

INTEGRATED SAFEGUARDS DATA SHEET ADDITIONAL FINANCING

Report No.: ISDSA12637

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I. BASIC INFORMATION

1. Basic Project Data

Country:	Africa	Project ID:	P154549
		Parent Project ID:	P150080
Project Name:	SWEDD AF for Burkina Faso (P154549)		
Parent Project Name:	Sahel Women's Empowerment and Demographics Project (P150080)		
Task Team Leader(s):	Christophe Lemiere		
Estimated Appraisal Date:	20-Mar-2015	Estimated Board Date:	22-Apr-2015
Managing Unit:	GHNDR	Lending Instrument:	Investment Project Financing
Sector(s):	Health (100%)		
Theme(s):	Gender (40%), Population and reproductive health (40%), Education for all (10%), Health system performance (10%)		
Is this project processed under OP 8.50 (Emergency Recovery) or OP 8.00 (Rapid Response to Crises and Emergencies)?			No
Financing (In USD Million)			
Total Project Cost:	34.80	Total Bank Financing:	34.80
Financing Gap:	0.00		
Financing Source			Amount
BORROWER/RECIPIENT			0.00
International Development Association (IDA)			34.80
Total			34.80
Environmental Category:	C - Not Required		
Is this a Repeater project?	No		

2. Project Development Objective(s)

A. Original Project Development Objectives – 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.

B. Current Project Development Objectives – Parent

C. Proposed Project Development Objectives – Additional Financing (AF)

3. Project Description

The project will include the following components:

Component 1: Generate demand for RMNCHN services by promoting social and behavioral changes and empowering women and girls.

The objective of this component is to increase demand for RMCHN services through (i) better awareness of population on these services as well as (ii) stronger girls and women status.

The component will support regional Social and Behavioral Change Communication campaigns. Strong social and behavior change communication (SBCC) is a critical part of community mobilization, which is necessary to address social norms, attitudes and practices, especially for sustainability of results. The project will fund a regional communication campaign, including through social media, radio, newspapers, and other relevant outlets. Such a campaign would also include messages from high-level champions (especially Islamic leaders), which would raise awareness among policymakers of issues surrounding access to RMNCHN services. The content would be locally generated so as to be most relevant and culturally appropriate. In addition, the project will support a regional pool of experts on social mobilization, marketing, mass communications, and knowledge management on the relevant topics. This pool of experts will offer its services to the selected countries engaged in large scale SBCC activities. UNFPA will coordinate the regional campaign. In a first phase (years 1-2), UNFPA will provide the regional experts, while identifying an SBCC-related regional institution and strengthening its capacity.

The component will also set up a regional mechanism for designing, financing and evaluating country programs in young women's and girls' empowerment. Evidence on the best interventions in women and girls empowerment is lacking in the Sahel region. To address this gap, a regional mechanism will be established to finance and generate a strong evidence base on adolescent girls' programming. Through a regional call for proposals, the proposed regional mechanism would provide funding, technical assistance and M&E for countries wishing to implement pilots. Countries will submit proposals for projects comprised of the following interventions, using an integrated approach that allows for the exploration of complementarities between them:

(i) Strengthened provision of comprehensive reproductive health education and life skills for girls. Life skills programs are designed to teach a broad set of social and behavioral skills—also referred to as “soft” or “non-cognitive” skills—that enable individuals to deal effectively with the demands of everyday life. Evidence shows that these skills are important determinants of health, education and labor market outcomes. Programs can be implemented as stand-alone interventions or integrated into other services (e.g., formal school, economic and livelihoods training, etc.).

(ii) Improved economic empowerment of out-of-school girls and women. Programs that seek to expand the range of economic opportunities available to girls (especially out-of-school girls) and women can be important for improving female empowerment in other areas, including family formation. Program design, including the choice of skills and services, will be informed by local labor market conditions and the profile of the beneficiaries. Experience suggests that ancillary services such as childcare, mentoring, literacy and life skills are important for serving vulnerable young women. Economic and livelihood interventions will be targeted to out-of-school girls of legal working age.

(iii) Enhanced access of girls to secondary education. To prevent school drop-outs and improve girls' education outcomes (and thus to delay marriage), interventions on girls education will be supported. These interventions may include support to (i) transportation and accommodation of schooled girls, (ii) in-kind transfers (e.g. food) for girls and their families, (iii) gender-focused training/sensitization for teachers as well as (iv) (conditional or unconditional) cash transfers or scholarships. Interventions can also be targeted to vulnerable out-of-school girls to encourage them to enter or return.

Importantly, with this regional funding, countries will have to use a common approach for evaluating the funded programs, so as to maximize knowledge sharing between the Sahel countries. A rigorous evaluation will be a part of each proposal: while the interventions will vary by country, the outcomes of interest will be similar across countries. Thus, this regional mechanism will fill an existing need to develop and share appropriate methodologies and tools for adolescent girls' programming in the Sahel, generate regional knowledge on effective strategies, and ensure that country-level expertise is shared with other countries, fostering harmonization and coordination.

While the proposals will have a common approach for evaluation purposes, their content will vary from one country to another, depending on the context. For instance, in Niger, proposals will not focus on girls' education or cash transfers given the already existing programs. Conversely, in Chad, the project will fill an existing gap on girls' education.

Overall, each proposal will be submitted to the Regional Steering Committee and will have to comply with the following set of criteria:

- the proposed interventions are based on evidence, including an assessment of the key bottlenecks at local level;
- the proposed interventions fit within the categories of interventions described above, and ideally leverage the potential complementarities between them;
- the proposed interventions are consistent with existing interventions (i.e. no overlapping with other Government or donor funded programs);
- the proposal targets cross-border areas (where inter-country migration movements are frequent)
- the proposal embeds a rigorous evaluation (preferably experimental or quasi-experimental) that measures a common regional set of outcomes that impact adolescent girls' and women's empowerment;
- the proposed implementing arrangements involve Community-Based Organizations (CBOs), Civil Society Organizations (CSOs), or local councils; they are also taking advantage of existing projects.

In accordance with the subsidiarity principle recommended by IEG (2007), programs will be implemented by countries, while technical assistance will be provided by UNFPA. UNFPA will also provide intensive capacity building on rigorous project evaluation.

Component 2: Strengthen regional capacity for availability of RMNCHN commodities and qualified health workers.

This component will build the regional capacity to provide the critical inputs (commodities and qualified staff) required to provide RMNCHN services.

To set up a regionally-pooled procurement mechanism for RMNCHN commodities, the component will first foster regional harmonization of registration and quality control of RMNCHN Commodities. It would finance activities to (a) harmonize and strengthen regulatory systems for medicines, including prequalified generic contraceptive and MH commodities, and (b) improve pharmaceutical quality assurance through enhanced post-market surveillance and setting up a regional network of quality control (QC) laboratories. More specifically, this will include the adoption and implementation of Common Technical Documents (CTD) for medicines registration, the development of harmonized quality and information systems, and strengthening inter-country collaboration in particular through twinning programs. Regarding the QC labs, basic investments will be funded in the existing national laboratories, with the perspective (within 1-2 years) to select one (or two) of them and bring it/them to international standards (or to specialize the labs in areas where they can obtain WHO international prequalification). These regional laboratories will provide services (e.g. quality control; support with drug resistance surveys; higher-level testing, including second line drug susceptibility testing and molecular diagnostics) to other laboratories in neighboring countries, thus reducing the need to ship specimens to laboratories on other continents. These activities will be implemented by the countries, under WAHO leadership, which is already coordinating such efforts in the ECOWAS region, and with technical support from WHO, UNFPA and/or other technical agencies (e.g., US Pharmacopeia). The component will also help setting up a regional mechanism for better tracking and monitoring stock levels of contraceptives (US\$1 million). Through this IT supported network interested parties can monitor stock levels at various levels, in particular at central warehouses and high volume facilities in target areas. This will result in improved matching of demand and supply from existing sources and improve visibility across the different supply chains, thus facilitating the creation of a regional procurement system.

Through a regional mechanism similar to the one in component 1, this component will support country efforts for enhancing the performance of their RMNCHN supply chain (US\$22 million). As for component 1, evidence is also lacking in the Sahel region about the best interventions to improve distribution of commodities, especially regarding the “last mile” distribution, are often a neglected aspect of supply chains. To generate and share much needed knowledge on this topic, the project will technically and financially support proposals from countries to improve distribution systems, in particular the “last mile” in cross-border areas. A technical hub of experts (both UNFPA staff and secondees from private and NGOs) will be established in the regional office of UNFPA. These experts will provide and/or facilitate the technical assistance requested by the countries. They will ensure the country proposals are evidence-based, innovative and address country-specific bottlenecks and ensure these country proposals are appropriately presented to the Steering Committee for their approval. This technical hub will also liaise with the private sector in the region (including ICT and pharmaceutical, wholesalers and transportation sectors) and establish regional Private Public Partnerships (PPP) that will benefit countries in the regions. This technical hub will also ensure best practices and learning among the countries and facilitate capacity building of national supply chain managers. Similarly to component 1, countries will have to use a common approach for evaluating the funded programs; so as to maximize knowledge sharing between the Sahel countries and an impact evaluation will be a part of each proposal. The criteria to be complied with by the country proposals are the following:

- it targets cross-border areas where inter-country migration movements are frequent;
- it is based on a thorough assessment of “last-mile” distribution issues and is linked to an

approved national strategy on drug distribution;

- it embeds a rigorous evaluation;

it is innovative, meaning that it implies (i) use of IT technologies (including ehealth or mobile health), (ii) involvement of the private sector, (iii) vendor- or district- managed inventory models, or (iv) involvement of communities (including community health workers)

The component will also support rural midwifery training institutions to increase the quantity and quality of midwives and other personnel involved in RMNCHN services in rural areas. Skills and knowledge on midwifery among health workers is usually insufficient in the Sahel region. In addition, cross-country migration among health workers is frequent in the region, leading to situations where a low training quality in one country may impact a neighboring one. Fortunately, Sahel countries have agreed recently on a regional and high-quality curriculum for midwifery. This component will therefore support the implementation of this new curriculum in the countries, with a focus on cross-border parts of the Sahel. This will be done by setting up and developing a regional “hub-and-spoke” model for rural midwifery training that national rural training institutions can draw on. Three main activities will be funded:

- Strengthening the capacity of WAHO to develop and disseminate the new regional curricula by supporting WAHO to (i) develop a rural-oriented version of the new regional curricula for midwives and nurses, (ii) disseminate the new curricula in all the participating countries, and (iii) develop a regional guide for teaching the new curricula.
- Setting up two regional hubs, so that they can train the trainers/faculty of all the 6 countries on the new curricula. That will require (i) strengthening the physical capacity of two regional hubs (in charge of training all the trainers in RH) and (ii) train the trainers (from the 6 countries) on the new curricula (to take place at the regional hubs). In addition to capacity strengthening for this regional center, scholarships will also be provided so that midwifery faculty (with priority for those from rural areas) from the country can access this regional training. With WAHO support, the regional centers of excellence will also have to provide support to countries for their request to (i) revise curricula and teaching strategies including ensuring greater collaboration and division of labor with community health workers and community agents, and (ii) develop and implement “rural pipeline” strategies. The regional centers will have to provide in-country training services from the hub, in particular with regards to training clinical instructors.
- Supporting the implementation of rural pipeline strategies in the 6 countries, focusing on cross-border areas by (i) strengthening capacity of rural schools and rural clinical training sites (equipment, supplies), (ii) training (or retraining) students and graduates on the new curricula (to be done by the country trainers or the hub faculty), (iii) training clinical supervisors (to be done by the country trainers and the hub faculty) supporting clinical supervisors, (iv) supporting students from rural areas (with scholarships and mentoring) and (v) supporting the accreditation of schools for the new curricula.

Component 3: Foster political commitment and capacity for policy making

The component will strengthen advocacy and political commitment on RMNCHN at regional and national levels. This would be achieved through:

- Supporting the creation of a regional monitoring and accountability mechanism on demographic dividend. Practically, the project will strengthen collection of data related to the demographic dividend. These data will allow a better monitoring of (i) policies for achieving the demographic dividend (description of policies, status of endorsement and implementation), (ii) fiscal commitments for demographic dividend (budget amounts that are committed and executed), and (iii)

results. Each country will collect these data, while the regional secretariat (UNFPA, in coordination with CERPOD) will have to aggregate them and prepare an annual report on progress made regarding demographic dividend.

- Supporting the establishment of regional networks with parliamentarians, religious and traditional leaders, and civil society organizations. Data on budget allocations and results related to demographic dividend issues will be collected regionally and will be discussed within these regional networks. The component will support the collection of data and the operating costs of these networks. UNFPA will implement this activity.

The component will strengthen the countries' policymaking and analytical capacity on demographic dividend issues. In practice, the project will fund a regional network of "demographic dividend (DD) observatories". Each country will host a DD observatory, while regional coordination of these observatories will be carried out through CERPOD (part of CILSS). Its capacity will be strengthened for that purpose. These observatories will have to (i) collect data related to population issues, (ii) analyze these data and (iii) prepare annual reports/briefs for policymakers. To carry out these tasks, the project will fund (i) data collection, (ii) capacity building (training and equipment) and (iii) dissemination events. As part of this component, a sub-regional training program for population studies and demography will also be developed and supported. UNFPA will coordinate this activity, in cooperation with CERPOD (whose capacities will be built by UNFPA so that CERPOD can take over at the end of the project).

The component will strengthen project implementation capacity.

4. Project location and salient physical characteristics relevant to the safeguard analysis (if known)

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

5. Environmental and Social Safeguards Specialists

Fatou Fall (GSURR)

Hocine Chalal (GENDR)

6. Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	No	The project will mostly fund consulting, training services, 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.
Natural Habitats OP/BP 4.04	No	N/A
Forests OP/BP 4.36	No	N/A

Pest Management OP 4.09	No	N/A
Physical Cultural Resources OP/BP 4.11	No	N/A
Indigenous Peoples OP/BP 4.10	No	N/A
Involuntary Resettlement OP/BP 4.12	No	The policy is not triggered. The project will not finance any activities necessitating involuntary land acquisition resulting in Involuntary resettlement of people and/or loss of (or access to) assets, means of livelihoods or resources and the involuntary restriction of access to legally designated parks and protected areas resulting in adverse impacts on the livelihoods of the displaced persons.
Safety of Dams OP/BP 4.37	No	N/A
Projects on International Waterways OP/BP 7.50	No	N/A
Projects in Disputed Areas OP/BP 7.60	No	N/A

II. 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

If the project triggers the Pest Management and/or Physical Cultural Resources policies, the respective issues are to be addressed and disclosed as part of the Environmental Assessment/Audit/or EMP.
If in-country disclosure of any of the above documents is not expected, please explain why:
N/A

C. Compliance Monitoring Indicators at the Corporate Level

The World Bank Policy on Disclosure of Information			
Have relevant safeguard policies documents been sent to the World Bank's Infoshop?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	NA [<input type="checkbox"/>]
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 [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	NA [<input type="checkbox"/>]
All Safeguard Policies			
Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	NA [<input type="checkbox"/>]
Have costs related to safeguard policy measures been included in the project cost?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	NA [<input type="checkbox"/>]
Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	NA [<input type="checkbox"/>]
Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	NA [<input type="checkbox"/>]

III. APPROVALS

Task Team Leader(s):	Name: Christophe Lemiere	
<i>Approved By</i>		
Practice Manager/ Manager:	Name: Trina S. Haque (PMGR)	Date: 24-Mar-2015