



Project Information Document (PID)

Concept Stage | Date Prepared/Updated: 20-Oct-2020 | Report No: PIDC27238

**BASIC INFORMATION****A. Basic Project Data**

Country Central African Republic	Project ID P171158	Parent Project ID (if any)	Project Name Central African Republic Human Capital Project (Maïngo) (P171158)
Region AFRICA WEST	Estimated Appraisal Date Mar 09, 2021	Estimated Board Date May 13, 2021	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Central African Republic	Implementing Agency Ministere de l'Economie, du Plan et de la Cooperation Internationale	

Proposed Development Objective(s)

To increase access to learning and skills acquisition to contribute to future employment opportunities for women and adolescent girls, as well as to increase access to essential lifesaving services in targeted communities of the Central African Republic.

PROJECT FINANCING DATA (US\$, Millions)**SUMMARY**

Total Project Cost	50.00
Total Financing	50.00
of which IBRD/IDA	50.00
Financing Gap	0.00

DETAILS**World Bank Group Financing**

International Development Association (IDA)	50.00
IDA Grant	50.00



Environmental and Social Risk Classification

High

Concept Review Decision

Track II-The review did authorize the preparation to continue

Other Decision (as needed)

A. Introduction and Context

Country Context

- 1. The Central African Republic (CAR) is experiencing recurrent conflicts, political volatility and extreme poverty.** After CAR's major civil crisis in 2013-14, the country has progressed in obtaining a certain level of stability. However, the road to recovery is still long. Gross Domestic Product (GDP) as of 2018 had still not reached its pre-crisis level and stood at US\$860.¹ The next Presidential and General elections are to be held between December 2020 and March 2021 and will test the ongoing peace process. Various attempts are being made to establish administrative and government systems in all regions of the country, but more needs to be done. CAR remains in a fragile state. Social service systems have not yet been fully established throughout the country and most communities do not have access to essential services. Expanding access to social services is a major challenge in CAR due to the country's dilapidated infrastructure, as well as insufficient access to electricity, transport, water and sanitation.
- 2. High levels of poverty, years of conflict, and lack of essential services for human development has translated into low human capital outcomes and immense needs throughout the country.** CAR's 2020 human capital index ranked the lowest in the world.² A child born in CAR today will be only 29 percent as productive when she grows up as she could be if she benefitted from complete education and full health coverage. Life expectancy is only 52 years of age.³ Only 88 percent of children born in CAR today will survive to age five, and 59 percent of 15-year-old will survive to age 60. Forty-one percent of children are stunted and are at risk of cognitive and physical limitations. A child who starts school at age four can only expect to complete 4.6 years of education by the time they are 18 years old, and after factoring in how much children actually learn in school, it is the equivalent of 2.7 years of high-quality education.
- 3. A key entry point to build human capital of all people in CAR is to empower women and girls.** Empowerment is a process whereby women and girls gain capacity to make informed choices and then transform their choices into action. After decades of continuous conflict, women and girls are two of the most vulnerable groups in CAR. The country is ranked 159 out of 162 in terms of gender equality, with a gender inequality index of 0.682.⁴ Women and girls in CAR are trapped in a vicious cycle—they lack reproductive autonomy, are disproportionately excluded from all levels of education and have fewer skills than men to compete in the labor market. CAR has one of the highest total fertility rates (TFR) in the world at 6.3 births per woman, and up to 7.5 births per woman in some districts. This, in turn, creates unmanageable pressures on services in a challenging fiscal context.

¹ World Bank. (2020). World Development Indicators. Accessed February 27, 2020 at <https://datacatalog.worldbank.org/dataset/world-development-indicators>

² World Bank. (2020). Human Capital Index. Washington, DC: World Bank.

³ World Development Indicators, 2020.

⁴ The gender inequality index is a composite measure reflecting inequality in achievements between women and men in three dimensions: reproductive health, empowerment and the labor market. It is interpreted as the loss in human development due to inequality between female and male achievements.



4. **Empowering women and girls is a driver of human capital formation and growth for the entire country.** Empowering women and girls increases the *probability that children survive to age five* because a mother's ability to make informed choices and take meaningful actions has a direct impact on the health and wellbeing of her children. It increases the *healthy growth of children* by improving a mother's health and delaying the age of her first pregnancy. Empowering women and girls increases *expected years of school* by reducing gender inequalities in primary and secondary education, where currently, expected years of school in CAR is 5.3 years for boys in 2020 versus 3.8 years for girls.⁵ It increases the country's *adult survival* rate by allowing women to safely space their births. Finally, it contributes to the country's *economic recovery* after years of conflict by drawing on women as a largely untapped resource to increase the size of the labor force, national output and productivity.⁶ Ultimately, women and girls' empowerment, by triggering the demographic dividend, will contribute to sustainable economic growth in CAR.

Sectoral and Institutional Context

Enabling environment for women and adolescent girl's empowerment

5. **CAR has multiple policies that aim to improve conditions for women and girls, but these policies have not been implemented at scale.** Coordinating across a large number of donors and NGOs working on gender issues is also a challenge. Key partners working to improve women and girl's empowerment include United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), European Union (EU), United Nations Women, United Nations Development Program (UNDP), African Development Bank and multiple NGOs such as the International Rescue Committee, International Committee of the Red Cross (ICRC), Mercy Corps, Koopi and Medecins du Monde, among others.
6. **Despite progress designing policies and enacting laws that target women and girls, certain social norms and practices in CAR are still prohibitive to women and girl's empowerment.** Gender norms in CAR place emphasis on early marriage and childbearing. The legal age of marriage for women and men is officially 18 years old, and forced marriage is prohibited under the law. However, CAR has the second highest rate of child marriage in the world, and in certain regions, over half of all marriages were forced. This issue has contributed to over 60 percent of girls being married before the age of 18 years, 22 percent of girls aged 15 to 19 years being married to a man who is ten or more years older than them, and 29 percent of married women being in a polygamous marriage.⁷ Likewise, female genital mutilation is also illegal, but as of 2010, 24 percent of women had undergone the practice.⁸ Girls who are married or have children are much more likely to drop out of school and complete fewer years of education. As of July 2019, a joint ministerial decree allows adolescent girls to remain enrolled in school in the event of their pregnancy or marriage. Yet, discrimination in schools continues to discourage pregnant girls to stay in school and teenage mothers from returning to school.
7. **Adolescent girls and women also bear an overwhelming share of household work and lack economic opportunities outside the home.** Time spent on household activities and on raising children reduces the time they have available for learning. The lack of economic opportunities for women reduces the incentive for families to invest in educating

⁵ World Bank, 2020. Human Capital Index.

⁶ Cuberes, D., & Teignier, M. (2016). Aggregate Effects of Gender Gaps in the Labor Market: A Quantitative Estimate. *Journal of Human Capital*, 10(1), 1–32.

⁷ UNICEF/ICASEES, 2010.

⁸ UNICEF/ICASEES, 2010.



their girls, as does the limited number of women in the formal labor market or in higher level positions to serve as role models.

8. **The country's ongoing conflict has had a devastating impact for all people, but particularly for women and girls.** Kidnapping and child marriages have increased during the conflict, and parents often see marriage as a way of protecting their daughters due to insecurity. Women and girls make up a disproportionate number of internally displaced persons and refugees. Years of conflict has also normalized violence against women and eroded their self-esteem over time.
9. **Establishing an enabling environment for women and girl's empowerment will be a long-term and transformative process for CAR.** It will require social and behavioral change interventions to change deeply rooted social norms and beliefs among the entire population about the role of women in the family and society more broadly. It will also require capacity building at a national level to better implement existing policies to empower women and girls and build human capital.

Enhanced access to life-saving services

10. **A key challenge in CAR is early pregnancy among adolescent girls.** Many adolescent girls do not survive childbirth and their children are more likely to be stunted and die at high rates. Maternal mortality in CAR is among the highest in the world at 886 maternal deaths per 100,000 live births. Globally, pregnancy and childbirth complications are the leading cause of death among 15-19-year-old girls.⁹ Children born to mothers under twenty years of age are at greater risk of low-birth weight, preterm delivery and neonatal complications.¹⁰ Improving child survival is fundamental and a main catalyst for the demographic transition from high to low fertility and mortality levels by reducing the perceived need of families for additional children.¹¹ This, coupled with increased access to modern contraception and high quality reproductive and maternal health services, can help women achieve their fertility goals and safely space their pregnancies.
11. **There are major economic implications for CAR when adolescent girls delay pregnancy into adulthood, safely space their births and expect that their children will survive.** When these conditions are met, fertility declines, which enables higher female labor force participation. It allows families and governments to invest more resources into the health and education of each child. It leads to more savings for retirement (either private savings or through a public system), as a large number of children are often a substitute for old-age insurance in countries where social security systems are weak.¹²
12. **Reaching women, adolescent girls and their children with quality reproductive, maternal, neonatal and child health and nutrition services that can facilitate this transition is still a major challenge in CAR.** The country's primary health care system is still in development. Most government and donor investment in the health sector has been to re-build the primary health care system, with major investments in infrastructure, training and deploying health workers, and incentivizing health facilities to deliver services. Most communities still have limited access to health services: people live far from services and cannot reach them due to limited road connectivity and insecurity; health

⁹ Neal S, Matthews Z, Frost M, Fogstad H, Camacho AV, Laski L. (2012). Childbearing in adolescents aged 12-15 years in low resource countries: a neglected issue. New estimates from demographic and household surveys in 42 countries. *Acta Obstet Gynecol Scand*, 91(9): 1114-8.

¹⁰ WHO. Global health estimates 2015: deaths by cause, age, sex, by country and by region, 2000-2015. Geneva; 2016.

¹¹ Kalemli-Ozcan, S. 2003. A stochastic model of mortality, fertility, and human capital investment. *Journal of Development Economics*, 70 (1).

¹² Bloom, D., Kuhn, M., & Prettnner, K. (2017). Africa's prospect for enjoying a demographic dividend. *Journal of Demographic Economics*, 83(1), 63-76.



facilities do not have sufficient financing or availability of medicines, equipment and infrastructure; families cannot afford to travel to health facilities or pay for services; and many communities lack awareness that services exist, resulting in low acceptability and utilization. Support for the health system has largely stopped at health facilities, as community outreach has not been established. Engaging communities and linking them to the health system is critical for CAR because most maternal and child deaths still occur in communities before people reach health facilities. In addition, many essential services and information about key health, nutrition and family planning practices can be delivered at the community level. Adherence to key family practices and health knowledge that can prevent communicable disease and death is low, as is utilization of essential life-saving services that can be delivered in a community setting or at primary health care facilities.

13. **The Ministry of Health (MOH) has been enacting reformative health policies to improve health outcomes.** In December 2018, the presidential decree of targeted free healthcare for all pregnant and breastfeeding women, children under-five and survivors of gender-based violence, provided a major step for the government to ensure that vulnerable groups can access basic health care. The Reproductive Maternal Child Health and Nutrition Investment Case was elaborated in September 2019 and launched by the President of the Republic in March 2020 to prioritize key child and maternal mortality reduction strategies that were identified and costed with geographic prioritization. The Investment Case will help define the high-impact and cost-effective health services that will be delivered through the project. The Directorate of Primary Health Care of the MOH is in the process of developing a National Community Health Strategy, which operationalizes the National Community Health Policy for 2020-2030 that was adopted in 2019. As part of the Strategy, there will be one Community Health Worker (CHW - *Agent de Santé Communautaire*) for every 1000 to 1250 people, or 200 to 250 households. CHWs will be used nationwide, including in areas that are extremely difficult to reach and have no access to a health facility. A training plan for the new cadre of CHWs is being developed along with the schedule of services they will be able to provide in communities.
14. **Given the direction set by the MOH and the areas of focus of key partners, the project can have a major impact on women and girl's empowerment and human capital formation by supporting implementation of the National Community Health Strategy.** High impact and cost-effective services can be effectively delivered by CHWs to reduce child and maternal deaths and help women realize their fertility goals.¹³ However, expanding access to reproductive, maternal, child and nutrition services through CHWs is not sufficient in itself. Generating demand for and strengthening linkages between communities and primary health care services remains critical.¹⁴

Educate

15. **Girls lag behind boys in school enrollment, this is a major constraint to their empowerment.** Preliminary estimates based on MICS 2019 show that there are approximately 8.1 girls for every 10 boys enrolled in primary education, and around 6.4 girls for every 10 boys enrolled in lower secondary education. The downward trend in the gross enrollment rate (GER) from primary to lower secondary is even more pronounced for girls than for boys. Moreover, approximately 280,000 adolescents are out of school – with 23 percent of them being 12 to 15 years old, and 45 percent being 16 to 18 years old. Out-of-school rates are higher for girls than boys for all age groups. Out-of-school

¹³ Scott K, Beckham SW, Gross M, et al. (2018). What do we know about community-based health worker programs? A systematic review of existing reviews on community health workers. *Human Resources for Health*, 16(1): 39.

¹⁴ World Health Organization. (2008). Primary Health Care: Now more than ever. World Health Report. Geneva: WHO; Bhutta ZA, Ali S, Cousens S, et al. (2008). Interventions to address maternal, newborn, and child survival: what difference can integrated primary health care strategies make? *Lancet*, 372(9642): 972-89.



rates stand at 30 percent for girls as compared to 17 percent for boys 12 to 15 years-old and 58 percent for girls as compared to 31 percent for boys 16 to 18 years old.

16. **Girls are also disadvantaged in completing all levels of education, hence limiting their opportunity to acquire the knowledge and skills to effectively compete in the labor market and gain autonomy.** Completion rates for girls are lower than boys. Furthermore, girls living outside Bangui are the most disadvantaged. Only 32 percent of girls 16-18 years old in CAR had completed primary education in 2019 as compared to 46 percent for boys of the same age.¹⁵ At the lower secondary level, completion rates are 13 percent and 20 percent for girls and boys ages 12 to 15 years old. This leaves CAR significantly behind when it comes to progressing towards Sustainable Development Goal Four of universal primary and secondary education. Dropout rates are also highest among adolescent girls – reaching 15 and 18 percent at the lower and upper secondary levels respectively, in comparison to 10 and 12 percent for boys.¹⁶ Finally, literacy rates are extremely low in CAR, including among young people; they are even lower for girls. Approximately 30 percent of young women ages 15 to 24 years old were able to read a simple and complete sentence compared to 48 percent of young men in the same age group.¹⁷
17. **When girls complete secondary school, there are benefits for the entire country.** Girls who have a secondary school education are more likely to be healthier as adults, have healthier families, lower fertility and lower rates of child marriage.¹⁸ A mother's education is strongly linked to her child's survival; each additional year of a mother's education is associated with a 7 to 9 percent reduction in under-five mortality, and mortality is 58 percent lower for children with mothers who have seven years or more of education than children with mothers who have no education.¹⁹ An analysis in 186 countries found that each additional year of secondary school is associated with an 8 percent decline in total fertility for adolescents, a 43 percent reduction of HIV infections in women, and a 12 to 23 percent reduction in mortality (for low income countries only).²⁰ Completion of secondary school is also associated with lower child marriage rates. Each additional year of secondary education reduces the likelihood of child marriage by approximately 5 percent. The cost of incomplete education related to child marriage is enormous – estimated at US\$63 billion in lost capital wealth for 12 countries in Africa that comprise of half of the continent's population.²¹ Reduction of child marriage has a benefit-cost ratio of 8.9.²²
18. **The education system in CAR is one of the most deficient in the world in terms of access to education, equity of access, and learning outcomes. Within this system, girls face unique challenges.** Girls face insecurity on their commute to and from school and in their accommodations in cities (within relatives' homes and shared accommodations), which exposes them to gender-based violence, sexual harassment and exploitation at school. Many schools in CAR lack appropriate sanitation facilities and are not safe and healthy school environments where

¹⁵ The standard definition of the completion rate is the percentage of a cohort of children ages 3-5 years old above the intended age for the last grade of each level of education who have completed that grade. In this case, the cohort to be considered for the primary completion rate (PCR) are children ages 14-16 years-old (PCR are then 21 percent for girls and 25 percent for boys). In the case of CAR, an older cohort is rather considered because of the very high number of overage students (especially due to the years of interrupted schools because of the conflict).

¹⁶ MICS 2019 (preliminary version), authors' calculation.

¹⁷ MICS 2019 (preliminary version), authors' calculation.

¹⁸ Wodon, Quentin; Montenegro, Claudio; Nguyen, Hoa; Onagoruwa, Adenike. (2018). Missed Opportunities: The High Cost of Not Educating Girls. The Cost of Not Educating Girls Notes Series. Washington, DC: World Bank.

¹⁹ Gakidou E, Cowling K, Lozano R, Murray CJ. (September 2010). Increased educational attainment and its effect on child mortality in 175 countries between 1970 and 2009: a systematic analysis. *Lancet*. 18;376(9745):959-74.

²⁰ Viner RM, Hargreaves DS, Ward J, Bonell C, Mokdad AH, Patton G. (December 2017). The health benefits of secondary education in adolescents and young adults: An international analysis in 186 low-, middle- and high-income countries from 1990 to 2013. *SSM Popul Health*. 3:162-171.

²¹ Wodon, 2018.

²² Patton GC, Olsson CA, Skirbekk V, Saffery R, Wlodek ME, et al. (February 2018). Adolescence and the next generation. *Nature*, 21;554(7693):458-466.



girls can focus on learning. The absence of school latrines exposes pubescent-age girls to everyday threats of verbal and physical harassment at school, with potential consequences for low educational attainment.

19. **The government's priorities for the education system are outlined in the Education Sector Plan (ESP) for 2020-2029, which presents the long-term vision for the sector and has been endorsed by technical and financial partners.** As part of the ESP, the government has elaborated a comprehensive girl's strategy,²³ which would contribute tremendously to improving the educational outcomes for girls in CAR and hence their empowerment. This strategy consists of measures that have both direct and indirect impact on girl's education. Measures with direct impact include the provision of scholarships to adolescent girls to facilitate the transition from primary to secondary school, awareness campaigns to encourage girls' education and awareness about gender-based violence in schools, improvement of the school health environment (hygiene kits and gender-sensitive latrines), and the provision of training modules on gender equity and awareness on gender-based violence. Measures which have an indirect impact include increasing the proportion of female teachers in schools, constructing primary and lower secondary schools in proximity of communities to reduce travel distances to schools, providing pre-primary education and reduction of repetition rates that aims to reduce overage students and increase the chances for girls to complete primary education, abolishing school fees and introducing mother tongue instruction to positively impact girls' enrollment and transition rates. This strategy also includes establishing a tripartite committee (government, partners and civil society) to further explore issues and solutions related to gender and girl's education.
20. **This project can have a major impact on women and girl's empowerment by financing interventions that favor girls' transition from primary to secondary education.** To date, the majority of investments in CAR's education system have focused on increasing access and completion of primary school, with some newer investments into secondary education. The project can leverage these new investments by ensuring that more girls are making the jump from primary to secondary school as the supply and quality of secondary school education improves throughout the country.

Employ

21. **Women in CAR have very few opportunities to gain skills that can translate into better economic opportunities for themselves and their families.** Currently, women are less likely to find employment than men, and they are more likely to work in the informal sector, earn less for their work, and carry a disproportionate burden of unpaid work. Twenty-three percent of Central Africans aged 15 to 19 years old and 30 percent of aged 20 to 24 years old were not in education, employment nor training (NEET). This proportion is much higher among girls (29 percent and 34 percent respectively) than boys (17 percent and 26 percent respectively). Differences in knowledge, skills and information between sexes affects access to economic opportunities, oftentimes keeping women stuck in more menial, lower-paying work.
22. **Expanding opportunities for women and increasing her labor force participation has positive implications for her entire family.** When women have access to financial resources, they are more likely to direct it towards health and schooling for children.²⁴ The Food and Agriculture Organization (FAO) estimates that if women and men had equal access to productive resources, agricultural output in low income countries would increase by 2.5 to 4 percent, and

²³ The approach is outlined under Axis 1.2 of the ESP *Promote girl's access to education*

²⁴ Gonzales C, S Jain-Chandra, K Kochhar, M Newiak, T Zeinullayev. (October 2015). Catalyst for Change: Empowering Women and Tackling Income Inequality. IMG Staff Discussion Note. Washington, DC: IMF.



would reduce the number of hungry people by 12 to 17 percent.²⁵ Women's economic empowerment therefore has implications for human capital development across generations.

23. **Women's potential is not currently realized in the key sectors that are anticipated to drive economic recovery in CAR.** CAR ranks among the bottom of all countries in the World Bank's Doing Business Report due to high production costs, insecurity, poor infrastructure and high transport costs, and having a weak judicial system.²⁶ Yet, CAR has large endowments of natural resources including diamonds, forests and gold. The country's economy is dominated by small scale agriculture, but the forestry sector, which is located primarily in the south western region of the country, is driving economic growth in the medium term and accounts for 60 percent of the country's exports.²⁷ Women and girls in most communities do not have access to any opportunities to transform their skills to enable them to fully participate in critical economic sectors. Their lack of opportunities, combined with unfavorable social norms for girls, discourages families from investing in their education or the future of their daughters.
24. **The education sector has developed a strategy for literacy, vocational training and non-formal education to provide second chance opportunities to youth.** This strategy is currently being expanded as part of the World Bank's Skills Training and Youth Employability Assessment – phase II ASA (P171903). This assessment develops a roadmap and action plan for skills development based on lessons learned from skills programs found in other fragile and conflict affected contexts. The analysis will have a strong focus on adolescent girls and young women, and will serve as the main analytical underpinning to inform the design of skills and literacy programs for the project by proposing initiatives that will allow girls to acquire life skills, vocational skills, and literacy, and thereby provide access to employment opportunities. An important part of this strategy involves establishing Vocational Education and Training and Literacy (VETL) centers to provide vocational training, non-formal education and literacy programs to various populations groups, especially young women and girls.
25. **This project will aim to empower women and girls, by targeting people who missed opportunities or are already out of the formal educational system, with life skills, literacy and vocational programs.** These programs will be delivered directly in community settings and also in more urban areas through VTEL centers. They will aim to equip women and adolescent girls with skills so that they can become productive members of the economy and achieve greater human capital outcomes for themselves and their families.

Implications of COVID-19 on women's empowerment and human capital formation

26. **The emergence of COVID-19 in CAR on March 13, 2020 now threatens every aspect of human capital development.** As of October 8, 2020, there were 4,855 cases (1,924 recovered, 62 deaths).²⁴ CAR's growth rate for 2020 is projected to be -1.2 percent, which is 5.6 percent below projections before COVID-19.²⁵ Approximately 53,500 children in CAR are estimated to be left without oral antibiotics for pneumonia and 88,600 children without the diphtheria, tetanus toxoid and pertussis (DPT) vaccine. Additionally, there could be 21,400 fewer deliveries in health facilities and 52,400 fewer women receiving family planning services.²⁶ The decrease in service utilization could result in a 12 percent increase in infant mortality and an 11 percent increase in maternal mortality during the next 12 months.²⁶ Furthermore, on March 27, 2020, the government closed all schools in the country to limit the spread of the pandemic. According to the ministries in charge of education, all students have resumed learning activities as of

²⁵ Food and Agriculture Organization. (2011). Women in Agriculture: closing the gender gap for development. Rome, Italy: FAO.

²⁶ World Bank. (2020). Doing Business 2020: Central African Republic Economy Profile. Washington, DC: World Bank.

²⁷ International Monetary Fund. (2018). Central African Republic 2018 Article IV Report. IMF Country Report No. 16/269: Washington, DC.



August 2020.²⁸ The closure impacted 3,726 functional schools and has deprived the entire student population (1.4 million) from teaching and learning activities. School closures will disproportionately affect girls, who have fewer educational opportunities outside of a school setting and are less likely to return to school now that they have reopened. Economic recovery from the COVID-19 pandemic will be facilitated by greater investments in human capital.

Relationship to Country Partnership Framework

27. **This project supports the CAR Country Partnership Framework for 2021-2025, the Africa Human Capital Plan and the World Bank's Fragility, Conflict and Violence (FCV) strategy.** Women's empowerment is a cross cutting theme of all three strategies. Human Capital is the backbone of the country's new Country Partnership Framework, with the first focus area of the strategy being Human Capital and Connectivity to Boost Stabilization, Inclusion and Resilience. The project's focus on empowering women and girls as a means to develop human capital of all people in CAR is a major priority in the Africa Human Capital Plan. Furthermore, the project will support the Country Partnership Framework and FCV strategy by rebuilding confidence in government institutions to deliver social services and strengthening social cohesion within communities. It will leverage other projects within the World Bank's portfolio that already work to improve the supply of health, education and social protection services. The project is also relevant to the World Bank's Response Framework for COVID-19. The response framework focuses on three areas: Relief, Restructuring, and Resilient Recovery. The project supports CAR in the "Restructuring" phase because it aims to restore livelihoods and support enhanced quality and access to basic services.

Proposed Development Objective(s)

To increase access to learning and skills acquisition to contribute to future employment opportunities for women and adolescent girls, as well as to increase access to essential lifesaving services in targeted communities of the Central African Republic.

Key Results

- Number of new users of modern contraceptive methods
- Number of children receiving deworming tablets [or Penta3 vaccination]
- Transition rate from primary to secondary school for adolescent girls
- Number of adolescents completing training (literacy, vocational and life skills) by gender

Concept Description

28. **Women and girls are a key catalyst for change in CAR and empowering them is a long-term and transformative process for the country.** It will require *changing deeply rooted social norms and beliefs* among the entire population about the role of women in the family and society more broadly, including views around adolescent pregnancy and early marriage. It will also require *increased access, through both demand and supply side interventions, to essential health services, secondary education, access to inclusive finance and vocational training.* This will enable women to safely space their pregnancies, survive childbirth and expect that their children will grow into healthy adults. It will also provide them with economic opportunities outside of the household. Taken together, this will

²⁸ However, there is not yet available information on how effective school re-opening was across the country and if all students were able to re-enter and benefit from the catch-up programs. The next academic year (2020/2021) will begin on mid-October 2020



delay pregnancy and marriage into adulthood so that girls can complete all levels of education and gain critical skills that enable them to participate in the sectors that will drive the country's economy forward.

29. **It is extremely difficult to reach communities beyond the district capitals in CAR, so most women, adolescent girls and their children have never accessed or received a complete package of integrated services.** The uptake of integrated services and key positive practices in CAR to empower women and adolescent girls will require a huge effort at the community level to reach the most vulnerable groups. The project's ***first component will therefore deliver integrated community-based services and generate demand for essential services***. It will establish a safe space within communities where women and adolescent girls can congregate and be targeted with a range of interventions for themselves and their children. It will also raise awareness among all community members, and particularly community leaders, of the importance of obtaining these interventions.
30. **Not all lifesaving and life-enhancing interventions to empower women and adolescent girls can be delivered in a community setting.** The project's ***second component will therefore link women and adolescent girls to primary health services, the education system and vocational training***. The project's second component will be closely linked to the first in that it will create a bridge between community safe spaces where women and adolescent girls are targeted to more formal systems outside of the community.
31. **The project's first and second components will be complemented by the *third component which will provide national level advocacy for women and girl's empowerment and capacity building for better planning and coordination of the wide range of sectors that contribute human capital formation in CAR*.** These national level efforts will be targeted to the Ministry of Economy, Planning and Cooperation and the key government sectors that are implicated in the project. It aims to create an enabling environment for project implementation and build country institutions to sustain the project's achievements.

A. Project Components

Component 1: Establish safe spaces to target women and adolescent girls with integrated community-based services and generate demand for essential services

32. **This component aims to increase access to integrated services within a community setting and to generate demand for these services.** It first establishes safe spaces where women and adolescent girls can develop social networks and support, which is particularly important in conflict settings with a large population of displaced people who have experienced trauma or have limited social connections. The safe spaces will be used to deliver integrated community-based interventions to women and adolescent girls and their children and to target women and adolescent girls with demand generation activities.

Component 2: Strengthen access and linkages between communities and formal systems to improve health, knowledge and skills of women and adolescent girls

33. **Community outreach, involvement and delivery of integrated interventions is critical to empower women and girls, but it is not a substitute for a strong primary health care system, education system or vocational training.** Existing World Bank projects in CAR focus on strengthening the country's health and education systems. However, it is still very challenging for most women and adolescent girls to access these systems. The project will therefore aim to better link women and adolescent girls, who are first targeted within community safe spaces, to formal systems.



This component will leverage existing World Bank projects that strengthen core human development systems, which include those spanning health, education and social protection.

Component 3: National capacity building and advocacy to empower women and adolescent girls

34. **The project will include a third-party process evaluation to provide feedback on the services rendered in areas which are difficult to access.** The use of this methodology is expected to allow the PCU to make periodic adjustments to implementation strategies and put in place corrective action as needed.

Component 4: Contingency Emergency Response Component (CERC)

35. **This component is intended to provide timely support in emergencies.** A conditional emergency fund, without allocation, will be included in the proposed project in accordance with the Bank's Policy: Financing Project Terms and Conditions, paragraphs 12 and 13 for projects with urgent need for assistance or capacity constraints.

Legal Operational Policies	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No

Summary of Screening of Environmental and Social Risks and Impacts

Detailed project location(s) and salient physical characteristics relevant to the E&S Assessment (geographic, environmental, social)

36. The Central African Republic is a landlocked nation within the interior of the African continent. It is bordered by the countries of Cameroon, Chad, Sudan, South Sudan, the Democratic Republic of the Congo and the Republic of the Congo. Much of the country consists of flat, or rolling plateau savanna, about 1,640 feet (500 m) above sea level. In the northeast are the Fertit Hills, and there are scattered hills in the southwestern part of the country. At 622,984 square kilometers, the Central African Republic is the world's 45th-largest country (after Somalia). Much of the southern border is formed by tributaries of the Congo River, with the Mbomou River in the east merging with the Uele River to form the Ubangi River. In the west, the Sangha River flows through part of the country. The eastern border lies along the edge of the Congo-Nile watershed.

37. The Country has suffered from decades of repeated conflicts and political instability. Nearly half of the country's population depends on humanitarian assistance for basic needs and one-fifth of the population of 4.9 million is estimated to be forcibly displaced. Instability and violence in CAR have resulted in substantial deterioration of human capital and social services, including health. The CAR Human Capital Project aims to enable women and girls to make lifesaving and life-enhancing choices to improve their lives, and that of their families and communities. It does so through community outreach, and by enabling women and girls who missed out on formal schooling or were never given the opportunity to obtain life-enhancing knowledge to access non-formal education, life-skills and vocational training to enhance themselves and to obtain economic opportunities. Hence, the project will aim to reach as many people as possible in densely populated areas. However, recognizing that the more remote and insecure regions of



the country have tremendous needs and that service provision in these parts of the country is critical for its long term peace and stability, the project will also use an adapted implementation approach to cater to the specific needs of these very hard to reach areas that have lower population density with a subset of services. Reaching communities is a major challenge in CAR. The project's ability to reach areas far outside of Bangui and the district capitals will be dependent on whether existing World Bank projects and government investment can construct paved roads in the project sites as a priority.

38. The project will be implemented in 15 health districts out of 35 districts, spread across 8 prefectures: Western CAR (Nana-Mambere prefecture: Baboua-Abba and Bouar-Baoro; Mambere-Kadee prefecture: Berberati and Carnot-Gadzi; Sangha-Mbaere prefecture; Ouham-Pende prefecture: Bozoum-Bossemptele and Paoua); Central CAR (Kemo prefecture; Nana-Grebizi prefecture; Ouaka prefecture: Bambari and Kouango-Grimari; Basse-Kotto prefecture: Alindao-Mingala, Kembe-Satema and Mobaye-Zangba), North-Eastern CAR (Bamingui-Bangoran prefecture). At this stage, the specific locations of implementation have yet to be identified and will be determined during project appraisal and refined after project effectiveness. There is presence of Indigenous Peoples (Aka Pygmies) in at least 3 of the 8 targeted prefectures, namely in Nana-Mambere, Mambere-Kadee and Sangha-Mbaere prefecture).

Borrower's Institutional Capacity

39. The main project counterpart is the Ministry of Economy, Planning and Cooperation (MEPC) where a new Project Coordination Unit (PCU) will be established. The PCU will be in charge of the project implementation, fiduciary management and environmental and social risks management of the project. The MEPC is well placed to coordinate the project as this project will incorporate multi-sectors. However, they do not have the technical capacity in coordinating and managing this multi-sectoral project. Owing to the multisectoral nature of the project, a Project Steering Committee will be created by inter-ministerial decree to oversee, develop, and monitor the strategic orientations of the project according to sectors. The Steering Committee will be chaired by the MEPC and will comprise the following ministries and departments: (i) Ministry of Budget and Finance; (ii) Ministry of Health and Population; (iii) Ministry of Education (Directorate of Literacy and Non-Formal Education); (iv) Ministry of Humanitarian Action and National Reconciliation; (v) Ministry of Advancement of Women, Family and Child Protection; (vi) Ministry of Small and Medium Enterprises, Handicrafts, and the Formal Sector; (vii) Ministry of Labor, Employment, Social Protection and Vocational training; (viii) the Central African Agency for Vocational Training and Employment (ACFPE); (ix) others as relevant. Each of the designated ministry and/ or department, through their respective PCU and according to area of expertise, will have a designated account with access and control of allocated funds.
40. Implementation capacity will need to be strengthened at all levels, especially given limited knowledge and experience in implementing World Bank safeguards requirements. Furthermore, the new PCU that will be established at the MEPC has no experience in implementing WB safeguards policies, this is all the same for Ministry of Technical Education and Literacy will lead sub-component 2.3, the Ministry for the Promotion of Youth and the Ministry of Labor will be engaged for both sub-components 2.2 and 2.3). Only the ministries of Health who will lead sub-component 2.1 and the Ministry of Primary and Secondary Education will lead sub-component 2.2 have experience in the implementation of safeguard policies, in particular with the ongoing Health System Support and Strengthening Project (P164953) and Central African Republic Emergency Basic Education Support Project (P164295); and also with the ESF in particular with the preparation of Central African Republic COVID19 Preparedness and response program (P173832-SPRP) and Central Africa Republic - Education Sector Plan Support Project (P173103).
41. At the national level, the Director General for Environment (DGE) is the main institution in the Ministry of Environment and Sustainable Development (MEDD) that is responsible for conducting and coordinating the



environmental and social assessment process in CAR (ex., validation of ESIA's, ESMPs, analysis of field reports, inspection and environmental audit). At the departmental level, the DGE works in collaboration with local structures of the MEDD. However, implementing capacity is low, especially as the DGE lacks financial and technical resources. In addition, staff often leave to join other national and international structures. The World Bank team will prepare and implement a capacity building and training program to help the Borrower manage environmental and social risk Public Disclosure throughout the project timeline.

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