INTEGRATED SAFEGUARDS DATA SHEET
CONCEPT STAGE

Report No.: ISDSC8945

Date ISDS Prepared/Updated: 14-Jul-2014

Date ISDS Approved/Disclosed: 19-Aug-2014

I. BASIC INFORMATION

A. Basic Project Data

Country:	Africa	**Project ID:**	P150080
Project Name:	Sahel Women's Empowerment and Demographics Project (P150080)		
Task Team Leader:	Christophe Lemiere		
Estimated Appraisal Date:	15-Sep-2014	**Estimated Board Date:**	18-Dec-2014
Managing Unit:	GHNDR	**Lending Instrument:**	Investment Project Financing
Sector(s):	Health (100%)		
Theme(s):	Population and reproductive health (70%), Child health (10%), Health system performance (10%), Other communicable diseases (10%)		

Financing (In USD Million)

Total Project Cost:	200.00	Total Bank Financing:	200.00
Financing Gap:	0.00		

Financing Source	Amount
BORROWER/RECIPIENT	0.00
International Development Association (IDA)	200.00
Total	200.00

Environmental Category:	C - Not Required
Is this a Repeater project?	No

B. Project Objectives

The development objective of the project is to increase regional capacity and catalyze national responses to improve women and adolescent girls' empowerment and their access to quality reproductive and maternal health products and trained health personnel in the participating countries.

C. Project Description

The project will include the following components:

Component 1: Improve regional demand for RMNCHN services and increase empowerment for women and adolescents (US$90 million)

This component will help improve the lives of women and adolescent girls in the Sahel region by supporting regional initiatives to deliver a number of critical interventions that seek to 1) increase the demand for and use of quality RMNCHN services consistent with a voluntary, rights-based approach; 2) improve sexual and reproductive health knowledge and practices; 3) enhance girls' autonomy, social networks, and participation; 4) delay marriage and pregnancy.

The component will support countries in their Social and Behavioral Change Communication programs (US$5 million): 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. Social change focuses on the community while behavioral change focuses on the individual, making them complementary approaches that not only change behaviors but also help the development of positive behaviors. To improve the impact of national SBCC programs, the project will fund two activities:

- Support a regional pool of experts on social mobilization, marketing, mass communications, and knowledge management on the related topics, including subtle product placement and attractive lifestyles (i.e. happy, small families) rather than explicit family planning messages. This pool of experts will offer its services to all the selected countries engaged in large scale SBCC activities.
- Launch a regional media campaign and/or incorporate gender informed messages into existing campaigns, including through social media, radio, newspapers, and other relevant outlets. Such a campaign would also include messages from high-level champions, which would raise awareness among policymakers of issues surrounding access to RMNCHN services. The content would ideally be locally generated so as to be most relevant and culturally appropriate.

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The component will also set up a regional fund for designing, financing and evaluating country programs in women and girls empowerment (USS85 million). A regional fund will be established to finance and foster innovation for adolescent girls' programming. Through a regional call to proposals, the proposed regional mechanism would provide funding, technical assistance and M&E for countries wishing to scale-up already successful experiences or to implement large pilots. Proposals will be submitted by countries for activities that empower girls and women, including (i) support for keeping girls at secondary school (including conditional cash transfers to girls, monetary and non-monetary support to their families, support for accommodation and food for schooled girls), (ii) girls clubs (As in Ethiopia) for providing SBCC on health, nutrition, and population; life skills training; vocational skills training; (iii) income generation activities; and (iv) education curricula improvements to address RMNCHN skills. Such a mechanism would allow reaching both girls who are in school and those who never entered or have fallen out of the school system, or even girls in school whose needs the education sector alone cannot meet (for example, married girls). Proposals will have to target geographical areas where fertility is high and age of marriage is low. 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. Thus, this regional mechanism will fill an existing need to develop and share appropriate methodologies and tools for adolescent girls' programming in the Sahel and ensure that country-level expertise is shared with other countries, fostering harmonization and coordination. Programs will be implemented by countries, while technical assistance will be provided by UNFPA.

Component 2: Strengthen Regional Capacity for Availability of RMNCHN Commodities and midwives (US$90 million)

This component will contribute towards an increase in the critical inputs required to provide RMNCHN commodities and qualified staff.

The component will foster regional harmonization of registration, quantification and quality control of Reproductive, Maternal, Neonatal and Child Health and Nutrition (RMNCHN) Commodities (US $10 million). Specifically, the component would finance activities to (a) harmonize and strengthen regulatory systems for medicines (US$6m), improve quality assurance in procurement and distribution and in-market quality controls through a network of quality control labs (US$3m), and (c) set up a regional network that can monitor stock levels at warehouses and facilities in target areas and improve the matching of demand and supply from existing sources (US$1m). These activities will be implemented by the countries, as well as WAHO and UNFPA.

The component will also support a Regional Pooled Procurement Process for purchasing RMNCHN commodities (US$30 million). The project will support a regional procurement and financing mechanism for certain maternal health commodities such as misoprostol, oxytocin and Mg sulfate and potentially contraceptive pills and that can, through contracts with national distributors, quickly respond to supply shortages at public or NGO facilities. Practically, this component will provide funding to an existing regional mechanism: the Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS) currently operated by UNFPA. Countries will use this mechanism for buying their RMNCHN commodities.

Through a regional fund, the component will support country efforts for enhancing the performance of their RMNCHN supply chain (US$20 million). The project will support technically and financially requests from countries to improve the distribution part of their supply chain. Country proposals will have to be innovative, that is including use of IT or involvement of the private sector. One example is the Informed Push Model (currently tested in Senegal). Another example is to include private providers of RMNCHN through a “buyer payment” system, where private providers of RMNCHN will receive a subsidy. Also, the country requests may include support to private franchising networks, so as to expand access to RM commodities. The regional fund will be managed along the lines of the regional fund mentioned in component 1.

The component will also support rural midwifery training institutions in target countries to increase the quantity and quality of midwives and other personnel involved in RMNCHN health (US$30 million). This component will contribute towards an increase in adequately trained health workers that deliver RMNCHN services, particularly in rural and more remote parts of the Sahel. This will be done by setting up and developing a regional “hub-and-spoke” model for rural midwifery training that rural training institutions can draw on by:

- Strengthening quality assurance and regulation of midwifery education at regional level by supporting WAHO develop its accreditation department (with links to national departments) for accreditation of rural midwifery training institutions, midwifery faculty, and internship sites.
- Building capacity of one large mid-level training institution (i.e. the regional hub) to deliver a new (WAHO-accredited) midwifery faculty training program for the region, and emerge more generally as a regional center of excellence on midwifery education. 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. The

regional center 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 center will have to provide in-country training services from the hub, in particular with regards to training clinical instructors.

- Strengthening capacity of rural midwifery training institutions by a) providing financing for rural midwifery training institutions in countries to tap into regional e-learning efforts to deliver theoretical modules of midwifery curricula (freeing up time for clinical teaching), b) funding equipment and supplies for existing rural schools and internship sites, c) funding incentives for individuals/faculty to take serious their clinical supervision functions, and d) supporting these institutio ns for providing rural training to midwives to be posted in rural areas.

Component 3: Foster Political Commitment, and capacity for policy making and project Implementation (US$20 million)

The component will strengthen Advocacy and Political Commitment on RMNCHN at regional and national levels (US$5 million). This would be achieved through:

- Supporting the creation of a club of heads of states or the use of an existing one to discuss and advocate for issues around the demographic dividend at the highest level. This club would also include a peer control mechanism, along the lines of the African Peer Review Mechanism. Country data on policies, budget allocation, and results for addressing the demographic dividend will be collected at least annually and will be presented for discussion to this high-level club.
- Supporting the establishment of regional networks with parliamentarians, religious 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.

The component will also strengthen Capacity for policy making, monitoring and evaluation related to demographic dividend issues (US$10 million). This component will strengthen the countries' policymaking and analytical capacity on demographic dividend issues. In complementarity with national efforts, the project will provide financing for technical capacity building efforts for National Directorates of Population, National Population Councils/Committees, Ministries of Population, Ministries of Health and Education, as well as Pharmaceutical and Human Resources for Health agencies and regional institutions, as needed. A sub-regional training program for population studies and demography will also be supported both through scholarships and through the creation of a graduate degree in demographics in one of the countries' universities. To also strengthen the M&E system of the countries, a regional network of "Demographic Dividend Observatories" will be created. A real-time early-warning system to provide data on key indicators in the Sahel region will be supported too. These data will build greater understanding, monitor progress, and further catalyze an informed movement for women's empowerment driven by regional policy dialogue and political action. The component will also fund surveys related to demographic dividend (including DHSs) wherever a national project cannot support these costs.

The component will strengthen project implementation capacity (US$5 million). The component will strengthen project management capacities for the implementing agencies. The component will also include support to beneficiary institutions regarding sound management of medical waste and obsolete drugs.

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

The project will be implemented in 6 countries (Burkina Faso, Chad, Cote d'Ivoire, Mali, Mauritania, and Niger).
The project is not targeting any specific area in each of the countries.

E. Borrowers Institutional Capacity for Safeguard Policies

At this stage, it is envisaged that the health-related project will be implemented by the Ministries of Health of the 6 respective countries. All the Ministries of Health have benefited or are benefiting from Bank support to comply with environmental safeguards (especially medical waste management plans).

F. Environmental and Social Safeguards Specialists on the Team

Hocine Chalal (GENDR)

Fatou Fall (GURDR)

II. SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/ BP 4.01	No	The project will mostly fund consulting and training services, the project as well as will mostly 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.
Natural Habitats OP/BP 4.04	No	
Forests OP/BP 4.36	No	
Pest Management OP 4.09	No	
Physical Cultural Resources OP/ BP 4.11	No	
Indigenous Peoples OP/BP 4.10	No	
Involuntary Resettlement OP/BP 4.12	No	The policy is not triggered. The project will not finance any activities necessitating involuntary land acquisition resulting in A. Involuntary resettlement of people and/ or loss of (or access to) assets, means of livelihoods or resources and B. 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	
Projects on International Waterways OP/BP 7.50	No	
Projects in Disputed Areas OP/BP 7.60	No	

III. SAFEGUARD PREPARATION PLAN

A. Tentative target date for preparing the PAD Stage ISDS: 31-Jul-2014

B. Time frame for launching and completing the safeguard-related studies that may be needed. The specific studies and their timing[1] should be specified in the PAD-stage ISDS:

N/A

IV. APPROVALS

Task Team Leader:	Name: Christophe Lemiere	
Approved By:		
Regional Safeguards Coordinator:	Name: Johanna van Tilburg (RSA)	Date: 14-Aug-2014
Practice Manager/ Manager:	Name: Abdo S. Yazbeck (PMGR)	Date: 19-Aug-2014

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[1] Reminder: The Bank's Disclosure Policy requires that safeguard-related documents be disclosed before appraisal (i) at the InfoShop and (ii) in country, at publicly accessible locations and in a form and language that are accessible to potentially affected persons.