As many as 6,500 most vulnerable households were given micro grants for procuring female goats to increase milk consumption by Pregnant and Lactating Women (PLW) and children under five years of age (children U5), some 50,000 kitchen gardens are producing an average yield of 16 kg vegetable per household in the Kharif season and 13 kg in the Rabi season as a result of the projects support. Increases in the consumption of milk by PLWs and children U5 is estimated at 40%. While the footprint of vegetable growing for consumption by target groups is large, increases in consumption are not as clear. In many cases home production of vegetables is substituting market purchases. Efforts at supporting agriculture entrepreneurship among the target groups is not yet significant.

4.3 Coherence of Support

This section covers how well the IPs actions fits with the overall PINS project action and EU sector strategy and Donor policies in Pakistan at the time of formulation, the extent to which the project impacts the SDG and EU Result Framework[27] indicators, specifically the interaction and harmonisation of the three IPs and their linkages and coordination with other projects in the target areas.

[27] https://europa.eu/capacity4dev/results-and-indicators

The three PINS components are acting collectively to reduce undernutrition in children under 5 years of age and Pregnant and Lactating Women (PLW) and the level of stunting, but opportunities to work together are being missed resulting in unrealised expectations.

The MTR team found that the PINS components led by ACF and RSPN complement each other (e.g. development of social behaviour change communication tools, volunteer community resource persons and mother and father support groups) and that their respective teams in the field are working well together. The MTR team also found that the component led by Conseil Santé had become detached from the other two, and dissatisfaction among some stakeholders at the Conseil Santé team level of cooperation and collaboration, and concerns that interactions between Conseil Santé and the other two components were inadequate.

Conseil Santé should work in closer coordination with ACF and RSPN and make provision for more independent leadership support to the programme. Alternatively, the EUD should make provision for a more regular presence of a monitoring, evaluation, accountability and learning team (MEAL). More effort is needed to increase the uptake of the research findings and lessons learned developed by the project.

The PINS programme and the World Bank funded Sindh Enhancing Response to Reduce Stunting (SERRSP) programme are the main internationally funded projects in the targeted areas that together with the political Government of Sindh (GoS) and its technical line departments constitute an alliance to further the aims of the Sindh Accelerated Action Plan to Reduce Stunting (AAP).

There has been insufficient or no use of Geographic Information Systems (GIS) for planning, coordination and reporting under the AAP. GIS standard shape files have not been maintained to reflect the multiple and changing administrative sub-divisions in Sindh.

Political pressures by GoS have led some PINS project participants to adhere to Union Councils (UCs) that did not exist at the start of the project while others did. Coverage of different areas by different PINS implementing partners has resulted in a significant loss of coherence. More efforts are needed going forward to improve the coherence among implementing partners of EU funded projects, this should be a condition of the funding.

The new UCs are still not clearly demarcated and have not yet been taken on board in the information systems of key GoS line departments (e.g. Health). There is also an urgent need for the more precise identification and documentation of rural settlements, using both ethnographic methods but also modern techniques in spatial mapping. Sindh needs to undertake a far more extensive exercise in the accurate

mapping of settlements and their populations. This is crucial not only for social policy and service delivery, but for a more grounded analysis of urbanization in Sindh.[28]

Partnership arrangements between the main participants in the AAP are weak. PINS and SERRSP started some two years apart and adopted different implementation modalities, however both have involved implementation by private sector or non-government organisation partners at districts levels. Hence, efforts of PINS and SERRSP to work together have been unsatisfactory.

The PINS component supporting health facilities and outreach in districts covered by both PINS and SERRSP is a complication. The presence of both PINS and SERRSP in the same districts seems irrational considering the similarities between the projects, but in many ways, they are very different which complicates sample surveys of impact.

4.4 Agents of Change

This section covers the likelihood that the project's services will continue, the extent to which different private or community institution stakeholders involved in the project could cover some aspects of the project and thereby continue certain benefits, specifically the potential for continuity from public or private funding.

GoS officials at Provincial and Districts levels responsible for the implementation of the AAP (e.g. from P&D, Health Departments) informed the MTR team that the GoS intends to continue the actions and scale up aspects initiated and supported by PINS.

GoS officials also stated that problems leading to stunting in children under five years of age will require a long-term commitment, and had initiated processes underway to move the budgeting of nutrition activities from the development budget to the current expenditure framework. Nevertheless, the MTR team did not find any concrete planning towards this end, except some of the AAP agenda items that would still need to be occur for this to be practicable.

The GoS AAP Health Department Coordinator requested the continuation of PINS until June 2022 in order to extend the window needed to complete above-mentioned budgeting, she informed the MTR team that the GoS is planning to scale up the PINS Community Health Worker model through public private partnership.

[28] 2014, Haris Gazdar and Hussain Bux Mallah. The Size of Settlement and Urbanisation in Sindh. Pp. 7
www.researchcollective.org
http://www.researchcollective.org/Documents/The_Size_of_Settlement_and_Urbanization_in_Sindh.pdf
Sindh Revenue Board
https://sindhzameen.gos.pk

More effort is needed by all the PINS components on putting together a robust advocacy strategy and packaging human stories of PINS successes in order to keep the nutrition agenda high on the policy landscape and to improve the sustainability of the PINS interventions. Efforts mainstreaming nutrition in community development agenda together with other risk prevention and mitigation strategies is working but needs more deliberate linkages and planning together with other crisis response and emergency management services.

Officials from the private sector vendor PPHI, that has entered into a Public Private Partnership (PPP) with the GoS to manage the province's rural health facilities (BHU), expressed their confidence and willingness to permanently integrate into their core programme the nutrition services introduced and supported by PINS, with the exception of therapeutic foods (RUTF, F75 and F100) supplies which in any event do not classify as medicines and are costly.

The project Implementing Partners have worked closely with rural community institutions (CO/VO/LSO) created under the SUCCESS project and volunteer community resource persons that have been the key mechanisms for implementing many of the projects' behaviour change activities and are resounding successes in nutrition mass awareness, education and peer learning, and building of community water and sanitation infrastructure.

4.5 EU Added Value

This section covers the contribution of the project towards improving the GoS performance, the extent to which it is making systematic changes, specifically in terms of aspects of nutrition risk (stunting) prevention and mitigation technical and management capabilities and capacities in order to realise additional benefits to what would have resulted from GoS interventions only.

The project's main contribution to better management is via advocacy and the Nutrition Management Information System (nMIS) developed by the project for improved availability of information needed for decision making and planning. Further efforts are needed on developing reliable surveillance systems as alternatives to landscape type surveys that to date seem to have only limited significance at Union Council Levels for use in policy making and planning.

EU PINS technical assistance is mainly delivering services on behalf of GoS through private sector Rural Support Programme implementing partners, and operational research and advocacy. The MTR found limited coherent use of process performance indicators, steps required to convert inputs to outputs, such as in training and procurement plans.

The MTR recommends that RSPs provide the EU with consolidated training plans, and procurement plans disaggregated at UC level. In visiting rural villages, the MTR

team met with many district programme officers who pointed out costs of various items and packages supplied by the project. In some cases, these items varied from place to place, such as the cost of labour for construction of community infrastructure, and provisions for collection and delivery.

The EU support is improving the communities' agencies to conduct nutrition surveillance and management of risks, through screening and recognition of risk factors, by enabling them with knowledge and practical skills to improve mother and child care, household food security, use of food and dietary practices and consultation of health services. The project has also contributed to improving the capacities of communities facing COVID-19 challenges. The MTR team found that Field Farm Schools and Kitchen Gardens had increased availability and self-sufficiency of foods consumed by mothers and children during strict lock-down periods.

The EU support has contributed to strengthening health facilities and extending their outreach to community levels through training of volunteer Community Health Workers and Lady Health Workers (LHWs). The nutrition management information system developed by ACF is contributing towards improved decision making by programme managers.

The MTR team is concerned that the supply of imported and commercially available therapeutic foods (RUTF) is not sustainable and that PINS efforts to include nutrition in rural health facilities may collapse as a result, as seems to have happened in the past. An alternative plan could be for doctors and nutrition assistants to visit LSOs regularly to conduct field clinics to address malnutrition, supported by activities built around these events like how to produce home-made therapeutic foods, and advocacy for solidarity among villages to ensure no mother or child is under nourished.

The MTR team is of the view that nutrition counselling should be part of ante-natal visits and post-partum check-ups. However, the MTR team believes that food supplements should become available through local market channels, e.g. the *budi badji* initiative, instead of in the realm of health services. In this case, a sponsor such as the producer of the powders, for example, would need to be brought on board.

4.6 Conditions of Exit

The section covers conclusion of the EU funded actions, measures to be taken by IPs before the end of the project and priorities to be concluded and options to be explored by the EU and GoS for preparation of any future phase to the project or similar 5-year MAPE.

Steps to ensure Training of Trainers activities will result in knowledge reaching lower levels of GoS district staff is needed, together with continued upgrades to all

volunteer community resource person skills, and improved social behaviour change communication tools. The bio-fortified wheat seed and fish/rice pilots initiated with the support of PINS should be extended further through the public sector extension system.

A consolidated report on all the training activities provided by PINS should be prepared, and all Training of Trainers activities should be updated with plans to conduct down-stream training. GoS Departments and RSPs should enter into formal partnership arrangements with each other based on clear and proper coherent process performance plans for scaling up of training provided by PINS to trainers.

The PINS implementing partners should, together with the relevant AAP sector Coordinators, conduct a stock taking exercise of progress made under the AAP and prepare a joint exit strategy for the conclusion or extension of the project. Dissemination of lessons learned from PINS should be planned, including engaging other international resource partners and the federal government. This should be based on documented learning and should result in the identification of needs for technical assistance by the GoS under the next iteration (years 5-10) of its action plan/policy for nutrition (AAP).

This should include further strengthening of the role of Local Support Organisation (LSOs), through identification of pathways for the integration of nutrition in other LSO programmes, creating linkages with public and private services, developing specific Community Investment Fund (CIF) products for nutrition, and training of community leaders to improve community risk reduction and resilience.

In addition to developing detailed functional plans to deliver the agenda of the AAP, with clear budget and measures of performance and expected results, formal multi-stakeholder partnership arrangements should be put in place using fit-for-purpose tools based on good governance practices. A better strategy for assessment of needs and targeting assistance is needed, together with better customisation of on farm and off farm inputs packages for target beneficiaries (share croppers, small farmers, seasonal laborers). More effort on understanding urban needs is recommended.

The MTR team recommends to Pilot multi-sector nutrition plans at the lowest administrative level of governance in partnership with GoS at strategic levels. Prepare to scale-up the development of Union Council (UC) Nutrition Plans, establish nutrition funds allocated at UC level and leverage resources through support to community based Local Support Organisations (LSO) and volunteer community resource persons. Prepare to elaborate plans to utilise Community Investment Funds (CIF) and Social Solidarity Funds ringfenced to address known causes of stunting.

More effort is needed to strengthen linkages to volunteer community resource persons, including Farmer Field School Extension Agriculture Entrepreneurs (FFW)

and Community Livestock Extension Workers (CLEWS), with private sector and government services. More attention is needed on the use of GoS recommended local goat breeds, improved livestock feeding and fodder banking, and animal disease prevention.

5. CONCLUSIONS AND RECOMMENDATIONS

5.1 Lessons Learned

This section covers generalised knowledge arising from the project experience to inform decision making by EUD and partner institutions, to improve performance and promote achievement of better results

- Strong EU and GoS Donor liaison with international agencies (e.g. World Bank, UNICEF and WFP) is necessary to strike an appropriate balance between nutrition risk prevention and mitigation responses in nutrition agenda and the scaling of related strategies.

- Formalizing partnerships and aligning their commencement into a coherent plan is necessary where multiple international partners participate in a government led programme such as the AAP, in order to increase the cooperation and benefits of mutual support between international partners.

- The political context has a strong bearing on international cooperation and there may be differences between central and provincial authorities and strains on the autonomy of provinces. An appropriate balance should be sought in aligning political and administrative areas of geographical coverage at lower levels of administration.

- It is important that EU Implementing Partners are aware on whose behalf they are working. In this context, the Government is a key capacity building beneficiary and not a third party in any event and is willing to share project data and information both with the Government and other Implementing Partners.

- The use of Geographic Information System (GIS) tools is important to track projects coverage of households from each programme implementing partner. The availability of geo-tagged housing and population census data aligned with standard governance planning and operations administrative geographic unit standards is key to successful partnerships.

- Different implementation modalities among resource partners requires careful coordination and management of Implementing Partners. In both cases the

roles of the various layers of Government Line Departments and their relationships with Implementing Partners should be formalised at the outset.

- Nested arrangements whereby implementing partner umbrella project management agencies oversee the work of technical agencies who in turn oversee the work of social mobilisation agencies, who in turn oversee the work of a cascade of local organisations is complex and potentially inefficient.

- A clear division of labour and identification of the value of each layer should be evident before agreeing to highly nested implementation modalities. Consideration should be made to separate operations management, technical input, and project oversight and monitoring. The provision for closer oversight and monitoring at all decentralized locations and the use of easy to use information tools is important.

- Project implementation oversight arrangements are key to ensuring social inclusion and beneficiary selection justice, and should ensure that poorest households covered or not covered by the project as the case may be are accounted for. It is also important that targeting strategies are smart and their performance is checked and they are updated at regular intervals throughout the duration of each programme cycle and are comparable across operations in different areas.

- In contexts of strong social mobilization and local organization, increasingly decentralized projects with placement of financial resources at lower administrative levels are a logical progression for technical cooperation projects, especially where Government capacity at higher levels is limited. The selection of collaborating partners will essentially need to consider their value, their strengths and capacities to ensure the required pace and quality of implementation and monitoring.

- Assessing capacities of implementing partners and government line departments to support good procurement operations is critical in some sectors, especially in the agriculture and livestock sector. Training on arrangements necessary for procurement and distribution of livestock may be especially critical to nutrition projects where livestock transfers are involved.

- The role of local markets and support to marketing and related key infrastructure (e.g. storage and cold-chain) are often overlooked by multi-sector platforms concerned with nutrition problems. It is important that where marketing of produce is a central problem and local markets are still missing in geographical areas with high levels of malnutrition, nutrition projects find real multi-sector solutions to addressing effective supply and demand gaps.

- In large irrigation dependent food systems, such as in the Indus basin, internal and external provincial coordination among local authorities (irrigation, extension, water management, and water research), and consultation and communication with farmers on the release of irrigation water from main canals is critical to food security.

5.2 Conclusions

This section emphasises the major conclusions of the evaluation. It is followed by an action plan that organises key aspects addressed to the EUD and the Leaders of each of the project components.

- While there has been a change in trajectory towards greater multi-sector involvement in addressing nutrition concerns, it risks reverting back to the health sector. There has been insufficient joined-up planning among the various AAP partners to implement the AAP, complicated by different project start times. Joint management of the AAP resource partners has not gone well and good cooperation between EU /World Bank projects missing at Provincial Levels. There have been only limited benefits of mutual support between the AAP international resource partners, and bifurcation of the geographic coverage of Talukas and UCs between AAP partners has complicated implementation.

- The use of GIS tools to track the programmes coverage of Districts, Tehsils, UCs is weak and consequently the AAP programme has been unable to show the % of each UC covered by PINS components and SEERS respectively. The P&D Board should be able to monitor the households which have been covered by the AAP partners projects and the ones which have not based on 2010 and 2020 databases. At this stage any records are closeted in hand-drawn maps among different services that are difficult to trace and access.

- Each GoS technical department will inevitably need its own MIS, which should include nutrition indicators. Geo-tagging is necessary to conduct good thematic and geographic analysis. However, due to the complexity of creating planned integration of databases, the Bureau of Statistics should have a key role in setting standards for integration of social and economic databases.

- The multi-sectoral nutrition strategy policy for Sindh is outdated and better partnership arrangements are needed. The outstanding number of MAM children suggests that there is still a weak change of behaviour within a context of widespread chronic poverty. The MTR team recognised problems with the targeting mechanism, and it found children showing signs of Moderate and Severe Acute Malnutrition are coming from all poverty classes, and.

Although stunting levels continue to be high, they are not tracked in real-time by rural health facilities (BHU).

- The project's Logical Frameworks and monitoring strategies related to Nutrition Communication and Behaviour Change missed an opportunity to capture seasonal changes in learning retention and behaviour change uptake across all the sectors, using community organisation and volunteer community resources. While a solid nMIS has been developed under PINS, it is still not well linked to the projects from the other components.

- Strengthening of Facility Based Treatment of Severe Under Nutrition (SAM) has been successful, however its sustainability is uncertain unless GoS takes steps to ensure continuity of supplies and human resources.

- The referrals system needs to be strengthened further. While there has been significant progress in outreach, reinforcement of dietary diversity and feeding behaviours is necessary, and more attention to the role of influencers in uptake of BCC advice is needed.

- The MTR team is of the view that the PINS sanitation and hygiene services can be sustained after PINS through a public-community partnership arrangement (PCP) involving local government and LSOs In addition, the GoS should allocate resources for such services.

- A combination of community organisations and community resource persons with potential to become community entrepreneurs can become essential as service providers in all sectors. They can also serve as key reservoirs of resources, through the establishment of new mother nurseries, fish and poultry hatcheries, for example, and input malls through various local, public and private partnerships for propagating technologies.

- Building resilience should involve further development of curricula on resilience and more training of communities on various aspects of adaption to climate change and mitigation of extreme events and reduction of risk of poor nutrition behaviours. There is an opportunity to empower women further through the establishment of a district nutrition fund to transform current project initiatives into more fully developed climate-resilient value chains.

- Late water releases are resulting in late planting and a shorter growing season and significantly impacting on yields. This and the broader management of nutrition needs to be addressed in consultation with relevant Disaster Management authorities.

5.3 Action Plan to Increase Programme Effectiveness

The GoS is committed to a long term-approach to reducing stunting, but needs some additional time to transition some activities from development budgets into the GoS recurrent budget, e.g. extending the PINS CHW model creating a dedicated cadre focused on CMAM and IYCF.

GoS line Departments met by the MTR recommended that the AAP and PINS components should have the same time lines. The MTR team is also of the view that the PINS project could have been more fruitful had the components been better harmonised. For various reasons, the PINS Implementing Partners started on different dates, and extensions of their contracts were recently approved with different NTE deadlines.

Figure 15 EUF Funded PINS Implementing Partners Contract End Dates

Implementing Partner Contract	NTE Date	Months left (after 2021)
Conseil Santé	20/04/2023	16
RSPN nutrition specific	31/12/2022	12
RSPN nutrition sensitive	14/10/2022	10
ACF	20/02/2022	2

Source: EUD Pakistan

Based on consultation with GoS line Departments and PINS Implementing Partners, the MTR team recommends to extend PINS until July 2022, and supporting in the interim the preparation of a comprehensive nutrition strategy (2022-2026). In particular, extension of ACF by an additional 4 months is recommended. ACF will initiate handing over PINSs activities starting in October 2021. However, they will likely need some more time beyond February next year to conclude arrangements for hand-over of their outreach and referral component.

The EUD made provisions for closer monitoring of the project, including a contract signed with another company for MEAL which proved problematic. The MTR is of the view that this should still be pursued in the time remaining with a view to maximizing the effectiveness of the programme together with the incoming team in EUD.

5.3.1 EUD

- Reconstitute the Project Steering Committee to meet biannually over the course of the remainder of the project.

- Ensure inclusion in the above-mentioned PSC of PINS IPS, GoS line Departments and key resource partners and UN agencies.
- Host four PSC meetings until the closure of the PINS project (one in 2021, two in 2022 and one in 2023)
- Conduct quarterly MEAL review forums with all PINS IPs and key partners until the end of the project, ensuring regular review of achievements and results and adaptive learning.
- Conduct a Stock-taking and Lessons Learned Exercise together with SUCCESS and SERRSP.
- Create a Project Group on Capacity4Dev to use as a coordination platform and central document repository by all Implementing Partners.
- Ensure research and extension briefs prepared under PINS are converted by Implementing Partners into useful standards and training tools, and ensure all District government staff (all grades) of departments with an AAP mandate receive training and access to use them.
- Pilot the funding of Union Council Nutrition Plans, to the extent possible with remaining resources, to leverage community (LSO) resources, human (CRPs/CHWs) and (CiF) etc to address problems causing stunting.
- Any support to the notion of decentralised processes needs to be implemented in a phases with right supporting structures, tools, supervision and monitoring arrangements (e.g. GIS systems, social inclusion, partner management, target areas).
- The MTR team is of the view that the P&D Board does not have sufficiently robust information on the project's actual coverage, probably limited to a list overview of administrative areas Tehsils / Union Councils covered by different partners, not the Villages, Hamlets, Households etc covered in each. The coverage of Lady Health Workers is another longstanding issue that is not yet resolved and mapping to date of their geographic coverage is still missing.
- EUD should seek to provide relevant additional support in these areas in future projects, and to the extent possible to consolidate the PINS project's existing data into a GIS database and mapping of the contributions of the projects component implementing partners in the field.

5.3.2 Component 1

- Revise the ER1 Logframe, regrouping the activities under each of the ER1 Logframe Result Areas, reallocating resources across the three main result areas in a pragmatic and rational way, clearly incorporating the recommendations of the 2019 Capacity Assessment.
- Support preparation of a revised AAP for the next 5-year period, clearly identifying the capacity building and support needs to implement it.
- Review the role of the project in empowering women, devise targets and prepare a gender development M&E plan to track progress across villages, UCs, Tehsils, and Districts.

- Assess the functionality of donor coordination mechanisms on Sindh and mapping of donor initiatives.
- Assume a broader role in coordination of the AAP in all the districts, and continue to assist in coordinating and leading district technical and administrative forums.
- Develop mechanisms needed for exchange of data and results across the PINS components, and support forums for regular review and lessons learned.
- Document PINS best practices and Lessons Learned and ensure the relevant critical aspects of PINS are incorporated in upcoming GoS Plans.
- Constructively re-engage the other PINS IPS, seeking opportunities to lead forums for harmonisation of the way PINS lead IPs work together towards improving Climate Adapted Rural Food and Nutrition Systems ensuring sharing and uptake at all levels of the good thematic briefs prepared by the ER1 team around risks reductions.
- Continue advocating for the mainstreaming of nutrition among relevant AAAP sector line ministry staff at provincial and district regional levels, broadening the focus to include and not limited to Gender, Education and Population Welfare.
- Advocate at federal level, together with other donors, for alternative nutrition prevention strategies in policy and programmatic arrangements.
- Prepare a comprehensive strategy for awareness raising and an overarching nutrition change behaviour change plan informed by a relevant nutritional and organisational behaviour change study,
- Develop a system to compare behaviour change and uptake of recommended practices across UCs and identify hotspots e.g. a multiple criteria development and monitoring matrix.
- Prepare a detailed Provincial Nutrition Research Agenda clearly indicating the research capacities gaps.
- In cooperation with the GoS Statistics Bureau, conduct an analysis of the under-nutrition situation aggregated at the talukas and union council levels.
- Prepare an updated Nutrition Related Capacity Development Strategy and budgetary framework for the province, clearly indicating the training needs to develop knowledge, skills and competencies necessary to support implementation of the next phase of the AAP.

5.3.3 Component 2

- The RSPN Nutrition Sensitive (RSPN-ER2) action had not progressed well at the time of the MTR, considering it had only been a few months since the initiation. ACF support to the RSPN-ER2 action is not anticipated to be significant at this stage. It was needed for the roll-out in Dadu and Jamshoro with the nMIS and procurement of some supplies such as RUTF, howver these activities have been completed (they had not yet been at the time of the MTR field visits).

- In the remaining period ACF should work to ensure institutionalization of nMIS within the government system. Institutionalization of nMIS within the government system should include both the development of relevant information structures and training of government staff at districts and provincial levels. This should include providing access to the information system by district managers, such as the District Deputy Commissioners (DC).
- ACF should also help government with the Logistics Management Information System (LMIS) for supplies of In-patient Nutrition Stabilization Centers (NCS) in District hospitals, and Out-patient Therapeutic Programmes (OTP) for Community-based Management of Acute Malnutrition (CMAM)
- Finalise the study on LHWs and ensure adequate coverage by CRPs for screening and referral.
- Advocate and work with the government for CHWs integration in the government system.
- Advocate a role for health facilities to improve feeding of children at home, and involvement in a broader array of strategies for prevention of undernutrition.
- Conduct refresher courses for nutrition assistants in BHW, together with CHW.
- As a matter of good practice, increase the social acceptance of CHWs and increase the visibility of OTP and BHU at village level.
- Fast track steps to pioneer a new approach to CMAM in Sindh, focusing on the production of home-made nutrient dense foods, and reducing the need for BHU to provide imported and commercially available therapeutic foods, as the current approach to CMAM has failed in the past is again proving to be unsustainable.
- Document the learning from ER2,
- ACF should provide technical assistance to government of Sind in developing its next nutrition plan with incorporating best practices from E2 experience

5.3.4 Component 3

- Facilitate visits by Districts lower level technical staff of government to review PINS activities in the villages and gain a full understanding of the technical assistance provided by the project.
- Explore with District technical staff opportunities for future improvement of activities initiated by PINS, identifying opportunities for community-public partnerships for nutrition and options to improve the justice and equity of rural development resources allocations.
- Identify together with District technical staff opportunities for greater involvement of target groups, avenues to place resources closer to them and opportunities to create linkages between beneficiary groups, private sector actors, and government technical services.
- Ensure AEs get exposure to the fruit tree component of the project, and that by the end of the project they are in a position to replicate fruit tree nurseries.

- Continue regular refresher agriculture production training sessions with FFS, ensuring activities together with CLEWS placing further attention on use of recommended local goat breeds improved livestock feeding with fodder banking and disease prevention.
- Consolidate into a general guideline the technical advice provided under the project to combat extreme climate variability and salinity, illustrating scenarios and best practices that highlight the successes of the project.
- Review internally the project's poultry and rice/fish interventions and consider reallocating any remaining funds to further procurement of such livestock for poorest households, incorporating lessons learned from the project so far.
- Engage the Fisheries Department to assess ongoing paddy fish interventions and identify steps for scale-up. In liaison with the GoS Fisheries Department reassess the business model of Community Fish Ponds, and strengthen the capacity of LSOs to manage Community fish ponds where necessary.
- Prepare a nutrition resilience agenda for LSOs' programmes; identify further training needs of LSO community leaders; identify opportunities for linking LSOs to corporate services providers.
- Draft a number of nutrition investment products that could be implemented under CIF; Supplement the CIF for Nutrition activities e.g. fruit trees.
- Propose a nutrition resilience agenda for public sector R&D and Extension systems; expand the portfolio of R&D and pilots, explore additional crops such as pulses and oil seeds. Pilot some oil crops like sesame if there is time left in the project.
- Gather together the extension tools and make them accessible to all; finish the trees component ensuring some good nurseries are left behind in each Tehsil; and take steps to prepare to scale successfully the pilots.
- Prepare to report on PINS outputs to show the projects effects on food security and the incidence of waterborne diseases, and analyse relevant data from recent NNS / MICS / DOH reports and show the trend since conception of the project. Show changes / trends arising over the periods of the baseline / midline / end-line surveys of ER3. Map all the project outputs to the extent possible, using the PINS monitoring Data
- Conduct lessons learned, highlighting emerging issues such as with animal health workers, and propose a pathway to move from multi-sector coordination in service delivery to multi-sector programming, planning, and budgeting. Identify pathways to mainstream nutrition, climate resilience and community development in the mandate of all government departments.
- Identify options to improve the nutritional value of wheat, rice and potato, the main food crops of the poor.
- Establish new mother nurseries, fish and poultry hatcheries, and continue with restocking.
- Identify opportunities to develop input malls through various local, public and private partnerships, for propagating selected technologies, increasing government interface with communities and ownership of PINS.

- CRPS can play a key role in scaling technologies; they need to be trained to promote climate change technologies.
- Increase the number of beneficiaries with goats and Poultry to the extent possible from remaining funds.
- Prepare a consolidated training report, and consolidate the pilot activities into case studies, highlighting the business case and nutritional contributions.
- Map project changes in knowledge and awareness of resilient crop production technologies and nutritious crops.
- Prepare a product on businesses opportunities created by the project worth pursuing in the next phase, highlighting their relevance to nutrition.
- Prepare a paper on opportunities to improve governance for rural development.

5.4 Recommendations

This section contains general recommendations arising from the review of the project, intended to improve or reform the action within the framework of the cycle under way or the preparation of the next. These have been clustered according to the MTR focus areas arranged into an simple organisational capacity development approach.

5.4.1 Risk Management

5.4.1.1Policy and Strategic Framework

- Incorporation into the national nutrition policy of a more preventative risk-based management approach is needed. Strong EU and GoS Donor liaison with international agencies (such as World Bank, UNICEF and WFP) is necessary to strike an appropriate balance between nutrition risk prevention and mitigation responses in nutrition agenda and the development of strategies and interventions to reduce stunting going forward.
- Better use of process performance indicators is needed in future, for steps required to convert inputs to outputs, such as in training and procurement plans. It is important that international development partners can work together to sustain multi-sector initiatives, that their contributions can be incorporated into integrated planning, together with government technical department deployment at all levels.
- In future a comprehensive strategy and plan for the development of rural food and nutrition entrepreneurs will be needed in tackling nutrition problems. A workplan / roadmap for integration of nutrition will be needed to incorporate advice arising from multi-sector reviews, and for assessment of capacities offered by potential partners.

5.4.1.2 Management Information Systems

- Mechanisms are needed for efficient exchange of data and results across the PINS Components. Sharing of information should in future be made part of project visibility requirements and should be easily accessible to be useful.
- A way to systematically and robustly compare villages behaviour changes, and identify hotspots is needed, as is mapping of the coverage of villages and households by Local Support Organisations.
- The nMIS developed with ER2 support does not forecast district needs. Inclusion of a SAM calculator and data feeds from non-project areas of the district are needed and addition of spatial mapping interface would be an asset. Any future Government uptake via PPP should include the project's nutrition MIS.
- The information system developed with the support of the project should be integrated with that of the AAP Secretariat, and made available to DCCN coordinators. Further capacity building is needed on use of nutrition related data for decision making.

5.4.1.3 Food System Mapping and Risk Adaption

- Mapping of existing research capacities, identification of gaps, and development of a Sindh Nutrition Research Agenda is still needed, together with a comprehensive update of the nutrition situation at UC level.
- Support to development of relevant spatial analyses and use of tools for applied research is needed, together with GIS based mapping of donor initiatives ensuring aggregation at least down to Union Council level.
- A system is needed to explore in real-time the actual needs of families with MAM and SAM cases, including as potential beneficiaries needing productive assets. Future projects need to be sufficiently flexible and dynamic to ensure targeting mechanisms remain current, comprehensive and fully socially inclusive.
- Labour migration needs to be monitored in future and the patterns and implications for development projects studied. This should inform planning for peaks in services provision through existing villages.

5.4.2 Operational Strategy

5.4.2.1 Coordination at District and Provincial Levels

- In future proper use of Geographic Information System (GIS) based planning and coordination is needed.
- There is a need to get Districts government staff more involved in project planning and implementation in future, and accountability arrangements to be put in place to track the performance of district government services involved in technical assistance projects with different modes of implementation.
- There are some gaps in the formal involvement of DCs in the management of nutrition partnerships that could be instrumental; policy guidelines for their involvement, appropriate training and six-monthly or yearly refreshers, and

local solutions to problems of data and information sharing are needed including compatibility with GIS.

5.4.2.2 Outreach, Referral and Coordination

- Consider linking to family planning camps the Nutrition Week campaigns the District Authorities are preparing to conduct at key times in the seasonal calendar to raise the level of screening and referral for consultation visits by doctors.
- Explore possibilities for using BHU for a broader set of activities, e.g. kitchen gardens, messaging, integrated-counselling, IYCF demonstration.
- There is an opportunity to make better use of the time of household visits to BHU, such as by providing integrated family planning and dietary counselling sessions at each visit, and possibly placing demonstration gardens at each BHU for MTM learning by doing. Scaling-up of FFS at BHU is an opportunity for targeted support to women groups which may not be possible elsewhere.
- Refresher courses are needed for nutrition assistants, which can be conducted together with CHWs. In future consider capacitating them with information tools in order to improve the efficiency and effectiveness of outreach, referral and coordination. Consider including a component in training materials on building Inter Personal Communication, and providing improved tools that are needed for counselling of PLW by CHW, considering for example mothers often perceive they have insufficient milk.
- Development of policy guidelines on Community Resource Persons (CRPs) accountability mechanisms, motivating factors and allowances is needed, after careful consideration of the circumstances and emerging needs, and considering the experiences of the Lady Health Worker Programme.

5.4.2.3 Extension and Pilot Initiatives

- There is a need to strengthen the capacity of LSOs to manage community projects in liaison with Government authorities, and in future consider linking them to Taluka administrations, strategically allocating funds to Tehsils and ensuring adequate coordination of their use through TCCN.

5.4.3 Adaptive Strategy

5.4.3.1 Technical and Managerial Capacity Building

- The relatively high levels of MAM observed by the MTR team during its visits to project villages are a matter of concern, consequently accelerated alternative arrangements are needed so children don’t go hungry and to improve the quality of their meals.
- There is an opportunity to explore innovative PPP initiatives in Sindh such as the Mobilink JazzCash Unilever Guddi Baji (good sister) model with a view to integrating key food and nutrition products e.g. FeFol and MNP (such as is being done for contraceptives by the development family planning) and engaging similar arrangements in the food and agriculture sector.

- Targeting of Adolescents and Girls should be further mainstreamed in all projects concerned with improving nutrition outcomes, especially to cater for future mothers' needs.
- Financial literacy is still a major obstacle for development of women in Sindh, and future activities should have a component in this regard for greater financial inclusion of women.
- There is still need for further technical support to access ground water, this should be focused on drier areas of the country where access to groundwater is still a pressing concern, e.g. the areas of Sind Bordering Balochistan.

5.4.3.2 CMAM / IYCF

- As the current approach to CMAM has failed in the past and reliance on imported and commercially available therapeutic foods is once again proving unsustainable, a new approach to CMAM is needed with a focus on nutrient dense home-made foods. Fast tracking of steps for safe 'home-made' production of RUTF and RUSF alternatives should be a priority.
- Consider conducting expanded TIPS of IYCF to introduce an expanded more relevant set of recipes for child care using seasonally locally available foods.
- Recipes need to be developed that are aligned to the foods being promoted by the project, considering that many CHW were not fully aware of nor engaged with the projects livestock activities and mothers receiving RUTF were found to be lax on sustaining good dietary behaviours after therapeutic feeding of their child had terminated.

5.4.3.3 Family Kitchen Gardens and Livestock

- There is a need for continue efforts to provide small farmers (owners/lease holders/tenants) with information on Climate Smart agriculture and ways to increase agriculture productivity.
- With the right support there is an opportunity to scale up the pilot Zn bio-fortified wheat distribution activities, however it would be appropriate to engage a process of formal wheat seed trials, seeking the support of private industry.

5.4.4 Programme

5.4.4.1 Support to Project Implementation

- Some efforts to harmonise the work and relationships among the PINS Implementing Partners is needed, and it may be opportune to provide some overall technical leadership and team-building events with the support of an external MEAL expert.
- A document repository is needed for sharing of documents and records produced by PINS partners, including and not limited to plans, analyses, assessments, reports, and the various media products and tools produced by the project.

- In particular a number of key plans should be consolidated to improve overall management of the project, including and not limited to a Gender Plan, Behaviour Change Plan, Training Plan, and Procurement plans. These should be disaggregated to the extent possible at Union Council Level.
- Likewise, a tool is needed to organise independent monitoring and collection of related data aggregated at Union Council Level. Possibilities for further development of monitoring mechanisms and engaging district Departments of Local Government and Women Development Department need to be explored.
- This should include systematic assessments of measures of changes in behaviours, and food produced and consumed by beneficiaries as a result of the project, and any related income earned.

5.4.4.2 Mass and Community Level SBCC

- An overarching SBBC strategy is needed that can be followed by all stakeholders, builds upon the behaviour change gains so far, takes into consideration all the channels of communication available to the project and which sets realistic SMART targets for behaviour change. It should explore barriers to changing behaviours, and systematically engaging gatekeepers such as husbands, and parent's and in-laws.
- Campaigns advising appropriate care for children by husbands, wives, and relations should advocate to allow women to leave the house to participate in FFS and sharecropping activities, visit OTP and BHU, and take children to school.
- In future, more use of digital tools and alternative media such as tablets and video could increase efficiency in management of SBCC and transfers of messaging, considering that the current tools used by CHW are cumbersome. Tablets could be used for inputting data and spreading key messages.

5.4.4.3 Entrepreneurship

- There is a need to strengthen Agriculture Entrepreneurs capacity in marketing inputs/outputs through on-job coaching and introducing collective buying and selling and technical advice arrangements; exploiting opportunities created by linking VO and LSO income plans regarding the marketing of fresh and dried vegetables and traditional pickles; and linking beneficiary groups with private sector companies (machinery, seed and food trade) and the Department of Agriculture.
- There is a need to provide further support for ensuring broader sanitation solutions, including installation and maintenance of Drains and Solid Waste Management, and replication and scaling up the paddy fish farming, moringa and bio-fortification.

6. ANNEXES

[Please see Annexes in Separate File]

Annexes
- Evaluators
- Evaluation Methodology
- Evaluation Matrix
- Intervention Logic
- Action's Geography
- Organisations Met
- Documentation Consulted

Other Technical Annexes
- Main Seasonal Crops
- Main Seasonal Vegetables
- Main Fruit Trees
- Social Behaviour Change Communication Toolkits
- Sindh (2010) Floods Situation
- Sindh (2011) Under-weight, Stunting and Wasting Situation
- Sindh (2019) Drought Situation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