



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

Appraisal Stage | Date Prepared/Updated: 26-Mar-2020 | Report No: PIDISDSA28436



**BASIC INFORMATION**

**A. Basic Project Data**

Country Africa	Project ID P171827	Project Name Sahel Women Empowerment and Demographic Dividend - AF Phase 2	Parent Project ID (if any) P150080
Parent Project Name Sahel Women's Empowerment and Demographics Project	Region AFRICA	Estimated Appraisal Date 05-Mar-2020	Estimated Board Date 29-May-2020
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Government of Niger, Government of Burkina Faso, Government of Benin, Government of Mauritania, Government of Chad, Government of Cote d'Ivoire, Government of Guinea, Government of Cameroon, Government of Mali	Implementing Agency Ministere de l'aménagement du territoire et de la population, Ministère de la Population, WAHO

Proposed Development Objective(s) Parent

The development objective is to increase women and adolescent girls' empowerment and their access to quality reproductive, child and maternal health services in selected areas of the participating countries, including the Recipients' territory, and to improve regional 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**



<b>Total Project Cost</b>	376.00
<b>Total Financing</b>	376.00
<b>of which IBRD/IDA</b>	371.00
<b>Financing Gap</b>	0.00

**DETAILS**

**World Bank Group Financing**

International Development Association (IDA)	371.00
IDA Credit	255.00
IDA Grant	116.00

**Non-World Bank Group Financing**

Trust Funds	5.00
Global Financing Facility	5.00

Environmental Assessment Category

C-Not Required

Decision

The review did authorize the team to appraise and negotiate

**B. Introduction and Context**

Country Context

1. The proposed AF for SWEDD Phase 2 (P171827) will include IDA credits and grants in the amount of US\$376 million equivalent, including a US\$5 million grant from GFF, to scale up and restructure activities in four current countries (Chad<sup>1</sup>, Cote d'Ivoire, Mauritania and Mali) and add two new countries (Cameroon and Guinea). ECOWAS, via its health agency, the West African Health Organization (WAHO), which already receives a grant under the parent project and the African Union Commission, as a new entity in the context of the SWEDD, are proposed to be leveraged in their respective roles as regional and Pan-African platforms, to enhance long-term sustainability of the project objectives. The parent project was approved by the Board on December 18, 2014 and became effective between May and November 2015. An AF to add Burkina Faso was approved in April 2015; another AF for Benin was approved in January 2019 and became effective in June 2019. Most

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<sup>1</sup> Chad has fully disbursed. A US\$6 million AF to adjust for an overrun is currently being processed to avoid halting community-based interventions in the interim of the preparation of this larger AF and restructuring.



recently, an AF to add additional funds for Chad was approved in January 2020 and recently became effective.

2. **The SWEDD currently includes seven countries and two agencies:** Benin (US\$90 million), Burkina Faso (US\$34.8 million), Chad (US\$26.7 million), Côte d'Ivoire (US\$30 million), Mauritania (US\$15 million), Mali (US\$40 million), Niger (US\$53.5 million) and the West African Health Organization (US\$5 million). The project is implemented by seven countries and two agencies, the United Nations Population Fund (UNFPA) and WAHO. Community-based interventions are implemented by non-governmental organizations under the supervision of partnering sectoral ministries.

### Sectoral and Institutional Context

3. **Human capital development and demographic trends are closely linked.** First, an acceleration of the fertility and mortality transition creates a unique opportunity for economic growth, the "demographic dividend," allowing for increased investment in human development. On the other hand, high fertility undermines efforts to improve human capital since the high number of children is associated with a decline in investment (public and private) in human capital. Nearly all adolescent girls who have ever been pregnant are out of school in many Sub-Saharan African countries. Teenage pregnancy results in a colossal loss of educational opportunities for girls, a myriad of health issues including the increased risks of anemia, sexually transmitted infections, post-partum hemorrhage, obstetric fistula, and mental disorders such as depression (for adolescent mothers as compared to adult mothers), poorer birth outcomes (including a 30% higher risk of stunting in children of adolescent mothers) and negative effects on girls' and women's future earnings prospects.
4. **Accelerating demographic change by empowering women and girls is a region-wide priority.** Heads of African States, governments and leaders across Africa have integrated the demographic dividend, human capital and women's empowerment (dimensions of which are intrinsically linked) in key sectoral, national and pan-African strategies. Investing in women's empowerment and human capital is a development strategy for economic growth and poverty reduction. The Africa Human Capital Plan aims to support women empowerment and the demographic transition projects in at least 20 high-fertility countries (TFR>4) by 2023. Moreover, IDA19 financing operations will support women's empowerment, including through increased access to quality reproductive, adolescent, and primary health care services in at least 15 of the 30 countries with the lowest HCI.
5. **The SWEDD regional project has resulted in a pathfinding series of investments in addressing the root causes of early marriage, gender disparities in education, low women's labor force participation, low health service utilization, and high fertility rates.** SWEDD is designed under the assumption that the fertility transition in the Sahel will require major progress in girls and women empowerment; and that empowerment will also yield economic and human capital benefits. Its interventions target different points on the life cycle and different members of family and community that play a role in gate keeping opportunities for women and girls. Despite a slow start, the project is now implementing well and there is strong political commitment to scale up activities at regional, national and community levels, in and beyond the current client countries. The multisectoral approach is designed to capture a segment of the population that often fall "between the gaps" (e.g. adolescent girls at risk of child marriage, teenage pregnancies and early school drop-out) and to



identify mutually reinforcing bridges between sectoral strategies. The regional feature of the project is perceived as useful not only because there's important transitory populations and cross border similarities, but also to provide stronger responses to common challenges and expand the political economy for the long-term objectives. The proposed AF and restructuring will seek to assist countries improve quality of implementation, grow capacity of implementors, use new analysis to better tailor interventions, incubate scale-up and continue to grow the evidence base, to adapt and improve response to the multifaceted challenges faced by the region.

### **C. Proposed Development Objective(s)**

#### Original PDO

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

#### Current PDO

Same.

#### Key Results

6. To increase women and girls' empowerment through retention of adolescent girls in secondary schools in targeted areas, as well as increasing the percentage of girls, women and men that are beneficiaries of safe spaces and husband school interventions and that have adequate knowledge on child marriage, early pregnancy and birth spacing. The project also aims to increase women and girls' access to RMNCHN services through countries with a health commodities last-mile distribution model that is deemed functional and number of midwives in targeted areas that have completed training in harmonized regional curriculum on reproductive health.

### **D. Project Description**

#### **7. The project has three main components:**

- 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.
- Component 2 (Strengthen Regional Capacity for Availability of RMNCAHN<sup>2</sup> Commodities and Qualified Health Workers) seeks to strengthen regional capacity to improve supply of reproductive health commodities and qualified personnel.
- 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.

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<sup>2</sup> Reproductive, maternal, neonatal, child and adolescent health and nutrition



- Climate and Disaster risks:** The screening completed under the parent project applies to the proposed AF, including original countries and the two new countries (Cameroon and Guinea). The screening revealed that the primary climate and geophysical hazards that may impact the recipient populations due to a number of climate exposures including; shorter and more erratic rainy seasons leading to increased risk for flooding and droughts. These climate related exposures are expected to lead to a number of vulnerabilities impacting the population including: (i) mortality and morbidity (trauma, drowning, respiratory disease, mental health) due to extreme rainfall events and flooding as well as extreme heat events, (ii) increased risk of water and vector-borne diseases such as malaria, dengue and diarrheal disease, (iii) malnutrition and food insecurity due to drought and agricultural losses, (iv) wider impacts on livelihoods and economic stability. These impacts will disproportionately affect vulnerable populations, in particular women, children and adolescent girls. Components 1-3 include climate change adaptation and mitigation measures.

## E. Implementation

### Institutional and Implementation Arrangements

- Institutional arrangements:** At national level, no change is contemplated under this proposed AF. At regional level, the original agreement to have UNFPA assume regional coordination and technical assistance at a cost of 13% of the national IDA will change. The contribution allocated by countries toward UNFPA for regional coordination and technical assistance was reduced to ~6.5% during the inclusion of Benin in January 2019, due to the comparatively large financing amount. In this AF, it is proposed that UNFPA maintains its role as the Secretariat for the project's regional steering committee but is subcontracted by a regional entity (e.g. WAHO). Expert TA providers have been identified for each of the subcomponents and as such, it is likely that UNFPA and WAHO will no longer be the sole TA partners.

**Note to Task Teams:** The following sections are system generated and can only be edited online in the Portal. *Please delete this note when finalizing the document.*

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

The project will be implemented in Benin, Burkina Faso, Cameroon, Chad, Cote d'Ivoire, Guinea, Mali, Mauritania, and Niger. The project is targeting specific areas (i.e., cross-border areas) in each of the countries.



**G. Environmental and Social Safeguards Specialists on the Team**

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 Abdelaziz Lagnaoui, Environmental Specialist  
 Kristyna Bishop, Social Specialist  
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**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 involving 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, drugs, medical supplies, and some equipment. To mitigate and manage the potential risks and impacts of obsolete and unwanted drugs, the project incorporated the sound management of obsolete and unwanted pharmaceuticals in the overall management of the pharmaceutical supply chain, under sub-component 2.2 on pharmaceutical supply chain and last mile delivery. Training in the sound management of obsolete and unwanted pharmaceuticals will be provided and guidance materials on best practices for management of pharmaceutical supplies will be prepared. No civil works are contemplated or envisaged in this project. Consequently the project is classified as category C and no environmental and social safeguards instrument is required.

However, to strengthen risk management in this project, the project will mitigate and manage possible GBV risks in the project during implementation, including the developing of a survivor-centered GRM. The project will also undertake social assessments in each country to assess and address possible gaps in social risk management and bolster inclusion in areas such consultation practices, better understand impacts to culture and livelihoods, and barriers to GRM effectiveness, among others. Lastly the project will strengthen each project-level GRM to ensure it is operational and effective. In Cameroon, the Additional Financing will focus on areas in the Extreme North and the North and Adamoua regions to strengthen client capacity and build on lessons learned for eventual scale up in other parts of the country in a future project. In these areas, Indigenous Peoples are not expected to be present so OP4.10 is not triggered. However, as this region presents a large volume of adolescent girls vulnerable to child marriage, teenage pregnancy and early drop-out of school, it provides a good entry point for scalability.

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)**

**The World Bank Policy on Disclosure of Information**

Have relevant safeguard policies documents been sent to the World Bank's Infoshop?

Yes

Have relevant documents been disclosed in-country in a public place in a form and language that are understandable and accessible to project-affected groups and local NGOs?

Yes

**All Safeguard Policies**

Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?

Yes

Have costs related to safeguard policy measures been included in the project cost?

Yes

Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?

Yes

Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?

Yes

**CONTACT POINT**

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**Borrower/Client/Recipient**



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Government of Mali



### Implementing Agencies

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WAHO

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### APPROVAL

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