Combined Project Information Documents / Integrated Safeguards Datasheet (PID/ISDS)

Appraisal Stage | Date Prepared/Updated: 18-Nov-2019 | Report No: PIDISDSA28092

BASIC INFORMATION

A. Basic Project Data

Country	Project ID	Project Name	Parent Project ID (if any)
Chad	P172604	SWEDD Additional Financing for Chad	P150080
Parent Project Name	**Region**	**Estimated Appraisal Date**	**Estimated Board Date**
Sahel Women's Empowerment and Demographics Project	AFRICA	11-Nov-2019	18-Dec-2019
Practice Area (Lead)	**Financing Instrument**	**Borrower(s)**	**Implementing Agency**
Health, Nutrition & Population	Investment Project Financing	Government of Niger, Government of Burkina Faso, Government of Benin, Government of Mauritania, Government of Chad, Government of Cote d'Ivoire	Ministere de l'amenagement du territoire et de la population, Ministere de la Population

Proposed Development Objective(s) Parent

The development objective is to increase women and adolescent girls' empowerment and their access to quality reproductive, childand maternal health services in selected areas of the participating countries, including the Recipients' territory, and to improveregional knowledge generation and sharing as well as regional capacity and coordination.

Components

Improve Regional Demand for Reproductive, Maternal, Neonatal, Child Health and Nutrition (RMNCHN) Services and Increase Empowerment for Women and Adolescents
Strengthen regional capacity for availability of RMNCHN commodities and qualified health workers
Foster Commitment and Capacity for Policy Making and Project Implementation

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	9.00
Total Financing	9.00
of which IBRD/IDA	9.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	9.00
IDA Grant	9.00

Environmental Assessment Category

C-Not Required

Decision

The review did authorize the team to appraise and negotiate

B. Introduction and Context

Country Context

1. **Chad faces major economic and geographic challenges as it strives to reduce poverty and increase shared prosperity.** Chad is a poor, landlocked, low-density and climatically diverse, Sahelian country with a population of 15.2 million inhabitants in 2018, most of whom are rural (78 percent)1.

2. **Economic growth has been severely affected since 2015 by the fall in oil prices and remains marked by conflict-related instability in border areas**. This fragility, combined with high population growth (3.6 percent per year) and aggravated by movements of refugees and displaced people and a humanitarian crisis, put some bounds on the gross domestic product per capita (US$720 in 2016) and the efforts undertaken to eradicate poverty.

3. **Nearly half of the population lives below the national poverty line, more than 90 percent of the poor live in rural areas, and Chad ranks last in the world on the human capital index.** Less than one in two children has access to safe drinking water, only one in 10 children has access to basic sanitation and only one in 17 children wash their hands with soap and water. 40 percent of children suffer from nutritional deficiencies affecting their growth. A Chadian girl spends about 62 days a year drawing water instead of studying. Increased investment in access to safe drinking water and sanitation and hygiene can effectively contribute to strengthening human capital.

Sectoral and Institutional Context

4. In Chad, women still report having high wanted fertility. Evidence suggests that in many rural and impoverished areas this is due to: a) insufficient knowledge and understanding of contraceptive

1 INSEED-Tchad: http://www.inseed-td.net/

methods and reproduction; b) gender norms and practices that encourage women to maximize fertility and begin childbearing at an early age; and c) a narrow set of opportunities—including educational and economic—that are available to women and girls. Poor parents living in rural areas often see marriage as a way to keep their daughters safe. Getting a daughter settled in her new home is an important moral duty of parents and marriage is considered the primary avenue to secure her future. Once married, there is a common social expectation of family formation.

5. A range of global examples of SBCC programs in diverse regions of the world have shown positive results. Mass media approaches have been implemented and evaluated in several countries, including Ethiopia, the Gambia, Tanzania, Mali and Côte d'Ivoire. These programs have significantly increased knowledge and improved attitudes about family planning, approval of family planning, family planning self-efficacy, use of modern family planning methods, and use of reproductive health services. Rigorous evaluations of programs in Senegal, Bangladesh and India indicate that community-based approaches have been effective and have resulted in increases in: awareness of family planning and reproductive health, use of modern family planning methods, discussions with husbands about family planning and continuation of method use.

6. The evidence base also indicates that empowerment interventions targeting adolescent girls and their communities can be effective in improving outcomes both within and beyond the health sector. Some of the interventions that have proven to be most effective for improving the above-mentioned outcomes among adolescent girls include the following three broad categories: (i) life skills and reproductive health knowledge (including negotiation, refusal techniques, problem solving and healthy gender dynamics); (ii) economic empowerment (e.g., skills training on production resources, vocational training, entrepreneurial training as well as financial literacy); and (iii) continued education for girls.

C. Proposed Development Objective(s)

Original PDO

The development objective is to increase women and adolescent girls' empowerment and their access to quality reproductive, childand maternal health services in selected areas of the participating countries, including the Recipients' territory, and to improveregional knowledge generation and sharing as well as regional capacity and coordination.

Current PDO

Unchanged.

Key Results

D. Project Description

7. The SWEDD is a regional project, currently including Benin, Burkina Faso, Chad, Cote d'Ivoire, Mali, Mauritania and Niger, as well as ECOWAS (through its health agency, the West African Health Organization or WAHO).

8. The parent project has three components.

    a. Component 1 (Improve Regional Demand for Health Services and Increase Empowerment for Women and Adolescents) seeks to generate demand for reproductive health commodities and services, by promoting social and behavioral change and empowering women and adolescents.
    b. Component 2 (Strengthen Regional Capacity for Availability of RMNCHN Commodities and Qualified Health Workers) seeks to strengthen regional capacity to improve supply of reproductive health commodities and qualified personnel.
    c. Component 3 (Foster Commitment and Capacity for Policy Making and Project Implementation) seeks to strengthen high level advocacy and policy dialogue, strengthen capacity for policy making and project implementation.
9. The parent project for Chad consists of an IDA grant in the amount of SDR 18.1 million (US$26.7 million equivalent).

10. The proposed AF seeks to cover financing gap due to cost overruns and underestimations. The AF will support completion of some of the activities of the parent project which cannot be completed without the AF.

E. Implementation

Institutional and Implementation Arrangements

11. There are no changes in the design of the Project, including the Project components and activities. The original Project implementation arrangements, including financial management and procurement will be maintained for the proposed AF, and the SWEDD PIU will continue to implement the activities financed by the AF.

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

The project will be implemented in Chad, more precisely in 4 regions: Salamat, Hadjer-Lamis, Lac and Kanem.

G. Environmental and Social Safeguards Specialists on the Team

Hocine Chalal, Social Specialist
Abdoulaye Gadiere, Environmental Specialist
Aurelie Marie Simone Monique Rossignol, Environmental Specialist
Leandre Yameogo, Environmental Specialist
Ndoya-Allah Bantiga, Social Specialist

SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	No	
Performance Standards for Private Sector Activities OP/BP 4.03	No	
Natural Habitats OP/BP 4.04	No	
Forests OP/BP 4.36	No	
Pest Management OP 4.09	No	
Physical Cultural Resources OP/BP 4.11	No	
Indigenous Peoples OP/BP 4.10	No	
Involuntary Resettlement OP/BP 4.12	No	
Safety of Dams OP/BP 4.37	No	
Projects on International Waterways OP/BP 7.50	No	
Projects in Disputed Areas OP/BP 7.60	No	

KEY SAFEGUARD POLICY ISSUES AND THEIR MANAGEMENT

A. Summary of Key Safeguard Issues

1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:
The project will not finance any activities necessitating involuntary land acquisition resulting in (i) Involuntary resettlement of people and/or loss of (or access to) assets, means of livelihoods or resources and (ii) the involuntary restriction of access to legally designated parks and protected areas resulting in adverse impacts on the livelihoods of the displaced persons. The project will mostly fund consulting, communication costs, training services, as well as fund drugs, medical supplies, and some equipment. No civil works is contemplated or envisaged. It is advised however to ensure that as part of the technical assistance appropriate support is given to beneficiary institutions regarding sound management of medical waste and obsolete drugs. Consequently the project is classified as category C and no environmental and social safeguards instrument is required.

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:
N/A

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.
N/A

4. Describe measures taken by the borrower to address safeguard policy issues. Provide an assessment of borrower capacity to plan and implement the measures described.
N/A

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.
N/A

B. Disclosure Requirements (N.B. The sections below appear only if corresponding safeguard policy is triggered)

C. Compliance Monitoring Indicators at the Corporate Level (to be filled in when the ISDS is finalized by the project decision meeting) (N.B. The sections below appear only if corresponding safeguard policy is triggered)

CONTACT POINT

World Bank

Christophe Lemiere
Program Leader

Djibrilla Karamoko
Senior Health Specialist

Margareta Norris Harrit
Senior Operations Officer

Borrower/Client/Recipient

Government of Niger

Government of Burkina Faso

Government of Benin
Magloire Augustin AGUESSY AGUESSY
Directeur Général des Politiques de Développement
amagloireaugustin@yahoo.fr

Government of Mauritania

Government of Chad
Youssouf Aware
Coordinator
aware_ny@yahoo.fr

Government of Cote d'Ivoire

Implementing Agencies

Ministere de l'amenagement du territoire et de la population
Moussa Sidibe
Coordinator
sidibe85@hotmail.com

Ministere de la Population
Omar KONDO ZAROUMEYE
Coordinator
omakondo70@yahoo.fr

FOR MORE INFORMATION CONTACT

The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 473-1000
Web: http://www.worldbank.org/projects

APPROVAL

Task Team Leader(s):	Christophe Lemiere Djibrilla Karamoko Margareta Norris Harrit

Approved By

Safeguards Advisor:	Hanneke Van Tilburg	19-Nov-2019
Practice Manager/Manager:	Moulay Driss Zine Eddine El Idrissi	21-Nov-2019
Country Director:	Deborah L. Wetzel	22-Nov-2019