

PROJECT INFORMATION DOCUMENT (PID) CONCEPT STAGE

Report No.: PIDC13176

Project Name	Comoros Social Safety Net Project (P150754)
Region	AFRICA
Country	Comoros
Sector(s)	Other social services (80%), Health (20%)
Theme(s)	Financial Consumer Protection and Financial Literacy (5%), Natural disaster management (20%), Social safety nets (50%), Nutrition and food security (20%), Other rural development (5%)
Lending Instrument	Investment Project Financing
Project ID	P150754
Borrower(s)	Union of Comoros
Implementing Agency	FADC
Environmental Category	B-Partial Assessment
Date PID Prepared/ Updated	01-Nov-2014
Date PID Approved/ Disclosed	05-Nov-2014
Estimated Date of Appraisal Completion	15-Dec-2014
Estimated Date of Board Approval	17-Mar-2015
Concept Review Decision	Track II - The review did authorize the preparation to continue

I. Introduction and Context

Country Context

The Union of Comoros (UoC) is a small nation made up of three islands (Grande Comore, Anjouan and Mohéli) with an estimated population of 760,000. A fourth island, Mayotte, has remained part of France after independence in 1975. Like other small island nations, the UoC is characterized by geographical isolation, limited resources, a small domestic market, a narrow export base and a high dependence on food imports and remittances. Since independence, the UoC has experienced recurrent political crises and conflict between the islands. Political instability has contributed to a long-term declining trend in real income per capita and taken a severe toll on the government's ability to deliver quality basic services.

Comoros has reversed years of economic instability. Economic growth has consistently been exceeding 2 percent since 2009 and reached an eight year high growth of 3.5 percent in 2013,

benefiting from stronger agricultural exports (e.g. vanilla, ylang ylang), increased construction activities, increased foreign aid, some direct investment, and resilient remittances. Macroeconomic management has improved and an Extended Credit Facility program with the IMF has been maintained for three years, supporting key structural reforms under a more stable power sharing agreement across the islands. Likewise, private investment picked up to 10 percent of GDP in 2012 after years of decline.

Comoros has a longstanding outmigration. According to United Nations (UN) Statistics, there were 108,986 Comorians living abroad in 2012. The Comorian diaspora is mostly concentrated in France and in Mayotte. The country therefore benefits from large and growing remittances from the Comorian diaspora, which are crucial for the economy. Over 90 percent of remittances are estimated to go to the island of Grande Comore, which is home to about half the country's population. Remittances are a major factor in the difference of living standards between the islands and raise the income levels particularly on Grande Comore. In terms of relevance of remittances for the economy, Comoros ranks high in international comparison.

Despite these economic improvements, poverty remains widespread, especially in rural and remote areas. With population growth estimated at 2.9 percent a year, the population of the UoC is projected to reach one million in twelve years and to more than double by the year 2050. Much faster economic growth sustained over a long period will be needed to combat poverty in this scenario. According to the most recent Complete Household Survey of 2004 (EIM 2004) the poverty incidence at the household level was 36.9 percent in 2004 and the share of the population with incomes below US\$1.25 per day was estimated at 48 percent. Poverty was mostly a rural phenomenon, with four out of five rural households classified as poor; in urban areas, only one in four was poor. Development indicators for rural areas lagged behind those for urban areas, with a higher poverty rate, a greater fertility rate among women of childbearing age, more prevalent stunting among children, more widespread adult illiteracy, and a greater share of the population lacking access to improved sanitation services. With a Gini coefficient of 0.557, inequality is high.

The Comorian population is also highly exposed to natural disasters: such as geophysical (volcanic eruptions, earthquakes, landslides) and hydro meteorological (hurricanes / tropical storms, torrential rains, floods, sea level rising, erosion, tidal waves) hazards. A World Bank Report (2005) on natural disaster "hotspots" estimated that 54.2 percent of the population is living in areas at risk of hurricanes, volcanic eruptions, floods, etc. Natural disasters have shown a sharp increase in recent years in the Comoros. After their occurrence, many households suffer a loss of income by losing all or part of their crops and/or assets. The density of the coastal population and urbanization are some of the factors that make the Union of Comoros vulnerable to the effects of climate change. Threats such as rising sea levels, coastal erosion and salinization of drinking water are weighing on the future of the three islands' population.

Social indicators have shown mixed progress. Millennium Development Goals (MDGs) such as universal primary education, reducing maternal mortality by three-quarters, and halting and beginning to reverse the spread of HIV/AIDS are likely to be achieved by 2015. However, the MDG goals of halving the population of undernourished population, achieving gender parity in schooling, and reducing child mortality by two-thirds are unlikely to be attained. Progress in halving the proportion of the population earning less than US\$1.25 per day cannot yet be assessed given a lack of data. Child mortality at birth (49 per 1,000) and maternal mortality (380 per 100,000 live births) have slowly declined over the decade.

Malnutrition among children under 5 is widespread. About one third of the children under 5 years of age suffered from chronic malnutrition in 2008, negatively affecting their physical and cognitive development. As a consequence, 15.3 percent of children were underweight (4.4 percent of which were severely underweight) and 30 percent were stunted (of which 14.5 percent were severely stunted). The rate of stunted increased significantly until the age of two, peaking at a very high prevalence rate of 43 percent among children aged between 18 to 23 months, and remained mostly concentrated in rural areas and among children with mothers who lacked education. According to the Multiple Indicator Cluster Survey (MICS), 9.2 percent of children had low birth weights in 2000. Contraception use (at 26 percent) and early breastfeeding (at 12 percent) are very low, with breastfeeding even having decreased in the last five years. Critical services such as family planning and nutrition programs are largely absent.

There is a high level of female-headed households due to separation/divorce and migration of husbands. Female single parent households represent 40.2 percent of the total, and there is a higher than average level of dependents in female-headed households. Although remittances benefit female-headed households in particular, they create economic dependency and act as a constraint to economic participation by women. Female labor force participation is comparatively low (36 percent as opposed to approximately 81 percent for men) and there are more unemployed women than men. Womens employment is also more likely to be precarious -- there are very few women in wage-earning non-agricultural work (13.7 percent) and there are more self-employed women than men. Approximately two-thirds women work in the informal agricultural sector. Thus, women require special attention in any poverty oriented approach.

Sectoral and Institutional Context

The social protection needs of the poor and vulnerable population of Comoros are immense. Along the life cycle, a recent assessment identified the following shortcomings: (a) Young children ages 0-5 years of age: programs against malnutrition are geographically limited; children belonging to the poorest categories do not have free of charge access to basic health care or do not enjoy preferential rate even against infectious and diarrheal diseases, which are the main diseases affecting children; (b) Children 6-14 years of age: there is very little support to fight malnutrition; programs against school repetition, dropout and the fight against child labor have very limited coverage and there is no targeted support for the poorest children; (c) Youth 15-24 years of age: these young people often face unemployment and underemployment. Yet there is no economic support program for youth. (d) Adults: women of childbearing age receive some support in the health sector but support for health care for the poor is inexistent. All services are fare-paying and are not necessarily within the reach of the poor and vulnerable population. Economic support to fight unemployment and underemployment exist through Cash-for-work programs, but remain limited in scope and coverage and the urban poor are excluded from this support. (e) Elderly: only 10 percent of elderly people receive retirement pensions, mostly from public pensions.

An effective social protection system that could address some of these challenges is missing. A recent assessment of social protection policies and systems in Comoros identifies that social protection (SP) programs only cover a small part of the population, a particular challenge given the high poverty and vulnerability of large parts of the Comorian population: Social Insurance is only offered for the formal sector (public sector, military) and private health insurance only covers about 3 percent of the population. While the Government, supported by the World Bank and others (e.g. Agence française de Développement – AfD - and the Japanese Government), has implemented

temporary Cash-for-work programs to respond to multiple crises, a longer term safety net approach has not yet been developed. Social services such as health and education services are out of reach of much of the rural population, not only because of distance but also because of high out-of-pocket expenditures for clients. Government services for special needs groups such as disabled, elderly, etc. are largely absent. Moreover, the study highlights the lack of coordination in the sector accompanied by shortcomings in the availability of data and program information. A budget analysis reveals the dominance of external financing. Based on these observations, the analysis concludes on the need for the Comoros to develop a strategic framework for its social protection system and improvements in coordination and information on Social Protection (SP) programs. To improve the performance in the sector in the short term, the study recommends to develop a safety net approach for the poorest families and to improve nutrition for the youngest children.

In response to this situation, the Government of Comoros has started to develop a Social Protection policy led by the Ministry of Health and Solidarity (MoH&S) in collaboration with the Ministry of Labor. Given the more stable environment in the country, the Bank has supported the development of this policy based on a request from the Ministry of Health & Solidarity which emerged from the Bank's Social Protection policy dialogue. The draft document has recently been validated and endorsed by a broad set of stakeholder from the government, non-government sector, development partners and participation from all islands. This comprehensive SP policy calls for, inter alia, better coordination and monitoring of social protection initiatives, the development of a common beneficiary registry and effective safety net programs to protect the poorest and most vulnerable population, as well as better integration of social protection and Disaster Risk Management (DRM) initiatives. The SP policy is designed to feed into the country's new Accelerated Growth and Development Strategy (SCA2D) which is under preparation and is intended to orient public spending in the years 2015-19.

Despite these efforts, the scope for social protection remains restricted in Comoros given the limited resources available to the government. The budget for social protection (excluding social security funds) is estimated at nearly CF 3 billion (equivalent to Euros 6.1 million) in 2011, and CF 5.2 billion (Euros 10.6 million) in 2012. This strong increase is primarily due to the increase in the FADC public works budget (financed mostly by the World Bank, France and a Japanese Social Development Grant) and support to specific vulnerable groups in the Public Investment Programs. This budget for social protection represents on average 5.3 percent of total government expenditure of Comoros and 1.9 percent of GDP for the 2011-2012 period.

The Bank has been supporting Comoros' Social Protection agenda since 1993 by promoting community development through basic infrastructure and, more recently, through cash for work activities for short term employment creation, including as disaster response. The main implementing agency has been the Fonds d'Appui au Developpement Comunautaire (FADC) which has evolved as the country's main safety net agency, under the Ministry of Finance. The FADC has been the main vehicle of the re/-construction of community infrastructure and for emergency Cash-for-work activities for the poorest population (with a majority of female beneficiaries). The ongoing Comoros Emergency Crisis Response Project (P120631) financed by IDA supports community development through small infrastructure projects and short term cash for work activities. The project has been rated 'satisfactory' and is expected to close on June 30, 2015. As the country is moving towards a more development focused approach (as evidenced by its work on the SCA2D), the government through FADC is now working on options to make the cash for work-based safety net activities more effective by reviewing key operational elements such as targeting, payments,

type of sub-projects financed, etc., to introduce productive elements that can both benefit the communities as well as the beneficiary families.

The proposed Comoros Social Safety Net Project would enable the Government to establish key elements of a social safety net for the poorest population, improve their nutrition and also respond rapidly to natural disasters to avoid lasting effects of such shocks. Project preparation and implementation would be accompanied by a requested RSR Trust Fund that would support Social Protection Policy development, coordination and data analysis, as well as provide the technical underpinnings for establishing key elements of a productive safety net approach.

Relationship to CAS

The proposed project will directly contribute to the two pillars of the World Bank's global strategy of reducing absolute poverty and promoting shared growth through targeted, direct support to the most vulnerable population coupled with productive activities and safety net systems building. This would serve to promote resilience, equity and opportunities for beneficiary households and communities. The Bank's recent Country Partnership Strategy (CPS) for the Union of the Comoros, discussed at the Board in April 2014, supports the Government's objectives to strengthen governance and promote private sector growth and job creation. The Bank-supported program (knowledge, finance, and partnership) is structured around two pillars: (i) Increased Public Sector Capacity; and (ii) Shared Growth and Increased Employment. These strategic priorities are aligned with the Government's Poverty Reduction and Growth Strategy Paper (PRGSP) and contribute directly to the objectives of reducing extreme poverty and increasing shared prosperity in Comoros.

Activities under Pillar 1 of the CPS aim at enhancing public sector capacity to deliver results by, inter alia, strengthening mechanisms for addressing vulnerability at the national and household levels. This pillar of the CPS program seeks to address the key drivers of fragility, namely the lack of trust between the islands and the Union, the resulting administrative inefficiencies and lack of accountability, and the subsequent inability to effectively deliver services and public goods. The pillar also seeks to reduce vulnerability to climate change and natural disasters at both the national and household levels. This pillar includes a new social protection operation.

The proposed Comoros Social Safety Net (SSN) project directly contributes to achieving these goals by targeting the poorest and most vulnerable population of selected communities with safety nets that promote productive activities as well as improved nutrition for long term human development. It will also enable the government to quickly provide disaster-affected families with short term employment opportunities to reconstruct their lives, and also rehabilitate affected basic infrastructure.

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II. Proposed Development Objective(s)

Proposed Development Objective(s) (From PCN)

The objective of the project is to establish the building blocks of a safety net to reach selected extreme poor and disaster-affected households through the provision of additional sources of income and nutrition services

Key Results (From PCN)

Productive safety net activities and short term disaster response, both through cash for work mechanisms, will provide beneficiaries with additional sources of income. In combination with community nutrition activities, these are expected to improve the consumption and well-being of the families. Furthermore, the Cash for Work subprojects are expected to bring about environmentally beneficial assets for the communities, such as reforestation, terracing, and climate change adaptation (based on revised local development plans).

The project would also support the development of key building blocks of a safety net such as an improved targeting system, a computerized beneficiary registry, a more efficient payment system, linkages to micro-finance institutions (for payments), as well as social accountability mechanisms, in remote areas of Comoros. It would also create the institutional structures to implement the community nutrition program in the targeted areas.

Beneficiaries will be selected based on a combination of geographic targeting, and community selection. At least 70 percent of productive safety net beneficiaries would belong to the poorest two quintiles of the population

Progress in the attainment of the PDO will be measured through the following indicators:

- Number of safety net beneficiaries (by gender, island, age) included in the beneficiary registry;
- Percentage of productive safety net beneficiaries belonging to the bottom two quintiles;
- Percentage of safety net beneficiaries which have increased their productive assets (by gender);
- Percentage of disaster affected families that receive cash transfers within 6 weeks of the disaster;
- Number of registered complaints in the FADC management information system that have been addressed;
- Percentage of mothers who have improved knowledge about Infant and Young Child Feeding (IYCF) practices.

Intermediary Indicators would include the establishment of key elements of an effective safety net that include: (i) an updated beneficiary registry, and (ii) percentage of beneficiaries paid through micro-finance institutions.

The safety net component aims to cover about 4,600 poor households or about 25,000 people (using US\$ 3 million of component 1), and about 6,000 households (about 32,000 family members) affected by disasters using up to US\$ 800,000 of component 1. Together, this would benefit about 7.5% of the Comorian population, albeit with different modalities and thus different impacts. These numbers are indicative as the scope and intensity of disasters is unknown ex-ante, and tends to vary from year to year. The annual project work plans will include tentative allocations for the post-disaster activities, the unutilized funds from the previous year would be used for the reconstruction of basic infrastructure.

The nutrition component would be expected to cover an estimated 10,000 children under the age of five within the same households as of the safety net component.

Women are expected to benefit particularly from the safety net and nutrition components and are expected to comprise more than 50% of the beneficiaries. The project would have a 4.5 year duration to accommodate the final evaluation of the project.

III. Preliminary Description

Concept Description

The proposed project would build on the successful implementation and lessons learned from the Comoros Emergency Crisis Response Project (P120631) implemented by the Fonds d'Appui au Developpement Communautaire (FADC), as well as global experiences, in particular from Latin-America, South and East Asia and other countries in Africa. It provides an opportunity to further develop the conceptual framework and institutional capacity to offer safety net, disaster response and nutrition services to strengthen poor families' and communities' resilience to poverty and natural disasters. It would: (i) support the establishment of a productive safety net and systems that would provide cash-for-work opportunities for selected poor families with a view to strengthen their productive capacity, (ii) provide support to communities and households affected by disasters, by providing emergency cash-for-work, supporting immediate cleaning and removal of debris after disasters, and rehabilitating damaged community infrastructure, (iii) improve nutrition of children under five years of age, and (iv) strengthen the institutional capacity for safety net management, coordination, monitoring and evaluation.

The project would be governed by the country's Social Protection (SP) and Nutrition policies. The SP policy is presently being developed by the Ministry of Health & Solidarity, in collaboration with the Ministry of Labor. The Nutrition policy has already been developed by the Ministry of Health & Solidarity but lacks implementation (Voa). In addition, the project would establish an explicit link between social protection instruments (such as cash for work activities and community development/infrastructure) and use these linkages as a response mechanism in the context of the country's disaster risk management (DRM) framework. Sub-projects will be guided by revised local development plans with the objective to enhance the economic and environmental resilience of communities (e.g. through reforestation, rehabilitation of mangroves, terracing, and small water catchment). This shift towards an integrated social protection and DRM system marks an important step towards better coordination and more effective service delivery – a significant deficiency in the country as outlined in the CPS.

An important innovation under this operation is the provision of cash for work opportunities to selected families over a longer period of time (3 years) accompanied by orientation, training and practical support in developing the household's productive capacity (1 day per week). This safety net "plus" approach will need to be coordinated with local agencies such as micro-finance institutions and local NGOs that offer complementary services. Finally, the project intends to address malnutrition through simultaneous demand and supply side interventions: The cash for work activities will provide the poorest families with cash income, and the community nutrition activities will enhance the knowledge and practices needed to address malnutrition of children.

Project components

Component 1. Establishment of a safety net (US\$3.8 million). The component would include two key elements of an effective safety net: It would build the institutional and operational foundations to provide a longer term safety net for the poorest households in selected communities through productive cash for work activities over a three year period for the selected households. After this period, the households would be expected to continue to benefit from the productive activities. In addition, the component includes a short term safety net for disaster affected households and communities that would provide quick recovery support to selected households and communities.

Subcomponent 1.1: Establishment of a Productive Safety Net (US\$3 million)

This component would provide cash to targeted poor families in exchange for their participation in community work activities. It would build on FADC's experience in implementing cash-for-work activities. The "productive" safety net modality would offer periodic cash for work opportunities to the poorest families of selected communities over a three year period with the aim of smoothing their consumption and supporting them in developing productive activities. Targeting of poorest households would be done through a combination of geographical, community targeting and verification of community lists with a Proxy Means test (PMT). The geographical targeting is based on a distribution formula agreed between the island governments for the national budget. Thus, Grande Comore would receive 45 percent, Anjouan 42 percent, and Mohéli 12 percent of the safety net funds. The daily wage rate would be set at about KMF 1000 (approximately USD2,7) per day for 5 hours of work to enhance self-targeting. The program would offer two work periods of 30 days each per year, one before school starts (to promote school enrolment and attendance) and one six months later, aligned with the local "lean" season.

The Cash-for-work subprojects would focus on activities that have an impact on communities and households' productive capacity and positive environmental impact as well as resilience to natural and climatic events (e.g. reforestation, water management, terracing. etc). Subprojects costs will reflect the labor-intensive nature of the activities: 75 percent of the costs would be cash benefits for the participating households, and the other 25 percent would be used for supervision, purchase of small equipment and materials, as well as for beneficiary training activities. Local NGO would be contracted by FADC to carry out these activities. They would, in particular, ensure the quality of the works, monitor the attendance and effective participation of the workers, carry out procurement of small equipment and materials, ensure compliance with work safety rules and environmental and social safeguards, and deliver/coordinate the training sessions to the selected households.

The productive safety net program will introduce training sessions for participants over the period of three years. Training and capacity building activities would focus on families productive capacity and means, and range from financial literacy to guidance on the development of productive activities. These activities will be locally coordinated with existing organizations (e.g. micro-finance).

Subcomponent 1.2. Protecting vulnerable households and communities from devastating effects of disasters (US\$800,000)

This component would finance activities to support communities and households in the immediate aftermath of natural disasters. Over the past several years, FADC has supported many of the poorest communities in preparing their local development plans (Plan de Développement Local, or PDL). The component would support communities in updating their PDL to reflect disaster risk

management (DRM) and social protection activities through cash for work.

The component would finance the repair and rehabilitation of small village infrastructure damaged by natural disasters, or proposed in their PDL for those communities which have not yet benefited from community subproject. FADC would sub-contract private construction companies to carry out the works. Based on the results of a recent Technical Audit of all infrastructure projects implemented under the Emergency Crisis Response Project, FADC is presently reviewing its procedures and standards to improve the technical quality of the community infrastructure subprojects, their resilience to disasters, and their maintenance by the communities. The improvements will be reflected in a revised operational manual which will be submitted for no objection the Bank prior to effectiveness.

The component would also finance emergency cash-for-works activities in the immediate aftermath of natural disasters. FADC would collaborate with the Direction Générale de la Sécurité Civile (DGSC), the government agency in charge of Disaster Risk management in cases where a national emergency is declared. To ensure smooth collaboration and clarity of roles and responsibilities, FADC would sign a Memorandum of Understanding with the DGSC prior to effectiveness.

Beneficiary households would be selected from the poor households that have been impacted by the natural disaster. Targeting would be managed by the DGSC and would therefore vary from that used by the productive safety net. The list of localities and of affected households will be compiled by the DGSC and forwarded to FADC. FADC will contract local NGOs to carry out the cash for work activities. Post-disaster public works activities may vary according to the impact of the disaster but would mostly focus on restoring village services and productive capacity, and would include clearing of debris, removal of sand, clearing of roads etc. Benefits paid to participants under this component would be different from that offered through the seasonal Safety Net. While the daily wage rate would be the same, the number of working days would be limited to 25. Selected households would participate only once per disaster in the program.

Component 2. Improving the nutrition of young children from poor families (US\$1 million).

The project would establish community nutrition activities to promote better nutrition for young children and their mothers. The proposed design is modeled after the successful and cost-effective community nutrition program in Madagascar, at the heart of which lies nutritional counseling to change behavior. This component will include nutrition interventions focused on children from 0-5 years of age in the same communities where the social safety net activities take place, and will establish community run nutrition sites.. It would focus on ensuring the delivery of a minimum package of nutrition-specific interventions to children under-five years of age, with particular focus on the “first thousand days” window of opportunity (from pregnancy to two years of age). This component would include support at the community level to establish nutrition sites (and related supervisory and monitoring structures at district level) to deliver a defined set of priority nutrition interventions focused on children 0-2 years of age (see Table 1). The community nutrition sites will use growth monitoring as an entry point for nutritional counseling and targeted supplementary feeding for children under 24 months. More specifically, activities will include: (i) training of Community Nutrition Promoters (CNPs), (ii) support for children up to 24 months through monthly weight and bimonthly height monitoring of young children, culinary demonstrations, counseling in Infant and Young Child feeding practice, health and hygiene information, and (ii) support to

children ages 2-5 by tracking their height, weight and arm perimeter measurements quarterly, and referrals of severely malnourished children to health facilities. The CPNs would make home visits (mother-to-mother support) to create an environment that would enable mothers and caregivers to implement optimal nutritional practices for infants and young children, and to facilitate the translation of the income supplement from the cash for work into improved nutritional status.

Component 3: Strengthening Safety Net Management, Coordination, Monitoring and Evaluation

This component would strengthen institutional capacity to build key elements of a safety net system. It would support the establishment of an effective Management Information System (MIS) including a beneficiary registry. Furthermore, the component would support the establishment of a solid targeting system. This would include the design and testing of a Proxy Means Test that could be used in combination with geographical and community targeting. While the community representatives would prepare a long list of potential beneficiaries comprising the poorest households, the PMT would validate the pre-selection and ensure that all preselected households are indeed among the poorest. The component would also establish more efficient payment systems to transfer cash to the safety net beneficiaries. This would include the contracting of a payment agency (or various payment agencies depending service availability), and a system that would minimize paper-based transactions, as well as fraud and errors.

The project would also finance the operational costs associated with project administration, M&E and capacity building of FADC and implementing partners (NGOs, local firms), financial and technical audits and the evaluation of the project. Strong monitoring and evaluation arrangements would be introduced including social accountability mechanisms that would enable communities and other stakeholders to report on program performance, particularly related to targeting, implementation of the cash for work activities, and payments. A process evaluation of the productive safety net activities would be included as well as an ex-post evaluation for components 1 and 2. Finally, this component would include the necessary technical assistance and administrative arrangements for implementing the community nutrition program.

IV. Safeguard Policies that might apply

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

V. Financing (in USD Million)

Total Project Cost:	6.00	Total Bank Financing:	6.00
Financing Gap:	0.00		
Financing Source			Amount
BORROWER/RECIPIENT			0.00
IDA Grant			6.00
Total			6.00

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