PROJECT INFORMATION DOCUMENT (PID)
CONCEPT STAGE

Report No.: PIDC3854

Project Name	CI- Productive Social Safety Net (P143332)
Region	AFRICA
Country	Cote d'Ivoire
Sector(s)	Other social services (100%)
Theme(s)	Social safety nets (100%)
Lending Instrument	Specific Investment Loan
Project ID	P143332
Borrower(s)	Ministry of Finance
Implementing Agency	Ministry of Employment, Social Affairs and Vocational Training (MEMEASFP)
Environmental Category	C-Not Required
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Concept Review Decision	Track II - The review did authorize the preparation to continue

I. Introduction and Context

Country Context

Economy: from years of stagnation to fast recovery. After almost two decades of strong economic growth, Cote d'Ivoire's economy has experienced a series of economic and political crises which culminated in a short war following the 2011 elections. The successive crises have resulted to widespread deterioration of living standards. The economic growth was among the lowest in Sub-Saharan Africa(on average -1.6 percent between 1999 and 2003; 1.3 percent between 2004 and 2008, and -0.8 percent from 2009 to 2011). The per capita GDP fell to its 1960's level. Since mid-2011, stability has been restored and economic growth has resumed with GDP growth expected to be around 8.6 percent in 2012. Continued strong economic growth is expected in coming years as a result of (i) recovery in key agricultural sectors, (ii) a more favorable fiscal performance and (iii) debt sustainability achieved following HIPC completion point. This fast recovery has yet to trickle down and translate into effective poverty reduction and reduced inequality.

Figure 1. Trends in GDP growth and per capita GDP

2. Resource base: vast resources capable of fueling the country's development. Cote d'Ivoire built its economic development on agriculture with the agricultural sector counting for 22 percent of GDP and over three quarter of non-oil exports, and providing incomes to two thirds of households. The sector, especially cashew, cotton, rubber and oil palm, has an enormous potential for growth. In addition Cote d'Ivoire is well endowed with mineral resources oil and gas. Between 2002 and 2009, crude oil production quadrupled and the value of petroleum products dramatically increased. In 2010, net exports of crude oil and petroleum together reached USD 900 million. Further explorations could lead to the discovery of new fields that could be larger than the current ones.

3. Poverty and vulnerability: a worsening situation. Since the 80's, poverty has constantly increased in Cote d'Ivoire following the successive economic shocks and political instability. In 2008, about 49 percent of the population is poor against 10 percent in 1984. A large proportion of the population lives in high vulnerability without any social protection. Populations are confronted to a wide range of risks, the main ones being the decline in incomes and food insecurity (in rural areas mainly), unemployment in cities and underemployment in rural areas, under-five and maternal mortality, morbidity and malnutrition, and finally school dropout and non-enrolment essentially for girls. Poor households tend to be the most vulnerable to shocks. They are concentrated in rural areas (70 percent of the poor live in rural areas) and are mainly farmers (about 60 percent of farmers are poor); the Northern and Western parts of the country have the highest poverty headcount (more than 70 percent for the North and about 60 percent for the West). Households headed by less educated heads, elderly or widows tend also to be poorer and therefore more vulnerable to shocks.

Table 1. Poverty headcount by region. 2008

Regions	Poverty Headcount 2008 (%)	variation between 2002 and 2008 (%)	Extreme poverty headcount (1st decile) (%)
Centre	56.0	35.3	9.6
Centre-East	53.7	19.6	9.6
Centre-North	57.0	78.1	17.8
Centre-West	63.0	25.0	13.6
North	77.3	91.8	29.6
Nort h-East	54.7	-3.4	10.3
North-West	57.9	11.6	18.4
West	63.2	-2.0	14.1
South	44.6	47.2	6.4
South-West	45.5	10.2	3.2
Abidjan	21.0	40.9	1 .6
Urban	29.4	17.6	n/a
Rural	62.5	28.6	n/a
National	48.9	27.3	10

Source: RCI 2012 using ENV2008

4. Disability on the raise: towards a more inclusive development. Persons with disabilities (PWD) are among the most vulnerable groups because of their limited access to education, health and employment. The 1998 census indicates that only 0.56 percent of total population is disabled, a number that is considered too low when compared to international standards. According to estimates from the World Health Organization (WHO) the prevalence of disability in developing

countries is about 18 percent of the population with higher prevalence in rural areas (18.6 percent versus 16.5 percent in urban areas) and among the poorest (22.4 percent for the poorest quintile 13.3 percent for the richest quintile). Furthermore, it is most likely that the prevalence of disability in Cote d'Ivoire is much higher than that estimated by the census and it is likely that the number of persons living with a disability has been on t he increase over the last decade. This can be attributed to the armed conflict, increased poverty and environmental circumstances and hazards. In 2005, nearly 90 percent of disable persons of working age were not exercising any professional activity and 70 perc ent of them cited discrimination and lack of skills as main barriers to finding a job. There are very limited interventions toward PWD supported by the Government. These include amongst others subvention to some private schools welcoming children with disabilities, donation of disability equipment to a limited number of PWD, and a special hiring of PWD as public servants since 1996. Unfortunately, these interventions all together are limited in scope and scale, and are concentrated in the city of Abidjan.

5. Demography: Fostering the Demographic Dividend (or avoiding the Demographic Disaster). As most of Sub-Saharan African countries, Cote d'Ivoire has a rapidly growing and young population. The annual growth rate is estimated to be 3.1 percent per year in 2009, one of the highest in the world. This high growth is due to the combined effect of a lower mortality rate, high fertility rate (4.6 children per woman) and high level of international migration (26 percent of the population was not Ivorian in 1998). According to the 2009 INS estimates 39.7 percent of the population was 15 years old or younger; 57.9 percent was between 15 and 59 years old and only 2.4 percent was more than 60. All these lead to a high dependency ratio of 72.7 percent. With almost one out of 2 women being of childbearing age, the population is expected to continue to grow and more importantly to stay young in coming decades (see figure 2). This growth, allied with fast urbanization, puts a high pressure on basic social infrastructure. For instance, the country will need to create each year at least 1,000 new classrooms in order to welcome all the children in age of going to school. In order to reap a demographic dividend, the country will need to improve significantly access to and quality of education, improve access and demand for family planning, improve the sanitary systems mainly in cities, and create a suitable environment for economic growth and job creation for a labor force estimated to reach 13.7 million in 2013.

Figure 2- Cote d'Ivoire's population pyramid in 2010 and 2030

6. The challenge is how long it will take to reverse this human capital deficit and to reduce impacts of the crisis on households and to control the population growth in order to contribute productively to the country's growth. For this, Cote d'Ivoire needs to significantly expand not only access to social services, but also quality to all of its citizens in an equitable manner. The country cannot afford the usual sequential or linear approach to service delivery, expanding access first and fixing quality afterwards.

7. The job agenda: limitations of the formal sector. The issue of employment remains one of the biggest challenges for the country. Formal sector offers limited job opportunities while the low productivity informal sector continues to absorb the majority of the labor force. Although data are limited and recent data are quasi-inexistent, it appears that the labor market, which had been starting to modernize and formalize prior to the crises, reversed course when the crises began (see Figure 3). The 2011 World Bank Youth Employment and Skills Development project noted that over 300,000 jobs in the "modern" sector were lost between 2002 and 2006, with an additional 80,000-120,000 jobs being lost in the post-electoral crisis of 2010-2011. During the crisis, self-employment more than doubled, increasing from 1.9 million people in 2002 to 4 million in 2008, to the point where the

informal sector accounts for nearly 90 percent of GDP and 91 percent of employment.
Figure 3- Share of employment by sector

Figure 4- Trends of share of economic activities for men and women
2002-2008

8. Employment in Côte d'Ivoire is still mainly agricultural, especially for women. About 61 percent of female jobs were in household agriculture in 2008, and the equivalent figure for men was 57 percent (Figure 6). Conversely, only 14 percentof men and 8 percent of women were in private non-agricultural employment in 2008. Public sector employment accounted for an additional 4 percent of male jobs and 2 percent of female jobs in 2008. The abundant labor force is predominantly unskilled. According to the DHS 2012, 53 percent (36 percent) of women (men) aged 15-49 have no education. For youth between 30 and 39, the rate is up to about 60 percent (38 percent) for women (men). Against this backdrop, Côte d'Ivoire faces an important demographic challenge, with a young and growing population. Beyond the potential for a massive demographic dividend if this new work force can be employed productively, government main concern is that a "jeunesse désoeuvrée" represents a security risk for the country.

Sectoral and Institutional Context

9. Human capital: a high price due to the prolonged crises. Severe under-investment in human capital over the past 20 years combined with the political and social crisis have taken a serious toll on human capital. Health and education indicators are amongst the weakest in the region and both poverty and vulnerability have worsened. Social protection programs have a marginal impact on poverty reduction and can hardly be counted on in case of crises. Côte d'Ivoire is behind schedule to reach most of the MDGs. Gender parity in school, halting the spread of HIV/AIDS, and access to an improved source of water are three MDGs that could be attained by 2015. Otherwise, nearly all social indicators have stagnated or deteriorated. The UNDP HDI has since 1995 stagnated at a level that is lower than what could be expected on the basis of the capita income - in 2012 the HDI of Cote d'Ivoire ranked 168 out of 186. Figure 5 pictures the country's weak performances in health and education. With about the same level of GNI per capita, Senegal has a much lower under-5 mortality rate than Cote d'Ivoire. Sierra Leone, the Gambia, Guinea, to name just a few, have a higher primary completion rate than Cote d'Ivoire with less than half of the country's GNI per capita.
Figure 5- Health and Education Outcomes versus GNI —comparison with the sub-region

World Development Indicators - 2011

10. Education: retention and completion rates are low with respectively 52 percent and 64 percent in 2011-2012. Poor households, rural households and girls tend to have the lowest enrolment and completion rates. In 2012, in the pre-school stage, the net rate of enrolment was 9 percent in urban areas against 2 percent in rural areas, and 1 percent in the poorest quintile against 15 percent in the richest one. In primary school, the net enrollment was 64 percent (72 percent in urban areas far above the 58 percent in rural areas). Only 61 percent of girls were enrolled against 66 percent of boys. In the secondary level, net enrollment rate is low at 24 percent, with 26 percent for boys and 21 percent for girls.
Table 2. Net enrollment ratio, 2012

	Primary			Secondary		
	M	F	Total	M	F	Total

Geographical location								
Urban	75.9	69.3	72.5	45.6	35.0	40.0		
Rural	60.4	55.6	58.1	8.9	4.2	6.7		
Regions								
Centre	57.1	58.7	57.9	24.8	17.1	21.2		
Centre-East		62.6	63.3	62.9	27.6	15.7	21.7	
Centre-North		67.1	60.6	63.9	22.9	23.0	22.9	
Centre-West		63.2	59.6	61.5	24.5	13.7	19.1	
North	44.7	50.1	47.4	14.6	13.6	14.0		
North-East		57.1	58.7	57.8	18.8	15.4	17.2	
N o rth-West		54.3	48.2	51.3	13.9	7.4	11.1	
West	67.4	59.1	63.0	17.2	11.0	14.4		
South w/out Abidjan		77.5	68.2	73.0	31.8	24.8	28.4	
South-West		63.3	49.7	56.5	21.8	14.4	18.1	
Abidjan	79.9	74.0	76.9	45.5	37.7	40.9		
Wealth quintiles								
Q1	52.9	47.9	50.4	5.9	2.7	4.5		
Q2	64.6	61.4	63.1	12.1	3.8	8.1		
Q3	60.1	56.3	58.2	24.6	13.8	19.4		
Q4	73.4	63.5	68.5	33.7	23.8	28.7		
Q5	8	4.0	79.5	81.6	53.8	44.6	48.5	
National		66.1	61.0	63.6	26.5	20.9	23.7	

Source: Cote d'Ivoire DHS 2012

11. Health: Key indicators are alarmingly low especially among the poor and the country will not meet most of the MDGs in the health sector. According to the DHS 2012, Cote d'Ivoire has a high under-5 mortality rate of 108 deaths per 1,000 children (figure 7). This rate reaches 125‰ in rural areas and 100‰ in urban areas. Regions with the highest rates are the North and the North-West with 209‰ and 185‰ respectively, and the poorest tend to be the most exposed. As for maternal mortality, the situation has deteriorated. It is one of the highest in the region, 614 mothers dying for 100,000 live births, up from 543 in 2005. Utilization of maternal health services varies widely by geographical location and level of wealth. Only 59 percent of births are attended by skilled health personnel, 44 percent in rural areas against 84 percent in urban areas, and 35 percent for the poorest quintile against 91 percent for the richest. Similarly, a higher share of women living in rural areas and women in the poorest quintile do not have any antenatal visit as compared to their counterparts in urban areas and in the richest quintile. In addition to low levels of maternal health services utilization, maternal mortality is accentuated by early childbearing, short birth spacing and maternal malnutrition. The nutrition situation has indeed dramatically worsened, both for children and women in childbearing age, as a result of the political and civil crisis during the past decade. 23 percent of children are stunted. This rate reaches 28 percent in rural areas against 16 percent in urban areas, and the poor are the most affected (32 percent in the poorest quintile against 12 percent in the richest one). The Northern and Western parts of the country are the regions with the highest rates of child malnutrition and women with no antenatal visit, and the lowest share of birth attended by skilled health personnel.

Figure7. Under-five mortality rate by location, mother's level of education and poverty quintiles (‰)

Source: Cote d'Ivoire DHS 2012

12. Social Protection: existing systems have a marginal impact on poverty reduction, do not contribute to economic growth and can hardly be counted on in case of crises. The population has suffered several successive shocks that have deteriorated populations' living standards and negatively affected the level of human capital, jeopardizing the country's long term development. The existing disparities have been exacerbated and the proportion of those living in high vulnerability has increased without a sound social protection system to protect them and help them move out of poverty. Current social protection programs have limited impact. Contributory programs, i.e., pensions and insurance, have very limited coverage (about 5 percent of households) as they tend to benefit only workers in the formal private sector or civil servants. Most people only rely on informal safety nets, such as mutuelles and various types of associations, or just family and neighbors. There are no well-designed nationally known and functional non-contributory safety net programs per se, with the exception of a few interventions targeting specific groups and situations with narrow objectives. These interventions covers two Bank supported emergency operations (which include public work sc hemes targeting youth-at- risk) and WFP run school feeding program.

13. In order to improve human capital, the country needs to increase the quantity and quality of supply of basic social services and stimulate the demand for these services by the poor who cannot afford them. In the health sector, the government developed a National Health Policy backed by a National Health Development Plan covering the period of 2012-2015. Its main vision is to guarantee access to quality health care to all citizens especially the most vulnerable. The government is embarking on a dynamic process of reforms to design and implement a sustainable and well int egrated health system including universal health insurance coverage. The Bank will support the government efforts through an US$ 50 million project planned for FY15. In the education sector, the government is undertaking a comprehensive diagnosis with the aim of introducing reforms. It also prepared a Medium Term Strategic Plan covering the period of 2011-2013, an Education Country Status Report and a sectorial policy note.

14. The Bank is active in supporting the country to improve access to quality social services. Two emergency projects, the Emergency Basic Education Support Project and the Emergency Post-Conflict Assistance Project, implemented in a post conflict context, aim to improve access and quality of social services by among other things rehabilitating and constructing social infrastructures including health facilities and classrooms. Most of the actions in the human development fields are mainly toward the supply of services and not so much toward stimulating the demand for these services.

15. Yet, poverty remains the main factor limiting the access to basic services. Emerging evidence suggest that the usage of health and education services is constrained by income levels as shown in the previous sections. According to the DHS 2012, 66.8 percent of women cited the lack of income as a major barrier to their access to maternal health care. Distance from health services comes only next: 39.6 percent of women affirm not using health services because of the distance (table 3). Even though numbers are missing, it is more than likely that lack of cash is a big constraint to access to education and nutrition too. Providing income support to the most vulnerable households, through the proposed safety net project, should therefore have a positive impact on human capital, by stimulating the demand for basic social services.

Table 3. Main barriers to access to maternal health care

	Lack of money	Distance to health services	Permission to use services	Doesn't

want to go alone						
Geographical location						
Urban	63.7	27.7	24.6	13.2		
Rural	70.1	52.2	24	18.2		
Regions						
Centre	83.5	49	48.6	17.8		
Centre-East		57.1	25	19.4	7.9	
Centre-North		73.8	50.3	30.8	9.2	
Centre-West		53.6	29.7	8.4	20	
North	81.7	54.3	19.6	18.4		
North-East		65.4	19.7	18.4	5.6	
North-West		82.6	58.8	33.8	26.5	
West	72.6	50.4	28	19.7		
South w/out Abidjan		59.7	43.5	15.7	10.8	
South-West		68.1	51.4	32	14.8	
Abidjan	64.3	27	26.6	15.8		
Wealth Quintiles						
Q 1 (the poorest)			74.9	58.7	23.8	19.1
Q 2	69.4	46.6	23.2	16		
Q 3	71.3	42.4	25.7	15.4		
Q 4	67.7	33.4	25.8	14.7		
Q 5 (the richest)	55.3	24.8	23.2	14		
National		66.8	39.6	24.3	15.7	

Source: Cote d'Ivoire DHS 2012

16. Experience in several sub-Saharan African countries (SSA) has showed that well planned safety nets programs can be a powerful tool to reduce poverty and vulnerability and increase resilience. In South Africa for example, the old-age pensions have reduced the poverty gap ratio between the richest and poorest citizens by 13 percent. Outside SSA, Bolsa Família in Brazil was responsible for one-fifth of the country's remarkable reduction in inequality, while having no negative impact on economic growth . Countries that have social protection systems in place before a shock hits are better able to respond, as Ethiopia's experience shows. Independent evaluations of the Productive Safety Net Program (PSNP) and other related interventions show that its sustained interventions have helped reverse the trend of deteriorating livelihoods and that its timely and predictable assistance has enabled households to manage risk more effectively; avoid adopting negative coping strategies, such as selling livelihood assets; and protect against food insecurity. Accompanying measures aimed at fostering human capital development can improve nutritional status in children and access to schools. The literature shows that nutrition education in food insecure populations, such as in Vietnam and Bangladesh, can lead to a significant increase in height-for-age of children. . Burkina has also had experiences with conditional cash transfers (CCTs) which were evaluated using rigorous impact evaluation methods. The evaluation indicates that cash transfers, with and without cond itions, had a positive and significant impact on nutrition in young children (anthropometric indicators) during 2009 when weather related events were particularly bad. Routine health clinic visits also increased as did school attendance, especially when conditi ons were imposed. The Bank is supporting innovative designs in Djibouti, Niger, and Senegal to change community norms about breast-feeding, feeding and parenting practices.

17. In Cote d'Ivoire, the government is implementing, through several Ministries, a number of

programs aimed at helping the poor access basic social services. In the health sector, the main program is the free healthcare program which started right after the post-electoral crisis. Initially designed as universal, the program was redefined to target under five children, pregnant women and medical-surgical emergencies. This re-design was driven by concerns of fiscal sustainability of a universal program. The Ministry of Health is also implementing an Expanded Program on Immunization and a free antiviral HIV and tuberculosis treatments programs. These programs face several difficulties related to inadequate supply, unclear targeting mechanism to reach the poor and high corruption and fraud. The Ministry of Education has a long standing school feeding program supported by WFP. About 56 percent of primary schools have a school meals system, and for those with one, only 40 days over 100 school days are covered on average per school year. The program suffers from a governance issue. Children need to pay a daily monetary contribution in order to benefit from the school meal and it is not clear how the collected proceeds are being used by the schools. Furthermore, due to lack of rigorous impact evaluation, it is not possible to assess the impact of the program against its main objectives i.e. increased retention (in particular girls' retention) and improved children's nutrition status. The Ministry of Employment, Social Affairs and Vocational Training runs a social assistance program, called "les Secours Sociaux". Started in 1967, the program provides needy persons a one-time financial assistance. Procedures are highly centralized in Abidjan and the program covers a very limited number of persons (only 220 persons in 2011). The disability issue is anchored within the Ministry of Employment, Social Affairs and Vocational Training (MEMEASFP) through its department in charge of the promotion of people with disabilities (DPPH). The department, tasked with the preparation of a national policy, lack resources and has a very limited capacity. The community of persons with disabilities and their supporters organized itself by 5 "Federation" and 2 "Association" of types of disability with an umbrella organization as "Confederation". The country has signed and ratified internationals conventions on PWD's rights, notably the UN Convention on the Rights of Persons with Disabilities.

18. As part of the emergency program, the Bank is financing two large programs, the Emergency Post-Conflict Assistance Project (PAPC) and the Emergency Youth Employment and Skills Development (PEJEDEC). Both programs have an important labor intensive public work (LIPW) component, aimed to support the creation of temporary employment opportunities for low/ unskilled youth. However, neither program has a safety focus. They target youth-at-risk and uses self-selection as targeting mechanism. Since wages are largely aligned at market rates they tend to attract the poor and the non-poor.

19. In addition to Government, several donors, notably UNICEF and WFP as well as specialized NGO's, are also intervening in the sector, UNICEF through actions to improve access to education, health, water and sanitation, and the WFP with school feeding and cash/food for work programs.

20. A closer alignment of programs with the new government social protection strategy and a better coordination among them including the use of consistent design parameters (such as targeting, registry, information system etc.) has the potential of promoting a more effective and efficient utilization of resources. The proposed project will support the government lay the foundations of a national social safety net system composed of consolidated and mutually supportive set of interventions that uses consistent and nationally adopted operational mechanisms.

Relationship to CAS

21. The project is in line with the CPS progress report, the Bank's new Social Protection and Labor Strategy 2012-2022 and the Africa Strategy. The Progress Report of the Country Partnership

Strategy (April 2013), recommends that the Bank strengthens its engagement in the areas of jobs, social service delivery, demography and disability and development. The focus will remain on supporting the government to improve the efficiency and effectiveness of its policies and programs with an increased emphasis on cross-sectoral issues. During the remaining CPS period the Bank will support the government's new strategy for higher education while continuing our engagement in lower secondary education. In the Health sector the government is currently contemplating a radical reform of its health financing system and the Bank will help the government design health financing arrangements to ensure better equity and efficiency of its health expenditures and explore the feasibility of Result-Based-Financing (RBF) as well as a universal health insurance coverage scheme. In the Social Protection sector, the government is finalizing the adoption of a newly developed strategy with a safety net system as a key building block. The Bank will support the Government design and implement a national safety net system aimed to increase the resilience of vulnerable households, support social cohesion and human capital development.

22. The proposed project is also in line with the Social Protection and Labor Strategy and the Africa Strategy in terms of reducing vulnerability, building resilience and creating opportunities. In addition, providing cash transfers to improve basic household consumption and address demand-side financial barriers to social services is also consistent with the World Bank's global and regional social protection strategies as well as the Africa strategy in terms of reducing vulnerability, improving resilience for the poor, and laying the foundation for a safety net system in Cote d'Ivoire.

23. The project is consistent with the political will expressed in the National Development Plan (NDP) 2012 - 2015 to give access to quality social services to vulnerable population groups including women, youth, children and other vulnerable groups. This political will is translated in National Social Protection Strategy. The Strategy intends to protect populations, particularly the most vulnerable, against economic and social risks, and to improve their resilience and their capacity to take care of themselves in the long term. The Strategy is organized around four main strategic axes: (i) improving vulnerable and poor households' living standards; (ii) improving access to basic social services and investing in human capital; (iii) strengthening social action against violence, abuse, exploitation, discrimination and exclusion; (iv) extending gradually formal social protection to a larger share of the population. Furthermore, the Government expressed interest at the highest level (President and Cabinet of Ministers) in the Brazil Bolsa Familia model as an effective tool to reduce inequality by promoting investment in human capital and increasing consumption by the poor. The proposed project is directly linked to the first two pillars of the Strategy that focus on the improvement of poor and vulnerable populations' living standards and human capital accumulation through the implementation of a safety net program. As a global leader in social safety nets, the Bank is well positioned to assist the government of Cote d'Ivoire in implementing this potentially cost effective initiative.

II. Proposed Development Objective(s)

Proposed Development Objective(s) (From PCN)

24. The project development objectives (PDO) are to (i) provide income support to poor households in selected regions/areas, and (ii) support the country build key elements of a national safety net system.

Key Results (From PCN)

- Number of eligible households benefiting from the cash transfer
- The share of households benefitting from the cash transfers who belong to the 2 poorest quintiles (target: 60 percent of beneficiary households)
- Level of school attendance in households benefitting of the conditional top-up transfers (target: 80 percent)
- Development and implementation of key safety nets operational parameters for the project: a targeting system, a unified registry, a management information system (MIS) for payments, enrollment, and monitoring and evaluation

III. Preliminary Description

Concept Description

25. The project will have three components: (i) cash transfer and accompanying measures for poor rural areas; (ii) laying the foundations for a basic national safety net system and (iii) project coordination and management. The total IDA allocation for the intervention is USD 50 million, allocated as follows:

- Cash transfer and accompanying measures in rural areas: USD xxx million
- Laying the foundations for a basic national safety net system: USD xxx million
- Project management and coordination: USD xxx million

Component 1: Cash transfers and accompanying measures for poor rural areas

26. This component will support the development and implementation of a cash transfer program to serve as one of the cornerstones of Cote d' Ivoire's safety net.

Sub-component 1.1 – Cash Transfers

27. The cash transfers will support poor households in rural areas with young children up to 15 years of age. The payments will be made on a regular basis to allow beneficiaries to use the transfers to stabilize their food consumption and, indirectly, to encourage regular health check-ups, proper nutrition and school attendance for these children. A top-up transfer conditional to maintaining girls at school (where supply is adequate) will be piloted in areas where girls drop-out is high. The program will use a cascading targeting mechanism that combines regional (regions with high poverty incidence), income (using a simplified PMT to identify the poorest) and a community validation.

Sub-component 1.2 – Accompanying Measures

28. The program will include accompanying measures to sensitize households (beneficiaries and non-beneficiaries in target areas) about the importance of sending children to school, particularly girls, the systematic registration of children in the civil registry, the completion of regular vaccination schedules, proper nutrition especially in the first 1,000 days of child's life, psychosocial stimulation and awareness about disability. The disability measures would, in particular, account for the specific needs and rights of PWD, major causes of disability, and disability prevention. The ultimate goals are (i) to change public perception of PWD, moving from seeing PWD as vulnerable or harmful people in need of charity or people that should be excluded from the community, to people with rights who can fully participate in the country's development process, (ii) to educate people about disability major causes and prevention, since the majority of

disabilities is acquired during the lifetime as a result of diseases, wars, car accidents, etc. and (iii) to start creating an enabling environment by removing basic barriers starting with barriers resulting from societal attitudes and discrimination. The accompanying awareness measures will be run at the household, community and government levels. This component will also help prepare policy notes and undertaking feasibility studies, strengthening the data collection mechanisms, and building key stakeholders' capacities in the country.

Component 2: Laying the foundations for a basic national safety net system

29. This component will assist the country in designing and developing operational building blocks that can be used for coordinating safety net programs and increasing their effectiveness through a systemic approach. The objective is to contribute to the establishment of a long-term effective and sustainable (institutionally, politically and financially) system of safety nets anchored in the national social protection strategy. An important aspect of the proposed system will be the capacity to expand and adjust the safety net in response to shocks by: (i) increasing the value of the transfer given to current beneficiaries; and (ii) expanding the cash transfer program to additional beneficiaries, albeit for a shorter period of time than for the regular beneficiaries. Because developing, testing, implementing and updating systems takes time, this component will be implemented over the whole project period.

Component 3: Project management and coordination

30. This component will support the management and evaluation of the overall project. It will finance project management, coordination, and monitoring and evaluation activities related to the first two project components. In particular, this component would support impact evaluation of the cash transfer program for learning more about what particular aspects of cash transfer programs are important for improving and sustaining human development outcomes in Cote d'Ivoire. Very few experiences and impact evaluations do exist in the country. The project will be the opportunity to assess the impact of this tool on human development and poverty alleviation.

IV. Safeguard Policies that might apply

Safeguard Policies Triggered by the Project	Yes	No	TBD
Environmental Assessment OP/BP 4.01		×	
Natural Habitats OP/BP 4.04		×	
Forests OP/BP 4.36		×	
Pest Management OP 4.09		×	
Physical Cultural Resources OP/BP 4.11		×	
Indigenous Peoples OP/BP 4.10		×	
Involuntary Resettlement OP/BP 4.12		×	
Safety of Dams OP/BP 4.37		×	
Projects on International Waterways OP/BP 7.50		×	
Projects in Disputed Areas OP/BP 7.60		×	

V. Financing (in USD Million)

Total Project Cost:	50.00	Total Bank Financing:	50.00
Financing Gap:	0.00		

Financing Source	**Amount**
BORROWER/RECIPIENT	0.00
International Development Association (IDA)	50.00
Total	50.00

VI. Contact point

World Bank

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Borrower/Client/Recipient

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Implementing Agencies

Name: Ministry of Employment, Social Affairs and Vocational Training (MEMEASFP)
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VII. For more information contact:

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